

### Fourth Amendment to the Iowa Health Link Contract

This Amendment to Contract Number MED-24-006 is effective as of January 1, 2024, between the Iowa Department of Health and Human Services (Agency) and Amerigroup, Iowa (Contractor).

#### Section 1: Amendment to Contract Declarations and Execution

<b>Agency of the State (hereafter “Agency”)</b>	
<b>Name/Principal Address of Agency:</b> Iowa Department of Human Services 1305 E. Walnut Des Moines, IA 50319-0114	<b>Agency Billing Contact Name / Address:</b> Becky Blum 1305 East Walnut Street Des Moines, IA 50319-0114  <b>Phone:</b> 515-322-0899
<b>Agency Contract Manager (hereafter “Contract Manager” )</b> <b>Address (“Notice Address”):</b> Becky Blum 1305 East Walnut Street Des Moines, IA 50319-0114  <b>Phone:</b> 515-322-0899 <b>E-Mail:</b> bblum@dhs.state.ia.us	<b>Agency Contract Owner (hereafter “Contract Owner”) / Address:</b> Elizabeth Matney 1305 East Walnut Street Des Moines, IA 50319-0114 <b>E-Mail:</b> ematney@dhs.state.ia.us
<p><u>Transition Period.</u> Effective July 1, 2022, through July 1, 2023, the Iowa Department of Human Services (DHS) and the Iowa Department of Public Health (IDPH) shall be in a transition period as the agencies develop and implement transition plans to merge the agencies and become a new state agency, the Iowa Department of Health and Human Services (DHHS). For purposes of this Contract throughout the transition period, “Agency” or “Department” means either DHS or DHHS. Throughout the transition period, DHS and DHHS shall have and may exercise all legal powers and duties of DHS, including executing all contractual rights and obligations.</p> <p>Effective July 1, 2023, the Iowa Department of Human Services (DHS) and the Iowa Department of Public Health shall merge and become the Iowa Department of Health and Human Services (DHHS). For purposes of this Contract on and after July 1, 2023, “Agency” or “Department” means DHHS. On and after July 1, 2023, DHHS shall have and may exercise all legal powers and duties of the former DHS, including executing all contractual rights and obligations.</p>	
<b>Contractor: (hereafter “Contractor”)</b>	
<b>Legal Name:</b> Wellpoint Iowa, Inc.	<b>Contractor’s Principal Address:</b> 4800 Westown Parkway, Suite 200 West Des Moines, IA 50266
<b>Tax ID #:</b> 47-3863197	<b>Organized under the laws of:</b> State of Iowa

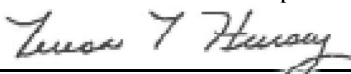
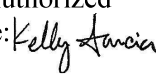
<p><b>Contractor’s Contract Manager Name/Address “Notice Address”):</b>                  Michael Broadston                  Compliance Manager                  Wellpoint Iowa, Inc.                  4800 Westown Parkway, Suite 200                  West Des Moines, IA 50266  <a href="mailto:michael.broadston@wellpoint.com">michael.broadston@wellpoint.com</a></p> <p>Copy to:</p> <p>Teresa Hursey                  Plan President                  Wellpoint Iowa, Inc.                  4800 Westown Parkway, Suite 200                  West Des Moines, IA 50266  <a href="mailto:teresa.hursey@wellpoint.com">teresa.hursey@wellpoint.com</a></p>	<p><b>Contractor’s Billing Contact Name/Address:</b>                  Dennis Petersen                  GBD Finance Director                  4800 Westown Parkway, Suite 200                  West Des Moines, IA 50266  <a href="mailto:dennis.petersen@elevancehealth.com">dennis.petersen@elevancehealth.com</a></p>
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Contract Information	
<b>Start Date:</b> 07/01/23	<b>End Date of Base Term of Contract:</b> 06/30/27
<b>Possible Extension(s):</b> The Agency shall have the option to extend this Contract up to 2 additional 2-year extensions.	
<b>Contract Contingent on Approval of Another Agency:</b> No	<b>ISPO Number:</b> ISPO-23-013
<b>Contract Include Sharing SSA Data?</b> No	<b>DoIT Number:</b> N/A

**Contract Execution**

This Contract consists of this Contract Declarations and Execution Section, the Special Terms, any Special Contract Attachments, the General Terms for Services Contracts, and the Contingent Terms for Service Contracts.

In consideration of the mutual covenants in this Contract and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into this Contract and have caused their duly authorized representatives to execute this Contract.

Contractor, Wellpoint, Iowa		Agency, Iowa Department of Health and Human Services	
Signature of Authorized Representative: 	Date: 12/21/2023	Signature of Authorized Representative: 	Date: Jan 12, 2024
Printed Name: Teresa Hursey		Printed Name: Kelly Garcia	
Title: Plan President and CEO		Title: Director	