MODIFICATION TO HEALTH PLAN ADMINISTRATION AND SERVICES CONTRACT POS

THIS SEVENTH MODIFICATION AGREEMENT is made this **10** of March 2013 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, as amended by a First Modification dated July 1, 2009, a Second Modification dated October 8, 2009, a Third Modification dated November 17, 2010, a Fourth Modification dated July 1, 2011, a Fifth Modification August 12, 2011, and a Sixth Modification dated June 4, 2012 between the Contractor, and the State of Maryland acting through the Department of Budget and Management as follows:

1. Definitions

In this Modification, the following words have the meanings indicated:

- 1.1 "Calendar Plan Year" means the twelve-month period of benefit coverage beginning January 1 and ending December 31.
- 1.2 "Contract" means the Contract for Health Plan Administration and Services, between the Contractor and the State of Maryland acting through the Department of Budget and Management dated March 18, 2009.
- 1.3 "Contractor" means CareFirst of Maryland, Inc.
- 1.4 "Contract Year 5" means the fifth year of the Contract beginning July 1, 2013 through June 30, 2014, as defined in the Financial Proposal.
- 1.5 "Department" means the Maryland Department of Budget and Management.
- 1.6 "Financial Proposal" means Contractor's Financial Proposal dated November 19, 2008.
- 1.7 "Fiscal Plan Year" means the twelve-month period of benefit coverage beginning July 1 and ending June 30.
- 1.8 "Modification" means this Modification Agreement.
- 1.9 "RFP" means Request for Proposals for Health Plan (PPO, POS, HMO/EPO) Administration and Services, No. F10B82000015, dated April 14, 2008 and as amended through January 13, 2009
- 1.10 "Short Plan Year" means the six-month period of benefit coverage beginning July 1, 2013 and ending December 31, 2013.

- 1.11 "Short Plan Year Open Enrollment" means the Open Enrollment period prior to the Short Plan Year.
- 1.12 "State" means the State of Maryland.
- 1.13 "Technical Proposal" means Contractor's Technical Proposal dated June 18, 2008.

2. Scope of Modification

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.

3. Term of the Contract

Section 3 of the Contract shall be amended to extend the Contract end date from June 30, 2014 to December 31, 2014.

4. Plan Year

- 4.1 The 2014 Fiscal Plan Year, beginning July 1, 2013, will be converted to the Short Plan Year ending December 31, 2013.
- 4.2 A Calendar Plan Year will commence January 1, 2014 and terminate at the end of the Contract, as amended in this Modification, on December 31, 2014.
- 4.3 All references in the Contract, including documents incorporated therein, to "fiscal year", "plan year", or "year" with regard to plan design, administering benefits, and obligations of the Contractor impacted by the change from the Fiscal Year Plan to the Calendar Year Plan are replaced with "Calendar Plan Year", as the case may be.

5. Open Enrollment Services

The Contractor agrees to provide all Open Enrollment Services, as specified in the Contract, for both the Short Plan Year and the 2014 Calendar Plan Year.

6. Short Plan Year Provisions

- 6.1 The Contract Year 5 Administration and Network Access Fees and premium rates required by the RFP, Attachment P-4 and P-5, and any and all rates quoted by the Contractor in its Financial Proposal with regard to Contract Year 5 shall apply to the Short incorporated therein specific to Contract Year 5, or the Fiscal Plan Year period of July 1, 2013 through June 30, 2014 shall apply to the Short Plan Year.
- 6.2 Deductibles and Out-of-Pocket Maximums will be cut in half for the Short Plan Year and the Contract amended as follows:

(a) Short Plan Year Out-of-Network Deductibles (includes SLEOLA):

Individual:

\$125

Family:

\$250

(b) Short Plan Year In-Network Out-of-Pocket Coinsurance Maximums:

Individual:

\$500

Family:

\$1,000

(c) Short Plan Year Out-of-Network Out-of-Pocket Coinsurance Maximums:

Individual:

\$1,500

Family:

\$3,000

- 6.3 Performance Guarantees and Reporting Requirements as defined in the RFP shall remain in effect for the Short Plan Year except as modified as follows:
 - (a) All Fiscal Plan Year annual Performance Guarantees, annual Reporting Requirements, and any annual provision of the Technical Proposal apply to the Short Plan Year covering the period July 1, 2013 through December 31, 2013.
 - **(b)** During the Short Plan Year, Fiscal Plan Year quarterly Performance Guarantees, quarterly Reporting Requirements, and any quarterly provision of the Technical Proposal will be made available for Quarter 1 (ending September 30, 2013) and Quarter 2 (ending December 31, 2013).

