

**FOURTH MODIFICATION TO PREFERRED PROVIDER ORGANIZATION  
(PPO) HEALTH BENEFITS ADMINISTRATION SERVICES CONTRACT (PPO)**

THIS FOURTH MODIFICATION AGREEMENT is made this 1<sup>st</sup> of July 2011 by and between CareFirst of Maryland, Inc. (Contractor) and the State of Maryland, acting through the Department of Budget and Management.

IN CONSIDERATION of the promises and the covenants herein contained, the parties agree to modify the Contract dated 18<sup>th</sup> of March, 2009, as amended by a First Modification dated July 1, 2009, a Second Modification dated October 8, 2009 and a Third Modification dated November 17, 2010 between the Contractor, and the State of Maryland acting through the Department of Budget and Management as follows:

1. (a) Effective July 1, 2011, the plan design for the Preferred Provider Organization (PPO) benefits option of the State Employee and Retiree Health and Welfare Benefits Program is amended in connection with the Patient Protection and Affordable Care Act (PPACA) of March 23, 2010 in the following manner:

<b>Type of Service</b>	<b>In-Network Care</b>	<b>Out of Network Care</b>
Lifetime Maximums	unlimited	Unlimited
Organ Transplants – Per calendar year for cornea, kidney and bone marrow, heart, heart-lung, single or double lung, liver and pancreas	100% of allowed benefit	80% of allowed benefit after deductible
Preventive Services Immunization, in accordance with PPACA provisions – Flu shot one per plan year for all ages	100% of allowed benefit	80% of allowed benefit after deductible
Preventive Services Physical Exams , in accordance with PPACA provisions– 1 physical examination and associated lab work per plan year, for ages 22 and over	100% of allowed benefit	80% of allowed benefit after deductible
Preventive Services Child Care, in accordance with PPACA provisions – Birth through 30 months: 12 visits total 3 through 21 years: 1 visit per plan year.	100% of allowed benefit	80% of allowed benefit after deductible
Preventive Services Mammography, in accordance with PPACA provisions – Coverage for screening mammograms is in accordance with the Maryland State mandate	100% of allowed benefit	80% of allowed benefit after deductible

and varies by age: 1 baseline screening (age 35-39); one mammogram each plan year (age 40 and above) Diagnostic mammograms have no age limitations or frequency restrictions		
Nutritional Counseling tied to a chronic condition with appropriate Plan contact	100% of allowed benefit	80% of allowed benefit after deductible
Hearing examination and hearing aids  Children (age 0-18)	100% of allowed benefit for basic model hearing aid	80% of allowed benefit after deductible.  100% for basic model hearing aid for minor child as mandated by Maryland law.

2. This Modification shall be interpreted and applied to permit the State Employee and Retiree Health and Welfare Benefits Program group health plan benefit options to comply with the Patient Protection and Affordable Care Act of 2010 and the applicable regulations promulgated thereto by the Federal Department of Health and Human Services, as well as the Maryland General Assembly HB 405 from the 2009 regular legislative session.

3. This Modification amends the Contract specifically as described herein. Except as specifically revised by the terms of this Modification, all of the terms of the Contract shall remain in full force and effect and shall apply to this Modification.

IN WITNESS THEREOF, the parties have executed this Fourth Modification.

CAREFIRST OF MARYLAND, INC.

STATE OF MARYLAND,  
DEPARTMENT OF BUDGET  
AND MANAGEMENT

[Redacted Signature]

By:

[Redacted Signature]

By: T. Eloise Foster  
Secretary

5/3/2011  
Date

6/13/11  
Date

[Redacted Witness Signature]

Witness

[Redacted Witness Signature]

Witness

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Approved for form and legal  
sufficiency this 11<sup>th</sup> day May, 2010.

[Redacted Signature]  
Assistant Attorney General