AMENDMENT OF SOLICITATION	N/MODIFICATION	ON OF CONTR	RAC	1. Contract IC	Code	Page 1	of Pages
2. Amendment/Modification No.	3. Effective Date	4. Requisition/Pur	chase	Req. No.	5. Project No. (if applicable)		
01	9/14/06	06-SCO-0019	_		14157		
6. Issued By	Code CMB	7. Administered B	y (If c	other than Item 6)		Code	
DEPARTMENT OF DEFENSE		SEE BLOCK 6					
TRICARE MANAGEMENT ACTIVITY/CI	MB						
16401 E. CENTRETECH PKWY							
AURORA, CO 80011-9066							
JACKIE SCRIPTURE 303-676-3711							
3. Name and Address of Contractor (No., Street,	County, and Zip Code)	,	(X)	9A. Amendment of	f Solicitation	No.	
UNITED CONCORDIA COMPANIES, INC	` Vendo	or ID: 00000362		9B. Date (See Iter	m 11)		
4401 DEER PATH ROAD		S: 868941832		ob. Date (obe nom 11)			
HARRISBURG PA 17110-3907	868941832		10A. Modification	10A. Modification of Contract/Order No.			
	E: 03XW8	$ _{\mathbf{X}}$	H94002-05-D-0001 0001				
			^	10B. Date (See Ite	em 13)		
			Jan 6, 2006	06			
Code	Facility Code	<u>.</u>					
11. THI	S ITEM ONLY APPLIES	TO AMENDMENTS C	OF SC	DLICITATIONS			
ubmitted; or (c) By separate letter or telegram white MENT TO BE RECEIVED AT THE PLACE DESIGN REJECTION OF YOUR OFFER. If by virtue of the letter, provided each telegram or letter makes refer 2. Accounting and Appropriation Data (if requires 1706060130.1889.102000 \$ US (b)(4)	NATED FOR THE RECE his amendment you desirence to the solicitation are	IPT OF OFFERS PRI e to change an offer a	OR T alread	O THE HOUR AND y submitted, such c	DATE SPEC hange may b	IFIED MAY e made by	RESULT
13. THIS IT	EM APPLIES ONLY TO						
x) A. This change order is issued pursuant to: (FIES THE CONTRACT/C Specify authority) The ch				ntract Order N	lo. in item '	 10A.
	, , ,,,	<u> </u>					•
B. The above numbered Contract/Order is moser FORTH IN ITEM 14, PURSUANT TO THE	odified to reflect the admi	nistrative changes (se	uch a	s changes in paying	office, appro	priation da	te, etc.)
C. This supplemental agreement is entered in							
By mutual agreement of the parties	no paradam to dumonty t	<i>5</i> 1.					
D. Other (Specify type of modification and au	thority)						
, , , , , , , , , , , , , , , , , , ,	,						
. IMPORTANT: Contractor is not, X is	required to sign this doc	cument and return 1 co	opies	to the issuing office			
Description of Amendment/Modification (Organi	zed by UCF section head	lings, including solicita	ation/e	contract subject mat	ter where fea	sible.)	-
ne purpose of this modification is to i	ncrease and fund a	ıdditional quanti	ties	and total amou	ints under	·CLINe	and

Τ S (February 1, 2006 through January 31, 2007) services.

SEE ATTACHED CONTINUATION SHEETS

Except as provided herein, all terms and conditions of the docum	nent referenced in item 9A or 1	0A, as heretofore changed, remains unchanged and in	n full torce and effect.			
15A. Name and Title of Signer (Type or Print)		16A. Name and title of Contracting Officer (Type or Print)				
Lawrence D. McKinley, D.D.S. TDP Vice President and Program Manager		THOMAS L GRIFFIN CONTRACTING OFFICER tom.griffin@tma.osd.mil	303 676-3823			
15B. Contractor/Offeror 2 D We Kinh DD 5 (Signature of person authorized to sign)	15C. Date Signed Sept 13, 2006	16B. United States of America 1000000	16C. Date Signed 9/14/06			
NSN 7540-01-152-8070	30-	105 STANDARD FOR	M 30 (REV. 10-83)			

NSN 7540-01-152-8070

AMENDMENT OF SOLICITATIO	N/MODIFICATIO	N OF CONTE	200	1. Contract IE) Code	Page	of Pages
				J	T	1	4
Amendment/Modification No.	3. Effective Date	4. Requisition/Puro			5. Project No		able)
02	11/24/08	09-CMB-0073 14157 7. Administered By (If other than Item 6) Code H94002					00
6. Issued By						de H940	02
DEPARTMENT OF DEFENSE	m.	DEPARTMENT			TYL/C) (
TRICARE MANAGEMENT ACTIVITY/CN	1B	TRICARE MAN					
16401 E. CENTRETECH PKWY		16401 E. CENTI					
AURORA, CO 80011-9066		AURORA, CO 8	3001	1-9066			
GERALD OLLIGES 303-676-3407				1			
8. Name and Address of Contractor (No., Street, C	County, and Zip Code)		(X)	9A. Amendment	of Solicitation No).	
Inverse conscioners con recovery		TD 000000000					
UNITED CONCORDIA COMPANIES, INC		ID: 00000362		9B. Date (See Ite	m 11)		
4401 DEER PATH ROAD		868941832		104 14 15 15	10 1 10	I I .	
HARRISBURG PA 17110-3907		68941832	}	10A. Modification		ier No.	
	CAGE:	03XW8	X	H94002-05-D-0			
		10B. Date (See Item 13) Jan 6, 2006					
Code	Facility Code			Jan 6, 2006			
	SITEM ONLY APPLIES T	O AMENDMENTS C	IE SC	DUCITATIONS			
The above numbered solicitation is amended a				·	lis extende	ed III is r	not extended.
Offers must acknowledge receipt of this amendmen		•		•			
(a) By completing items 8 and 15, and returning	copies of the amend	•			•	-	
submitted; or (c) By separate letter or telegram which	ch includes a reference to	the solicitation and a	men	dment numbers. FA	ILURE OF YOU	JR ACKN	OWLEDG-
MENT TO BE RECEIVED AT THE PLACE DESIGN	IATED FOR THE RECEIF	T OF OFFERS PRIC	OR T	O THE HOUR AND	DATE SPECIF	IED MAY	RESULT
IN REJECTION OF YOUR OFFER. If by virtue of the	is amendment you desire	to change an offer a	Iread	ly submitted, such o	hange may be	made by t	elegram or
letter, provided each telegram or letter makes refere	ence to the solicitation and	I this amendment, ar	nd is i	received prior to the	opening hour a	and date s	specified.
12. Accounting and Appropriation Data (if required)						
9706060130.1889.102000 \$ US (b)(4)							
	EM APPLIES ONLY TO M FIES THE CONTRACT/OI						
(x) A. This change order is issued pursuant to: (\$\frac{1}{2}\$					ntract Order No	in item 1	0A
(1)	promy additionally, the one			a.oa.o			
B. The above numbered Contract/Order is mo Set fourth item 14, pursuant to the authorit		istrative changes (su	ıch a	s changes in paying	g office, appropi	riation dat	e, etc.)
C. This supplemental agreement is entered in							
DFARS 252.232-7007 Limitation of	Government's Obligat	ion					
D. Other (Specify type of modification and aut							
E. IMPORTANT: Contractor is not, X is	required to sign this docu	ment and return 1 co	pies	to the issuing office	<u>.</u>		
Description of Amendment/Modification (Organize						ble.)	

A. The purpose of this modification to Delivery Order 0001 is to decrease the Quantity/Unit Price and the Amount currently specified for SLIN 1001AB and CLINs 1003 and 1004, and to deobligate the associated excess Fiscal Year 2006 (FY06) funds resulting from these decreases.

SEE ATTACHED CONTINUATION SHEETS

Except as provided herein, all terms and conditions of the docur	nent referenced in item 9A or	10A, as heretofore changed, remains unchanged and	in full force and effect.
15A. Name and Title of Signer (Type or Print)		16A. Name and title of Contracting Officer (Type or Print)
Lawrence D. McKinley, D.D.S.		THOMAS L GRIFFIN	303-676-3823
Corporate Vice President		CONTRACTING OFFICER	
-		tom.griffin@tma.osd.mil	
15B. Contractor/Offeror	15C. Date Signed	16B. United States of America	16C. Date Signed
(Signature of person authorized to sign)	_ 11/21/2008	Signature of Contracting/Officer)	11/24/08
NON 7540 04 450 0070	0	0.405	D14 00 (DE)/ 40 00)

NSN 7540-01-152-8070

30-105

STANDARD FORM 30 (REV. 10-83)

Prescribed by GSA FAR (48 CFR) 53.243

PREVIOUS EDITIONS UNUSABLE

	SCHEDULE									
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount					
1001AA	Single Enrollment Premium Enrollee Share - 40% (b)(4) Government Share - 60%	2,021,716	EA	(b)(4)	1					
1001AB	Total Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60%	3,565,000	EA							
1002AA	Total Single Enrollment Premium Government Share100% (b)(4) Single	3,587	EA							
1002AB	Enrollment Premium Family Enrollment Premium Government Share 100% (b)(4) Family	8,607	EA							
1003	Enrollment Premium Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge		LT							
	(Cost Reimburseable Line Item - Cost Plus No Fee)									
1004	Overseas Claims Processing Cost Shares and Additional Allowable Charge Orthodontic Costs	1	LT							
1005 1006AA 1006AB	(Cost Reimburseable Line Item - Cost Plus No Fee) DITSCAP and Physical & Personnel Security 1st 6 Month Period (February through July) 2nd 6 Month Period (August through January)	. 8 I . 1	MO EA EA							
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	·			,						
				·						
		·								
	, , , , , , , , , , , , , , , , , ,	,,								
·										
					·					

B. The Quantity and/or Unit Price and Amount on Delivery Order 0001 for the following CLINs/SLINs are hereby decreased as follows:

FROM: TO:

CLIN/SLIN	Qty/Unit	<u>Unit Price</u>	Amount		Qty/Unit	<u>Unit Price</u>	Amount
1001AB	3,600,000 EA	(b)(4)			3,565,000 EA	(b)(4)	
1003	lLT				ILT]	
1004	ILT			<u>. </u>	lLT	_	

C. Note: the incorrect description for SLIN 1002AB, as shown on mod 01 to Delivery Order 0001, has been corrected to read "Family Enrollment Premium" and (b)(4) Family Enrollment Premium".

D. Funding for Services ordered under Delivery Order 0001 for Option Period 1 hereby modified as follows:

CLIN ·	Description		t Ordered on y Order 0001	Prior Obligation Amount	Total Current Obligation Amount	Deobligated by this Delivery Order Mod	FY
1001	TDP Enrollments		NSP	NSP	NSP .	NSP	
1001AA	Single Enrollment Premium					,	FY06
	Qıy/UI		2,021,716 EA	2,021,716 EA	2,021,716 EA	0 EA	
	Unit Price	(b)(4)					
	.1001AA Totàl	_ (*/(*/					
1001AB	Family Enrollment Premium						FY06
	Qty/UI		3,565.000 EA	3,600,000 EA	3,565,000 EA	(-35,000 EA)	
	Unit Price	(b)(4)					
	100 I AB Total	_ (- / (
1002	Survivor Benefit Enrollments		NSP	NSP	NSP	NSP 、	
1002AA	Single Enrollment Premium			·			FY06
	Oty/UI ·		3,587 EA	3,587 EA	3,587 EA	0 EA	
	Unit Price	(b)(4)	,				'
	1002AA Total	_ (/(/					
`1002AB	Family Enrollment Premium			,			FY06
	Qty/UI		8,607 EA	8,607 EA	8,607 EA	0 EA	
	Unit Price	(b)(4)					
	1002AB Total	-					
1003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge						FY06
	Qty/UI		1 LT	1 LT	1 LT	. 1 LT	
	Unit Price	(b)(4)					
	1003 Total	_					
1004	Overseas Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs				,		FY06
	Qty/UI		. 1 LT	l LT	1 LT	I LT	
	Unit Price	(b)(4)					
	1004 Total						
	1004 10tal						

CLIN	Description	Amount Or Delivery Or		Prior Obligation Amount	Total Current Obligation Amount	Deobligated by this Delivery Order Mod	FY
1005	DIACAP and Physical & Personnel Security						FY06
	Qty/UI		8 MO	8 MO	8 MO	0 MO	
	Unit Price	(b)(4)					
	1005 <u>Total</u>	-		ı	1 - 2	-	
1006AA	Award Fee Pool 1st 6 Month Period (February through July)	_					FY06
	Qty/UI		1 LT	I LT	1 LT	0 LT	
÷	Unit Price	(b)(4)					
	1006AA Total			ı	ı	ı	
1006AB	Award Fee Pool 2nd 6 Month Period (August through January).					,	FY06
	Qty/UI			1 LT	1 LT	0 LT	
	Unit Price	(b)(4)	-				
	1006AB Total	- - -		I		I	
	Grand Total:	(b)(4)					FY06

E. As a result of this modification, the total obligated amount and the total value under Delivery Order 0001 is decreased by from (b)(4) to \$176,506,639.93.

F. All other contract and delivery order terms and conditions remain unchanged and in full force and effect.

۶ , ,			ORDE	R FOR SUPP	LIES (OR S	SERVICES			•	PA	GE 1 OF 2
1. CONTRACT/PUR	CH ORDI	R/AGREEMENT NO.	2. DELIVE	RY ORDER/CALL NO.			TE OF ORDER/CA	LL	4. REQUISITION/P	URCH REQUEST	NO. 5.	PRIORITY
H9400205D000	01		0001			i	16/06		06-SCOO-00	21	SI	0
6. ISSUED BY			CODE	CMB	7. ADM	INISTE	RED BY (If Other)	han 6)	CODE C	MB	8.	DELIVERY FOB
16401 E. CENT AURORA, CO	NAGE FRETE 80011	MENT ACTIVIT CH PARKWAY	, ,	ure@tma.osd.mil	TRIC. 16401	ARE EAS	IENT OF DEF MANAGEME T CENTRETE CO 80011-900	NT AC	CTIVITY/CMB ARKWAY		X	DESTINATION OTHER (See Schedule If Other)
9. CONTRACTOR			CODE		FA	CILITY			10. DELIVER TO F		ite) 11.	X IF BUSINESS IS
UNI	TED C	ONCORDIA CO	MPANIES	, INC.	VEN	DOR ID	00000362		2007 Jan 31	,		SMALL
NAME AND HARRISBURG PA 17110-9412			CAGE		03XW8 251687586		12. DISCOUNT TE	RMS Net 30		SMALL DISAD- VANTAGED WOMEN-OWNED		
ADDRESS									13. MAIL INVOICE	S TO THE ADDRES	SS IN BL	оск
14. SHIP TO Tild	D	DI ANIZ	CODEL		15 PAVN	IFNT W	ILL BE MADE BY		See Block 14.			MARK ALL
Oit		BLANK IAGEMENT ACT	CODE					NOE ZE	CODE RMF			PACKAGES AND
	RETE	CH PARKWAY	17111		FINAN 16401 E	CE A E. CEI	NT OF DEFE ND ACCOUN NTRETECH P O 80011-9066	TING ARKW	BRANCH			PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
16. DELIVERY/ CALL X This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.												
OF Reference your Furnish the following on terms specified herein.												
ORDER PURCHASE ACCEPTANCE. THE CONTRACTOR HERBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE FORTH, AND AGREES TO PERFORM THE SAME.												
NAME OF CONTRACTOR SIGNATURE TYPED NAME AND TITLE DATE SIGNED (YYYYMMMDD) If this box is marked, supplier must sign Acceptance and return the following number of copies: 17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE												
9706060130188				1.34 m	, 1/. ,	/ <u>z</u>						
		() ()	.* //	· 5 · . · ·	1 /6/	プレロ	Je:					
18. ITEM NO.		19. SCHEDU	LE OF SUP	PLIES/SERVICES			20.QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT F	RICE	23	. AMOUNT
Delivery Order for Option Period 1 Services und H94002-05-D-0001 for the period, February 1, 2 through September 30, 2006. Single Enrollment Premium Enrollee Share – 40% (b)(4) Government Share – 60% Total							2,000,000	EA	(b)(4)			
Ì						ابر		i, j				
*If quantity accepted same as quantity on If different, enter ac below quantity order	dered, ind tual quar	ficate by X. tity accepted TH		TES OF AMERICA GRIFFIN Tom.Griffin@	The	_	003-676-3823 CONTRACTING/OF	inff		FERENCES	(b)(4)
27a. QUANTITY II	COLUI			Tom.Grimine	IIIIa.USU.I	iliii C	ONTRACTING/OR	DEMING	OFFICEN			
INSPECTED				CONFORMS TO TH								
b. SIGNATURE O	F AUTH	ORIZED GOVERNMEN	IT REPRES	ENTATIVE			MMDD)		NTED NAME AND PRESENTATIVE	TITLE OF AUTHO	ORIZED (GOVERNMENT
e. MAILING ADDF	ESS OF	AUTHORIZED GOVE	RNMENT RI	EPRESENTATIVE	1	28. SHI	P NO.	29. D.O	. VOUCHER NO.	30. INITIALS		
f. TELEPHONE NUMBER g. E-MAIL ADDRESS			-		RTIAL	32. PAI	D BY	33. AMOUNT VE	RIFIED	CORRECT FOR		
					_	MENT		34. CHECK NUMBER				
a. DATE (YYYYMI			IS CORRECT AND PROPER FOR PAYMENT. D. SIGNATURE AND TITLE OF CERTIFYING OFFICE			COMPLETE PARTIAL FINAL				35. BILL OF LAI	DING NO	·
37. RECEIVED AT	38.	RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMMDD)	D A			41. S/R	ACCOUNT NO.	42. S/R VOUCHI	ER NO.	

F e . •	DD1155 CONTINUATION SHEET DATE OF ORDER 2005 Jan //6/06	1 .	CONTRACT/PURCHASE ORDER NO. MDA906-05-D-0001/0001			
	RESS OF CONTRACTOR	2010				
UNITED CO	NCORDIA COMPANIES, INC. 0000	20.QUANTITY		T	 	
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUI	NT
1001AB	Family Enrollment Premium	3,600,000	EA	(b)(4)		
	Enrollee Share 40% \$26.27					
	Government Share 60% (b)(4)					
1002AA	Total Single Envelopent Promium	3,360	ΕΛ			
1002AA	Single Enrollment Premium Government Share – 100% (b)(4)	3,300	LA			
1002AB	Family Enrollment Premium	7,936	EA			
	Government Share – 100% (b)(4)					
.003	Overseas Claims Processing Costs in Excess of	8	МО			
	Allowable Charge and Equal to or Less Than the Billed					
	Charge					
	(Cost Reimburseable Line Item –Cost Plus No Fee)					
1004	OCONUS Claims Processing Cost Shares and Additional	8	МО			
	Allowable Charges for Orthodontic Costs					
	(Cost Reimburseable Line Item – Cost Plus No Fee)					
1005	DITSCAP and Physical & Personnel Security	8	МО			
1006AA	1st 6 Month Period (February through July)	1	EA			

AMENDMENT OF SOLICITATIO	N/MODIFICATION	ON OF CONTR	RAC	T J. Contract ID) Code	Page 1	of Pages
2. Amendment/Modification No.	3. Effective Date	4. Requisition/Pur	chase	e Req. No.	5. Project No.	(if applic	able)
01	Oct 1, 2006	07-CMB-0005			14157		
6. Issued By	Code CMB	7. Administered B	v (If c	other than Item 6)	Co	de H940	002
DEPARTMENT OF DEFENSE		DEPARTMENT	•	•			
TRICARE MANAGEMENT ACTIVITY/CM	R			EMENT ACTIVI	TY/CM		
16401 E. CENTRETECH PKWY				ECH PARKWAY			
		AURORA, CO 8					
AURORA, CO 80011-9066		AUROKA, CO 8	1000	1-9000			
JACKIE SCRIPTURE 303-676-3711			1~	9A. Amendment o	f Colinitation No		
8. Name and Address of Contractor (No., Street, C	ounty, and ZIP Code)		(X)	9A. Amendment o	ii Solicitation NC) .	
UNITED CONCORDIA COMPANIES, INC.	Vendo	r ID: 00000362		9B. Date (See Iter	m 11)		
4401 DEER PATH ROAD	DUNS	: 868941832					
HARRISBURG PA 17110-3907	CEC: 8	368941832		10A. Modification	of Contract/Ord	er No.	
	CAGE	: 03XW8	$ _{\mathbf{X}}$	H94002-05-D-00	001 0002		
		^	10B. Date (See Ite	əm 13)			
		Sep 18, 2006					
Code	Facility Code			-			
11. THIS	ITEM ONLY APPLIES	TO AMENDMENTS C	F SC	DLICITATIONS			
The above numbered solicitation is amended as	s set forth in item 14. The	e hour and date spec	ified f	for receipt of Offers	is extende	d [] is r	not extended.
Offers must acknowledge receipt of this amendment	prior to the hour and da	te specified in the sol	icitati	on or as amended, l	by one of the fol	lowing m	ethods:
(a) By completing items 8 and 15, and returning	copies of the amen	dment; (b) By acknow	vledgi	ing receipt of this am	nendment on ea	ch copy	of the offer
submitted; or (c) By separate letter or telegram which	n includes a reference to	the solicitation and a	men	dment numbers. FAI	LURE OF YOU	R ACKN	OWLEDG-
MENT TO BE RECEIVED AT THE PLACE DESIGN.	ATED FOR THE RECEI	PT OF OFFERS PRIC	OR TO	O THE HOUR AND	DATE SPECIFI	ED MAY	RESULT
IN REJECTION OF YOUR OFFER. If by virtue of thi	s amendment vou desire	to change an offer a	Iread	v submitted, such cl	nange may be n	nade by t	elegram or
letter, provided each telegram or letter makes refere					_		
12. Accounting and Appropriation Data (if required)		- · · · · · · · · · · · · · · · · · · ·					<u></u>
9707070130.1889.102000 \$ US (b)(4)							
	M APPLIES ONLY TO N	MODIFICATIONS OF	CON	ITRACT/ORDERS.			
IT MODIF	ES THE CONTRACT/O	RDER NO. AS DESC	RIBE	ED IN ITEM 14.			
A. This change order is issued pursuant to: (S	pecify authority) The cha	anges set forth in iten	n 14 á	are made in the Con	tract Order No.	in item 1	OA.
B. The above numbered Contract/Order is mod	ified to reflect the admin	istrative changes (su	ıch a:	s changes in paying	office, appropri	ation date	e, etc.)
SET FORTH IN ITEM 14, PURSUANT TO THE AL							
C. This supplemental agreement is entered into	pursuant to authority of	•					
D. Other (Specify type of modification and auth	oritul			· · · · · · · · · · · · · · · · · · ·			
X ' ' ' ' ' ' ' '	• • • • • • • • • • • • • • • • • • • •	.:	a1	/414 1 1			
Funding is subject to the conditions of E. IMPORTANT: Contractor X is not, is not							
	equired to sign this docu			opies to the issuing		<i>I=</i> \	
4. Description of Amendment/Modification (Organize	d by UCF section neadi	ngs, including solicita	tion/c	оптаст ѕибјест тап	er wnere reasid	10.)	
7 1 d 10 mm							
Inder the conditions of the FY2007 Cor	_	~			-		
October 2006 through November 2006 i	s hereby obligated	in the amount	of (t	o)(4)	for the cor	ntract s	ervices
isted in Paragraph A. Reference: Requi	sition/Purchase R	Leguest 06-SCO	-002	21 (SEE ATT	ACHED CO	ONTIN	UATION
SHEETS)		1		•			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
No. 411 from 10 D. Leave H. IID 5601	41 D	CD C 4		4 4 200	~ !!		
Cont'd from 12.D. above: " HR 5631,	the Department of	Defense Appro	opri	ations Act 200	<i>I</i>		
Except as provided herein, all terms and conditions of the do	cument referenced in item 9	A or 10A, as heretofore	chang	ged, remains unchange	ed and in full force	and effec	t
15A. Name and Title of Signer (Type or Print)		16A. Name a	nd titl	e of Contracting Off	icer (<i>Type or P</i>	rint)	
	THOMAS L	GR	IFFIN	303	676-382	23	
		CONTRACT	CONTRACTING OFFICER				
		tom.griffin@					
15B. Contractor/Offeror	15C. Date Signed	16B. United S			7	16C. Da	ate Signed
•	1 2 2 2 3 1 4 2	1/2	,,, ,	LH:111	/ <u>-</u>	/	, , ,
(Cignature of norman authorized to sign)		<u> </u>	<u> </u>	of Contraction	<u>~1</u>	10/3	3/06
(Signature of person authorized to sign)		(Signa	riula	of Contracting Office	31)		-

