



CONTRACT AMENDMENT

1. AMENDMENT#: 27	2. CONTRACT #: YH19-0001-07	3. EFFECTIVE DATE OF AMENDMENT: OCTOBER 1, 2025	4. PROGRAM: ACC
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: Molina Healthcare of Arizona, Inc 5055 E. Washington St., Suite 210 Phoenix, AZ 85034			
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	\$739.73 \$726.90	\$318.96 \$295.44	\$545.13 \$497.11	\$231.81 \$224.73	\$1,588.56 \$1,473.85	\$854.75 \$740.60	\$774.83 \$633.53	\$6,792.98

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.	
8. NAME OF CONTRACTOR/PROVIDER: Molina Healthcare of Arizona	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE:
TYPED NAME: Minnie Andrade	TYPED NAME: Meggan LaPorte
TITLE: Plan President	TITLE: Chief Procurement Officer
DATE: 12/19/2025	DATE: 12/16/2025