

NEW YORK STATE DEPARTMENT OF CIVIL SERVICE

and

BEACON HEALTH OPTIONS, INC., formerly known as VALUEOPTIONS, INC.

AGREEMENT NO. C000625

AMENDMENT NO. 1

This Amendment #1 ("Amendment") to Agreement C000625 ("Agreement") is entered into by the New York State Department of Civil Service ("Department") and Beacon Health Options, Inc., formerly known as Value Options Inc. ("Contractor") The foregoing are collectively referred to as the "Parties".

WITNESSETH

WHEREAS, in 2014 the Department issued a competitive solicitation to obtain the services of a qualified organization to administer and provide mental health and substance abuse benefits to the members of the Empire Plan;

WHEREAS, the contract was awarded to ValueOptions, Inc. and assigned the contract number of C000625;

WHEREAS, ValueOptions, Inc. changed its legal name to Beacon Health Options, Inc. on December 9, 2015 and there was no change to the Federal Employer Identification Number so a name change was processed in the appropriate accounting and financial system;

WHEREAS, effective March 2, 2020, Contractor was acquired by Anthem, Inc. and will operate as a wholly-owned subsidiary of Anthem, Inc. with no change in name or Federal Employer Identification Number;

WHEREAS, C000625 provides for an initial term of five (5) years with one optional extension period not to exceed 11 months; and

WHEREAS the Parties wish to exercise the 11-month extension period.

NOW THEREFORE, in consideration of the mutual covenants and considerations contained herein, the Parties agree as follows:

1. The Parties agree to exercise the one optional extension period for 11-months. As a result, the Agreement term will now extend until January 25, 2022, unless terminated in accordance with the provisions of the Agreement.
2. Except as herein modified, all other terms and conditions of C000625 remain the same and in full force and effect.

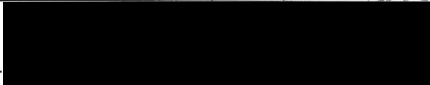
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Contract Number: C000625

IN WITNESS WHEREOF, the Parties hereto have hereunto signed this Amendment on the day and year appearing opposite their respective signatures.

Agency Certification: "In addition to the acceptance of this Amendment, I also certify that original copies of this signature page will be attached to all exact copies of this Agreement."

Contractor Certification: By signing I certify my express authority to sign on behalf of myself, my company, or other entity and full knowledge and acceptance of this Amendment. By signing, I affirm my understanding of and agreement to comply with the Department's procedures relative to the Procurement Lobbying Law as required by State Finance Law §139-j and §139-k.

**NEW YORK STATE
DEPARTMENT OF CIVIL SERVICE**
Name: Rebecca A Corso
Title: Deputy Commissioner
By: 
Date: 7/6/1/20

BEACON HEALTH OPTIONS, INC.
Name: Daniel M. Risku
Title: EVP & General Counsel
By: 
Date: 3/20/2020

CORPORATION ACKNOWLEDGMENT

STATE OF } MA

Sworn Statement:

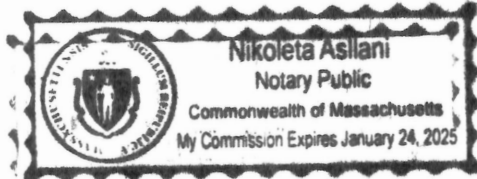
COUNTY OF } NORFOLK

On the 20th day of MARCH in the year 20 20, before me personally appeared DANIEL M. RISKU, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that he maintains an office at Town of Suffolk County of BOSTON, State of MA; and further that: he is the EVP & GENERAL COUNSEL of BEACON HEALTH OPTIONS, INC. the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

APPROVED
DEPT. OF AUDIT & CONTROL

Jun 30 2020
James M. Iwaneczko

FOR THE STATE COMPTROLLER



Contract Number: C000625

Notary Public _____

Date: 3-10-2020

Approved as to form: _____

Letitia James
ATTORNEY GENERAL

By: _____

Date: _____

Approved: _____

Thomas P. DiNapoli
STATE COMPTROLLER

By: _____

Date: _____