	SC	HEDULE			
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
1001	TRICARE Dental Program Enrollments	o	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
1001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1029800	EA	(b)(4)	
1001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1784000	EA		
1002	Survivor Benefit Enrollments	0	EA	NSP	NSP
1002AA	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.) Single Enrollment Premium	1920	EA	(b)(4)	
1002AB	Government Share \$100% (b)(4) Family Enrollment Premium	4436	EA		
1003	Government Share 100% (b)(4) Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge	1	LT		
1004	(Cost Reimburseable Line Item Cost Plus No Fee) OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	1	LT		
1005	(Cost Reimburseable Line item Cost Plus No Fee) DITSCAP and Physical & Personnel Security 18.A. This delivery order is subject to the availability of Fiscal Year 2006 funds in accordance with Federal Acquisition Regulation clause 52.232-19 in Addendum B of the contract:	4	МО		
	Funds are not presently available for performance under this contract beyond September 30, 2006 for Option Period 1. The Government's obligation for performance of this contract beyond that date is contingent upon the availability of appropriated funds from which payment for contract purposes can be made. No legal liability on the part of the Government for any payment may arise for performance under this contract beyond September 30, 2006 for Option Period 1, until funds are made available to the Contracting Officer for performance and until the Contractor receives notice of availability, to be confirmed in				

Item No. Supplies/Services Quantity Unit Unit Price Amount								
Item No.		Quantity	Unit	Unit Price	Amount	_		
	writing by the Contracting Officer.							
					}			

A. Services ordered under Delivery Order 0002 for the referenced performance period are funded as follows:

CLIN	Description	Funding Mod	Delivery Order 0002 Value/Amt Ordered	Total Current Obligation	Obligated by this Mod	FY in which Obligated
1001	TDP Enrollments					
1001AA	TDP Single Enrollment Premium	Mod 01 to DO 0002				FY07
	Qty/UI		1,029,800 EA	514,900 EA	514,900 EA	
	Unit Price		(b)(4)			
	1001 AA Total					
1001AB	TDP Family Entollment Premium					FY07
	Qty/UI		1,784,000 EA	892,000 EA	892,000 EA	
	Unit Price		(b)(4)			
	1001AB Total		_ `			
1002 1002AA	Survivor Benefit Enrollments Single		_			
	Enrollment Premium					FY07
	Qty/UI		1,920 EA	960 EA	960 EA	
_	Unit Price		(b)(4)			
	1002AA Total	_	_			
1002AB	Family Enrollment Premium					FY07
	Qty/UI		4,436 EA	2,218 EA	2,218 EA	-
	Unit Price		(b)(4)			
	1002AB Total					
1003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge					FY07
	Qty/UI		1 LT	1 LT	1 LT	
	Unit Price		(b)(4)	121	121	
	1003 Total		. `			
1004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for					
	Orthodontic Costs					FY07
	Qty/UI		1 LT	1 LT	1 LT	1.10/
	Unit Price		(b)(4)			
	1004 Total		1 ' ' '			

1005	DITSCAP and Physical & Personnel					-
	Security					FY07
	Qty/UI]	4 MO	2 MO	2 MO	
	Unit Price	(b)(4)				
	1005 Total					
	Grand Total					

- B. The balance of FY07 funding for the remainder of the performance period, i.e., December through January, remains subject to availability of FY07 funds.
- C. As a result of this modification, the total delivery order value remains unchanged, and all other contract and delivery order terms and conditions remain in full force and effect.

AMENDMENT OF SOLICITATION	N/MODIFICATIO	N OF CONT	RAC	T	Contract ID J) Code	Page 1	of Pages
Amendment/Modification No. 02	3. Effective Date	4. Requisition/Put 07-CMB-0057	rchase	Re	q. No.	5. Project No 14157	o. (if applic	cable)
-	Code CMB	7. Administered B	•			Co	ode H940	002
DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM	R	DEPARTMENT TRICARE MAN				TY/CM		
16401 E. CENTRETECH PKWY	Ь	16401 E. CENT						
AURORA, CO 80011-9066		AURORA, CO						
JACKIE SCRIPTURE 303-676-3711			_					
8. Name and Address of Contractor (No., Street, Co.	ounty, and Zip Code)		(X)	9A	. Amendment o	of Solicitation N	o. 	
UNITED CONCORDIA COMPANIES, INC. 4401 DEER PATH ROAD	=	ID: 00000362		9B	. Date (See Ite	m 11)		
HARRISBURG PA 17110-3907		68941832		10.	A. Modification	of Contract/Ord	der No.	
	CAGE:	03XW8	\mathbf{x}	HS	04002-05-D-0	001_0002		
			^		B. Date (See Ite	em 13)		
	- 111: 0		_	Se	p 18, 2006			
	Facility Code ITEM ONLY APPLIES T	O AMENIDMENTS	DE SC	ווכ	EITATIONS			
The above numbered solicitation is amended as		_				is extende	ed III is r	not extended.
Offers must acknowledge receipt of this amendment								
(a) By completing items 8 and 15, and returning	copies of the amend		_	-				
submitted; or (c) By separate letter or telegram which								
MENT TO BE RECEIVED AT THE PLACE DESIGNA								
IN REJECTION OF YOUR OFFER. If by virtue of this	•					-		_
letter, provided each telegram or letter makes referer 12. Accounting and Appropriation Data (if required)	e to the solicitation and	tnis amendment, a	na is r	ece	ivea prior to the	opening nour a	and date s	pecified.
9707070130.1889.102000 \$ US (b)(4)								
	M APPLIES ONLY TO M ES THE CONTRACT/OF							
(x) A. This change order is issued pursuant to: (S)	pecify authority) The cha	inges set forth in iter	m 14 a	are r	nade in the Cor			
B. The above numbered Contract/Order is mod SET FORTH IN ITEM 14, PURSUANT TO THE AU C. This supplemental agreement is entered into	THORITY OF FAR 43.103 ((b)	uch a	ch.	anges in paying	office, appropi	riation date	э, etc.)
	<u> </u>		_					
D. Other (Specify type of modification and authorized Funding is subject to the conditions of		ing Resolution A	ithori	tv	(cont'd below)		
	equired to sign this docu				s to the issuing			
4. Description of Amendment/Modification (Organize							ble.)	
Index the conditions of the EV2007 Con	tinuina Decolution	n Authority fu	ndin	αf	or the perfe	rmanaa af	oorvioo	a for the
Under the conditions of the FY2007 Commonth of December 2006 is hereby oblig			nam		or the contra			
			DD.					
earagraph A. Reference: Requisition /PSHEETS)	urchase Request 0	0-3CI-0021 (3	EE .	4.1	TACHED	JONTINU	AHON	
Cant'd from 12 D. about " IID 5621 +	ha Danamerrane -£	Defence Asses		٠ : .	A -+ 2005	7 11		
Cont'd from 12.D. above: "HR 5631, t	ne Department of	Defense Appro	ргіа	1110	ons Act 200	<i>/</i> `.		
Except as provided herein, all terms and conditions of the do	cument referenced in item 9							t
15A. Name and Title of Signer (Type or Print)					Contracting Off		•	
		THOMAS I				303	3 676-382	23
		CONTRAC tom griffin						
15B. Contractor/Offeror	15C. Date Signed	tom.griffin@ 16B. United					16C Da	ate Şigned
	. 55. Bato digited	1 1/4	.		PH.	<i>IV</i> -	J. /_	
(Signature of person authorized to sign)			<i>D7ML</i> ature	_	contracting Office	er)	11/7	106

30-105

SCHEDULE									
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount				
1001	TRICARE Dental Program Enrollments	0	EA	NSP	NSP				
100111	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)	1020800	EA	(b)(4)					
1001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1029800	EA						
1001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1784000	EA						
1002	Survivor Benefit Enrollments	0	EA	NSP	NSP				
1002AA	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.) Single Enrollment Premium	1920	EA	(b)(4)					
1002AB	Government Share \$100% (b)(4) Family Enrollment Premium	4436	EA						
1003	Government Share 100% (b)(4) Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge	1	LT						
1004	(Cost Reimburseable Line Item Cost Plus No Fee) OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs (Cost Reimburseable Line item Cost Plus No Fee)	1	LT						
1005	DITSCAP and Physical & Personnel Security	4	МО						
	18.A. This delivery order is subject to the availability of Fiscal Year 2006 funds in accordance with Federal Acquisition Regulation clause 52.232-19 in Addendum B of the contract: 52.232-19 AVAILABILITY OF FUNDS FOR THE NEXT FISCAL YEAR (APR 1984) Funds are not presently available for performance under this contract beyond September 30, 2006 for Option Period 1. The Government's obligation for performance of this contract beyond that date is contingent upon the availability of appropriated funds from which payment for								
	contract purposes can be made. No legal liability on the part of the Government for any payment may arise for performance under this contract beyond September 30, 2006 for Option Period 1, until funds are made available to the Contracting Officer for performance and until the Contractor receives notice of availability, to be confirmed in								

	SCHEDULE							
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount			
	writing by the Contracting Officer.							
		B						
			1					
					}			
					,			
			1					

A. Services under Delivery Order 0002 for the month of December 2006 are hereby funded as follows:

CLIN	Description	Funding Mods	Delivery Order 0002 Value/Amt Ordered	Total Current Obligation	Obligated by this Mod	FY in which Obligated
1001	TDP Enrollments					
1001	TDP Single					
	Enrollment	Mod 01 &				-11.10 H
1001AA	Premium	Mod 02				FY07
	Qty/UI		1,029,800 EA	772,350 EA	257,450 EA	
	Unit Price	<u> </u>	(b)(4)			
	1001 AA Total				1	1
1001AB	TDP Family Enrollment Premium	Mod 01 & Mod 02				FY07
·	Qty/UI		1,784,000 EA	1,338,000 EA	446,000 EA	
	Unit Price		_(b)(4)			
	1001AB Total		_			
1002	Survivor Benefit Enrollments					
1002AA	Single Enrollment	Mod 01 &				
	Premium	Mod 02	1.020 5.4		400 E 4	FY07
	Qty/UI		1,920 EA	1,440 EA	480 EA	
	Unit Price		(b)(4)			
1002AB	1002AA Total Family		- 1		1	
1002AB	Enrollment Premium	Mod 01 & Mod 02				FY07
	Qty/UI		4,436 EA	3,327 EA	1,109 EA	
	Unit Price		(b)(4)			
	1002AB Total					
1003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge	Mod 01 & Mod 02				FY07
	Qty/UI		1 LT	1 LT	1 LT	
	Unit Price		(b)(4)			
1004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic	Mod 01 &				
	Costs	Mod 02				FY07
	Qty/UI		1 LT	1 LT	1 LT	
	Unit Price		(b)(4)			
1005	DITSCAP and Physical & Personnel Security	Mod 01 & Mod 02				FY07
	Qty/UI	1.100 02	4 MO	3 MO	1 MO	1.107
	Unit Price		(b)(4)	2 MIO	TIVIO	
	1005 Total		(6)(7)		Ť	
	Grand Total				†	

В.	The balance of FY07	funding for the rema	inder of the perfor	rmance period, i.e.	., the month of January	, remains subject to a	availability of
FY	'07 funds.						

C. As a result of this modification, the total obligated amount under Delivery Order 0002 is increased by (b)(4) from (b)(4) to (b)(4) the total delivery order value remains unchanged at (b)(4) and all other contract and delivery order terms and conditions remain in full force and effect.

AMENDMENT OF SOLICITATION	ON/MODIF	CATIO	N OF CONTI	RAC	T	Contract ID	Code	Page I	of Pages
Amendment/Modification No. 03	3. Effective		4. Requisition/Pur 07-CMB-0093	chase	Red	ą. No.	5. Project 14157	No. (if applic	able)
6. Issued By Code CMB DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CMB 16401 E. CENTRETECH PKWY AURORA, CO 80011-9066 JACKIE SCRIPTURE 303-676-3711			7. Administered By (If other than Item 6) Code H94002 DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066					102	
8. Name and Address of Contractor (No., Street,	County, and Zip	Code)		(X)	9A.	Amendment o	f Solicitation	No.	
UNITED CONCORDIA COMPANIES, IN 4401 DEER PATH ROAD HARRISBURG PA 17110-3907	C.	DUNS: CEC: 8	ID: 00000362 868941832 68941832 03XW8	X	10A H9	Date (See Iter Modification 4002-05-D-00 Date (See Iter 18, 2006	of Contract/C	Order No.	
Code	Facility Code								
The above numbered solicitation is amended	_		O AMENDMENTS (not extended
	SNATED FOR TH this amendment grence to the solic ed) TEM APPLIES C	HE RECEIP you desire citation and	T OF OFFERS PRI to change an offer a this amendment, an ODIFICATIONS OF	OR TO already nd is re	O TH / sub ecei	E HOUR AND pmitted, such clived prior to the CT/ORDERS.	DATE SPEC nange may b	IFIED MAY e made by t	RESULT elegram or
(x) A. This change order is issued pursuant to:			RDER NO. AS DESC nges set forth in iter				tract Order N	No. in item 1	 0A.
B. The above numbered Contract/Order is m SET FORTH IN ITEM 14, PURSUANT TO THE C. This supplemental agreement is entered in	AUTHORITY OF F	AR 43.103 (b)	uch as	cha	inges in paying	office, appro	priation dat	9, etc.)
X D. Other (Specify type of modification and at Funding is subject to the conditions		Continui	ng Resolution Au	thorit	v. (d	cont'd below)			
<u> </u>	is required to sign	-	-		<u> </u>	to the issuing	office.		
4. Description of Amendment/Modification (Organ				tion/c	ontra	act subject matt	er where fea	sible.)	
Under the conditions of the FY2007 Cononth of January 2007 is hereby oblight. Reference: Requisition /Purchase Cont'd from 12.D. above: "HR 5631	ated in the a Request 06-9	mount o	_f (b)(4) 21 (SEE ATTA	f ACH	or t ED	he contract CONTINU	services JATION	listed in	paragrap.
Except as provided herein, all terms and conditions of the	document reference	ed in item 9.	A or 10A, as heretofore	chang	jeđ, r	emains unchange	ed and in full fo	orce and effec	t.
15A. Name and Title of Signer (Type or Print)			16A. Name a THOMAS I CONTRAC tom.griffin@	L GRI TINC	FFI OF	FICER		r Print) 03-676-38	23
15B. Contractor/Offeror	15C. Da	te Signed	168. United				7- Li	16C. Da	ate Signed
(Signature of person authorized to sign)			(Sign	ature (of Co	ontracting office	et)	_ , , ,	-1-0

NSN 7540-01-152-8070 PREVIOUS EDITIONS UNUSABLE Delivery Orders thru 0009 30-105 STANDARD FORM 30 (REV. 10-83)

	SC	HEDULE			_
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
1001	TRICARE Dental Program Enrollments	o	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
1001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1029800	EA	(b)(4)	
1001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1784000	EA		
1002	Survivor Benefit Enrollments	0	EA	NSP	NSP
1002AA	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.) Single Enrollment Premium	1920	EA	(b)(4)	
1002AB	Government Share \$100% (b)(4) Family Enrollment Premium	4436	EA		
1003	Government Share 100% (b)(4) Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge	1	LT		
1004	(Cost Reimburseable Line Item Cost Plus No Fee) OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs (Cost Reimburseable Line item Cost Plus No	1	LT		
1005	Fee) DITSCAP and Physical & Personnel Security 18.A. This delivery order is subject to the availability of Fiscal Year 2006 funds in accordance with Federal Acquisition Regulation	4	МО		
	clause 52.232-19 in Addendum B of the contract: 52.232-19 AVAILABILITY OF FUNDS FOR THE NEXT FISCAL YEAR (APR 1984) Funds are not presently available for performance under this contract beyond September 30, 2006 for Option Period 1. The Government's obligation for performance of this contract beyond that date is contingent upon the availability of appropriated funds from which payment for contract purposes can be made. No legal liability on the part of the Government for any payment may arise for performance under this contract beyond September 30, 2006 for Option Period 1,				
	until funds are made available to the Contracting Officer for performance and until the Contractor receives notice of availability, to be confirmed in writing by the Contracting Officer.				

A. Services under Delivery Order 0002 for the month of January 2007 are hereby funded as follows:

CLIN	Description	Funding Mods	Delivery Order 0002 Value/Amt Ordered	Total Current Obligation	Obligated by this Mod	FY in which Obligated
1001	TDP Enrollments					
1001	TDP Single				-	
	Enrollment	Mod 01 &				
1001AA	Premium	Mod 02				FY07
	Qıy/UI		1,029,800 EA	1,029,800 EA	257,450 EA	
	Unit Price		_ (b)(4)			
_	1001AA Total		_			
	TDP Family Enrollment	Mod 01 &				
1001AB	Premium	Mod 02				FY07
	Qty/UI		1,784,000 EA	1,784,000 EA	446,000 EA	
	Unit Price		(b)(4)	10,01,000,1211	1 10000 201	<u> </u>
	1001AB Total		_ (~)(.)			
	1001AD Total	i	- 	I	Į	
	Survivor Benefit					
1002	Enrollments		<u> </u>			
1002AA	Single					
	Enrollment Premium	Mod 01 & Mod 02				FY07
	Qty/U1	Wickl 02	1,920 EA	1,920 EA	480 EA	1107
	Unit Price	-	(b)(4)	1,920 EA	(460 EA	
		_	(0)(4)			
1002AB	1002AA Total Family		- I	1	l I	
100570	Eurollment	Mod 01 &				
	Premium	Mod 02				FY07
	Qty/U1		4,436 EA	4,436 EA	1,109 EA	
	Unit Price		(b)(4)			
	1002AB Total		-			
1003	Overseas Claims					_
	Processing Costs					
	in Excess of Allowable		Ì			
	Charge and Equal	•				
	to or Less than	Mod 01 &				
	the Billed Charge	Mod 02				FY07
	Qty/UI		1 LT	\ LT	1 LT	
	Unit Price		(b)(4)			
	1003 Total		_			
1004	OCONUS Claims					
	Processing Cost Shares and					
	Additional					
	Allowable)			
	Charges for					
	Orthodontic	Mod 01 &				EVOZ
	Costs	Mod 02	110	1.7		FY07
-	Qty/UI		LT	1 LT	LT	
	Unit Price		(b)(4)			
1005	DITSCAP and				1	
1003	Physical &		!			
	Personnel	Mod 01 &				
	Security	Mod 02		<u> </u>		FY07
	Qty/UI		4 MO	4 MO	1 MO_	
	Unit Price		(b)(4)		_	
	1005 Total					
	Grand Total					

B. As a result of	of this modification, the total obligated amount under Delivery Order 0002 is increased by (b)(4)	from (b)(4)
_{to} (b)(4)	the total delivery order value remains unchanged at (b)(4)	

C. All other contract and delivery order terms and conditions remain in full force and effect.

AMENDMENT OF SOLICITA	ATION/MODIFICAT	TION OF CONT	RAC	CT 1. Contract IC) Code	Page 1	of Pages
2. Amendment/Modification No.	3. Effective Date	4. Requisition/Pu	rchase	e Reg. No.	5. Project	No. (if appli	<u> </u>
04	1/3/2007	07-SCO-0013		·	14157	` ''	,
6. Issued By	Code CMB	7. Administered E	By (If o	other than Item 6)		Code H94	002
DEPARTMENT OF DEFENSE		DEPARTMEN	ГОБ	DEFENSE			
TRICARE MANAGEMENT ACTIVIT	Y/CMB	TRICARE MAI	NAG:	EMENT ACTIVI	TY/CM		
16401 E. CENTRETECH PKWY				ECH PARKWAY			
AURORA, CO 80011-9066		AURORA, CO	8001	1-9066			
JACKIE SCRIPTURE 303-676-3711		,					
8. Name and Address of Contractor (No., Si	reet, County, and Zip Code)	(X)	9A. Amendment of	of Solicitation	No.	
UNITED CONCORDIA COMPANIES	INC Ver	ndor ID: 00000362		9B. Date (See Iter	m 11)		
4401 DEER PATH ROAD		NS: 868941832		D. Bate (oce no	·· <i>· · ·)</i>		
HARRISBURG PA 17110-3907		C: 868941832	-	10A. Modification	of Contract/0	Order No.	
		GE: 03XW8	1,	H94002-05-D-0001 0002			
			X	10B. Date (See It	em 13)		
				Sep 18, 2006			
Code	Facility Code						
11	. THIS ITEM ONLY APPLIE	ES TO AMENDMENTS	OF SC	OLICITATIONS			
The above numbered solicitation is ame Offers must acknowledge receipt of this ame	ndment prior to the hour and	d date specified in the so	olicitati	ion or as amended,	by one of the	e following n	
(a) By completing items 8 and 15, and return	- <u> </u>	mendment; (b) By ackno	-			· -	
submitted; or (c) By separate letter or telegra							
MENT TO BE RECEIVED AT THE PLACE D							
IN REJECTION OF YOUR OFFER. If by virtu		-				-	
letter, provided each telegram or letter makes 12. Accounting and Appropriation Data (if re		and this amendment, a	ina is	received prior to the	opening not	ur and date	specified.
9707070130.1889.102000 \$ US	0.00						
	HIS ITEM APPLIES ONLY	TO MODIFICATIONS O	F CON	NTRACT/ORDERS.			
	MODIFIES THE CONTRAC						
A. This change order is issued pursuan	t to: (Specify authority) The	e changes set forth in ite	m 14	are made in the Cor	ntract Order i	No. in item	10A.
B. The above numbered Contract/Order			such a	as changes in paying	office, appr	opriation da	te, etc.)
C. This supplemental agreement is enter							
D. Other (Specify type of modification a	nd authority)				_ _ _		
The mutual agreement of the co							
E. IMPORTANT: Contractor is not,	X is required to sign this of	document and return 1 of	copies	to the issuing office			
4. Description of Amendment/Modification (C						asible.)	
he purpose of this modification is	to realign funding f	from CLIN 1003 t	o sul	bCLIN 1002AI	B to allov	v for pay	ment of
dditional Option Period 1 services							
•	• •	•					-

SEE ATTACHED CONTINUATION SHEETS

Except as provided herein, all terms and conditions of the doc	cument referenced in item 9A c	or 10A, as heretofore changed, remains unchanged and	f in full force and effect.
15A. Name and Title of Signer (Type or Print)		16A. Name and title of Contracting Officer	(Type or Print)
Lawrence D. McKinley, D.D.S. TDP Vice President and Program Manager		THOMAS L GRIFFIN CONTRACTING OFFICER tom.griffin@tma.osd.mil	303-676-3823
15B. Contractor/Offeror	15C. Date Signed	16B. United States of America	16C. Date Signed
(Signature of person authorized to sign)	12/19/06	(Signature of Contracting Officer)	1/3/2007
NSN 7540-01-152-8070			DRM 30 (REV. 10-83)

	SCHEDULE									
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount					
1002AB 1003	Family Enrollment Premium Government Share 100% (b)(4) Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge	1	EA LT	(b)(4)						
	(Cost Reimburseable Line Item Cost Plus No Fee)									

A. CLIN 1003 is decreased and subCLIN 1002AB's ordered quantity and obligated amounts are increased as follows:

CLIN	Description	Funding Mods	Prior Obligated Amt	Total Current Obligation	Obligated/Deobligated by this Mod	FY in which Obligated
1003	Overseas Claims	Wious	Filor Obligated Allit	Obligation	by this wood	Obligated
1005	Processing Costs					
	in Excess of				,	
	Allowable					
i	Charge and	Mod 01,				
	Equal to or Less	Mod 02,				
	than the Billed	Mod 03 &			<u> </u> 	FY07
	Charge	Mod 04				
	Qty/UI		_ 1 LT	l LT	1 LT	
	Unit Price		_ (b)(4)			
	1003 Total					
1002AB		Mod 01,				
	Family	Mod 02,				
	Enrollment	Mod 03 &		1		FY07
	Premium	Mod 04				
	Qty/UI		4,436 EA	4,488	52 EA	
	Unit Price		_(b)(4)			
	1002AB Total					
			-			
	TOTAL		-			

B. As a result of this modification, the total obligated amount under Delivery Order 0002 remains unchanged, and the total delivery order value remains unchanged at (b)(4)

C. All other contract and delivery order terms and conditions remain unchanged and in full force and effect.

AMENDMEN ³	T OF SOLICITA	ATION/MODI	FICATIO	N OF CONTI	RAC	1. Contract ID	Code	Page	of Pages
2. Amendment/Modifi		3. Effectiv		4. Reguisition/Pur		J	5. Project N	lo (if appli	3
0		2/28/	7	07-SCO-0036*A		5 1 toq. 110.	14157	io. (ii appiii	oabio,
6. Issued By	-	Code CMF	-,	7. Administered B		other than Item 6)		 Code H940	002
DEPARTMENT OF	F DEFENSE			DEPARTMENT					
TRICARE MANAG	GEMENT ACTIVIT	Y/CMB		TRICARE MAN	IAGI	EMENT ACTIVI	ГҮ/СМ		
16401 E. CENTRE	TECH PKWY			16401 E. CENT	RET:	ECH PARKWAY			
AURORA, CO 800	011-9066			AURORA, CO	3001	1-9066			
JACKIE SCRIPTU	RE 303-676-3711								
8. Name and Address	of Contractor (No., St	treet, County, and Z	Zip Code)		(X)	9A. Amendment of	f Solicitation I	No.	
,				ID: 00000362 868941832		9B. Date (See Iter	n 11)		
HARRISBURG PA				68941832		10A. Modification	of Contract/O	rder No.	_
						H94002-05-D-0001 0002			
						10B. Date (See Item 13)			
						Sep 18, 2006			
Code		Facility Cod		O AMENDMENTS (
Offers must acknowled (a) By completing item submitted; or (c) By se MENT TO BE RECEIV IN REJECTION OF YO	ered solicitation is ame dge receipt of this amer is 8 and 15, and returnity aparate letter or telegra /ED AT THE PLACE DOUR OFFER. If by virtuelegram or letter makes	ndment prior to the ing copies m which includes a ESIGNATED FOR ue of this amendme	hour and date of the amend reference to THE RECEIP ent you desire	e specified in the so ment; (b) By acknow the solicitation and a T OF OFFERS PRI to change an offer a	licitati wledg amen OR T alread	ion or as amended, t ing receipt of this am dment numbers. FAI O THE HOUR AND ly submitted, such cf	oy one of the nendment on ILURE OF YOU DATE SPECI	following meach copy OUR ACKN FIED MAY e made by	of the offer OWLEDG- ' RESULT telegram or
12. Accounting and A 9707070130.1889.1	ppropriation Data (if re	eauired) (b)(4)	_	<u> </u>		_ _		_	<u>. </u>
	13. T			ODIFICATIONS OF RDER NO. AS DESC					-
A. This change of	order is issued pursuan	t to: (Specify autho	ority) The cha	nges set forth in iter	m 14	are made in the Con	tract Order N	o. in item 1	I0A.
	mbered Contract/Orde				uch a	s changes in paying	office, approp	oriation dat	te, etc.)
X C. This supplem	ental agreement is ente	ered into pursuant t	o authority of:						
The mutual	agreement of the pa								
D. Other (Specify	y type of modification a	nd authority)							
1	 	77							
E. IMPORTANT: Co	ntractor is not,	$\mid \mathbf{X} \mid$ is required to s	sign this docui	ment and return 1 c	opies	to the issuing office.			

