

**MODIFICATION TO PREFERRED PROVIDER ORGANIZATION HEALTH PLAN
ADMINISTRATION SERVICES CONTRACT**

THIS MODIFICATION AGREEMENT is made effective the 1st day of July, 2009 by and between United HealthCare Insurance Company ("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 for Preferred Provider Organization Health Plan Administration and Services dated March 18, 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. Dependent Eligibility

2.1 The RFP, Section 1.2(k), as incorporated into the Contract at Article 2, shall be amended to read as follows:

"i. Dependent – means a spouse, dependent child, or domestic partner of an eligible member, or the dependent child of a domestic partner, as defined in and made eligible for benefits by COMAR 17.04.13.03.A(11) as amended from time to time."

2.2 COMAR 17.04.13.03A(11) as amended effective July 1, 2009 is available on-line at: <http://www.dsd.state.md.us/comar/17/17.04.13.03.htm> as of its effective date. The parties agree that this amended version of the regulation shall be used to determine eligibility under the Contract for benefits from July 1, 2009 forward and that subsequent amendments of the regulation shall be incorporated into the Contract without additional modification.

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

CONTRACTOR

[Redacted Signature]

By: [Redacted] Date 6/12/09

[Redacted Signature]

Witness ([Redacted]) Date 6/12/09

STATE OF MARYLAND
DEPARTMENT OF BUDGET AND
MANAGEMENT

[Redacted Signature]

By: T. Eloise Foster Date 6/17/09
Deputy Secretary *David C. Roman*

[Redacted Signature]

Witness ([Redacted]) Date 6/17/09

Approved for form and legal sufficiency this 12 day June, 2009.

[Redacted Signature]

[Signature]
Assistant Attorney General