

## First Amendment to the Dental Wellness Plan for the Iowa Wellness and Marketplace Choice Plan

This Amendment to Contract Number MED-14-011 is effective as of July 1, 2015, between the Iowa Department of Human Services (Agency) and Delta Dental of Iowa (Contractor).

### Section 1: Amendment to Contract Language

The Contract is amended as follows:

**Revision 1:** Contract Title that reads “The Dental Wellness Plan for the Iowa Wellness and Marketplace Choice Plan”, is hereby amended to read as follows:

The Dental Wellness Plan for the Iowa Wellness Plan

**Revision 2:** Section 1.3.4.2, Payment Methodology, first sentence that reads “The Contractor shall be paid a monthly capitation payment of \$22.66 per Enrollee per month for the time period of May 1, 2014 through June 30, 2015”, is hereby amended to read as follows:

The Contractor shall be paid a monthly capitation payment per Enrollee per month in accordance with the pricing set forth in Section 1.3.4.2.1.

**Revision 3:** Section 1.3.4.2.1 Capitation Rate Payments, is hereby added to the Contract.

#### 1.3.4.2.1 Capitation Rate Payments

Table 1.1: Capitation Rates

| Time Period          | Capitation Rate |
|----------------------|-----------------|
| 5/1/2015 – 6/30/2015 | \$22.66         |
| 7/1/2015 – 6/30/2016 | \$25.86         |
| 7/1/2016 – 6/30/2017 | TBD             |

**Revision 4:** Contract Information is hereby amended by adding the following federal funds information:

|   |   |
|---|---|
| <b>Contract Payments include Federal Funds?</b> Yes                                   |   |
| <b>The contractor for federal reporting purposes under this contract is a:</b> vendor |   |
| <b>DUNS #:</b> 847610995  |   |
| <b>The Name of the Pass-Through Entity:</b> Iowa Department of Human Services         |   |
| <b>CFDA #:</b> #93.778  | <b>Federal Awarding Agency Name:</b> Department of                  |
| <b>Grant Name:</b> Medical Assistance Program   | Health and Human Services/Center for Medicare and Medicaid Services |

### Section 2: Ratification & Authorization

Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite

actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and that this Amendment constitutes a legal, valid, and binding obligation.

**Section 3: Execution**

**IN WITNESS WHEREOF**, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

|   |       |  |       |
|---|-------|--|-------|
| <b>Contractor, Delta Dental of Iowa</b> |       | <b>Agency, Iowa Department of Human Services</b> |       |
| Signature of Authorized Representative: | Date: | Signature of Authorized Representative:          | Date: |
| Printed Name: Jeffrey S. Russell        |       | Printed Name: Charles M. Palmer                  |       |
| Title: President and CEO                |       | Title: Director                                  |       |