The purpose of this modification is to realign funding from subCLIN 1001AB to subCLINs 1002AA and 1002AB to allow for payment of additional services required to be performed during Option Period 1.

SEE ATTACHED SF30 CONTINUATION SHEET

Except as provided herein, all terms and conditions of the docu	ment referenced in item 9A o	r 10A, as heretofore changed, remains unchanged and ir	full force and effect.
15A. Name and Title of Signer (Type or Print)		16A. Name and title of Contracting Officer (T	ype or Print)
Lawrence D. McKinley, DDS TDP Vice President and Program Manager		THOMAS L GRIFFIN CONTRACTING OFFICER tom.griffin@tma.osd.mil	303-676-3823
15B. Contractor/Offeror J.D. That Mos (Signature of person authorized to sign)	15C. Date Signed 2/28/07	16B. United States of America Rowws Luffus (Signature of Contracting Officer)	16C. Date Signed

NSN 7540-01-152-8070

		SCHEDULE			
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
1001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1783450	EA	(b)(4)	
1002AA	Single Enrollment Premium Government Share \$100% (b)(4)	2095	EA		
1002AB	Family Enrollment Premium Government Share 100% (b)(4)	4748	EA		
					!
					:
					,
					j
	<u> </u>			<u> </u>	!!

A. CLIN 1001AB is decreased, and subCLINs 1002AA's and 1002AB's ordered quantity and obligated amounts are increased as follows:

CLIN	Description	Prior Obligated Amt	Total Current Obligation	Obligated/Deobligated by this Mod	FY in which Obligated
1001AB	Family Enrollment Premium				FY07
	Qty'Ul	l ,784,000 EA	1,783,450 EA	(550) EA	
	Unit Price	_ (b)(4)			
	1003 Total	_			
1002AA	Single Enrollment Premium				FY07
	Qty UI	1920 EA	2,095 EA	175 EA	
	Unit Price	(b)(4)			
	1002AB Total				
1002AB	Family Enrollment Premium				FY07
	Qty/UI	4,488 EA	4,748 EA	260 EA	
	Unit Price	(b)(4)			
	1002AB Total				
	TOTAL				

B. As a result of this modification, the total obligated amount under Delivery Order 0002 is decreased by (b)(4) from (b)(4) to (b)(4)

C. All other contract and delivery order terms and conditions remain unchanged and in full force and effect.

AMENDMENT OF SOLICITATION	N/MODIFICATIO	N OF CONTE	RAC	T 1. Contract ID	Code	Page 1	of Pages
2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purd	hase	Req. No.	5. Project No	. (if appli	cable)
06	12/1/08	09-CME	3-00°	77 <u>. </u>	14	157	
6. Issued By	Code CMB	7. Administered By	(If o	ther than Item 6)	Co	de H940	002
DEPARTMENT OF DEFENSE		DEPARTMENT	OF I	DEFENSE			
TRICARE MANAGEMENT ACTIVITY/CME	В	TRICARE.MAN	AGI	EMENT ACTIVIT	ΓY/CM		
16401 E. CENTRETECH PKWY		16401 E. CENTI	RETI	ECH PARKWAY			
AURORA, CO 80011-9066		AURORA, CO 8	001	1-9066			
GERALD OLLIGES 303-676-3407							
8. Name and Address of Contractor (No., Street, Co	unty, and Zip Code)		(X)	9A. Amendment of	f Solicitation No	о.	
UNITED CONCORDIA COMPANIES, INC. 4401 DEER PATH ROAD		ID: 00000362 868941832		9B. Date (See Item	n 11)		
HARRISBURG PA 17110-3907		68941832		10A. Modification	of Contract/Ord	ler No.	
		03XW8		H94002-05-D-00			
•			X	10B. Date (See Ite			
				Sep 18, 2006	•		
Code	acility Code						
	ITEM ONLY APPLIES T	O AMENDMENTS C	FSC	LICITATIONS			
	copies of the amend includes a reference to ATED FOR THE RECEIF is amendment you desire to the solicitation and MAPPLIES ONLY TO MES THE CONTRACT/OF cocify authority) The charified to reflect the admini of FAR 43.103 (b) pursuant to authority of Government's Obligat	ment; (b) By acknow the solicitation and a PT OF OFFERS PRIO to change an offer a I this amendment, ar IODIFICATIONS OF RDER NO. AS DESC inges set forth in iter strative changes (so	Medgi amend OR To Ilread and is r CON CRIBE In 14 a	ing receipt of this am dment numbers. FAI O THE HOUR AND by submitted, such characteristic to the received prior to the ITRACT/ORDERS. ED IN ITEM 14. are made in the Con	neendment on e LURE OF YOU DATE SPECIF nange may be opening hour a	ach copy JR ACKN FIED MAN made by and date	of the offer IOWLEDG- 'RESULT telegram or specified.
E. IMPORTANT: Contractor is not, X is re	equired to sign this docu	ment and return 1 or	nice	to the issuing office		_	
4. Description of Amendment/Modification (Organized						ble.)	
A. The purpose of this modification to Ecurrently specified for SLINs 1001AA at Fiscal Year 2007 (FY07) funds resulting SEE ATTACHED CONTINUATION	nd 1001AB, CLIN from these decrea	is 1003 and 100					
Except as provided herein, all terms and conditions of the do	cument referenced in item 9						ct.
15A. Name and Title of Signer (Type or Print)				le of Contracting Of			
Lawrence D. McKinley, D.D.S.		THOMAS I			30:	3-676-3	823
Corporate Vice President				G OFFICER			
Corporate vice President		tom.griffin(
15B Contractor/Offeror	15C. Date Signed	I 16B United :	States	s of America .		116C F	ate Signed

11/26/2008

30-105

PREVIOUS EDITIONS UNUSABLE

NSN 7540-01-152-8070

(Signature of person author zed to sign)

Hom No		1EDULE	1 1=!4	Linit Dring	Amazzat
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
1001	TRICARE Dental Program Enrollments	0	EA	NSP	NSP
	(Requirements Line Item)	·		·	
,	(This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
1001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,024,300	EA .	(b)(4)	
1001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,777,450	EA		
1002	Survivor Benefit Enrollments	0	. EA	NSP	NSP
	(Requirements Line Item)				,
•	(This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
1002AA	Single Enrollment Premium Government Share \$100% (b)(4)	2,095	EA	(b)(4)	
1002AB	Family Enrollment Premium Government Share 100% (b)(4)	4,748	EA		
1003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge	1	LT		
	(Cost Reimburseable Line Item Cost Plus No Fee)				
1004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	1	LT	·	
	(Cost Reimburseable Line item Cost Plus No Fee)				
1005	DITSCAP and Physical & Personnel Security	4	МО		
,					
•	· .				
		,			
,					

B. The Quantity and/or Unit Price and Amount on Delivery Order 0002 for the following CLINs/SLINs are hereby decreased as follows:

FROM: TO: CLIN/SLIN **Qty/Unit** Oty/Unit **Unit Price Amount Unit Price Amount** 1001AA 1,029,800 EA (b)(4) 1,024,300 EA (b)(4) 1001AB 1,783,450 EA 1,777,450 EA 1003 1LT 1LT 1004 ILT 1LT

C. Funding for Services ordered under Delivery Order 0002 for Option Period 1 hereby modified as follows:

CLIN	Description .		Ordered on Order 0001	Prior Obligation Amount	Total Current Obligation Amount	Deobligated by this Delivery Order Mod	FY
1001	TDP Enrollments		NSP	NSP	NSP	NSP	
1001AA	Single Enrollment Premium						FY07
	Qty/UI		1,024,300 EA	1,029,800 EA	1,024,300 EA	(-5,500 EA)	
	Unit Price	(b)(4)					
	1001AA Total	- 、 <i>/</i> 、 <i>/</i>		_	_	_	
1001AB	Family Enrollment Premium		_				FY07
	Qty/UI .	,	1,777,450 EA	1,783,450 EA	. 1,777,450 EA	(-6,000 EA)	
	Unit Price	(b)(4)					
	1001AB Total	_					
1002	Survivor Benefit Enrollments	,	NSP	NSP	NSP	NSP .	
1002AA	Single Enrollment Premium						FY07
	Qty/U1 .		2,095 EA	2,095 EA	2,095 EA	0 EA	
	Unit Price	(b)(4)	-				
	1002AA Total]					
1002AB	Family Enrollment Premium						FY07
	Qty/UI ′		4,748 EA	4,748 EA	4,748 EA	0 EA	
	Unit Price	(b)(4)					
	1002AB_Total						
1003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge				,		FY07
	Qty/UI ·		I LT	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)					
	1003 Total]					
1004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs						FY07
	Qty/UI		1 LT	1 LT	I LT	ı LT	
	Unit Price	(b)(4)					
	1004 Total						

H94002-05-D-0001 0002 MOD NO. 06

CLIN	Description	Amount Ordered on Delivery Order 0001	Prior Obligation Amount	Total Current Obligation Amount	Deobligated by this Delivery Order Mod	FY
1005	DITSCAP and Physical & Personnel Security					FY07
	Qty/UI	4 MO	4 MO	4 MO	0 MO	
	Unit Price	(b)(4)				
	1005 Total					
		_				
	Grand Total:					FY07

D. A	result of this modification, the total obligated amount and the total value under Delivery Order 0002 is decreased by (b)(4)	fron
(b)(4)	to (b)(4)	

E. All other contract and delivery order terms and conditions remain unchanged and in full force and effect.

				ORDE	R FOR SUPP	LIES	OR S	SERVICES				P	AGE 1 OF	
1. CONT	RACT/PURG	H ORD	ER/AGREEMENT NO.	2. DELIVE	RY ORDER/CALL NO.			TE OF ORDER/CA	LL	4. REQUISITION/F	PURCH REQUES	T NO. 5.	PRIORITY	
	H94002	05D00	001	0002				Sep 18		06-SCO-0021				
6. ISSU	ED BY		_	CODE	СМВ	7. AĐ	MINISTE	RED BY (If Other 1	Than 6)	CODE H	94002	8.	DELIVERY FO)B
DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CMB 16401 E. CENTRETECH PKWY AURORA, CO 80011-9066 JACKIE SCRIPTURE 303-676-3711 jackie.scripture@tma.osd.mil					DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066						2	OTHER (See Sched Other)		
9. CON	RACTOR			CODE		F	FACILITY	,		10. DELIVER TO F		Date) 11	. X IF BUSINES	SS IS
	UNI	ΓED (CONCORDIA CO	L OMPANIES	S, INC.	IJ VE	NDOR IE	00000362		2007 Jan 31	"	-	SMALL	
NAME	4401	DEE	R PATH ROAD			CAG	E CODE	03XW8		12. DISCOUNT TE	RMS		SMALL DISAD VANTAGED	•
AND ADDRE	ss HAR	RISB	URG PA 17110-:	3907			TIN	251687586		13. MAIL INVOICE	Net 30 S TO THE ADDR	RESS IN BL	WOMEN-OWN	ED
14. SHIF	7TO 1116	Dest	BLANK	CODE	7006	15. PAY	MENT W	ILL BE MADE BY		See Block 14 CODE RMF			MARK AL	L
	Oit		NAGEMENT AC	-				NT OF DEFE	NCE (D				PACKAGES	AND
16401		RETE	CH PARKWAY			FINA1 16401	NCE A E. CE	ND ACCOUN NTRETECH P O 80011-9066	TING PARKW	BRANCH			PAPERS WIDENTIFICATION NUMBERS BLOCKS 1 A	TION IN
16.	DELIVERY.	X	This delivery order	/call is issued	d on another Government	nent age	ency or	in accordance wi	th and s	ubject to terms an	d conditions of	above nu	mbered contr	act.
TYPE OF			Reference your				-			Fu	rnish the follow	ing on ter	ms specified	herein.
ORDER	PURCHAS				TOR HEREBY ACCEPTED, SUBJECT TO ALI									LY
17. ACC	nis box is OUNTING A	marke ND APF	PROPRIATION DATA/L	OCAL USE	SIGNATURE ce and return the fo	llowing	•	•	\$ 0.00	ED NAME AND TITL	E		E SIGNED	
18. IT	EM NO.		19. SCHE	DULE OF SUF	PPLIES/SERVICES			20.QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT F	PRICE	2	3. AMOUNT	
		H940		for the per	od 1 Services un iod, October 1, 2									
1001	,	TRIC	ARE Dental Pro	ogram En	rollments			0	EA		NSP			NSP
			irements Line l is a requiremen		nd the quantity i	ndicat	ted	9		22				
same a If differ below q	s quantity on ent, enter ac uantity order	dered, in tual qua red and	ntity accepted T	HOMAS L	GRIFFIN tom.griffin@	J/L		303 676-3823	• //	26. DIF	FERENCES	(b)(4)	
INS	PECTED		RECEIVED A	CEPTED AN	D CONFORMS TO TH	E CO	NTRACT	EXCEPT AS NO	TED:					
b. SIG	NATURE O	FAUT	ORIZED GOVERNM	ENT REPRES	ENTATIVE		c. DAT	(MMDD)	l	NTED NAME AND PRESENTATIVE	TITLE OF AUTI	HORIZED	GOVERNMEN	IT
e. MAII	ING ADDR	RESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE				28. SH	IP NO.	29. D.O. VOUCHER NO.		30. INITIALS				
f. TELE	PHONE N					-	ARTIAL NAL	32. PAI	D BY	33. AMOUNT	 VERIFIED	CORRECT FO	OR	
			_					YMENT			34. CHECK N	UMBER		
a. DATE (YYYYMMMDD) b. SIGNATURE AND TITLE OF CERTIFY!					ER	╬┑	OMPLETE ARTIAL NAL			35. BILL OF L	ADING N	D.		
37. RE	CEIVED AT	38	. RECEIVED BY (Prin	nt)	39. DATE RECEIVED	o l		TCONTAINERS	41. S/R	ACCOUNT NO.	42. S/R VOUC	HER NO.		
											1			

DATE OF ORDER CONTRACT/PURCHASE ORDER NO. PAGE **DD1155 CONTINUATION SHEET** 2006 Sep 20 H94002-05-D-0001 NAME OR ADDRESS OF CONTRACTOR 00000362 UNITED CONCORDIA COMPANIES, INC. 20.QUANTITY 21. 18. ITEM NO. 19. SCHEDULE OF SUPPLIES/SERVICES ORDERED/ 22. UNIT PRICE 23. AMOUNT UNIT ACCEPTED* in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.) (b)(4)1001AA Single Enrollment Premium 1029800 EA (b)(4)Enrollee Share -- 40% Government Share -- 60% Total 1784000 EA 1001AB Family Enrollment Premium Enrollee Share -- 40% (b)(4)Government Share -- 60% Total 1002 Survivor Benefit Enrollments EA **NSP NSP** (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.) (b)(4)1002AA Single Enrollment Premium 1920 EA Government Share -- \$100% (b)(4) 1002AB Family Enrollment Premium 4436 EA Government Share -- 100% (b)(4) 1003 Overseas Claims Processing Costs in Excess of LT Allowable Charge and Equal to or Less than the Billed Charge (Cost Reimburseable Line Item -- Cost Plus No Fee) 1004 OCONUS Claims Processing Cost Shares and Additional LT Allowable Charges for Orthodontic Costs (Cost Reimburseable Line item -- Cost Plus No Fee) 1005 DITSCAP and Physical & Personnel Security MO 18.A. This delivery order is subject to the availability of Fiscal Year 2006 funds in accordance with Federal Acquisition Regulation clause 52.232-19 in Addendum B of the contract: 52.232-19 AVAILABILITY OF FUNDS FOR THE **NEXT FISCAL YEAR (APR 1984)** Funds are not presently available for performance under this contract beyond September 30, 2006 for Option Period 1. The Government's obligation for performance of this contract beyond that date is contingent upon the availability of appropriated funds from which payment for contract purposes can be made. No legal liability on the part of the Government for any payment may arise for performance under this contract beyond September 30, 2006 for Option Period 1, until funds are made available to the Contracting Officer for performance and until the Contractor receives notice of availability, to be confirmed in writing by the Contracting Officer.

AMENDMENT OF SOLICITATION	/MODIFICATIO	N OF CONTE	RAC	T 1	. Contract ID	Code	Page 1	of Pages
2. Amendment/Modification No.	3. Effective Date 2/13/07	4. Requisition/Puro 07-SCO-0035	chase I	Req. N		5. Project No.	(if applic	
6. Issued By CODEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CMB 16401 E. CENTRETECH PKWY AURORA, CO 80011-9066 JACKIE SCRIPTURE 303-676-3711	ode CMB	7. Administered By SEE BLOCK 6	/ (If oth	ner thar	n Item 6)	Cor	de	
8. Name and Address of Contractor (No., Street, Cou	inty, and Zip Code)		(X) S	9A. A	mendment of	f Solicitation No	<u> </u>	
UNITED CONCORDIA COMPANIES, INC. 4401 DEER PATH ROAD HARRISBURG PA 17110-3907	DUNS: CEC: 8	ID: 00000362 868941832 68941832 03XW8	x 1	10A. I H940 10B. (Modification of 02-05-D-00 Date (See Ite	of Contract/Orde	er No.	
	acility Code FEM ONLY APPLIES T							
IT MODIFIE (x) A. This change order is issued pursuant to: (Specific Notes) B. The above numbered Contract/Order is modification and author to the Author	rior to the hour and date copies of the amend noludes a reference to TED FOR THE RECEIP amendment you desire to the solicitation and APPLIES ONLY TO MS THE CONTRACT/OF pointy authority) The character of the reflect the adminitional HORITY OF FAR 43.103 (coursuant to authority of:	e specified in the soli ment; (b) By acknow the solicitation and a PT OF OFFERS PRIO to change an offer a this amendment, an ODIFICATIONS OF RDER NO. AS DESO nges set forth in item strative changes (sub)	citation dedging mendr DR TO Iready d is re- CONT RIBEC of 14 ar	n or as g rece ment n THE I submi ceived RACT D IN IT re mad	s amended, b ipt of this am numbers. FAI HOUR AND I litted, such ch I prior to the of TORDERS. EM 14. le in the Conf	by one of the folgendment on each LURE OF YOU DATE SPECIFINANGE may be mopening hour artract Order No.	in item 10	of the offer OWLEDG- RESULT elegram or pecified.
Funding is subject to the conditions of t E. IMPORTANT: Contractor X is not, is rec	ne FY2007 Continuit quired to sign this docur	<u> </u>			the issuing o	office		
4. Description of Amendment/Modification (Organized Under the conditions of the FY2007 Contract the following of the FY2007 Contract the following of the FY2007 Contract the following of the following the following of the following foll	by UCF section heading in the amount of HEETS) e Department of	gs, including solicita Authority, fur (b)(4) Defense Appro	for for change change.	ions ed, rem of Co	subject math the perfor contract s Act 2007 ains unchange ntracting Offi	er where feasib rmance of s ervices liste	ervices ed in pa	aragraph
15B. Contractor/Offeror	15C. Date Signed	tom.griffin@				his		ate Signed
(Signature of person authorized to sign)	_			f Cont	racting office	er)	~/ (2101

NSN 7540-01-152-8070
PREVIOUS EDITIONS UNUSABLE
Delivery Orders thru 0009

30-105

STANDARD FORM 30 (REV. 10-83)

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
2001	TRICARE Dental Program Enrollments	0	EA	NSP	NSP
2001AA	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.) Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	2258080	EA	(b)(4)	
2001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	3907160	EA		
2002	Survivor Benefit Enrollments	0	EA	NSP	NSP
2002AA	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.) Single Enrollment Premium Government Share100% (b)(4)	3619	EA	(b)(4)	
2002AB	Family Enrollment Premium Government Share100% (b)(4)	10040	EA		
2003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
2005 2006 2006AA	DITSCAP and Physical & Personnel Security Award Fee Pool 1st 6 Month Period (February through July)	8 0 1	MO EA EA	NSP (b)(4)	NSP
2006AB 2008	2nd 6 Month Period (August through January). DATA prepared and delivered in accordance with Sections F and J	1	EA LT	NSP	NSP
				<u>. :</u>	

A. Services ordered under Delivery Order 0003 for the referenced performance period are funded as follows:

CLIN	Description	Delivery Order 0003 Amt Ordered	Total Current Obligation	Obligated by this Mod	FY in which Obligated
2001	TDP Enrollments	NSP	NSP	NSP	
2001AA	Single Enrollment Premium				FY0
	Qty/UI	2,258,080 EA	564,520 EA	282,260 EA	
	Unit Price	(b)(4)			
	2001AA Total	1			
2001 AB	Family Enrollment Premium				FY0
	Qty/UI	3,907,160 EA	976,790 EA	488,395 EA	
	Unit Price	(b)(4)			·
	2001AB Total	- ` ´ ` ´ -			
2002	Survivor Benefit Enrollments	NSP	NSP	NSP	
2002AA	Single Enrollment Premium				FY0
	Qty/UI	3,619 EA	1,068 EA	534 EA	
	Unit Price	(b)(4)			
	2002AA Total	_			
2002AB	Family Enrollment Premium				FY(
	Qty/UI	10,040 EA	2,510 EA	1,255 EA	
	Unit Price	(b)(4)	-,-	1,=+= =11	
	2002AB Total	_ (
2003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge				FY0
	Qty/UI	I LT	1 LT	1 LT	
	Unit Price	(b)(4)			
-001	2003 Total	1			
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs				FY0
	Qty/UI	1 LT	1 LT		
	Unit Price	(b)(4)	, 3,	. 2.	
	2004 Total	1			
2005	DITSCAP and Physical & Personnel Security				FYO
	Qty/UI	8 MO	2 MO	1 MO	
	Unit Price	(b)(4)			
	2005 Total				
2006	Award Fee Pool	NSP	NSP	NSP	
2006AA	1st 6 Month Period				
	(February through July)				FY0
	Qty/UI	1 EA	1 EA	1 EA	. 10
_	Unit Price	(b)(4)			
	2006AA Total	† ` ^ ` /			

2006AB					_	
	2nd 6 Month Period					
	(August through					
	January)					FY07
	Qty/UI		1 EA	_ I EA	l EA	
	Unit Price	(b)(4)				
	2006AA Total					
2008	Data prepared and	_		ĺ		
	delivered in					
	accordance with					
	Sections F and J		NSP	NSP	NSP	
	Grand Total	(b)(4)				FY07

- B. The balance of FY07 funding for the remainder of the Delivery Order 0003 performance period, i.e., April through September remains subject to availability of FY07 funds.
- C. By reason of the foregoing, the total obligated amount under Delivery Order 0003 is increased by (b)(4) (b)(4)

from (b)(4)

to

D. As a result of this modification, the total delivery order value remains unchanged, and all other contract and delivery order terms and conditions remain in full force and effect.

