

# STATE OF COLORADO CONTRACT MODIFICATION OPTION LETTER #1

**State Agency**  
Department of Health Care Policy and Financing

**Contractor**  
Conduent State Healthcare, LLC

**Option Letter Number**  
1

**Original Contract Number**  
24-187300

**Option Contract Number**  
24-187300OL1

**Contract Performance Beginning Date**  
December 26, 2023

**Current Contract Expiration Date**  
June 30, 2025

**Current Contract Maximum Amount**  
Initial Term

State Fiscal Year 2024	\$9,576,724.74
<b>Extension Terms</b>	
State Fiscal Year 2025	\$19,984,402.00
State Fiscal Year 2026	\$10,403,046.46
State Fiscal Year 2027	\$10,648,638.00
State Fiscal Year 2028	\$10,900,431.26
State Fiscal Year 2029	\$5,271,986.60
<b>Total for all State Fiscal Years</b>	<b>\$66,785,229.06</b>

**1. OPTIONS:**

A. Option to extend for an Extension Term.

**2. REQUIRED PROVISIONS:**

A. For use with Option 1(A)

In accordance with Section(s) 2.C of the Original Contract referenced above, the State hereby exercises its option for an additional term, ending on the current contract expiration date shown above, at the rates stated in the Original Contract, as amended.

**3. OPTION EFFECTIVE DATE**

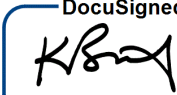
The effective date of this Option Letter is upon approval of the State Controller.

**STATE OF COLORADO**

**Jared S. Polis, Governor**

Department of Health Care Policy and Financing  
Kim Bimestefer, Executive Director

DocuSigned by:



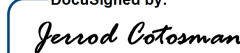
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**STATE CONTROLLER**

**Robert Jaros, CPA, MBA, JD**

Department of Health Care Policy and Financing  
Jerrod Cotosman, Controller, or authorized delegate

DocuSigned by:



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Date: 11/22/2024 | 16:42 MST

Option Effective Date: 11/23/2024 | 06:50 MST

In accordance with §24-30-202, C.R.S., this Option is not valid until signed and dated above by the State Controller or an authorized delegate.

