



**CONTRACT AMENDMENT**

1. AMENDMENT #: <b>26</b>	2. CONTRACT #: <b>YH19-0001-03</b>	3. EFFECTIVE DATE OF AMENDMENT: <b>OCTOBER 1, 2025</b>	4. PROGRAM: <b>ACC</b>
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <b>Health Choice Arizona 8220 N. 23<sup>rd</sup> Ave Phoenix, AZ 85008</b>			
6. PURPOSE: To adjust the capitation rate for the period October 1, 2025 to September 30, 2026 as stated below.			

7. THE ABOVE REFERENCED CONTRACT IS HEREBY AMENDED AS FOLLOWS:

➤ Section B, Capitation Rates and Contractor Specific Requirements

EFFECTIVE OCTOBER 1, 2025 – SEPTEMBER 30, 2026								
GSA/ COUNTY	AGE <1	AGE 1-20	AGE 21+	DUALS	SSIWO	PROP 204 CA	EXPANSION ADULTS	DELIVERY SUPPLEMENT
CENTRAL	\$771.18	\$291.78	\$537.79	\$197.36	\$1,498.90	\$833.48	\$731.08	\$6,792.98
	\$760.26	\$269.78	\$489.59	\$192.36	\$1,391.89	\$720.02	\$593.86	
NORTH	\$728.98	\$283.47	\$480.78	\$150.37	\$1,404.87	\$767.46	\$684.83	\$6,600.58
	\$694.10	\$261.80	426.29	\$148.05	\$1,311.82	\$687.84	\$585.98	

*Electronic Submission: An electronic or portable document file (PDF) copy of this amendment shall serve as the original.*

8. EXCEPT AS PROVIDED FOR HEREIN, ALL TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT, NOT HERETOFORE CHANGED AND/OR AMENDED REMAIN UNCHANGED AND IN FULL EFFECT.	
IN WITNESS WHEREOF THE PARTIES HERETO SIGN THEIR NAMES IN AGREEMENT.	
9. NAME OF CONTRACTOR/PROVIDER: Blue Cross Blue Shield of AZ	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
SIGNATURE OF AUTHORIZED INDIVIDUAL: DocuSigned by: <i>Heather Carter</i>	SIGNATURE: DocuSigned by: <i>Megan</i>
TYPED NAME: 38F4F57BECBC476... Heather Carter	TYPED NAME: 6720D02F5007E4A8... Meggan LaPorte
TITLE: GM- Medicaid	TITLE: Chief Procurement Officer
DATE: 12/17/2025   1:27 PM MST	DATE: 12/16/2025

## Certificate Of Completion

Envelope Id: 77778ED9-13E5-46CE-911A-FAF40D717AFF

Status: Completed

Subject: AHCCCS Contract Amendment Effective 10/01/2025

Contract Name:

Contract Description:

Contract TIN:

Document Type: Other

Contract Related/Base ID:

Group Number:

Effective Date:

Folder Name:

Source Envelope:

Document Pages: 1

Signatures: 1

Envelope Originator:

Certificate Pages: 2

Initials: 0

Lolita Lofton

AutoNav: Enabled

8220 N 23rd Avenue

Enveloped Stamping: Enabled

Phoenix, AZ 85021

Time Zone: (UTC-07:00) Arizona

lolita.lofton@azblue.com

IP Address: 204.153.155.151

## Record Tracking

Status: Original

Holder: Lolita Lofton

Location: DocuSign

12/17/2025 1:13:04 PM

lolita.lofton@azblue.com

## Signer Events

Heather Carter

heather.carter@azblue.com

GM- Medicaid

Blue Cross Blue Shield of AZ

Security Level: Email, Account Authentication (None)

## Signature

DocuSigned by:

*Heather Carter*

38F4F57BECBC476...

Signature Adoption: Pre-selected Style

Using IP Address:

2600:1011:b144:b50d:e4ec:749b:2c51:fff4

Signed using mobile

## Timestamp

Sent: 12/17/2025 1:18:11 PM

Viewed: 12/17/2025 1:27:06 PM

Signed: 12/17/2025 1:27:10 PM

## Electronic Record and Signature Disclosure:

Not Offered via Docusign

## In Person Signer Events

## Signature

## Timestamp

## Editor Delivery Events

## Status

## Timestamp

## Agent Delivery Events

## Status

## Timestamp

## Intermediary Delivery Events

## Status

## Timestamp

## Certified Delivery Events

## Status

## Timestamp

## Carbon Copy Events

## Status

## Timestamp

Selena Carbajal

selena.carbajal@azblue.com

Security Level: Email, Account Authentication (None)

**COPIED**

Sent: 12/17/2025 1:18:11 PM

Viewed: 12/17/2025 2:30:21 PM

## Electronic Record and Signature Disclosure:

Not Offered via Docusign

## Witness Events

## Signature

## Timestamp

## Notary Events

## Signature

## Timestamp

<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
Envelope Sent	Hashed/Encrypted	12/17/2025 1:18:12 PM
Certified Delivered	Security Checked	12/17/2025 1:27:06 PM
Signing Complete	Security Checked	12/17/2025 1:27:10 PM
Completed	Security Checked	12/17/2025 1:27:10 PM

<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>
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