AMENDMENT OF SOLICIT	TATION/MODIFI	CATION	OF CONTE	RAC	T 1. Contract II	O Code	Page	of Pages
2. Amendment/Modification No.	3. Effective (<i>f</i>	4. Requisition/Pure	Requisition/Purchase Req. No. 5. Project No. (if applications)				
6. Issued By DEPARTMENT OF DEFENSE FRICARE MANAGEMENT ACTIV 16401 E. CENTRETECH PARKWA' AURORA, CO 80011-9066 JACKIE SCRIPTURE 303-676-3711	Y		7. Administered By SEE BLOCK 6	y (If c	ther than Item 6)	C	Code	
8. Name and Address of Contractor (No.,		Code)		(X)	9A. Amendment	of Solicitation N	No.	
UNITED CONCORDIA COMPANII 4401 DEER PATH ROAD HARRISBURG PA 17110-3907	ES, INC.			X	9B. Date (See Ite 10A. Modification H94002-05-D-0 10B. Date (See It	of Contract/O	rder No.	
Code	Facility Code				Jan 23, 2007			
	11. THIS ITEM ONLY A	APPLIES TO	AMENDMENTS C)F SC	DLICITATIONS			
The above numbered solicitation is an Offers must acknowledge receipt of this am (a) By completing items 8 and 15, and retusubmitted; or (c) By separate letter or telegMENT TO BE RECEIVED AT THE PLACE IN REJECTION OF YOUR OFFER. If by vietter, provided each telegram or letter makers.	nendment prior to the ho rning copies of gram which includes a re DESIGNATED FOR TH irtue of this amendment	our and date the amendment of the the amendment of the	specified in the sol ent; (b) By acknow e solicitation and a OF OFFERS PRIC change an offer a	icitati /ledgi amen OR To Ilread	on or as amended, ing receipt of this al dment numbers. FA O THE HOUR AND y submitted, such d	by one of the finendment on on the street of	following meach copy DUR ACKN FIED MAY	of the offer IOWLEDG- ' RESULT telegram or
12. Accounting and Appropriation Data (<i>il</i> 9707070130.1889.102000 \$ US (b	required) o)(4)							
13.	THIS ITEM APPLIES C T MODIFIES THE CON							
A. This change order is issued pursue						ntract Order N	o. in item 1	10A.
B. The above numbered Contract/Ord SET FORTH IN ITEM 14, PURSUANT	der is modified to reflect TO THE AUTHORITY OF F	the administ AR 43.103 (b)	rative changes (su	uch a	s changes in payin	g office, approp	oriation da	te, etc.)
C. This supplemental agreement is e The mutual agreement of the D. Other (Specify type of modification	parties.	authority of:						
E. IMPORTANT: Contractor is not,	$\mid \mathbf{X} \mid$ is required to sign	n this docum	ent and return 1 co	pries	to the issuing office	€.		

The purpose of this modification to Delivery Order 0003 is to increase the quantity and total amount under sub-contract line item number (sub-CLIN) 2002AA, and to increase the unit prices and total amounts of CLINs 2003 and 2004, due to increases in beneficiary enrollment and utilization; and to fund CLINs and sub-CLINs for the balance of the delivery order/sub-CLIN performance periods, as they are no longer subject to availability of FY 2007 funds.

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (*Type or Print*)

Lawrence D. McKinley, D.D.S.

Corporate Vice President and TDP Program Manager

15B. Contractor/Offeror

15C. Date Signed

3/27/07

(Signature of person authorized to sign)

16C. Date Signed

3/28/07

(Signature of Contracting Officer (*Type or Print*)

THOMAS L GRIFFIN
303-676-3823

CONTRACTING OFFICER
tom.griffin@tma.osd.mil

16C. Date Signed

3/28/07

(Signature of Contracting Officer)

NSN 7540-01-152-8070

PREVIOUS EDITIONS UNUSABLE

Delivery Orders thru 0009

Itom No	Supplies/Services	HEDULE Quantity	Unit	Unit Price	Amount
Item No	Supplies/Services				
2001	TRICARE Dental Program Enrollments	0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
2001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	2258080	EA	(b)(4)	
2001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	3907160	EA		
2002	Survivor Benefit Enrollments	0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)			(6)(4)	
2002AA	Single Enrollment Premium Government Share100% (b)(4)	4272	EA	(b)(4)	
2002AB	Family Enrollment Premium Government Share100% (b)(4)	10040	EA		
2003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	1	LT.		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
2005 2006 2006AA 2006AB	DITSCAP and Physical & Personnel Security Award Fee Pool 1st 6 Month Period (February through July) 2nd 6 Month Period (August through January).	8 0 1	MO EA EA EA	NSP (b)(4)	NSP
2008	DATA prepared and delivered in accordance with Sections F and J	1	LT	NSP	NSP

A. Sub-CLIN 2002AA's quantity and total amount and CLINs 2003's and 2004's unit prices and total amounts are increased, and delivery order CLIN/sub-CLIN amounts are funded for the remainder of their described performance periods as follows:

2001 AB	Description TDP Enrollments Single Enrollment Premium Qty/UI Unit Price 2001 AA Total Family Enrollment Premium Qty/UI Unit Price 2001 AB Total	2,258,080 EA (b)(4) 3,907,160 EA (b)(4)	NSP 2,258,080 EA 3,907,160	NSP 0	01 NSP 564,520 EA	by this Mod NSP 1,693,560 EA
2001AA 2001AB	Enrollments Single Enrollment Premium Qty/UI Unit Price 2001 AA Total Family Enrollment Premium Qty/UI Unit Price 2001 AB	2,258,080 EA (b)(4) 3,907,160 EA	2,258,080 EA	,		
2001AA 2001AB	Single Enrollment Premium Qty/UI Unit Price 2001 AA Total Family Enrollment Premium Qty/UI Unit Price 2001 AB	2,258,080 EA (b)(4) 3,907,160 EA	2,258,080 EA	,		
2001AB	Enrollment Premium Qty/UI Unit Price 2001 AA Total Family Enrollment Premium Qty/UI Unit Price 2001 AB	(b)(4) 3,907,160 EA		0	564,520 EA	1,693,560 EA
2001AB	Premium Qty/UI Unit Price 2001 AA Total Family Enrollment Premium Qty/UI Unit Price 2001 AB	(b)(4) 3,907,160 EA		0	564,520 EA	1,693,560 EA
2001 AB	Unit Price 2001 AA Total Family Enrollment Premium Qty/UI Unit Price 2001 AB	(b)(4) 3,907,160 EA		0	564,520 EA	1,693,560 EA
2001 AB	Unit Price 2001 AA Total Family Enrollment Premium Qty/UI Unit Price 2001 AB	(b)(4) 3,907,160 EA				
2001AB	2001AA Total Family Enrollment Premium Qty/UI Unit Price 2001AB	3,907,160 EA	3,907,160			
2001AB	Family Enrollment Premium Qty/UI Unit Price 2001AB		3,907,160			
	Premium Qty/UI Unit Price 2001AB		3,907,160			
	Premium Qty/UI Unit Price 2001AB		3,907,160			
	Qty/UI Unit Price 2001 AB		3,907,160			
	Unit Price 2001 AB		3,907,160	0	076 700 54	2 020 270 54
	2001AB	(b)(4)		0	976,790 EA	2,930,370 EA
	Total					
2002		- I	I	I .	1	
2002	Survivor					
	Benefit					
	Enrollments	NSP	NSP	NSP	NSP	NSP
2002AA	Single					
	Enrollment					
	Premium					
	Qty/UI	3,619 EA	4,272 EA	653 EA	1,068 EA	3,204 EA
	Unit Price	(b)(4)				
	2002AA					
	Total					
2002AB	Family					
	Enrollment Premium					
		10.040.54	10.040.54		0.510.54	7 630 5 4
	Qty/UI	10,040 EA	10,040 EA	0	2,510 EA	7,530 EA
	Unit Price	(b)(4)				
	2002AB Total					
	Overseas	1	ı	1	1	
	Claims					
I	Processing					
	Costs in	}				
I	Excess of					
	Allowable					
	Charge and Equal to or					
	Less than					
	the Billed				ļ	
I	Charge					
	Qty/UI	1 LT	1 LT	1 LT	1 LT	1 L7
	Unit Price	(b)(4)			1.51	12.
	2003 Total	(-/(·/				

2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodoutic					
	Costs					
	Qty/UI	1 LT	1 LT	l LT	LT	I LT
	Unit Price	(b)(4)				
	2004 Total	_ ` ` ` ` `				
2005	DITSCAP and Physical & Personnel Security					
	Qty/UI	8 MO	8 MO	0	2 MO	6 MO
	Unit Price	(b)(4)	'			•
	2005 Total	_ (/(/				•
2006	Award Fee					
	Pool	NSP	NSP	NSP	NSP	NSP
2006AA	1st 6 month Period (February through July)					
	Qty/UI	1 EA	l EA	1 EA	1 EA	1 EA
	Unit Price	(b)(4)				
	2006AA					
	Total					
2006AB	2 nd 6 month Period (August through January)					
	Qty/UI	1 EA	I EA	lEA	I EA	I EA
	Unit Price	(b)(4)				
	2006AB					•
	Total	1				
2008	Data prepared and delivered in accordance with Sections F and J	NSP	NSP	N <u>SP</u>	NSP	NSP
	Total OP2 CLINs/sub- CLINs	(b)(4)				

B. By reason of the foregoing, the total obligated amount under Delivery Order 0003 is increased by (b)(4) (b)(4)from (b)(4)

to

C. All other contract and delivery order terms and conditions remain in full force and effect.

AMENDMENT OF SOLICITATIO	N/MODIFICATIO	N OF CONTR	RACT	1. Contract ID J	Code	Page 1	of Pages
Amendment/Modification No. 03	3. Effective Date 4/24/07	4. Requisition/Puro 07-SCO-0059	hase R	eq. No.	5. Project N 14338	o. (if applic	cable)
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 JACKIE SCRIPTURE 303-676-3711	Code H94002	7. Administered By SEE BLOCK 6	(If othe	er than Item 6)	C	ode	
8. Name and Address of Contractor (No., Street, C	County, and Zip Code)	<u> </u>	(X) 9	A. Amendment of	f Solicitation N	No.	
UNITED CONCORDIA COMPANIES, INC 4401 DEER PATH ROAD HARRISBURG PA 17110-3907	DUNS: CEC: 8	ID: 00000362 868941832 68941832 03XW8	1 X 1	B. Date (See Item 0A. Modification of 194002-05-D-00 0B. Date (See Item an 23, 2007	of Contract/O	rder No.	
Code	Facility Code SITEM ONLY APPLIES T						
	copies of the amend the includes a reference to IATED FOR THE RECEIF is amendment you desire ence to the solicitation and EM APPLIES ONLY TO IN FIES THE CONTRACT/O Specify authority) The characteristy authority of FIXED PRICE (AUG diffed to reflect the admin JUTHORITY OF FAR 43.103 to pursuant to authority of	dment; (b) By acknown the solicitation and a PT OF OFFERS PRICE to change an offer and this amendment, and MODIFICATIONS OF RDER NO. AS DESCRIPTIONS OF ALTERNALISTRATIVE CHANGES (SECTIONS)	control Contro	preceipt of this amment numbers. FAI THE HOUR AND submitted, such cleaved prior to the PRACT/ORDERS. IN ITEM 14. The made in the Con (APR 1984)	nendment on ILURE OF YC DATE SPECI hange may be opening hour	each copy DUR ACKN FIED MAY made by and date:	of the offer IOWLEDG- / RESULT telegram or specified.
E. IMPORTANT: Contractor X is not, is	required to sign this docu	ment and return	con	ies to the issuing	office		
4. Description of Amendment/Modification (Organization Provider Services established und Except as provided herein, all terms and conditions of the Control of Signer (Type or Print)	hange Delivery Order CLIN 2009 and	der 0003 by add d sub-CLIN 200 eA or 10A, as heretofore 16A. Name a THOMAS I CONTRAC	ling a	and funding the by contract of the contract of the contracting of the	ne Option modificati ed and in full fo ficer (Type of	Period 2 on P000	014.
15B. Contractor/Offeror	15C. Date Signed	tom.griffin@			Vi.	16C. [Date Signed
(Signature of person authorized to sign)		(Sign	ature of	Contracting Office	er)	- 1/d	7/0/

(Signature of person authorized to sign)

		HEDULE		1 · · · · ·	A
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
2009 2009AA	Host Nation Provider Services Implementation/Startup Host Nation Provider List Services - OP2 Ongoing	20	LT EA	(b)(4)	
	- Prior to October 1, 2007 (Requirements Line Item with fixed unit price - Quantity and Amount are Estimated) (EA= Office Visit)		-		
	·				

A. Delivery Order 0003 is hereby changed to add CLIN 2009 and sub-CLIN 2009AA as follows:

CLIN/ SubCLIN	Description	Qty	Unit of Issue	Unit Price	Total Amount	FY
2009	Host Nation Provider List Services – Implementation/			(b)(4)		
	Start-up	1	LT			07
2009AA	Host Nation Provider List Services – OP2 Ongoing - Prior to October 1, 2007 (Requirements Line Item with fixed unit price – Quantity and Amount are Estimated) (EA= Office Visit)					
		20	EA			07
	TOTAL			1		

B. By reason of th	he foregoing, the total obligated amount under Delivery Order 0003 is increase	ed by (b)(4)	rom (b)(4)	to
(b)(4)	1	•		

C. All other contract and delivery order terms and conditions remain in full force and effect.

Amendment/Modification No.						<u> </u>	3
Ŭ .	 Effective Date 9/21/07 	4. Requisition/Purchase Req. No. 07-CMB-0357		•	5. Project No (if applicable)		cable)
Issued By DEPARTMENT OF DEFENSE FRICARE MANAGEMENT ACTIVITY/CME 6401 E. CENTRETECH PKWY AURORA, CO 80011-9066 GERALD OLLIGES 303-676-3407	Code CMB	7 Administered B SEE BLOCK 6	y (If o	ther than Item 6)	Co	de	
Name and Address of Contractor (No , Street, Co	unty, and Zip Code)		(X)	9A Amendment o	f Solicitation No)	
JNITED CONCORDIA COMPANIES, INC. 401 DEER PATH ROAD IARRISBURG PA 17110-3907	DUNS CEC: 8	r ID: 00000362 : 868941832 :68941832 : 03XW8	X	9B Date (See Iter 10A Modification H94002-05-D-06 10B. Date (See Ite Jan 23, 2007	of Contract/Ord	er No	
Code F	acility Code						
	copies of the amend includes a reference to TED FOR THE RECEIF amendment you desire	dment, (b) By acknown the solicitation and a PT OF OFFERS PRI to change an offer a did this amendment, and MODIFICATIONS OF	wledgi amend OR To alread and is r	ing receipt of this and dment numbers. FAI O THE HOUR AND y submitted, such cleaceived prior to the ITRACT/ORDERS.	nendment on ea ILURE OF YOU DATE SPECIFI hange may be n	nch copy IR ACKN IED MAY nade by	of the offe IOWLEDG ' RESULT telegram o
A. This change order is issued pursuant to: (Sp							
B. The above numbered Contract/Order is modified SET FORTH IN ITEM 14, PURSUANT TO THE AU			uch a	s changes in payıng ————	office, appropri	atıon daı	e, etc)
C. This supplemental agreement is entered into The mutual agreement of the parties. D. Other (Specify type of modification and authority).	<u> </u>	<u> </u>					
. IMPORTANT: Contractor is not, X is re	quired to sign this docu	ment and return 1 co	opies	to the issuing office			
Description of Amendment/Modification (Organized					ter where feasib	ile.)	

CLINs 2001AA and 2001AB and to deobligate the associated excess Fiscal Year 2007 (FY07) funds resulting from these decreases to quantities.

SEE ATTACHED CONTINUATION SHEETS

Except as provided herein, all terms and conditions of the docum	ent referenced in item 9A or	10A, as heretofore changed, remains unchanged and in fi	ull force and effect			
15A. Name and Title of Signer (Type or Print)		16A Name and title of Contracting Officer (Type or Print)				
Lawrence D. McKinley, D.D.S. Vice President and TDP Program Manager		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil				
15B. Contractor/Offeror 2D. M. Kurkin (Signature of person authorized to sign)	15C. Date Signed 17 Sep 2007	16B. United States of America Mountain (Signature of Contracting Officer)	16C Date Signed — 9/21/67			
NSN 7540-01-152-8070	30	1-105 STANDARD FORM	30 (PEV 10-83)			

NSN 7540-01-152-8070

STANDARD FORM 30 (REV 10-83)

Prescribed by GSA FAR (48 CFR) 53.243

PREVIOUS EDITIONS UNUSABLE

		SCHEDULE			
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
2001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	2083034	EA	(b)(4)	
2001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	3586715	EA		

B. The Delivery Order 0003 quantities for subCLINs 2001AA and 2001AB are hereby decreased, and the associated excess FY07 funds are de-obligated, as follows:

CLIŅ	Description	Prior Obligated Amount	New Obligation Amount	Deobligated by this D.O. Mod	FY
2001AA	Single Enrollment Premium				FY07
	Qty/UI	2,258,080 EA	2,083,034 EA	(-175,046) EA	
	Unit Price	_(b)(4)			
	2002AB Total	_			
2001AB	Family Enrollment Premium				FY07
	Qty/UI	3,907,160 EA	3,586,715 EA	(-320,445) EA	
	Unit Price	(b)(4)			
	2002AB Total	-			
	TOTAL				

C. As a result	of this modification, the total obligated amount under Delivery Order 0003 is decreased by (b)(4)	from
(b)(4)	tc (b)(4)	

D. All other contract and delivery order terms and conditions remain unchanged and in full force and effect.

AMENDMENT OF COLICITATION	/MODIFICATION	OF CONTR		1. Contrac	ct ID Code	Page of Pages
AMENDMENT OF SOLICITATION	MODIFICATION	OF CONTR	AC	, i	J	1 3
2. Amendment/Modification No.		Requisition/Purc		· ·	_	. (if applicable)
05	118/08	08-SCO-				338
•		Administered By	(If o	ther than Item 6)	Co	ode
DEPARTMENT OF DEFENSE		EE BLOCK 6				
TRICARE MANAGEMENT ACTIVITY/CME	}					
16401 E. CENTRETECH PKWY						
AURORA, CO 80011-9066						
GERALD OLLIGES 303-676-3407				1		
8. Name and Address of Contractor (No., Street, Con	ınty, and Zip Code)		(X)	9A. Amendme	ent of Solicitation N	0.
INITED CONCORDIA COMPANIES INC	Vandan ID	N. 00000262		OP Data (San	Hom 11)	
UNITED CONCORDIA COMPANIES, INC. 4401 DEER PATH ROAD	DUNS: 86	0: 00000362		9B. Date (See	nem m	
HARRISBURG PA 17110-3907	CEC: 8689	-		10A Modificat	tion of Contract/Ord	ter No
HARMSBORG LA 1/110-370/	CAGE: 03	VW/8		H94002-05-I		
	Cride. 03	121110	X	10B. Date (Se		
				Jan 23, 2007	•	
Code	acility Code			J 7		
11. THIS I	TEM ONLY APPLIES TO A	AMENDMENTS O	F SC	DLICITATIONS		
The above numbered solicitation is amended as						is not extended.
Offers must acknowledge receipt of this amendment p	rior to the hour and date sp	pecified in the soli	citati	on or as amend	ed, by one of the fo	ollowing methods:
(a) By completing items 8 and 15, and returning	copies of the amendme	ent; (b) By acknow	ledgi	ing receipt of this	s amendment on e	ach copy of the offer
submitted; or (c) By separate letter or telegram which						
MENT TO BE RECEIVED AT THE PLACE DESIGNA						
IN REJECTION OF YOUR OFFER. If by virtue of this		-		-		
letter, provided each telegram or letter makes reference	ce to the solicitation and thi	is amendment, an	d is r	received prior to	the opening hour	and date specified.
12. Accounting and Appropriation Data (<i>if required</i>) 9707070130.1889.102000 \$ US (b)(4)						
\\	APPLIES ONLY TO MOD	DIFICATIONS OF	CON	ITRACT/ORDER	₹S.	
IT MODIFIE	S THE CONTRACT/ORDE	ER NO. AS DESC	RIBE	ED IN ITEM 14.		
A. This change order is issued pursuant to: (Special Control of the Control of th	ecify authority) The change	es set forth in item	14 a	are made in the	Contract Order No	. in item 10A.
B. The above numbered Contract/Order is modif		ative changes (su	ch a	s changes in pa	ying office, appropi	riation date, etc.)
Set fourth item 14, pursuant to the authority of C. This supplemental agreement is entered into		•				· · · · · · · · · · · · · · · · · · ·
FAR 43.103(a)	parodalit to dutilolity of.					
D. Other (Specify type of modification and author	ritv)					
	,,					
E. IMPORTANT: Contractor is not, X is re	quired to sign this docume	nt and return 1 co	pies	to the issuing of	ffice.	
4. Description of Amendment/Modification (Organized	by UCF section headings,	including solicitat	tion/c	contract subject	matter where feasi	ble.)
The man 1'C ' ' D	1: 0.1.0002		41	0 414 /4		.1 'C 1.0
A. The purpose of this modification to D						
SubCLIN 2009AA and deobligate the ass		` '		_		•
Delivery Order 0003. Also, it specifies Q	uantity/Amount for	new SubCL	IN 2	2010AA and	d obligates Fis	scal Year 2007
FY07) funds.						
EE ATTACHED CONTINUATION SH	IEETS					
	,					
	,					
Except as provided herein, all terms and conditions of the docr	iment referenced in item 0.4 or	r 10A as baratafora	chan	and romains unch	anged and in full fore	a and affact
15A. Name and Title of Signer (<i>Type or Print</i>)						
15. Name and The Or Signer (Type Or Fillit)				-	Officer (Type or I	*
Lawrence D. McKinley, D.D.S.		THOMAS L CONTRACT			30.	3-676-3823
Corporate Vice President and TDP Program Mai	nager					
15B. Contractor/Offeror	15C: Date Signed	tom.griffin@ 16B. United/S				16C. Date Signed
	=	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		, PM:	/// -	/ /
dis, high	_ Jan 4, 300 8	$\langle \underline{\hspace{0.2cm}} \rangle not$	MÜ	1 X X ful	yu	1/8/08
(Signature of person authorized to sign)	<u> </u>	(Signa	iture	of Contracting C	Officer)	· ,

