



**CONTRACT AMENDMENT**

1. AMENDMENT #: <b>20</b>	2. CONTRACT #: <b>YH18-0001-01</b>	3. EFFECTIVE DATE OF AMENDMENT: <b>OCTOBER 1, 2025</b>	4. PROGRAM: <b>ALTCS E/PD</b>
5. CONTRACTOR/PROVIDER NAME AND ADDRESS: <b>Banner-University Care Advantage dba Banner - University Family Care 5255 E. Williams Circle, Suite 2050 Tucson, AZ 85711</b>			
6. PURPOSE: To amend the capitation rates for the period of 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	EPD Long Term Care – Dual-Eligible	EPD Long Term Care – Non-Dual-Eligible
CENTRAL	<del>\$5,420.17</del> <del>\$5,374.71</del>	<del>\$11,194.09</del> <del>\$10,993.57</del>
SOUTH	<del>\$5,484.67</del> <del>\$5,393.41</del>	<del>\$9,903.27</del> <del>\$9,621.37</del>

*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: <b>Banner - University Family Care</b>	10. ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
SIGNATURE OF AUTHORIZED INDIVIDUAL: 	SIGNATURE: 
TYPED NAME: <b>Sarah Spiekermeier</b>	TYPED NAME: <b>Meggan LaPorte</b>
TITLE: <b>Intirim Chief Executive Officer</b>	TITLE: <b>Chief Procurement Officer</b>
DATE: <b>12/23/2025</b>	DATE: <b>12/16/2025</b>