7. 2014 Calendar Plan Year Provisions

- 7.1 The Contract Year 5 Administration and Network Access Fees and premium rates required by the RFP, Attachment P-4 and P-5, and any and all rates quoted by the Contractor in its Financial Proposal with regard to Contract Year 5 shall apply to the 2014 Calendar Plan Year without increase. All provisions in the RFP, Contract, and all documents incorporated therein specific to Contract Year 5, or the Fiscal Plan Year period of July 1, 2013 through June 30, 2014 shall apply to the 2014 Calendar Plan Year.
- 7.2 Performance Guarantees and Reporting Requirements as defined in the RFP shall apply to the Calendar Plan Year as provided in the Contract and as amended herein.
- 7.3 For the 2014 Calendar Plan Year, the Quarterly periods will be amended and defined as follows:

First Quarter:

January-March

Second Quarter:

April-June

Third Quarter:

July-September

4/5/13

Second Quarter:

April-June

Third Quarter:

July-September

Fourth Quarter:

October-December

7.4 The schedule of quarterly plan performance measurement report cards required by the RFP Attachment L-14, Performance Guarantee 5 shall be:

First Quarter:

Due May 1st

Second Quarter:

Due August 1st

Third Quarter:

Due November 1st

Fourth Quarter:

Due February 1st

7.5 The schedule of quarterly plan performance measurement report cards required by the RFP Attachment L-14, Performance Guarantee 6 shall be:

First Quarter:

Due July 15th

Second Quarter:

Due October 15th

Third Ouarter:

Due January 15th

Fourth Quarter:

Due April 15th

8.0 Cost Sharing 4/5/13

In accordance with the August 2011 guidelines provided by the federal department of Health and Human Services which expanded the list of women's preventive care that is not subject to cost sharing under the Affordable Care Act of March 2010, the following modifications are added to this Contract:

No cost sharing will apply to the rental of the least expensive breast pump that meets the member's needs, limited to one per birth. Equipment must be obtained through a durable medical equipment provider participating in the medical plan's network.

The following services will be provided at no cost sharing as noted in the chart below

Preventive Service	Frequency
Well woman visits	One per plan year or as necessary based on a woman's health status, health needs, and risk factors.
Screening for gestational diabetes	Between 24 and 28 weeks of pregnancy and at first prenatal visit for high risk pregnant women.
Human Papilloma Virus (HPV) DNA testing	Once every three years after reaching age 30.
Counseling for sexually transmitted infections	Once per plan year.
Counseling and screening for human immune- deficiency virus (HIV)	Once per plan year.
Screening and counseling for interpersonal and domestic violence	Once per plan year.

Fourth Quarter:

October-December

7.4 The schedule of quarterly plan performance measurement report cards required by the RFP Attachment O-14, Performance Guarantee 5 shall be:

First Quarter:

Due May 1st

Second Quarter:

Due August 1st

Third Quarter:

Due November 1st

Fourth Quarter:

Due February 1st

7.5 The schedule of quarterly plan performance measurement report cards required by the RFP Attachment O-14, Performance Guarantee 6 shall be:

First Quarter:

Due July 15th

Second Quarter:

Due October 15th

Third Quarter:

Due January 15th

Fourth Quarter:

Due April 15th

8.0 Copays

In accordance with the August 2011 guidelines provided by the federal department of Health and Human Services which expanded the list of women's preventive care that is not subject to copays under the Affordable Care Act of March 2010, the following modifications are added to this Contract:

No copay will apply to the rental of the least expensive breast pump that meets the member's needs, limited to one per birth. Equipment must be obtained through a durable medical equipment provider participating in the medical plan's network.

The following services will be provided at no copay as noted in the chart below:

Preventive Service	Frequency
Well woman visits	One per plan year or as necessary based on a
	woman's health status, health needs, and risk
	factors.
Screening for gestational diabetes	Between 24 and 26 weeks of pregnancy and at
	first prenatal visit for high risk pregnant
	women.
Human Papilloma Virus (HPV) DNA testing	Once every three years after reaching age 30.
Counseling for sexually transmitted infections	Once per plan year.
Counseling and screening for human immune-	Once per plan year.
deficiency virus (HIV)	
Screening and counseling for interpersonal and	Once per plan year.
domestic violence	
Contraceptive methods and counseling – IUDs	As prescribed.
and tubal ligations	

IN WITNESS THEREOF, the parties have executed this Modification Agreement #7 as of the date hereinabove set forth.

CONTRACTOR:	STATE OF MARYLAND;
CAREFIRST OF MARYLAND, INC.	DEPARTMENT OF BUDGET AND MANAGEMENT
By:	By: T. Eloise Foster, Secretary
7 10 2013	4/3/13
L Dota !	Dates
Witness	Witness
Approved for form and legal sufficiency this 2 day of 4000, 2013.	
ASSISTANT ATTORNEY GENERAL	
APPROVED BY BPW: 1/3 3/20/13	<u>10-5-mod</u> (BPW Item#)