NSN 7540-01-152-8070

		SC	HEDULE			
Item No.	Supplies/Services	<u> </u>	Quantity	Unit	Unit Price	Amount
2009	Host Nation Provider Services Implementation/Startup		1	LT	(b)(4)	'
2009AA	RESERVED		. 0	EA	0.00	0.00
2010AA	Host Nation Provider List Services for FY07 Portion of Option Period 2 (June - Sept. 2007)		4	МО	(b)(4)	
•						
			,			
	· .					
I						
	·					

B. The Delivery Order 0003 Quantity/Amount for subCLIN 2009AA is hereby deleted, and the associated FY07 funds are hereby de-obligated, as follows:

SubCLIN	Description	Prior Obligated Amount	New Obligation Amount	Deobligated by this D.O. Mod	FY
2009AA	Host Nation Provider List Services - OP2 Ongoing - Prior to October 1, 2007 (Ref: Purchase Req. No. 07-SCO-0059)			·	FY07
	Qty/UI	20 EA	0 EA	(-20 EA)	
	Unit Price	(b)(4)			
	2009AA Total				

C. The Delivery Order 0003 Quantity/Amount for subCLIN 2010AA is hereby added, and FY07 funds are hereby obligated, as follows:

SubCLIN	Description	Prior Obligated Amount	New Obligation Amount	Obligated by this D.O. Mod	FY
2010AA	Host Nation Provider List Services for FY07 Portion of Option Period 2 (June - Sept. 2007) (Ref: Purchase Req. No. 08-SCO-0016)				FY07
	Qty/UI	. 0	4 MO	4 MO	
	Unit Price	(b)(4)			
	2010AA Total				

D.	As a result of this	modification,	the total obligated a	mount under Delivery	Order 0003	3 is decreased by (b)(4)	from (b)(4)
to ((b)(4)						

E. All other contract and delivery order terms and conditions remain unchanged and in full force and effect.

AMENDMENT OF SOLICITA	TION/MODIFICATION	ON OF CONTRACT	1 Contract ID) Code	Page of Pages
2 Amendment/Modification No 06	3 Effective Date 8/21/08	4 Requisition/Purchase F 08-SCO-0077	Req No	1 1	lo (if applicable)
6 Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVIT	Code CMB	7 Administered By (If oth SEE BLOCK 6	er than Item 6)		Code
AURORA, CO 80011-9066 GERALD OLLIGES 303-676-3407 8 Name and Address of Contractor (No Statement of Contractor)	reat County and 7in Coda)	l m le	A Amendment o	f Solicitation	No
UNITED CONCORDIA COMPANIES, 4401 DEER PATH ROAD HARRISBURG PA 17110-3907	, INC Vendo DUNS CEC	or ID 00000362 5 868941832 868941832 E 03XW8 X	OA Modification 194002-05-D-0 OB Date (See Itel an 23, 2007	m 11) of Contract/O	
Code	Facility Code THIS ITEM ONLY APPLIES				
13 Ti	copies of the amer m which includes a reference to ESIGNATED FOR THE RECE e of this amendment you desir reference to the solicitation ar quired) (b)(4) HIS ITEM APPLIES ONLY TO	ndment (b) By acknowledging of the solicitation and amendr IPT OF OFFERS PRIOR TO the to change an offer already and this amendment and is removed.	g receipt of this an nent numbers FA THE HOUR AND submitted such di ceived prior to the RACT/ORDERS	nendment on ILURE OF YO DATE SPEC hange may be	each copy of the offer DUR ACKNOWLEDG- IFIED MAY RESULT e made by telegram or
(x) A This change order is issued pursuant		nanges set forth in item 14 ar	e made in the Cor		
B The above numbered Contract/Order Set fourth item 14, pursuant to the at X C This supplemental agreement is ente FAR Clause 52 243-1 I CHA D Other (Specify type of modification as	uthority of FAR 43 103 (b) fred into pursuant to authority of ANGESFIXED PRICE (A	of			priation date etc.)
E IMPORTANT Contractor Is not 4 Description of Amendment/Modification (O	X is required to sign this doc rganized by UCF section head				sible)
A The purpose of this modification to Do 1 Increase the Quantity/Amount for Quantity/Amount current 2 Delete the Quantity/Amount current were originally obligated by Mod -05 to D	CLIN 2009 and obligate ad			iscal Year 20	007 (FY07) funds tha
SEE ATTACHED CONTINUATION SH	EETS				
Except as provided herein all terms and conditions	of the document referenced in item	9A or 10A as heretofore change	ed remains unchang	jed and in full fo	rce and effect
15A Name and Title of Signer (Type or Print Lawrence D McKinley, D D S	3	16A Name and title THOMAS L GRII CONTRACTING	FFIN	, , ,	r Print) 03-676-3823
15B Contractor/Offeror 15B Contractor/Offeror (Symptys of press authorized to see	15C Date Signe 8/19/08	tom griffin@tma	osd mil	la l	16C Date Signed

30-105

PREVIOUS EDITIONS UNUSABLE

NSN 7540-01 152 8070

STANDARD FORM 30 (REV 10 83)

Prescribed by GSA FAR (48 CFR) 53 243

Item No	Supplies/Services	SCHEDULE Quantity	Unit	Unit Price	Amount
110111110			1	(b)(4)	, un
2009	Host Nation Provider Services -	1	LT	(=)(-)	
	Implementation/Startup				1
	PR # 07-SCO-0059				
2010AA	RESERVED	0	МО	0 00	0 00
	PR # 08-SCO-0016				
					ľ
		,	-		
					Ì

B The Delivery Order 0003 Quantity/Amount for subCLIN 2010AA is hereby increased, and additional FY07 funds are hereby obligated, as follows

SubCLIN	Description	Prior Obligated Amount	New Obligation Amount	Obligated by this D O Mod	FY
2009	Host Nation Provider List Services – Implementation/Start-up (Ref Purchase Req No 08-SCO-0077 for (b)(4) and Purchase Req No 08-SCO-0078 for (b)(4)				FY07
	Qty/UI Unit Price	(b)(4)	1 LT	1 LT	
	2009 Total				

C The Delivery Order 0003 Quantity/Amount for subCLIN 2010AA is hereby deleted, and the associated FY07 funds are hereby de-obligated, as follows

SubCLIN	Description	Prior Obligated Amount	New Obligation Amount	Deobligated by this D O Mod	FY
2010AA	Host Nation Provider List Services for FY07 Portion of Option Period 2 (June - Sept 2007) (Ref Purchase Req No 08-SCO-0016)				FY07
	Qty/UI	4 MO	0 MO	(- 4 MO)	
	Unit Price	(b)(4)			
	2010AA Total				

D As a result of this modification, the total obligated amount under Delivery Order 0003 is increased by (b)(4) from (b)(4)

E All other contract and delivery order terms and conditions remain unchanged and in full force and effect

AMENDMENT OF SOLICITAT	ION/MODIFICATIO	N OF CONTRA	CT 1. Contract ID	Code Page of Pages
Amendment/Modification No. 07	3. Effective Date	4. Requisition/Purchas	•	5. Project No. (if applicable)
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY, 16401 E. CENTRETECH PKWY AURORA, CO 80011-9066 GERALD OLLIGES 303-676-3407	Code CMB	7. Administered By (IF DEPARTMENT OF TRICARE MANAC 16401 E. CENTRET AURORA, CO 800	other than Item 6) F DEFENSE BEMENT ACTIVITECH PARKWAY	Code H94002 _.
8. Name and Address of Contractor (No., Street	et, County, and Zip Code)	(X	9A. Amendment o	f Solicitation No.
UNITED CONCORDIA COMPANIES, I 4401 DEER PATH ROAD HARRISBURG PA 17110-3907	DUNS: CEC: 8	ID: 00000362 868941832 68941832 03XW8 X	9B. Date (See Iter.) 10A. Modification of H94002-05-D-00 10B. Date (See Iter.) Jan 23, 2007	of Contract/Order No.
Code	Facility Code THIS ITEM ONLY APPLIES T			
	IGNATED FOR THE RECEIF of this amendment you desire eference to the solicitation and ired) SITEM APPLIES ONLY TO N DIFFES THE CONTRACT/OF C (Specify authority) The cha	PT OF OFFERS PRIOR to change an offer alread this amendment, and is MODIFICATIONS OF CORDER NO. AS DESCRIEDING SET OF THE MODIFICATION OF CORDER NO. AS DESCRIEDING SET OF THE MODIFICATION OF THE MODIFICATIO	TO THE HOUR AND dy submitted, such of a received prior to the PNTRACT/ORDERS. BED IN ITEM 14.	DATE SPECIFIED MAY RESULT hange may be made by telegram or opening hour and date specified.
DFARS 252,232-7007 Limitation D. Other (Specify type of modification and		ion		
E. IMPORTANT: Contractor is not, X				
4. Description of Amendment/Modification (Org.) A. The purpose of this modification urrently specified for SLINs 2001A he associated excess Fiscal Year 200EEE ATTACHED CONTINUATION.	to Delivery Order 000 A, 2001AB, 2006AA 07 (FY07) funds resul	03 is to decrease t and 2006AB; and	he Quantity/Uni CLINs 2003 ar	t Price and the Amount
Except as provided herein, all terms and conditions of	the document referenced in item 9	A or 10A, as heretofore ch	anged, remains unchang	ed and in full force and effect.
15A. Name and Title of Signer (<i>Type or Print</i>) Lawrence D. McKinley, D.D.S. Corporate Vice President		16A. Name and THOMAS L G CONTRACTIN tom.griffin@tn	NG OFFICER	ficer (<i>Type or Print</i>) 303-676-3823
15B. Contractor/Offeror 2P. Na Ymu my (Signature of person authorized to sign	15C. Date Signed 12/8/2008	16B. United Stat		16C. Date Signed

30-105

PREVIOUS EDITIONS UNUSABLE

NSN 7540-01-152-8070

STANDARD FORM 30 (REV. 10-83)

Prescribed by GSA FAR (48 CFR) 53.243

		CHEDULE					
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount		
2001	TRICARE Dental Program Enrollments	0	EA ,	NSP	NSP		
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)						
2001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	2,068,034	EA	(b)(4)	·		
2001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	3,573,715	EA				
2002	Survivor Benefit Enrollments	o	EA	NSP	NSP		
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)						
2002AA	Single Enrollment Premium Government Share - (b)(4)	4,272	EA	(b)(4)	·		
2002AB	Family Enrollment Premium Government Share (b)(4)	10,040	EA.				
2003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	1	LT				
	(Cost Reimburseable Line Item - Cost Plus No Fee)						
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	1	LT				
,	(Cost Reimburseable Line Item - Cost Plus No Fee)			·			
2005	DITSCAP and Physical & Personnel Security	8	МО				
2006	Award Fee Pool	0	EA	NSP .	NSP		
2006AA	1st 6 Month Period (February through July)	1	EA	(b)(4)	•		
2006AB	2nd 6 Month Period (August through January).	1	EA	, 	1		
2008	DATA prepared and delivered in accordance with Sections F and J	1	LT	NSP	NSP		
2009	Host Nation Provider Services - Implementation/Startup	1	LT	(b)(4)	· 		
2009AA	RESERVED	0	EA	\$0.00	\$0.00		
2010AA	RESERVED	0	МО	\$0.00	\$0.00		
				1			

B. The Quantity and/or Unit Price and Amount on Delivery Order 0003 for the following CLINs/SLINs are hereby decreased as follows:

FROM: TO:

2001AB 3,586,7 2003		34 EA (b)(4)				
2003	215 774			2,068,034 EA	(b)(4)	'
2004	o,/15 EA	15 EA		3,573,715 EA		
·	· ILT	ILT		1LT		
•	ıll	ILT		ıLT		
2006AA		IEA				
2006AB	IEA I	IEA		IEA		
2006AA		ILT IEA		ILT IEA		

C. Funding for Services ordered under Delivery Order 0003 for Option Period 2 hereby modified as follows:

CLIN	Description		t Ordered on y Order 0001	Prior Obligation Amount	Total Current Obligation Amount	Deobligated by this Delivery Order Mod	FY
2001	TDP Enrollments		NSP	NSP	NSP	NSP	
2001AA	Single Enrollment Premium						FY07
	Qty/UI		2,068,034 EA	2,083,034 EA	2,068,034 EA	(-15,000 EA)	
,	Unit Price	(b)(4)					
	2001AA Total	_					
2001AB	Family Enrollment Premium						FY07
	Qty/UI.		3,573,715 EA	3,586,715 EA	3,573,715 EA	(-13,000 EA)	
	Unit Price •	(b)(4)					
	2001AB Total			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
2002	Survivor Benefit Enrollments		NSP	NSP	NSP	NSP	
2002AA	Single Enrollment Premium						FY07
	Qty/UI	/->/4>	. 4,272 EA	4,272 EA	4,272 EA	0 EA	
	Unit Price .	(b)(4)					
	2002AA Total	4		ı		i	
2002AB	Family Enrollment Premium						FY07
	Qty/UI		10,040 EA	10,040 EA	10,040 EA	0 EA	
	Unit Price	(b)(4)	,.	,,	,		
	2002AB Total	_ 、					
		1	•				
2003	OCONUS Claims Processing Costs in Excess						FY07
	of Allowable Charge and Equal to or Less than the Billed Charge		,	,			
	Qty/UI		ı LT	. 1 LT	I LT	I LT	
	Unit Price	(b)(4)					
	2003 Total			_			
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs						FY07
	Qty/UI		1 LT	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)					
	2004 Total					•	
						_	

H94002-05-D-0001 0003 MOD NO. 07

CLIN .	Description	Amount Ordered on Delivery Order 0001	Prior Obligation Amount	Total Current Obligation Amount	Deobligated by this Delivery Order Mod	FY
2005	DITSCAP and Physical & Personnel Security					FY07
	Qty/UI	8 MO	8 MO	8 MO	0 MO	
	Unit Price	(b)(4)				
	2005 Total	· 1	ſ	I	I	
2006	Award Fee Pool	NSP	NSP	NSP	NSP	
2006AA	Award Fee Pool 1st 6 Month Period (February through July)				<u>.</u>	FY07
	Qty/UI	1 EA	1 EA	1 EA	! EA	
	Unit Price	(b)(4)				
	2006AA Total					
2006AB	Award Fee Pool 2nd 6 Month Period (August through January).					FY07
	Qty/UI	1 EA	1 EA	I EA	1 EA	
	Unit Price	(b)(4)				
	2006AB Total		1		ı	
2008 .	Data prepared and delivered in accordance with Sections F and J.	NSP	NSP .	NSP	NSP	
2009	Host Nation List Services Implementation/Startup					FY07
	Qty/UI	1 LT	1 LT	1 LT	0 LT	1
-	Unit Price	(b)(4)			L	L
	2009 Total	(-/(-/				
	Grand Total:					FY07

D. As a result of this modification, the total obligated amount and the total value under Delivery Order 0003 is decreased by (b)(4) from (b)(4) to (b)(4)

E. All other contract and delivery order terms and conditions remain unchanged and in full force and effect.

				ORDE	R FOR SUPPI	LIES (OR SER	VICES				PAGE 1 OF
1. CONT	RACT/PUR	CH OF	DER/AGREEMENT NO.	2. DELIVE	ERY ORDER/CALL NO.		3. DATE OF		ALL	4. REQUISITION/P	PURCH REQUEST NO.	5. PRIORITY
H9400)205D000	01		0003			(YYYYMM) 2007 Jan 2	-		07-SCO-0017		
6. ISSU	ED BY	_		CODE	H94002	7. ADM	INISTERED E	BY (If Other	Than 6)	CODE H	94002	8. DELIVERY FOB
DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066 JACKIE SCRIPTURE 303-676-3711 jackie.scripture@tma.osd.mil					TRIC. 16401	ARTMENT ARE MAN E. CENT DRA, CO {	NAGEME RETECH	ENT AC I PARK	CTIVITY/CM WAY		X DESTINATION OTHER (See Schedule If Other)	
9. CON	TRACTOR	-		CODE		FA	CILITY				OB POINT BY (Date)	11. X IF BUSINESS IS
	UNI	TED	CONCORDIA CO!	L MPANIES	S. INC.	J VEN	(YYYYMMMDD) VENDOR ID 00000362 2008 Jan 31			"	SMALL	
	4401	DE	ER PATH ROAD			CAGE	CODE 03X	W8		12. DISCOUNT TE	SMALL DISAD- VANTAGED	
NAME AND	AND HARRISBURG PA 17110-3907						TIN 251	687586		1	WOMEN-OWNED	
ADDRE	ADDRESS									13. MAIL INVOICE	S TO THE ADDRESS IN	BLOCK
										See Block 14		
14. SHIF	οτο Ult	Des	t: BLANK	CODE	ZD06	15. PAYM	ENT WILL BE	MADE BY		CODE RMF		MARK ALL PACKAGES AND
			ANAGEMENT ACT	TIVITY			TMENT (,			PAPERS WITH
			ECH PARKWAY		-					BRANCH		IDENTIFICATION NUMBERS IN
AUKC	ORA, CO	800	1-9066			16401 E. CENTRETECH PARKWAY AURORA. CO 80011-9066						BLOCKS 1 AND 2.
16.	DELIVERY	7 ,	This delivery order/o	all is issue	d on another Governm			_		ubject to torms an	d conditions of above	numbered contract
TYPE	CALL			all 13 1330CC		ieni agei	————			<u> </u>		
OF	PURCHAS	E	Reference your	CONTRAC	TOR HEREBY ACCEP	TS THE (RESENTED	BY THE			terms specified herein.
ORDER					IED, SUBJECT TO ALL							
-	NAME	OF C	ONTRACTOR		SIGNATURE				TYP	ED NAME AND TITL		DATE SIGNED
lf t	his hoy is	mark	ed, supplier must sigr	Accentan	ce and return the fo	llowing	number of c	onies.				YYYYMMMDD)
			PPROPRIATION DATA/LO	<u>·</u>					_	<u> </u>	<u> </u>	
97070	70130.18	89.10	02000 (b)(4)	_								
18. IT	EM NO.		19. SCHEDI	ILE OF SUF	PLIES/SERVICES		OR	IUANTITY IDERED/ CEPTED*	21. UNIT	22. UNIT F	23. AMOUNT	
		H94 thro cond Autl App	overy Order 0003 for to 1002-05-0001 for the ugh September 30 dittions of the FY20 nority (CRA) HR: ropriations Act 20 dervices for the more	he period, 2007, is 2007 Cont 5631, the 107. Fun	f, February 1, 200 s hereby issued u inuing Resolutio Department of I ding for the perfo	07 nder then Defense ormanc	e e	Pil				- (1.) (1)
			e Government is indicate by X.	UNITED ST	ATES OF AMERICA	Ili	zrias d	XIn	th	25. TO	TAL \$	(b)(4)
II differ	ent, enter ac	tual qu	uantity accepted TH	OMAS L	GRIFFIN	,	303-0	676-382	3 //	26. DIF	FERENCES	
	uantity orde		By:		tom.griffin@	tma.osd.	mil CONTE	RACTING/OF	REFING	OFFICER		
_	PECTED	Г		EPTED AN	D CONFORMS TO TH	E CON	TRACT EXC	EPT AS NO	TED:			
b. SIGI	NATURE O	F AU	THORIZED GOVERNME	NT REPRES	ENTATIVE		c. DATE	D)	1	NTED NAME AND PRESENTATIVE	TITLE OF AUTHORIZ	ED GOVERNMENT
e. MAII	LING ADDE	RESS	OF AUTHORIZED GOVE	RNMENT R	EPRESENTATIVE		28. SHIP NO	,	29. D.C). VOUCHER NO.	30. INITIALS	
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T. IELE	PHONE N	OMBE	R g. E-MAIL ADDRES	00		H	FINAL 31. PAYMEN	IT	1		34. CHECK NUMBE	R
			COUNT IS CORRECT A				COMPL					
a. DAT	E (YYYYM	MMDI	b. SIGNATURE A	ND TITLE C	F CERTIFYING OFFIC	ER	PARTIAL				G NO.	
37. RE	CEIVED AT	- T:	B8. RECEIVED BY (Print)		39. DATE RECEIVED	, ,	FINAL 40. TOT CON	TAINERS	41. S/R	ACCOUNT NO.	42. S/R VOUCHER	1O.
					(YYYYMMMDD)				1			

DD FORM 1155, DEC 2001

 DD1155 CONTINUATION SHEET
 DATE OF ORDER 2007 Jan 23
 CONTRACT/PURCHASE ORDER NO. H94002-05-D-0001
 PAGE 2007 Jan 23
 OF 2007 Jan 23

00000362

NAME OR ADDRESS OF CONTRACTOR

UNITED CONCORDIA COMPANIES, INC.

ler is hereby obligated in the amount of 5,428,730.20 for the contract services listed in ragraph 18A. Funding for payment for the remainder the services ordered under this Delivery Order 0003 car, beyond the month of February 2007) are subject to silability of FY2007 funds under the FY2007 CRA to paragraph 18B.). DD Form 1155, Item 18 continued attached sheet. ICARE Dental Program Enrollments Equirements Line Item) This is a requirements CLIN and the quantity indicated the SLIN is estimated; therefore, the Amount for each IN is Estimated.) The services of the Item of I	0 2258080		NSI (b)(4)	P NSP
equirements Line Item) his is a requirements CLIN and the quantity indicated the SLIN is estimated; therefore, the Amount for each IN is Estimated.) tigle Enrollment Premium Enrollee Share 40% (b)(4) Total mily Enrollment Premium Enrollee Share 40% (b)(4)	2258080			P NSF
nis is a requirements CLIN and the quantity indicated the SLIN is estimated; therefore, the Amount for each IN is Estimated.)		EA	(b)(4)	
Chrollee Share 40% (b)(4) Government Share 60% Total mily Enrollment Premium Chrollee Share 40% (b)(4)		EA		
inrollee Share 40% (b)(4)				
otal	3907160	EA		
vivor Benefit Enrollments	0	ЕА	NSI	NSF
equirements Line Item) his is a requirements CLIN and the quantity indicated he SLIN is estimated; therefore, the Amount for each IN is Estimated.) gle Enrollment Premium Government Share100% (b)(4)	3619	EA	(b)(4)	
nily Enrollment Premium Government Share100% (b)(4)	10040	EA		
ONUS Claims Processing Costs in Excess of owable Charge and Equal to or Less Than the Billed rge.	1	LT		
ost Reimburseable Line Item - Cost Plus No Fee)				
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ost Reimburseable Line Item - Cost Plus No Fee)				
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Cor. Sec. Co. Sec. Co	quirements Line Item) s is a requirements CLIN and the quantity indicated the SLIN is estimated; therefore, the Amount for each N is Estimated.) gle Enrollment Premium tovernment Share100% (b)(4) fily Enrollment Premium tovernment Share100% (b)(4) ONUS Claims Processing Costs in Excess of towable Charge and Equal to or Less Than the Billed toge. St Reimburseable Line Item - Cost Plus No Fee) ONUS Claims Processing Cost Shares and Additional towable Charges for Orthodontic Costs st Reimburseable Line Item - Cost Plus No Fee) SCAP and Physical & Personnel Security and Fee Pool of Month Period (February through July) 6 Month Period (August through January).	quirements Line Item) s is a requirements CLIN and the quantity indicated be SLIN is estimated; therefore, the Amount for each N is Estimated.) gle Enrollment Premium overnment Share100% (b)(4) and y Enrollment Premium overnment Share100% (b)(4) DNUS Claims Processing Costs in Excess of awable Charge and Equal to or Less Than the Billed ge. St Reimburseable Line Item - Cost Plus No Fee) DNUS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs st Reimburseable Line Item - Cost Plus No Fee) SCAP and Physical & Personnel Security and Fee Pool D Month Period (February through July) 6 Month Period (August through January). TA prepared and delivered in accordance with	quirements Line Item) s is a requirements CLIN and the quantity indicated le SLIN is estimated; therefore, the Amount for each N is Estimated.) gle Enrollment Premium overnment Share100% (b)(4) lily Enrollment Premium overnment Share100% (b)(4) DNUS Claims Processing Costs in Excess of wable Charge and Equal to or Less Than the Billed ge. St Reimburseable Line Item - Cost Plus No Fee) DNUS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs st Reimburseable Line Item - Cost Plus No Fee) SCAP and Physical & Personnel Security ard Fee Pool D Month Period (February through July) 6 Month Period (August through January). FA prepared and delivered in accordance with	quirements Line Item) s is a requirements CLIN and the quantity indicated les SLIN is estimated; therefore, the Amount for each N is Estimated.) gle Enrollment Premium overnment Share100% (b)(4) inly Enrollment Premium overnment Share100% (b)(4) DNUS Claims Processing Costs in Excess of wable Charge and Equal to or Less Than the Billed ge. st Reimburseable Line Item - Cost Plus No Fee) DNUS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs st Reimburseable Line Item - Cost Plus No Fee) SCAP and Physical & Personnel Security at Fee Pool DMonth Period (February through July) 6 Month Period (August through January). FA prepared and delivered in accordance with I LT NSI ONIS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs I LT NSI ONIS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs I LT NSI ONIS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs I LT NSI ONIS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs I LT NSI NSI ONIS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs I LT NSI ONIS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs I LT NSI NSI ONIS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs I LT NSI NSI ONIS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs I LT NSI NSI ONIS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs I LT NSI NSI ONIS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs I LT NSI ONIS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs I LT NSI ONIS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs I LT NSI ONIS Claims Processing Cost Shares and Additional wable Charges for Orthodontic Costs I LT NSI ONIS Claims Processing Cost

