

**THIRD MODIFICATION TO DENTAL PREFERRED PROVIDER
ORGANIZATION PLAN ADMINISTRATION AND INSURANCE SERVICES
CONTRACT**

THIS THIRD MODIFICATION AGREEMENT is made this 2nd of June 2011 by and between United Concordia Life and Health Insurance Company (Contractor) and the State of Maryland, acting through the Department of Budget and Management.

IN CONSIDERATION of the promises and covenants herein contained, the parties agree to modify the Contract for Dental Preferred Provider Organization Plan Administration and Insurance Services dated March 18, 2009 as amended by a First Modification dated July 1, 2009, and a Second Modification dated September 15, 2009, between the Contractor and the State of Maryland, acting through the Department of Budget and Management as follows:

1. 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 and shall apply to this Modification.

2. Scope of Work. Effective July 1, 2011, The DPPO rates are increased for the dependent age to 26 for all dependents. Also, the plan design for the Dental Preferred Provider Organization (DPPO) 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:

2.1 The RFP, Section 1.2(1)(3), as incorporated into the Contract at Article 2, is amended to read as follows:

The person is under the age of 26, through the end of the month in which the person turned 26, or is incapable of self-support because of a mental or physical incapacity incurred before age 26 and chiefly dependent on the Member for support.

2.2 The DPPO dental plan, Class IV: Increase the dependent child coverage for the Orthodontic benefit to age 26 or younger

2.3 The rates for the DPPO plan as of 07-01-2011 are as follows:

Employee	\$23.27
Employee + 1 adult	\$46.54
Employee + child	\$44.48
Employee + children	\$87.20
Employee + family	\$87.20


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

CONTRACTOR


BY: _____ Date 5/3/11



Witness _____ Date 5/3/11

THE STATE OF MARYLAND
DEPARTMENT OF BUDGET AND
MANAGEMENT


By: T. Eloise Foster Date 6/2/11
Secretary


Witness _____ Date 6/2/11

Approved for form and legal sufficiency this 11th day May 2011


Assistant Attorney General