## FOURTH MODIFICATION TO BEHAVIORAL HEALTH AND EMPLOYEE ASSISTANCE PROGRAM PLAN (EAP) BENEFITS ADMINISTRATION SERVICES CONTRACT F10B0400011

THIS FOURTH MODIFICATION AGREEMENT (the "Modification") is made this day of June, 2012 to be effective as of July 1, 2012, by and between APS Healthcare Bethesda, Inc. (the "Contractor") and the State of Maryland, acting through the Department of Budget and Management (the "State").

IN CONSIDERATION of the promises and the covenants herein contained, the parties agree to modify the contract dated April 5, 2011 for Behavioral Health and EAP Benefits Administration Services which was amended by a First Modification dated June 9, 2011, a Second Modification dated April 27, 2012, and a Third Modification dated May 30, 2012 (the "Contract"), as follows:

1. Effective July 1, 2012, the plan design for the Preferred Provider Organization benefits option of the State Employee and Retiree Health and Welfare Benefits Program is amended to comply with the Memorandums of Understanding between the State and the exclusive representatives, with the exception of Bargaining Unit 1 (SLEOLA), dated July 1, 2010, as amended from time to time, pertaining to wages, hours and other terms and conditions of employment, in the following manner:

| Type of Service         | Current Plan Design |                    | Revised Plan Design |                    |
|-------------------------|---------------------|--------------------|---------------------|--------------------|
|                         | In Network          | Out of network     | In Network          | Out of Network     |
| Inpatient Facility and  | 100% of APS'        | 80% of APS'        | 90% of APS'         | 70% of APS'        |
| Residential Crisis      | negotiated fee      | negotiated fee     | negotiated fee      | negotiated fee     |
| Facility and            | maximums            | maximums           | maximums when       | maximums           |
| Professional Services   |                     |                    | preauthorized by    |                    |
| (pre-authorization      |                     |                    | Plan.               |                    |
| required)               |                     |                    |                     |                    |
| Partial Hospitalization | 100% of APS'        | 80% of APS'        | 90% of APS'         | 70% of APS'        |
| Services                | negotiated fee      | negotiated fee     | negotiated fee      | negotiated fee     |
|                         | maximums            | maximums           | maximums            | maximums           |
| Outpatient Facility     | 100% of APS'        | 80% of APS'        | 90% of APS'         | 70% of APS'        |
|                         | negotiated fee      | negotiated fee     | negotiated fee      | negotiated fee     |
|                         | maximums            | maximums           | maximums            | maximums           |
| Office and              | \$15 co-pay for     | 80% of APS'        | \$15 co-pay for     | 70% of APS'        |
| professional Services   | PCP/Specialist      | negotiated fee     | PCP Specialist      | negotiated fee     |
| (excluding Intensive    |                     | maximums           |                     | maximums           |
| Outpatient Service)     |                     |                    |                     |                    |
| Intensive Outpatient    | \$15 co-pay for     | 80% of APS'        | \$15 co-pay for     | 70% of APS'        |
| Services                | PCP/Specialist      | negotiated fee     | PCP/Specialist      | negotiated fee     |
|                         |                     | maximums           |                     | maximums           |
| Outpatient Medication   | \$15 co-pay for     | 80% of APS'        | \$15 co-pay for     | 70% of APS'        |
| Management Services     | PCP/Specialist      | negotiated fee     | PCP/Specialist      | negotiated fee     |
|                         |                     | maximums           |                     | maximums           |
| Emergency Room          | 100% of medical     | 100% of medical    | 100% of medical     | 100% of medical    |
| Services In-network     | plan allowed        | plan allowed       | plan allowed        | plan allowed       |
| and Out-of-network      | benefit after \$50  | benefit after \$50 | benefit after \$75  | benefit after \$75 |

| (Paid by medical plan, | co-pay for ER     | co-pay for ER     | co-pay for ER     | co-pay for ER     |
|------------------------|-------------------|-------------------|-------------------|-------------------|
| regardless of          | Facility Care and | Facility Care and | Facility Care and | Facility Care and |
| diagnosis, not         | \$50 co-pay for   | \$50 co-pay for   | \$75 co-pay for   | \$75 co-pay for   |
| contractor)            | ER Physician      | ER Physician      | ER Physician      | ER Physician      |
| ·                      | Services.         | Services.         | Services.         | Services.         |
| Out of Pocket Max      | None              | \$3000 Individual | \$1000 Individual | \$3000 Individual |
|                        |                   | \$6000 Family     | \$2000 Family     | \$6000 Family     |
| Annual Deductible      |                   |                   |                   | \$250 individual  |
|                        |                   |                   |                   | \$500 Family      |

- 2. The changes referenced in section 1 above do not affect Bargaining Unit 1 (SLEOLA). Bargaining Unit 1 (SLEOLA) active employees will retain the behavioral health plan benefits in effect on June 30, 2012. Eligibility files provided to the Contractor will contain an indicator in order to facilitate appropriate reporting and experience tracking.
- 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.

| CONTRACTOR APS HEALTHCARE BETHESDA, INC.               | STATE OF MARYLAND<br>DEPARTMENT OF BUDGET AND<br>MANAGEMENT |  |  |
|--|---|--|--|
| Ву:  | By: T. Eloise Foster Secretary                              |  |  |
|  | Witness   |  |  |
| Approved for form and legal sufficiency this 26 day of | , 2012.   |  |  |
| Assistant Attorney General                             |   |  |  |