18.A. Services funded for the month of February 2007 are as follows:

CLIN	Description	Funding Mods	Delivery Order 0003 Amt Ordered	Total Current Obligation	Obligated by this Mod	FY in which Obligated
2001	TDP Enrollments		NSP	NSP	NSP	
2001AA	Single Enrollment Premium	DO 0003				FY07
	Qty/UI		2,258,080 EA	282,260 EA	282,260 EA	
	Unit Price		(b)(4)			
	2001AA Total	_	- -			
2001 AB	Family Enrollment Premium	DO 0003				FY07
	Qty/UI		3,907,160 EA	488,395 EA	488,395 EA	
	Unit Price		(b)(4)			
_	2001 AB Total		₹.			
2002	Survivor Benefit Enrollments		NSP	NSP	NSP	
2002AA	Single Enrollment Premium	DO 0003	_			FY07
	Qty/U1	_ DO 0003	3,619 EA	534 EA	534 EA	F10/
	Unit Price		(b)(4)	J. J. J. L. K.	J. 7. LA	
	2002AA Total	-	- (3/(1/			
2002AB	Family Enrollment Premium	DO 0003				FY07
	Qty/UI	DO 000.3	10,040 EA	1.255 EA	1,255 EA	
	Unit Price		(b)(4)		1,000 1371	
	2002AB Total		_ (~)(·)			
2003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge	DO 0003				FY07
	Qty/UI	DO 0003	I LT	1 LT	1 LT	
	Unit Price	_	(b)(4)		. 2.	
2004	2003 Total OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic					
	Costs	DO 0003				FY07
	Qty/UI	<u>-</u>	l LT	LT	ı LT	
	Unit Price		(b)(4)			
	2004 Total		:			-
2005	DITSCAP and Physical & Personnel	DO 0002			: 	EVOZ
l	Security	DO 0003	0.140	1340	1140	FY07
	Qty/UI		(b)(4) 8 MO	1 MO	1 MO _!	
	Unit Price		(D)(4)			
2006	2005 Total					
2000	Award Fee Pool					

2006AA	1 st 6 Month Period (February through July)	DO 0003					FY07
	Qty/UI			1 EA	1 EA	1 EA	
	Unit Price		(b)(4)				
	2006AA Total						
2006AB	2nd 6 Month Period (August through January)	DO 0003					FY07
	Qty/UI			1 EA	1 EA	1 EA	
	Unit Price		(b)(4)				
	2006AA Total						
2008	Data prepared and delivered in accordance with Secitons F and J	DO 0003		NSP	NSP	NSP	
	Grand Total		(b)(4)				FY07

18B. This delivery order is subject to the availability of Fiscal Year 2007 funds in accordance with the FY2007 Continuting Resolution Authority, HR 5631, the Department of Defense Appropriations Act 2007 and Federal Acquisition Regulation clause 52.232-19 in Addendum B of the contract:

52.232-19 AVAILABILITY OF FUNDS FOR THE NEXT FISCAL YEAR (APR 1984)

Funds are not presently available for performance under this contract beyond September 30, 2006 for Option Period 2. The Government's obligation for performance of this contract beyond that date is contingent upon the availability of appropriated funds from which payment for contract purposes can be made. No legal liability on the part of the Government for any payment may arise for performance under this contract beyond September 30, 2006 for Option Period 2, until funds are made available to the Contracting Officer for performance and until the Contractor receives notice of availability, to be confirmed in writing by the Contracting Officer.

18C. In accordance with the "by month" limitation of available funding under the FY 2007 CRA, the contractor is to notify the Contracting Officer in writing by the 20th of the affected month of performance when it believes that the costs it expects to incur under the task (delivery) order will exceed the total amount obligated under the task (delivery) order. The notice is to state the estimated amount of additional funds required to continue performance.

18.C. By reason of the foregoing, the total obligated amount under Delivery Order 0003 is (b)(4)

AMENDMENT OF SOLICITATION	N/MODIFICATION	ON OF CONTI	RAC	T	1. Contract ID) Code	Page 1	of Pages 4
Amendment/Modification No. 01	3. Effective Date	4. Requisition/Pur 07-SCO-			ı. No.	5. Project No.		cable)
6. Issued By	Code CMB	7. Administered B			han Item 6)	C	ode	
DEPARTMENT OF DEFENSE	Odd Civiz	SEE BLOCK 6	,		,	•		
TRICARE MANAGEMENT ACTIVITY/CN	MB							
16401 E. CENTRETECH PKWY	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
AURORA, CO 80011-9066								
GERALD OLLIGES 303-676-3407								
8. Name and Address of Contractor (No., Street, o	County, and Zip Code)	- L	(X)	9A.	Amendment o	f Solicitation N	lo.	
UNITED CONCORDIA COMPANIES, INC 4401 DEER PATH ROAD		r ID: 00000362 : 868941832		9B.	Date (See Iter	n 11)		
	HARRISBURG PA 17110-3907 CEC: 8						der No.	
TIAKKISBOKOTA 1/110-3/0/		: 03XW8	l		4002-05-D-0		401 110.	
	CAGE	. 03/11/0	X		B. Date (See Ite			
					24, 2007	<i></i> , c,		
Code	Facility Code			~~	, 			
	S ITEM ONLY APPLIES T	O AMENDMENTS O	OF SC	LICI	TATIONS			
The above numbered solicitation is amended a Offers must acknowledge receipt of this amendmer (a) By completing items 8 and 15, and returning submitted; or (c) By separate letter or telegram white MENT TO BE RECEIVED AT THE PLACE DESIGN IN REJECTION OF YOUR OFFER. If by virtue of the letter, provided each telegram or letter makes reference.	nt prior to the hour and dat copies of the amend ch includes a reference to NATED FOR THE RECEIF nis amendment you desire	te specified in the sol dment; (b) By acknow the solicitation and a PT OF OFFERS PRIO to change an offer a	icitation vledgi ameno OR To alread	on or ng re dmer O TH y sub	as amended, to eceipt of this am at numbers. FAI E HOUR AND omitted, such cl	by one of the formendment on e ILURE OF YOU DATE SPECIF hange may be	ollowing meach copy UR ACKN TED MAY made by t	of the offer OWLEDG- RESULT telegram or
12. Accounting and Appropriation Data (if required 9708080130.1889.102000 \$ US (b)(4)								<u> </u>
13. THIS IT	EM APPLIES ONLY TO N							
(x) A. This change order is issued pursuant to: (3						tract Order No	. in item 1	0A.
B. The above numbered Contract/Order is mo SET FORTH IN ITEM 14, PURSUANT TO THE A C. This supplemental agreement is entered in	AUTHORITY OF FAR 43 103	(b)	uch as	s cha	nges in paying	office, approp	riation dat	e, etc.) ———
· · · · · · · · · · · · · · · · · · ·								
D. Other (Specify type of modification and aut Funding subject to conditions of FY0	• •	D Appropriations	Act 2	2008	3.			
	required to sign this docu			•	to the issuing			
4. Description of Amendment/Modification (Organiz	ed by UCF section heading	ngs, including solicita	tion/c	ontra	act subject matt	er where feasi	ble.)	
Subject to the conditions of the FY2008 Defense Appropriations Act 2008; fundamount of (b)(4) for the contractions of the FY2008 for the contractions are contracted as a subject to the conditions of the FY2008 for the contracted for the conditions of the FY2008 for the conditions of the FY2008 for the FY2008 for the conditions of the FY2008 for the FY2008 for the conditions of the FY2008 for the FY2008 for the conditions of the FY2008 for the conditions of the FY2008 for the contracted for the conditions of the FY2008 for the contracted for the conditions of the FY2008 for the contracted for the conditions of the conditions		of performance	of C)cto	ber 2007 is			
SEE ATTACHED CONTINUATION S	SHEETS							
Except as provided herein, all terms and conditions of the d	locument referenced in item 9	A or 10A, as heretofore	chang	jed, r	emains unchange	ed and in full forc	e and effec	.t
15A. Name and Title of Signer (Type or Print)		16A. Name a THOMAS L CONTRAC	GR1	FFI			Print) 3-676-38	23
		tom.griffin@						
15B. Contractor/Offeror	15C. Date Signed	16B. United S	States	of A	merica /	00	16C. Da	ate Signed
		1 The	MA	11	Xhil	his	10/	3/07
(Signature of person authorized to sign)		(Signa	ature (of Co	ontracting office	er)		- 107

30-105

		HEDULE			
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
2001	TRICARE Dental Program Enrollments	o	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
2001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,049,008	EA	(b)(4)	
2001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,805,500	EA		
2002	Survivor Benefit Enrollments	0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
2002AA	Single Enrollment Premium Government Share100% (b)(4)	2,136	EA	(b)(4)	
2002AB	Family Enrollment Premium Government Share100% (b)(4)	5,020	EA		
2003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
2005	DIACAP and Physical & Personnel Security	4	МО		
2008	DATA prepared and delivered in accordance with Sections F and J.	0	LT	NSP	NSP
	Total Option Period 2 (excluding phase-out) (b)(4)		ŀ		
2009AB	Host Nation Provider List Services - OP2 Ongoing - October 1, 2007 through January 31, 2008 (Requirements Line Item with fixed unit price - Quantity and Amount are Estimated) (EA= Office Visit)	61	EA	(b)(4)	

A. Services ordered under Delivery Order 0004 for the above stated performance period are funded as follows:

CLIN	Description	Amount Ordered on Delivery Order 0004	Total Current Obligation Amount	Obligated by this Delivery Order Mod	FY
2001	TDP Enrollments	NSP	NSP	NSP	
					T
2001AA	Single Enrollment Premium	_			FY08
	Qty/UI	1,049,008 EA	262,252 EA	262,252 EA	
	Unit Price	_(b)(4)			
	2001AA Total	-,	1	ı	.—
2001AB	Family Enrollment Premium				FY08
	Qty/UI	1,805,500 EA	451,375 EA	451,375 EA	
	Unit Price	(b)(4)			
	2001 AB Total	_ (- / (
2002	Survivor Benefit Enrollments	NSP	NSP	NSP	
2002AA	Single Enrollment Premium				FY08
	Qty/UI	2,136 EA	534 EA	534 EA	
	Unit Price	(b)(4)		•	
	2002AA Total	- () ()			
				· <u> </u>	
2002AB	Family Enrollment Premium				FY08
	Qty/UI	5,020 EA	1,255 EA	1,255 EA	
	Unit Price	(b)(4)			
	2002AB Total	<u> </u>			
2003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge				FY08
-	Qty/UI	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)			
	2003 Total	_			
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs				FY08
	Qty/UI	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)			
	2004 Total				
2005	DIACAP and Physical & Personnel Security				
	Qty/UI	4 MO	1 MO	I MO	
	Unit Price	(b)(4)	1 110	1.510	'
	2005 Total				
			ı ı	1	
2008	Data prepared and delivered in accordance with Sections F and J	NSP	NSP	NSP	
2009AB	Host Nation Provider List Services			-	FY08
	Qty/UI	61 EA	21 EA	21 EA	
	Unit Price	(b)(4)		ZI LA	<u> </u>
	2002AB Total	(-/(·/		ľ	
					L

B.	The balance of FY08 funding for the remainder of option period 2, i.e., November 2007 through January 2008, remains subject to the
ava	ailability of FY08 funds.

C. As a result of this modification, the total delivery order value remains unchanged, and all other contract and delivery order terms and conditions remain in full force and effect.

AMENDMENT OF SOLICITA	TION/MODIFICATI	ON OF CONT	RAC	1. Contract II	D Code J	Page 1	of Pages 4
2. Amendment/Modification No.	3. Effective Date	4. Requisition/Pu		-	5. Project N	No. (if applie	cable)
6. Issued By DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY 16401 E. CENTRETECH PKWY AURORA, CO 80011-9066 GERALD OLLIGES 303-676-3407	Code CMB	7. Administered B SEE BLOCK 6	By (If o		C	Code	
Name and Address of Contractor (No., Str.)	eet, County, and Zip Code)		(X)	9A. Amendment	of Solicitation I	No.	
UNITED CONCORDIA COMPANIES, 4401 DEER PATH ROAD HARRISBURG PA 17110-3907	DUN CEC:	or ID: 00000362 S: 868941832 868941832 E: 03XW8	X	9B. Date (See Ite 10A. Modification H94002-05-D-0 10B. Date (See It Sep 24, 2007	of Contract/O	rder No.	
Code	Facility Code THIS ITEM ONLY APPLIES						
	copies of the ame which includes a reference SIGNATED FOR THE RECE of this amendment you desi reference to the solicitation a	ndment; (b) By ackno to the solicitation and EIPT OF OFFERS PR re to change an offer nd this amendment, a	wledging amend IOR TO already and is re	ng receipt of this ar Iment numbers. FA D THE HOUR AND I submitted, such c eceived prior to the	mendment on ALURE OF YO DATE SPECI hange may be	each copy OUR ACKN FIED MAY made by t	of the offer IOWLEDG- ' RESULT telegram or
	ODIFIES THE CONTRACT/	ORDER NO. AS DES	CRIBE	D IN ITEM 14.			
B. The above numbered Contract/Order SET FORTH IN ITEM 14, PURSUANT TO C. This supplemental agreement is enter D. Other (Specify type of modification an Funding subject to conditions of	is modified to reflect the adm THE AUTHORITY OF FAR 43.10 ed into pursuant to authority	inistrative changes (s 3 (b) of:	such as	changes in paying			
E. IMPORTANT: Contractor X is not,	is required to sign this doc			pies to the issuing	office.		
4. Description of Amendment/Modification (On Subject to the conditions of the FY2 Defense Appropriations Act 2008, a obligated in the amount of (b) (4) SEE ATTACHED CONTINUATION Except as provided herein, all terms and conditions of 15A. Name and Title of Signer (Type or Print)	2008 Continuing Resolutional funding for for the contract serven	olution Authority the period of period of period in the period of period of period in the period in	y (CF erform n the e chang and title L GRI	RA), HJ Res 5. mance of Octo following par med, remains unchang e of Contracting Of FFIN	2, the Departure 2007 is agraph A. ed and in full for ficer (Type or	artment s hereby	y est.
15B. Contractor/Offeror	15C. Date Signer	CONTRAC tom.griffin(d 16B. United	@tma.	osd.mil		16C D:	ate Signed
		Thon	nas	L Luffer		100. 0	-/
(Signature of person authorized to sign	n) ·	(Sigr	ature o	of Contracting Offic	er)	10/2	

30-105

(Signature of person authorized to sign)

Itaan NI-		HEDULE Ouantity	Unit	Unit Price	Amount
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
2001	TRICARE Dental Program Enrollments	0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
2001AA	Single Enrollment Premium Enrollee Share 40% (b) (4) Government Share 60% Total	1,049,008	EA	(b) (4)	
2001AB	Family Enrollment Premium Enrollee Share 40% (b) (4) Government Share 60% Total	1,805,500	EA		
2002	Survivor Benefit Enrollments	0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
2002AA	Single Enrollment Premium Government Share100% (b)(4)	2,136	EA	(b)(4)	
2002AB	Family Enrollment Premium Government Share100% (b) (4)	5,020	EA		
2003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
2005	DIACAP and Physical & Personnel Security	4	МО		
2008	DATA prepared and delivered in accordance with Sections F and J.	o	LT	NSP	NSP
	Total Option Period 2 (excluding phase-out) (b) (4)			,	
2009AB	Host Nation Provider List Services - OP2 Ongoing - October 1, 2007 through January 31, 2008 (Requirements Line Item with fixed unit price - Quantity and Amount are Estimated) (EA= Office Visit)	61	EA	(b)(4)	

A. As indicated below, additional funding for SubCLIN 2002AB (Family Enrollment Premium) for the Option Period 2, October 2007 performance period is hereby provided to accommodate increased SubCLIN 2002AB requirements:

CLIN	Description	Amount Ordered on Delivery Order 0004	Prior Obligation Amount	Total Current Obligation Amount	Obligated by this Delivery Order Mod	FY
2001	TDP Enrollments	NSP	NSP	NSP	NSP	
2001.4.4	C: 1 F 11 4 P :					FY08
2001AA	Single Enrollment Premium	1,049,008 EA	262,252 EA	262,252 EA	0 EA	F 1 U 8
	Qty/UI . Unit Price	(b)(4)	202,232 EA	202,232 EA	UEA	
	2001 AA Total	_(0)(4)				
	2001717 Total	_		I		
2001AB	Family Enrollment Premium					FY08
	Qty/UI	1,805,500 EA	451,375 EA	451,375 EA	0 EA	-
	Unit Price	(b)(4)				
	2001 AB Total	4		I	I	<u> </u>
2002	Survivor Benefit Enrollments	NSP	NSP	NSP	NSP	
2002AA	Single Enrollment Premium					FY08
	Qty/UI	2,136 EA	534 EA	534 EA	0 EA	
	Unit Price	_(b)(4)				
	2002AA Total	_				
2002AB	Family Enrollment Premium					FY08
2002.12	Qty/UI	5,020 EA	1,255 EA	1,355 EA	100 EA	1
	Unit Price	(b)(4)	,	, ,	ı	
	2002AB Total					
2003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge					FY08
	Qty/UI	1 LT	1 LT	1 LT	l LT	
	Unit Price	(b)(4)				
	2003 Total					
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs					FY08
•	Qty/UI	1 LT	1 LT	1 LT	1 LT	
	Unit Price	_ (b)(4)				
	2004 Total	<u>-</u>				
2005	DIACAP and Physical & Personnel Security		•			
	Qty/UI	4 MO	1 MO	1 MO	1 MO	
	Unit Price	(b)(4)				
	2005 Total	_				
2008	Data prepared and delivered in					
	accordance with Sections F and J	NSP	NSP	NSP	NSP	
2009AB	Host Nation Provider List Services					FY08
	Qty/UI	61 EA	21 EA	21 EA	0 EA	
	Unit Price	(b) (4)				
	2002AB Total	Ţ				
		_				
	Grand Total:	<u></u>				FY08

- B. (b) (4) (4) from (b)(4) from (b)(4) from (b)(4) (b) (4)
- C. The balance of FY08 funding for the remainder of option period 2, i.e., November 2007 through January 2008, remains subject to the availability of FY08 funds.
- D. As a result of this modification, the total delivery order value remains unchanged, and all other contract and delivery order terms and conditions remain in full force and effect.

AMENDMENT OF SOLICITATION	N/MODIFICATIO	N OF CONT	RAC	т	1. Contract ID	Code	Page 1	of Pages
2. Amendment/Modification No.	3. Effective Date	4. Requisition/Pur		Req	. No.	5. Project No		able)
	Code CMB	7. Administered B		ther th	nan Item 6)	l .	ode	
DEPARTMENT OF DEFENSE		SEE BLOCK 6	•		•			
TRICARE MANAGEMENT ACTIVITY/CM	В							
16401 E. CENTRETECH PKWY								
AURORA, CO 80011-9066						,		
GERALD OLLIGES 303-676-3407								
8. Name and Address of Contractor (No., Street, Co.	ounty, and Zip Code)		(X)	9A.	Amendment o	f Solicitation No	D.	
							_	
UNITED CONCORDIA COMPANIES, INC.	ID: 00000362		9B.	9B. Date (See Item 11)				
4401 DEER PATH ROAD		868941832						
HARRISBURG PA 17110-3907		68941832			. Modification		ler No.	
	CAGE:	03XW8	X		1002-05-D-00			
			-		. Date (See Ite	em 13)		
				Sep	24, 2007			
	Facility Code	O ALICADACATO C	\	N 1017	TATIONS			
The above numbered solicitation is amended as	ITEM ONLY APPLIES T					is extends	م منا 🎞 الم	ot extended.
Offers must acknowledge receipt of this amendment		•			•		ш——	
(a) By completing items 8 and 15, and returning	copies of the amend							
submitted; or (c) By separate letter or telegram which								
MENT TO BE RECEIVED AT THE PLACE DESIGNA								
IN REJECTION OF YOUR OFFER. If by virtue of this	s amendment you desire	to change an offer a	lread	y sub	mitted, such ch	nange may be r	nade by te	elegram or
letter, provided each telegram or letter makes referer		_						
12. Accounting and Appropriation Data (if required)							_	
9708080130.1889.102000 \$ US (b)(4)								
	M APPLIES ONLY TO MES THE CONTRACT/OF							
(x) A. This change order is issued pursuant to: (S)						tract Order No.	in item 10)A.
<u> </u>	, , , , , , , , , , , , , , , , , , , ,							
B. The above numbered Contract/Order is mod SET FORTH IN ITEM 14, PURSUANT TO THE AL			ıch as	s chai	nges in paying	office, appropr	iation date	, etc.)
C. This supplemental agreement is entered into	·							
X D. Other (Specify type of modification and authority)								
Funding subject to conditions of FY08 E. IMPORTANT: Contractor X is not, is not			_					
E. IMPORTANT: Contractor X is not, is not. 4. Description of Amendment/Modification (Organize	equired to sign this document by LICE section heading				to the issuing o		10 1	
- Besorption of American Chivillounication (Organize	a by oor section headin	igs, including solicita	lioi ii c	Ontra	ci subject matt	er where reasin	<i>ne.)</i>	
Subject to the conditions of the FY2008	Continuing Recolu	ution Authority	CI	2 4 1	HI Dec 52	the Deno	rtmant (ς f
-		_	•					
Defense Appropriations Act 2008; funding		-				•	oongate	;a
n the amount of $(b)(4)$ for the	contract services s	pecified in the	IOH	ow11	ng paragrap	on A.		
SEE ATTACHED CONTINUATION SI	HEETS							
			٠					
Except as provided herein, all terms and conditions of the do	cument referenced in item 9.				<u>_</u> _			
15A. Name and Title of Signer (Type or Print)					Contracting Offi		-	
		THOMAS L				303	-676-382	13
		CONTRAC						
·		tom.griffin@						
15B. Contractor/Offeror	15C. Date Signed	16B. United S	States	of Ar	merica)	16C. Da	te Signed
		Thom	Cal	X	Lacker	j	10/2	9/07
(Signature of person authorized to sign)		(Signa	ature	of Co	ntracting Office	er)		7 ′

NSN 7540-01-152-8070

30-105

STANDARD FORM 30 (REV. 10-83)

		HEDULE	11.24	II-4 Di-	A
Item No	Supplies/Services	Quantity	Unit	Unit Price	Amount
2001	TRICARE Dental Program Enrollments	0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
2001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,049,008	EA	(b)(4)	
2001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,805,500	EA		
2002	Survivor Benefit Enrollments	0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
2002AA	Single Enrollment Premium Government Share100% (b)(4)	2,136	EA	(b)(4)	
2002AB	Family Enrollment Premium Government Share100% (b)(4)	5,020	EA		
2003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
2005	DIACAP and Physical & Personnel Security	4	МО		
2008	DATA prepared and delivered in accordance with Sections F and J.	0	LT	NSP	NSP
	Total Option Period 2 (excluding phase-out) (b)(4)				
2009AB .	Host Nation Provider List Services - OP2 Ongoing - October 1, 2007 through January 31, 2008 (Requirements Line Item with fixed unit price - Quantity and Amount are Estimated) (EA= Office Visit)	61	EA	(b)(4)	
			·		

A. Services ordered under Delivery Order 0004 for the Option Period 2, November 2007 performance period, are hereby funded as follows:

CLIN	Description	Amount Ordered on Delivery Order 0004	Prior Obligation Amount	Total Current Obligation Amount	Obligated by this Delivery Order Mod	FY
2001	TDP Enrollments	NSP	NSP	NSP	NSP	
2001AA	Circle Feedbase Persi					FY08
	Single Enrollment Premium	1,049,008 EA	262,252 EA	524,504 EA	262,252 EA	1100
	Qty/UI Unit Price	(b)(4)	202,232 EA	324,304 EA	202,232 EA	-
	2001 AA Total					
3001 A D						FY08
2001AB	Family Enrollment Prémium Qty/UI	1,805,500 EA	451,375 EA	902,750 EA	451,375 EA	F 1 0 c
· · ·	Unit Price	(b)(4)	431,373 EA	902,730 EA	431,373 EA	
	2001 AB Total	- (5)(4)				
	2001AB Total					
2002	Survivor Benefit Enrollments	NSP	NSP	NSP	NSP	
2002AA	Single Enrollment Premium					FY08
	Qty/UI		534 EA	1,068 EA	534 EA	
	Unit Price	_ (b)(4)				
	2002AA Total	_,		ı	ı	
2002AB	Family Enrollment Premium	,				FY08
	Qty/UI	5,020 EA	1,355 EA	2,810 EA	1,455 EA	
	Unit Price	(b)(4)	· · · · · ·			
	2002AB Total					
2003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge					FY08
	Qty/UI	1 LT	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)				
	2003 Total					
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs				l	FY08
	Qty/UI	l LT	1 LT	_ 1 LT	l LT	
	Unit Price	(b)(4)				
	2004 Total	-				
2005	DIACAP and Physical & Personnel Security					
	Qty/UI	4 MO	1 MO	2 MO	1 MO	
	Unit Price	(b)(4)				
	2005 Total	- -				
2008	Data prepared and delivered in accordance with Sections F and J	NSP	NSP	NSP	NSP	
2009AB	Host Nation Provider List Services	· -		· · ·		FY08
	Qty/UI	61 EA	21 EA	42 EA	21 EA	
	Unit Price	(b)(4)				
	2002AB Total					
	Grand Total:	⅃				FY08

- B. As a result of this modification the total obligated amount for the Option Period 2, October and November 2007 performance period has been increased by (b)(4) from (b)(4) to (b)(4)
- C. The balance of FY08 funding for the remainder of option period 2, i.e., December 2007 through January 2008, remains subject to the availability of FY08 funds.
- D. As a result of this modification, the total delivery order value remains unchanged, and all other contract and delivery order terms and conditions remain in full force and effect.

