

CONTRACT DECLARATIONS AND EXECUTION

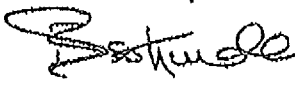
RFP #	Contract #
RFP MED 16-009	MED-16-018
Title of Contract	
Iowa Health Link	

This Contract must be signed by all parties before the Contractor provides any Deliverables. The Agency is not obligated to make payment for any Deliverables provided by or on behalf of the Contractor before the Contract is signed by all parties. This Contract is entered into by the following parties:

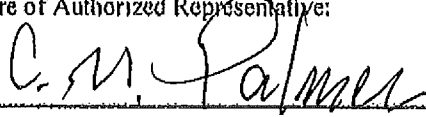
Agency of the State (hereafter "Agency")	
Iowa Department of Human Services 100 Army Post Road Des Moines, IA 50315	
Contractor (hereafter "Contractor")	
Amerigroup Iowa, Inc.	
IDPH	
Iowa Department of Public Health	

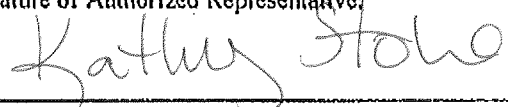
Contract Information	
Start Date: 1/1/2016	End Date of Base Term of Contract: 12/31/2018 End Date of Contract: 12/31/2018
Possible Extension(s): This Contract may be extended for two (2) one-year terms.	
Contractor a Business Associate? Yes	Contract Warranty Period (hereafter "Warranty Period"): The term of this Contract, including any extensions.
Contract Include Sharing SSA Data? No	Contract Payments include Federal Funds? Yes
Contractor subject to Iowa Code Chapter 8F? No	Contract Contingent on Approval of Another Agency: Yes Which Agency? CMS
Contractor a Qualified Service Organization? Yes	

This Contract consists of the above information, the attached General Terms for Services Contracts, Special Terms, and all Special Contract Attachments. 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.

Amerigroup Iowa, Inc.
Signature of Authorized Representative: 
Date: 10/9/2015
Printed Name: TUNDE SORUNDE

Title: PRESIDENT NORTH REGION MEDICARE BUSINESS UNIT

Iowa Department of Human Services
Signature of Authorized Representative: 
Date: 10-9-15
Printed Name: Charles Palmer
Title: Director

Iowa Department of Public Health
Signature of Authorized Representative: 
Date: 10/9/15
Printed Name: Kathy Stone
Title: Director, Division of Behavioral Services