

OPTION LETTER #2

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| State Agency Department of Health Care Policy and Financing | | Option Letter Number 2 |
| Contractor DXC MS LLC | | Original Contract Number 14-64254 |
| Current Contract Maximum Amount Initial Term | | Option Contract Number 14-64254OL2 |
| State Fiscal Year 2013-2014 | \$9,201,096.00 | Contract Performance Beginning Date The later of the Effective Date or November 1, 2021 |
| Extension Terms | | |
| State Fiscal Year 2014-2015 | \$25,491,547.00 | Current Contract Expiration Date October 31, 2023 |
| State Fiscal Year 2015-2016 | \$25,851,971.00 | |
| State Fiscal Year 2016-2017 | \$24,876,103.97 | |
| State Fiscal Year 2017-2018 | \$36,497,277.57 | |
| State Fiscal Year 2018-2019 | \$33,443,308.54 | |
| State Fiscal Year 2019-2020 | \$40,449,396.09 | |
| State Fiscal Year 2020-2021 | \$51,610,882.03 | |
| State Fiscal Year 2021-2022 | \$22,829,721.39 | |
| State Fiscal Year 2022-2023 | \$5,769,900.50 | |
| State Fiscal Year 2023-2024 | \$1,041,245.50 | |
| Total for All State Fiscal Years: | \$277,062,449.59 | |

1. OPTIONS:

A. Option to extend for an Extension Term.

2. REQUIRED PROVISIONS:

A. In accordance with Section 5.D. of the Original Contract referenced above, the State hereby exercises its option for an additional term, beginning November 1, 2021, and ending on October 31, 2023, at the rates stated in the Original Contract, as amended, subject to annual increase as set forth under Section 5.D. Contractor shall have no obligation to provide services if the provision of such services would exceed the "Current Contract Maximum Amount," as may be amended from time to time.

3. OPTION EFFECTIVE DATE:

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

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| <p style="text-align: center;">STATE OF COLORADO Jared S. Polis, Governor Department of Health Care Policy and Financing Kim Bimestefer, Executive Director</p> <p>DocuSigned by: </p> <p>By: _____ 0B6A84797EA8493</p> <p style="text-align: center;">3/19/2021</p> <p>Date: _____</p> | <p>In accordance with C.R.S. §24-30-202, this Option is not valid until signed and dated below by the State Controller or an authorized delegate.</p> <p style="text-align: center;">STATE CONTROLLER Robert Jaros, CPA, MBA, JD</p> <p>DocuSigned by: </p> <p>By: _____ BBE0F4C030DC45C...</p> <p style="text-align: center;">3/19/2021</p> <p>Option Effective Date: _____</p> |
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