AMENDMENT OF SOLICITATION	-	<u> </u>			J		1	4
Amendment/Modification No. 04	3. Effective Date	4. Requisition/Put	rchas	e Re	eq. No.	5. Projec	t No. (if application 14361	able)
6. Issued By	Code CMB	7. Administered B	lv (If	-the	than Item 6)		Code	
DEPARTMENT OF DEFENSE	Code CMD	SEE BLOCK 6	, j ().	Julio	than tem of		Code	
TRICARE MANAGEMENT ACTIVITY/O	'MB	SEE BEOCK 0						
16401 E. CENTRETECH PKWY	MID							
AURORA, CO 80011-9066								
GERALD OLLIGES 303-676-3407								
8. Name and Address of Contractor (No., Street,	County and Zin Code)	<u> </u>	(X)	94	A. Amendment of	of Solicitation	n No	
o. Name and Address of Contractor (No., Street,	County, and Esp Coucy		(//	"	t. Amendment	, concitation	11110.	
UNITED CONCORDIA COMPANIES, IN	C. Vendo	or ID: 00000362		9E	B. Date (See Ite.	m 11)	_	
4401 DEER PATH ROAD		S: 868941832		l	,	•		
HARRISBURG PA 17110-3907	CEC:	868941832		10	A. Modification	of Contract	Order No.	
	CAGI	E: 03XW8	3.7	H	94002 - 05-D-0	001 0004		
			X	10	B. Date (See It	em 13)		
					ep 24, 2007	•		
Code	Facility Code							
	IIS ITEM ONLY APPLIES							
The above numbered solicitation is amended		·					ended 🛄 is no	
Offers must acknowledge receipt of this amendme		-				-	_	
(a) By completing items 8 and 15, and returning		ndment; (b) By acknow	-	-			· -	
submitted; or (c) By separate letter or telegram wh								
MENT TO BE RECEIVED AT THE PLACE DESIGNATION OF YOUR OFFER MENT OF YOUR OFFER MENT OF THE PLACE DESIGNATION OF THE PLACE				-				
IN REJECTION OF YOUR OFFER. If by virtue of	· ·	=		-			_	_
letter, provided each telegram or letter makes refe		nd this amendment, a	na is	rece	eived prior to the	opening no	our and date sp	ecified.
12. Accounting and Appropriation Data (<i>if require</i> 9708080130.1889.102000 \$ US (b)(4)	ea)							
	TEM APPLIES ONLY TO	MODIFICATIONS OF	CON	ITR	ACT/ORDERS.		_	
IT MOD	IFIES THE CONTRACT/C	DRDER NO. AS DESC	CRIB	ED I	N ITEM 14.			
A. This change order is issued pursuant to:	(Specify authority) The ch	nanges set forth in iter	m 14	are	made in the Cor	tract Order	No. in item 10	Α.
B. The above numbered Contract/Order is m			uch a	s ch	anges in paying	office, appi	ropriation date	, etc.)
SET FORTH IN ITEM 14, PURSUANT TO THE C. This supplemental agreement is entered								
C. This supplemental agreement is entered	nto pursuant to authority of	or;						
D. Other (Specify type of modification and a	uthority)			_		_		
FAR 43.103(b)	amonty							
	s required to sign this doc	ument and return co	nies 1	o th	e issuing office			
. Description of Amendment/Modification (Organ						ter where fe	asible.)	
. Booth profit of the control of the	iza sy sar sation mass	mgo, molading cononc		, 0, , ,	act cabject mat		401010.7	
he purpose of this modification to De	livery Order 0004	is to increase th	e Oı	เฉท	tity and Am	ount for	SubCLIN	2002 A F
			•		•			
meet additional requirements and to	_			IJċ	muary 2008	, as the u	lenvery or	ier is no
onger under the availability of Fiscal	Year 2008 (FY08):	funds restriction	1.					
	_							
EE ATTACHED CONTINUATION	SHEETS							
xcept as provided herein, all terms and conditions of the	document referenced in item	9A or 10A, as heretofore	e chan	ged,	remains unchang	ed and in full	force and effect.	
5A. Name and Title of Signer (Type or Print)		16A. Name a	and tit	le o	f Contracting Of	ficer (<i>Type</i>	or Print)	
		THOMAS I				;	303-676-382	:3
		CONTRAC						
		tom.griffin@					<u>.</u>	
15B. Contractor/Offeror	15C. Date Signed	16B. United	State	of	America /	1	16C. Da	te Signed

(Signature of person authorized to sign)

homas L. Juffin (Signature of Contracting Officer)

11/29/07

SCHEDULE								
Item No.	Supplies/Services	Quantity	Unit_	Unit Price	Amount			
2001	TRICARE Dental Program Enrollments	0	EA	NSP	NSP			
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)							
2001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,049,008	EA	(b)(4)				
2001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,805,500	EA					
2002	Survivor Benefit Enrollments	0	EA	NSP	NSP			
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)							
2002AA	Single Enrollment Premium Government Share100% (b)(4)	2,136	EA	(b)(4)	'			
2002AB	Family Enrollment Premium Government Share100% (b)(4)	5,520	EA					
2003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	1	LT					
	(Cost Reimburseable Line Item - Cost Plus No Fee)							
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	1	LT					
	(Cost Reimburseable Line Item - Cost Plus No Fee)							
2005	DIACAP and Physical & Personnel Security	4	МО					
2008	DATA prepared and delivered in accordance with Sections F and J.	0	LT	NSP	NSP			
	Total Option Period 2 (excluding phase-out) (b)(4)			(1.)(4)				
2009AB	Host Nation Provider List Services - OP2 Ongoing - October 1, 2007 through January 31, 2008 (Requirements Line Item with fixed unit price - Quantity and Amount are Estimated) (EA= Office Visit)	61	EA	(b)(4)				

A. The Quantity and Amount on Delivery Order for SubCLIN 2002AB is hereby increased as follows:

FROM: Qty/Unit Unit Price Amount TO: Qty/Unit Unit Price Amount 5,020 EA (b)(4)

TO: Qty/Unit Unit Price Amount 5,520 EA (b)(4)

B. Services ordered under Delivery Order 0004 for the remainder of Option Period 2 (December 2007 and January 2008) performance period, are hereby funded as follows:

CLIN	Description	Amount Ordered on Delivery Order 0004	Prior Obligation Amount	Total Current Obligation Amount	Obligated by this Delivery Order Mod	FY
2001	TDP Enrollments	NSP	NSP	NSP	NSP	
200144	Circle Forell word Provide					EVO
2001AA	Single Enrollment Premium	1.040.000.54	524 504 54	1.040.000.54	524,504 EA	FY08
	Qty/UI Unit Price	1,049,008 EA (b)(4)	524,504 EA	1,049,008 EA	524,304 EA	
	2001AA Total					
	2001AA Totai					
2001AB	Family Enrollment Premium					FY0
	Qty/UI	1,805,500 EA	902,750 EA	1,805,500 EA	902,750 EA	
	Unit Price	(b)(4)				
	2001AB Total	_				
2002	Survivor Benefit Enrollments	NSP	NSP	NSP	NSP	
2002AA	Single Enrollment Premium					FY0
	Qty/UI	2,136 EA	1,068 EA	2,136 EA	1,068 EA	
	Unit Price	(b)(4)	, i	,	,	'
	2002AA Total					
		_				
2002AB	Family Enrollment Premium					FY0
	Qty/U1	_ 5,520 EA	2,810 EA	5,520 EA	2,710 EA	l
	Unit Price	(b)(4)				
	2002AB Total					Ι
2003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge					FY08
	Qty/UI	1 LT	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)				
	2003 Total	_ _				
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs					FY08
	Qty/UI	1 LT	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)				
	2004 Total				_	
2005	DIACAP and Physical & Personnel Security					
	Qty/UI	4 MO	2 MO	4 MO	2 MO	
	Unit Price	_(b)(4)				
	2005 Total					
2008	Data prepared and delivered in accordance with Sections F and J	NSP	NSP	NSP	NSP	
2009AB	Host Nation Provider List Services					FY08
	Qty/UI	61 EA	42 EA	61 EA	19 EA	
	Unit Price	(b)(4)				
	2002AB Total				j	
	Grand Total:					FY08

C. As a result of this modification, the		nount for the FY08	portion of Option	Period 2 (October 200)7 through Januar	y 2008
performance period has been increased	_{by} (b)(4)	from (b)(4)	to (b)(4)			

- D. As a result of this modification, the total delivery order value has been increased by (b)(4) from (b)(4) to (b)(4)
- E. All other contract and delivery order terms and conditions remain in full force and effect.

AMENDMENT OF SOCIONATION	N/MODIFICATIO	ON OF CONTR	RAC	T 1. Contract II	J 0000	Page of Pages
Amendment/Modification No. 05	3. Effective Date	4. Requisition/Pur			1	lo. (if applicable)
6. Issued By	Code CMB	7. Administered B		ther than Item 6)		ode
DEPARTMENT OF DEFENSE	Code CMD	SEE BLOCK 6	y (11 0	arer triair resir of		,000
TRICARE MANAGEMENT ACTIVITY/CI	MR	SEE BLOCK 0				
16401 E. CENTRETECH PKWY	ATD					
AURORA, CO 80011-9066						•
GERALD OLLIGES 303-676-3407						
8. Name and Address of Contractor (<i>No., Street,</i>	County and Zin Code)		(X)	9A. Amendment	of Solicitation N	
o. Name and Address of Contractor (No., Street,	County, and zip Code)		(^)	SA. Amendment	of Solicitation i	٧٥.
UNITED CONCORDIA COMPANIES, INC 4401 DEER PATH ROAD		r ID: 00000362 : 868941832		9B. Date (See Ite	m 11)	
HARRISBURG PA 17110-3907		368941832		10A. Modification	of Contract/O	rder No.
		: 03XW8	.	H94002-05-D-0	001 0004	
			X	10B. Date (See It		
				Sep 24, 2007	,	
Code	Facility Code					
11. TH	S ITEM ONLY APPLIES	O AMENDMENTS O	F SO	LICITATIONS		
Offers must acknowledge receipt of this amendme (a) By completing items 8 and 15, and returning	nt prior to the hour and da	te specified in the sol	icitatio	on or as amended,	by one of the	ded [] is not extended. following methods: each copy of the offer
submitted; or (c) By separate letter or telegram whi	· ·		-	•		
MENT TO BE RECEIVED AT THE PLACE DESIG						
IN REJECTION OF YOUR OFFER. If by virtue of t						
letter, provided each telegram or letter makes refer						· -
12. Accounting and Appropriation Data (if require						
9708080130.1889.102000 \$ US (b)(4)						
	EM APPLIES ONLY TO N FIES THE CONTRACT/O					
(x) A. This change order is issued pursuant to: (
B. The above numbered Contract/Order is moseless fourth item 14, pursuant to the authority		istrative changes (s	uch as	s changes in paying	g office, approp	oriation date, etc.)
C. This supplemental agreement is entered in	nto pursuant to authority of	f:				
FAR 43.103(a)						
D. Other (Specify type of modification and au	thority)					
E. IMPORTANT: Contractor is not, X is	required to sign this docu	ment and return 1 co	nnies	to the issuing office		
4. Description of Amendment/Modification (<i>Organi</i>						sible.)
(1 3	,			,		
A. The purpose of this modification to	Delivery Order 00	04 is to: Delete	the	Quantity/Am	ount curre	atly specified for
SubCLIN 2009AB and deobligate the a	associated Fiscal Ye	ear 2008 (FY08) fui	nds originally	obligated 1	oy Mods -01, -03
SubCLIN 2009AB and deobligate the and -04 to Delivery Order 0004. Also,	associated Fiscal Ye	ear 2008 (FY08) fui	nds originally	obligated 1	oy Mods -01, -03
SubCLIN 2009AB and deobligate the and -04 to Delivery Order 0004. Also,	associated Fiscal Ye	ear 2008 (FY08) fui	nds originally	obligated 1	oy Mods -01, -03
SubCLIN 2009AB and deobligate the a and -04 to Delivery Order 0004. Also, Year 2008 (FY08) funds.	associated Fiscal Ye it specifies Quantit	ear 2008 (FY08) fui	nds originally	obligated 1	oy Mods -01, -03
SubCLIN 2009AB and deobligate the and -04 to Delivery Order 0004. Also, Year 2008 (FY08) funds.	associated Fiscal Ye it specifies Quantit	ear 2008 (FY08) fui	nds originally	obligated 1	oy Mods -01, -03
SubCLIN 2009AB and deobligate the a and -04 to Delivery Order 0004. Also, Year 2008 (FY08) funds.	associated Fiscal Ye it specifies Quantit	ear 2008 (FY08) fui	nds originally	obligated 1	oy Mods -01, -03
SubCLIN 2009AB and deobligate the a and -04 to Delivery Order 0004. Also, Year 2008 (FY08) funds. SEE ATTACHED CONTINUATION	associated Fiscal Ye it specifies Quantit SHEETS	ear 2008 (FY08 ry/Amount for r) fur iew	nds originally SubCLIN 201	obligated 1 0AB and c	by Mods -01, -03 obligates Fiscal
SubCLIN 2009AB and deobligate the a and -04 to Delivery Order 0004. Also, Year 2008 (FY08) funds. SEE ATTACHED CONTINUATION Except as provided herein, all terms and conditions of the	associated Fiscal Ye it specifies Quantit SHEETS	ear 2008 (FY08 cy/Amount for r) fur iew :	nds originally SubCLIN 201	obligated 1 0AB and c	by Mods -01, -03 obligates Fiscal
SubCLIN 2009AB and deobligate the a and -04 to Delivery Order 0004. Also, Year 2008 (FY08) funds. SEE ATTACHED CONTINUATION	associated Fiscal Ye it specifies Quantit SHEETS	ear 2008 (FY08 cy/Amount for r) fur	nds originally SubCLIN 201 ged, remains unchang e of Contracting Of	obligated 1 0AB and o	by Mods -01, -03 bbligates Fiscal ce and effect. Print)
SubCLIN 2009AB and deobligate the and -04 to Delivery Order 0004. Also, Year 2008 (FY08) funds. SEE ATTACHED CONTINUATION Except as provided herein, all terms and conditions of the 15A. Name and Title of Signer (Type or Print)	associated Fiscal Ye it specifies Quantit SHEETS	ear 2008 (FY08 cy/Amount for r	e change	nds originally SubCLIN 201 ged, remains unchang e of Contracting Of IFFIN	obligated 1 0AB and o	by Mods -01, -03 obligates Fiscal
SubCLIN 2009AB and deobligate the and -04 to Delivery Order 0004. Also, Year 2008 (FY08) funds. SEE ATTACHED CONTINUATION Except as provided herein, all terms and conditions of the 15A. Name and Title of Signer (Type or Print) Lawrence D. McKinley, D.D.S.	it specifies Quantit SHEETS	ear 2008 (FY08 cy/Amount for r	e change	nds originally SubCLIN 201 ged, remains unchang e of Contracting Of IFFIN	obligated 1 0AB and o	by Mods -01, -03 bbligates Fiscal ce and effect. Print)
SubCLIN 2009AB and deobligate the a and -04 to Delivery Order 0004. Also, Year 2008 (FY08) funds. SEE ATTACHED CONTINUATION Except as provided herein, all terms and conditions of the 15A. Name and Title of Signer (Type or Print)	it specifies Quantit SHEETS	ear 2008 (FY08 cy/Amount for r) fur lew because the change and titl GRI	nds originally SubCLIN 201 ged, remains unchang e of Contracting Of IFFIN G OFFICER	obligated 1 0AB and o	by Mods -01, -03 bbligates Fiscal ce and effect. Print)
SubCLIN 2009AB and deobligate the a and -04 to Delivery Order 0004. Also, Year 2008 (FY08) funds. SEE ATTACHED CONTINUATION Except as provided herein, all terms and conditions of the 15A. Name and Title of Signer (Type or Print) Lawrence D. McKinley, D.D.S.	it specifies Quantit SHEETS	ear 2008 (FY08 cy/Amount for r	e change ind titl GRI TINC	nds originally SubCLIN 201 ged, remains unchang e of Contracting Of IFFIN G OFFICER .osd.mil	obligated 1 0AB and o	ce and effect. Print) 03-676-3823
15A. Name and Title of Signer (<i>Type or Print</i>) Lawrence D. McKinley, D.D.S. Corporate Vice President and TDP Program	it specifies Quantit SHEETS document referenced in item S	ear 2008 (FY08 cy/Amount for r	e change ind titl GRI TINC	nds originally SubCLIN 201 ged, remains unchang e of Contracting Of IFFIN G OFFICER .osd.mil	obligated 1 0AB and o	ce and effect. Print) 03-676-3823

NSN 7540-01-152-8070

PREVIOUS EDITIONS UNUSABLE Delivery Orders thru 0009

30-105

STANDARD FORM 30 (REV. 10-83)

SCHEDULE						
Item No.	Supplies/Services		Quantity	Unit	Unit Price	Amount
2009AB	RESERVED		0	EA	0.00	0.00
2010AB	Host Nation Provider List Services for FY08 Portion of Option Period 2 (Oct. 2007 - Jan. 2008)		4	МО	(b)(4)	
	· .					
						·
			·	-		
				·		

B. The Delivery Order 0004 Quantity/Amount for subCLIN 2009AB is hereby deleted, and the associated FY08 funds are de-obligated, as follows:

SubCLIN	Description	Prior Obligated Amount	New Obligation Amount	Deobligated by this D.O. Mod	FY
2009AB	Host Nation Provider List Services - OP2 Ongoing - October 1, 2007 through January 31, 2008 (Ref: Purchase Req. No. 07-SCO-0091; 08-SCO-0007; and 08-SCO-0011)				FY08
	Qty/UI	61 EA	0 EA	(-61 EA)	
	Unit Price	(b)(4)			
	2009AB Total	T			

C. The Delivery Order 0004 Quantity/Amount for subCLIN 2010AB is hereby added, and FY08 funds are obligated, as follows:

SubCLIN	Description	Prior Obligated Amount	New Obligation Amount	Obligated by this D.O. Mod	FY
2010AB	Host Nation Provider List Services for FY08 Portion of Option Period 2 (Oct. 2007 - Jan. 2008) (Ref: Purchase Req. No. 08-SCO-0017)				FY08
	Qty/UI	0	4 MO	4 MO	
	Unit Price	(b)(4)			
	2010AB Total			- -	

D.	As a result of this modification, the total obligated amount under Delivery Order 0004 is decreased by (b)(4)	from \$93,555,906.46 t
(h)((4)	

E. All other contract and delivery order terms and conditions remain unchanged and in full force and effect.

AMENDMENT OF SOLICITAT	ON/MODIFICA	TION OF CONTE	RAC	1. Contract ID	Code	Page	of Pages
				J	I = - · · · · ·	1 1	4
2. Amendment/Modification No.	3. Effective Date	1 '		•	5. Project No		able)
	1271-100	09-CM			143		
6. Issued By	Code CMB	7. Administered By			Co	de H940	002
DEPARTMENT OF DEFENSE		DEPARTMENT					
TRICARE MANAGEMENT ACTIVITY/	CMB	_ ·		EMENT ACTIVI			
16401 E. CENTRETECH PKWY				ECH PARKWAY	•		
AURORA, CO 80011-9066		AURORA, CO 8	3001	1-9066			
GERALD OLLIGES 303-676-3407							
8. Name and Address of Contractor (No., Stree	, County, and Zip Code	p)	(X)	9A. Amendment o	f Solicitation No	0.	
UNITED CONCORDIA COMPANIES, IN	IC. Ve	ndor ID: 00000362		9B. Date (See Iter	n 11)		
4401 DEER PATH ROAD	DU	JNS: 868941832					
HARRISBURG PA 17110-3907	CE	C: 868941832		10A. Modification	of Contract/Ord	der No.	
	CA	GE: 03XW8	\mathbf{x}	H94002-05-D-00	001 0004		
•			^	10B. Date (See Ite	em 13)		
				Sep 24, 2007			
Code	Facility Code						
		ES TO AMENDMENTS C					
The above numbered solicitation is amende		-					not extende
Offers must acknowledge receipt of this amendm	•	•		•	-	~	
(a) By completing items 8 and 15, and returning	 ·	mendment; (b) By acknov	_	•			
submitted; or (c) By separate letter or telegram w							
MENT TO BE RECEIVED AT THE PLACE DESI							
IN REJECTION OF YOUR OFFER. If by virtue o	•	•		•	•	-	-
letter, provided each telegram or letter makes ref		n and this amendment, ar	nd is	received prior to the	opening hour a	and date s	specified.
12. Accounting and Appropriation Data (<i>if requi</i> i 9708080130.1889.102000 \$ US (b)(4)	-						
		TO MODIFICATIONS OF CT/ORDER NO. AS DESC					
A. This change order is issued pursuant to:					tract Order No	. in item 1	0 A .
B. The above numbered Contract/Order is Set fourth item 14, pursuant to the author		dministrative changes (sa	uch a	s changes in paying	office, appropi	riation dat	e, etc.)
X C. This supplemental agreement is entered							
DFARS 252.232-7007 Limitation		ligation					
D. Other (Specify type of modification and a	nuthority)						
E. IMPORTANT: Contractor is not, X	is required to sign this	document and return 1 co	ppies	to the issuing office			
4. Description of Amendment/Modification (Organ						ble.)	

A. The purpose of this modification to Delivery Order 0004 is to (b)(4) the Quantity/Unit Price and the Amount currently specified for SLINs 2001AA, 2001AB and 2010AB; and CLINs 2003 and 2004, and to deobligate the associated excess Fiscal Year 2008 (FY08) funds resulting from these decreases.

SEE ATTACHED CONTINUATION SHEETS

Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.							
15A. Name and Title of Signer (Type or Print)		16A. Name and title of Contracting Officer (Typ	e or Print)				
Lawrence D. McKinley, D.D.S. Corporate Vice President	•	THOMAS L GRIFFIN CONTRACTING OFFICER tom.griffin@tma.osd.mil	303-676-3823				
15B. Contractor/Offeror 15B. Contractor/Offeror (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America The May Lyndia (Signature of Contracting Officer)	16C. Date Signed				

NSN 7540-01-152-8070 PREVIOUS EDITIONS UNUSABLE 30-105

STANDARD FORM 30 (REV. 10-83) Prescribed by GSA FAR (48 CFR) 53.243

	SC	HEDULE		·	
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
2001	TRICARE Dental Program Enrollments	. 0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
2001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,043,308	EA	(b)(4)	l
2001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,783,500	EA		
2002	Survivor Benefit Enrollments	0	EA	NSP	. NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
2002AA	Single Enrollment Premium Government Share 100% (b)(4)	2,136	EA	(b)(4)	
2002AB	Family Enrollment Premium Government Share 100% (b)(4)	5,520	EA		
2003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	1	LT		
,	(Cost Reimburseable Line Item - Cost Plus No Fee)				
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
2005	DIACAP and Physical & Personnel Security	4	МО		
2008	DATA prepared and delivered in accordance with Sections F and J.	. 0	LT	NSP	NSP
	Total Option Period 2 (excluding phase-out) (b)(4)				
2009AB	RESERVED	0	EA	. \$0.00	\$0.00
2010AB	Host Nation Provider List Services for FY08 Portion of Option Period 2 (Oct. 2007 - Jan. 2008)	4	МО	(b)(4)	
		·			

B. The Quantity and/or Unit Price and Amount on Delivery Order 0004 for the following CLINs/SLINs are hereby decreased as follows:

FROM: TO:

CLIN/SLIN	Oty/Unit	Unit Price	Amount	<u>Qty/Unit</u>	Unit Price	Amount
2001AA	1,049,008 EA	(b)(4)	1	1,043,308 EA	(b)(4)	
2001AB	1,805,500 EA			1,783,500 EA		
2003	1 <u>LT</u>			!LT		
2004	1 LT			ılt		
2010AB	4 MO			. 4 MO		

C. Funding for Services ordered under Delivery Order 0004 for Option Period 2 hereby modified as follows:

CLIN	Description		t Ordered on y Order 0001	Prior Obligation Amount	Total Current Obligation Amount	Deobligated by this Delivery Order Mod	FY
2001	TDP Enrollments		NSP	ŅSP	NSP	NSP	
2001AA	Single Enrollment Premium		•				FY08
	Qty/UI		1,043,308 EA	1,049,008 EA	1,043,308 EA	(-5,700 EA)	
	Unit Pricc	(b)(4)		•		•	
	2001 AA Total						
2001AB	Family Enrollment Premium	1			,		FY08
	Qty/UI		1,783,500 EA	1,805,500 EA	1,783,500 EA	(-22,000 EA)	
	Unit Price	(b)(4)					·
	2001 AB Total	_ _					
2002 .	Survivor Benefit Enrollments		NSP	NSPNSP	NSP _	ŃSP -	
2002AA	Single Enrollment Premium		ė				FY08
	Qty/UI		2,136 EA	2,136 EA	2,136 EA	0 EA	
	Unit Price	(b)(4)					
	2002AA Total	3					_
2002AB	Family Enrollment Premium					_	FY08
	Qty/UI		_5,520 EA	5,520 EA	5,520 EA	0 EA	
•	Unit Price	(b)(4)					
	2002AB Total						
2003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge						FY08
	Qty/UI		· j LT	1 LT -	· 1 LT	1 LT	
	Unit Price	(b)(4)				-	
	2003 Total ;]`^`^			_		
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs						FY08
	Qıy/UI		1 LT	1 LT		1 LT	
	Unit Price	(b)(4)					
	2004 Total						

H94002-05-D-0001 0004 MOD NO. 06

CLIN	Description	Amount Ord Delivery Ord		Prior Obligation Amount	Total Current Obligation Amount	Deobligated by this Delivery Order Mod	FY
2005	DIACAP and Physical & Personnel Security						FY08
	Qty/UI .		4 MO	4 MO	4 MO	0 MO	
•	Unit Price	(b)(4)					
	2005 Total		.		<u> </u>	<u> </u>	
2010AB		•					FY08
	Qty/UI		4 MO	4 MO	4 MO	4 MO	
	Unit Price	(b)(4)					
	2010AB Total						
	Grand Tota	l:					FY08

D. As a result of this modification, the total obligated amount and the total value under Delivery Order 0004 is decreased by to(b)(4) to to(b)(4)

E. All other contract and delivery order terms and conditions remain unchanged and in full force and effect.

_				ORDE	R FOR SUPP	LIES	OR S	SERVICES				PAGE 1 OF
1. CONT	RACT/PUR	CH OF	RDER/AGREEMENT NO.	2. DELIVE	RY ORDER/CALL NO.			TE OF ORDER/CA	LL	4. REQUISITION/F	PURCH REQUEST NO.	
ŀ	1940020	5D00	001		0004		1 '	ymmmdd) Sep 24		07-SCO-0090		
6. ISSUI	ED BY			CODE	СМВ	7. ADN	I MINISTEI	RED BY (If Other	Than 6)	CODE H	94002	8. DELIVERY FOB
TRICA 16401 AURC	ARE MA E. CENT RA, CO	NAC RE: 800	F DEFENSE GEMENT ACTIVITY FECH PKWY 011-9066 S 303-676-3407 gera	//CMB		TRIC 1640 AUR	DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/AM&S 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066					X DESTINATION OTHER (See Schedule If Other)
9. CON1	RACTOR			CODE		F	ACILITY			10. DELIVER TO F	11. X IF BUSINESS IS	
	UNI	TED	CONCORDIA COM	L IPANIES	S, INC.	LI VEN	VENDOR ID 00000362			(///////////////////////////////		SMALL
NAME AND ADDRESS 4401 DEER PATH ROAD HARRISBURG PA 17110-3907			CAGE		03XW8 251687586		12. DISCOUNT TE	rms Net 30	SMALL DISAD- VANTAGED WOMEN-OWNED			
ADDRESS									13. MAIL INVOICE	S TO THE ADDRESS I	N BLOCK	
										See Section G		
14. SHIF	Oit		t: BLANK	CODE				ILL BE MADE BY		CODE RMF		MARK ALL PACKAGES AND
16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066				FINAN 16401	ICE AI E. CEN	NT OF DEFE ND ACCOUN NTRETECH F O 80011-9066	TING ARKW	BRANCH		PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.		
16.	DELIVERY CALL	' :	X This delivery order/ca	ıll is issued	on another Governm	ment age	ency or i	n accordance wi	th and si	ubject to terms an	d conditions of abov	e numbered contract.
TYPE OF		_	Reference your							Fu	rnish the following o	n terms specified herein
ORDER	PURCHAS	E	ACCEPTANCE. THE									
_			INVERSENCE OF IONE	744 IIIODII	ieb, dobied To Ae			O AND CONDING	5110 021	TOTTITI, AND AGI	TEED TO TETH OTHER	THE GAME
	NAME	OF C	ONTRACTOR		SIGNATURE			_	TYPE	ED NAME AND TITL		DATE SIGNED (YYYYMMMDD)
			ed, supplier must sign		ce and return the fo	llowing	numbe	r of copies:		l		
			PPROPRIATION DATA/LOC 02000(SAF) \$ 0.00									
			, , , , , , , , , , , , , , , , , , , ,									
18. iTi	≣М NO.		19. SCHEDUI	LE OF SUP	PLIES/SERVICES			20.QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT I	PRICE	23. AMOUNT
	- 1	H94	very Order for Opt 002-05-D-0001, fo ugh January 31, 20	r the per			7					
		Yea	Delivery Order is r 2008 (FY08) fund uisition Regulation	ls in acc	ordance with Fe		scal					
*If quan	inty accepted	by th	e Government is 24. U	NITED STA	ATES OF AMERICA	<u> </u>		ZH.il	///	25. TO	TAL \$	(b)(4)
same as	quantity on	dered, tual q	indicate by X. vantity accepted THC		GRIFFIN tom.griffin@	/ <i>NOV</i> tma.osd	UUS ₃ .mil C	03-676-3824 CONTRACTING/OF	۱,	4/07 26. DIF	FERENCES	
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\Box	PECTED				D CONFORMS TO TH	E CON				T50 1/41/5 41/0		
b. SiGr	ATURE U	F AU	THORIZED GOVERNMEN	HEPHES	ENTATIVE		c. DAT	MMDD)		PRESENTATIVE	TITLE OF AUTHORIZ	ED GOVERNMENT
e. MAIL	ING ADDR	ESS	OF AUTHORIZED GOVER	NMENT R	EPRESENTATIVE		28. SHII	P NO.	29. D.O	. VOUCHER NO.	30. INITIALS	
f. TELE	PHONE NI	JMBE	R g. E-MAIL ADDRESS	<u> </u>			_	RTIAL	32. PAII	D BY	33. AMOUNT VERIF	FIED CORRECT FOR
							31. PAY		[34. CHECK NUMBE	R
	RTIFY THI	_	COUNT IS CORRECT AND b. SIGNATURE AND		I FOR PAYMENT. F CERTIFYING OFFIC	CER	_	MPLETE RTIAL		35. BILL OF LADING		G NO.
		1.	A DECEMEND BY (2.1."		lan BATE BEGEN			AL CONTAINERS			40.0/0.101.01.01	
37. REC	EIVED AT	3	8. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMMDD)	ا د	40. IOT	CONTAINERS	41. S/R	ACCOUNT NO.	42. S/R VOUCHER	NO.

DD1155 CONTINUATION SHEET H94002-05-D-0001 2007 Sep 24 NAME OR ADDRESS OF CONTRACTOR 00000362 UNITED CONCORDIA COMPANIES, INC. 20.QUANTITY ORDERED/ 19. SCHEDULE OF SUPPLIES/SERVICES 22. UNIT PRICE 23. AMOUNT 18. ITEM NO. UNIT ACCEPTED* NSP **NSP** 0 EA 2001 TRICARE Dental Program Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.) 1049008 EA 2001AA Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total 2001AB 1805500 EA Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total NSP **NSP** EA 2002 Survivor Benefit Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.) 2136 EA 2002AA Single Enrollment Premium Government Share -- 100% 5020 EA 2002AB Family Enrollment Premium Government Share -- 100% LT 2003 OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge. (Cost Reimburseable Line Item - Cost Plus No Fee) 2004 LT OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee) 2005 MO DIACAP and Physical & Personnel Security **NSP** DATA prepared and delivered in accordance with LT NSP 2008 0 Sections F and J. Total Option Period 2 (excluding phase-out) 2009AB Host Nation Provider List Services - OP2 Ongoing -EA October 1, 2007 through January 31, 2008 (Requirements Line Item with fixed unit price - Quantity and Amount are Estimated) (EA= Office Visit)

DATE OF ORDER

CONTRACT/PURCHASE ORDER NO.

OF

PAGE

	ON/MODIFICATI				1. Contract ID		Page 1	of Pages
. Amendment/Modification No. 01	3. Effective Date 2/26/08	4. Requisition/Put 08-SCO			. No.	5. Project N 145	• • •	cable)
. Issued By	Code CMB	7. Administered B	y (If a	ther th	an Item 6)	c	ode H94	002
DEPARTMENT OF DEFENSE		DEPARTMENT	OF	DEF	ENSE			
RICARE MANAGEMENT ACTIVITY/C	MB	TRICARE MAI	NAG]	EME	NT ACTIVI	ΓΥ/AM&S		
401 E. CENTRETECH PKWY		16401 E. CENT	RET!	ECH	PARKWAY			
URORA, CO 80011-9066		AURORA, CO	8001	1-906	66			
ERALD OLLIGES 303-676-3407								
Name and Address of Contractor (No., Street,	County, and Zip Code)		(X)	9A.	Amendment o	f Solicitation N	10.	
NITED CONCORDIA COMPANIES, INC	C. Vend	or ID: 00000362		9B.	Date (See Iter	n 11)		
101 DEER PATH ROAD	DUN	S: 868941832						
ARRISBURG PA 17110-3907		868941832		10A.	Modification	of Contract/O	der No.	
	CAG	E: 03XW8	$\left[\mathbf{v} \right]$	H94	002-05-D-00	001 0005		
			X	10B.	Date (See Ite	nm 13)		
				Jan	23, 2008			
de	Facility Code		T -					
<u> </u>	Tacility Gode							
11. TH The above numbered solicitation is amended	IS ITEM ONLY APPLIES as set forth in item 14. T	he hour and date spe	cified f	for rec	eipt of Offers		<u> </u>	
The above numbered solicitation is amended fers must acknowledge receipt of this amendme By completing items 8 and 15, and returning bmitted; or (c) By separate letter or telegram when TO BE RECEIVED AT THE PLACE DESIGREJECTION OF YOUR OFFER. If by virtue of the ter, provided each telegram or letter makes references.	IS ITEM ONLY APPLIES as set forth in item 14. T nt prior to the hour and o copies of the ame ich includes a reference NATED FOR THE RECE his amendment you desi	he hour and date spec ate specified in the so ndment; (b) By ackno to the solicitation and EIPT OF OFFERS PR re to change an offer	cified folicitation where the same of the	for rection or ing red dment O THI	eipt of Offers as amended, t ceipt of this am t numbers. FAI E HOUR AND mitted, such cl	by one of the freedment on the LURE OF YOU DATE SPECI	following reach copy UR ACKN FIED MAN made by	methods: of the offe NOWLEDG RESULT telegram o
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SEE ATTACHED CONTINUATION SHEET

Except as provided herein, all terms and conditions of the do	ocument referenced in item 9A or	10A, as heretofore changed, remains unchanged and in fi	ull force and effect.			
15A. Name and Title of Signer (Type or Print)	<u></u>	16A. Name and title of Contracting Officer (Type or Print)				
Lawrence D. McKinley, D.D.S. TDP Vice President and Program	Manager	THOMAS L GRIFFIN CONTRACTING OFFICER tom.griffin@tma.osd.mil	303-676-3823			
15B. Contractor/Offeror	15C. Date Signed	16B. United States of America	16C. Date Signed			
(Signature of person authorized to sign)	25 Feb 2008	(Signature of Contracting Officer)	2/26/08			

NSN 7540-01-152-8070

30-105

STANDARD FORM 30 (REV. 10-83)

Prescribed by GSA FAR (48 CFR) 53.243

		HEDULE			
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
3011	Implementation and ongoing maintenance of the Defense Integrated Military Resources System (DIMHRS).	0	LT	NSP	NSP
3011AA	Perform initial software/hardware installation and testing required to convert all DoD Services/Components to DIMHRS and obtain two SSL certificates and a DoD approved External Certification Authority (ECA) certificate.	. 1	LT	(b)(4)	
3011AB	Accomplish the Army phase of the DIMHRS implementation.	1	LT		
3011AC	Accomplish the Air Force phase of the DIMHRS implementation.	1	LT		
3011AD	Accomplish the Navy phase of the DIMHRS implementation.	1	LT		
3011AE	Accomplish the Marines phase of the DIMHRS implementation.	1	LT		1
3011AF	Maintain DIMHRS and related software and hardware systems for the full term of the TDP contract.	0	LT	NSP	NSP
			. !		
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					·

B. Delivery Order 0005 is hereby changed to add the following subCLINs and to obligate the specified FY08 funds:

SubCLIN	Description	Prior Obligated Amount	New Obligation Amount	Obligated by this D.O. Mod
3011AA	Perform initial software/hardware installation and testing required to convert all DoD Services/Components to DIMHRS and obtain two SSL certificates and a DoD approved External Certification Authority (ECA) certificate.	-		
	Qty/UI	0	1 LT	1 LT
	Unit Price	(b)(4)		,
	3011AA Total			
3011AB	Accomplish the Army phase of the DIMHRS implementation.			
	Qty/UI	0	1 LT	1 LT
	Unit Price	(b)(4)		
-	3011AB Total	(10)(11)		
3011AC	Accomplish the Air Force phase of the DIMHRS implementation.			
	Qty/UI	0	1 LT	1 LT
(Unit Price	(b)(4)		
	3011AC Total			
3011AD	Accomplish the Navy phase of the DIMHRS implementation.			
	Qty/UI	0	1 LT	1 LT
	Unit Price	(b)(4)		
	3011AD Total	(*)(*)		
3011AE	Accomplish the Marines phase of the DIMHRS implementation.			
-	Qty/UI	0	1 LT	1 LT
	Unit Price	(b)(4)	• 1	- 31
	3011AE Total			
	Total:			
			I	.

C.	. As a result of this modification, the total obligated amount under Delivery Order 0005 is increased by (b)(4)	from (b)(4)
to	(b)(4)	()()

D. All other contract and delivery order terms and conditions remain unchanged and in full force and effect.

AMENDMENT OF SOLICITA	ATION/MODIFICATION	ON OF CONTR	RAC	T	1. Contract ID	Code	Page 1	of Pages
2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purc	hase	Rec	ą. No.	5. Project l	No. (if appli	cable)
02	9/25/08	08-SCO	08-SCO-0083			14	1536	
6. Issued By	Code CMB	7. Administered By	7. Administered By (If other than Item 6)			Code		
DEPARTMENT OF DEFENSE		SEE BLOCK 6						
TRICARE MANAGEMENT ACTIVIT	ГҮ/СМВ							
16401 E. CENTRETECH PKWY								
AURORA, CO 80011-9066								
GERALD OLLIGES 303-676-3407								
8. Name and Address of Contractor (No., S	treet, County, and Zip Code)		(X)	9A.	Amendment of	Solicitation	No.	
INITED CONCORDIA COMBANIES	INC Vand	ID: 00000363		ΩĐ	Data (Saa Itan	2 111	-	
JNITED CONCORDIA COMPANIES, INC. Vendor ID: 0000 I401 DEER PATH ROAD DUNS: 8689418				90.	Date (See Iten	1 1 1)		
HARRISBURG PA 17110-3907				104	A. Modification of	of Contract/C	Order No	
TARRISDORG LA 1/110-390/	CAGE: 03XW8				4002-05-D-00		ruei No.	
	CAG	2. 032kW0	X		3. Date (See Ite			
				ı	23, 2008	10)		
	Facility Code			, our	20, 2000			
	1. THIS ITEM ONLY APPLIES	TO AMENDMENTS O	FSC	LICI	ITATIONS	-		
ubmitted; or (c) By separate letter or telegra MENT TO BE RECEIVED AT THE PLACE D	ning copies of the ame on which includes a reference DESIGNATED FOR THE RECE	ndment; (b) By acknow to the solicitation and a HPT OF OFFERS PRICE	rledgi rmen DR T	ing red dmer O TH	nt numbers. FAI HE HOUR AND	nendment on LURE OF YOU DATE SPEC	each copy OUR ACKN CIFIED MAY	of the offe IOWLEDG RESULT
Submitted; or (c) By separate letter or telegram MENT TO BE RECEIVED AT THE PLACE D N REJECTION OF YOUR OFFER. If by virtuetter, provided each telegram or letter make 12. Accounting and Appropriation Data (if a) 1708080130.1889.102000 \$ US 13. T IT IT X) A. This change order is issued pursuar B. The above numbered Contract/Orde	copies of the american which includes a reference of DESIGNATED FOR THE RECEIVE of this amendment you design is reference to the solicitation a popular of the solicitation and the solicitation and the solicitation are solicitation and the solicitation are solicitation and solicitation are solic	ndment; (b) By acknown on the solicitation and a silpt of Offers PRICE to change an offer alond this amendment, an MODIFICATIONS OF DRDER NO. AS DESCENDING SET TO THE MODIFICATION OF DRDER NO. AS DESCENDING SET TO THE MODIFICATION OF DRDER NO. AS DESCENDING SET TO THE MODIFICATION OF DRDER NO. AS DESCENDING SET TO THE MODIFICATION OF DRDER NO. AS DESCENDING SET TO THE MODIFICATION OF DRDER NO. AS DESCENDING SET TO THE MODIFICATION OF DRDER NO. AS DESCENDING SET TO THE MODIFICATION OF THE MODIFICATION	rledgi rmend DR To lread id is r CON CRIBE in 14 a	ing redimer O TH y subsection TERA ED IN are n	r as amended, the eceipt of this arm in numbers. FAI HE HOUR AND in the hour and th	nendment on LURE OF YOU DATE SPEC nange may b opening hou tract Order N	each copy OUR ACKN CIFIED MAY e made by ir and date	of the offer of th
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Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect.

15A. Name and Title of Signer (Type or Print)		16A. Name and title of Contracting Officer (Type	e or Print)
Lawrence D. McKinley, D.D.S.		THOMAS L GRIFFIN	303-676-3823
Corporate Vice President and TDP P	rogram Manager	CONTRACTING OFFICER	•
		tom.griffin@tma.osd.mil	
15B. Contractor/Offeror	15C. Date Signed	16B. United States of America	16C. Date Signed
L.D. Michily DDS	9/23/2008	Thomas L. Listin	_ 9/25/08
(Signature of person authorized to sign)		(Signature of Contracting Officer)	1122/3

NSN 7540-01-152-8070

30-105

STANDARD FORM 30 (REV 10-83)

Prescribed by GSA FAR (48 CFR) 53.243

PREVIOUS EDITIONS UNUSABLE

	SC	HEDULE			
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
3001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	2,153,692	EA	(b)(4)	'
	PR #: 08-SCO-0024				
3001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	3,639,330	EA		
•	PR #: 08-SCO-0024				
3003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge. (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
	PR #: 08-SCO-0024				
3004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)		LT	,	
	PR #: 08-SCO-0024				
3006AA	1st 6 Month Period (February through July).	1	EA		
	PR #: 08-SCO-0024				
3010AA	Host Nation Provider List Services for FY08 Portion of Option Period 3 (Feb Sept. 2008)	. 8	MO		· ·
	PR #: 08-SCO-0024				
		,			
	,				,

B. The Delivery Order 0005 <u>Quantity/Amount</u> or <u>Unit Price/Amount</u> for subCLINs 3001AA, 3001AB, 3006AA and 3010AA are hereby decreased, and the associated excess FY08 funds are de-obligated, as follows:

SLIN	Description	Prior Obligated Amount	New Obligation Amount	Deobligated by this D.O. Mod	FY
3001AA	Single Enrollment Premium	ı			FY08
,	Qty/UI	2,163,692 EA	2,153,692 EA	(-10,000) EA	
	Unit Price	(b)(4)			
	3001AA Total Amount				
3001AB	Family Enrollment Premium				FY08
_	Qty/UI	3,719,330 EA	3,639,330 EA	(-80,000) EA	<u> </u>
	Unit Price	(b)(4)			
	3001AB Total Amount				
3006AA	Award Fee Pool 1st 6 Month Period (Feb July 2008)				FY08
	Qty/UI	1 EA	1 EA	1 EA ,	
	Unit Price	(b)(4)			
	3006AA Total Amount	- - I	1	l	
3010AA	Host Nation Provider List Services for FY08 Portion of Option Period 3 (Feb Sept. 2008)			•	FY08
	Qty/UI	8 MO	8 MO	8 MO	
	Unit Price	(b)(4)	,		
	3010AA Total Amount	_			
	TOTAL:	_			

C. The Delivery Order 0005 <u>Unit Price/Amount</u> for CLINs 3003 and 3004 are hereby increased, in order to adjust for increased utilization, and additional FY08 funds, required to support these increases, are hereby obligated as follows:

CLIN	Description	Prior Obligated Amount	New Obligation Amount	Obligated by this D.O. Mod	FY
3003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge. (Cost Reimbursable Line Item - Cost Plus No Fee)			,	FY08
	Qty/UI	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)			
	3003 Total Amount			<u> </u>	
3004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs (Cost Reimbursable Line Item - Cost Plus No Fee)				FY08
	Qty/UI	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)			
	3004 Total Amount				
	TOTAL:				

D. As a result of this modification, the total obligated amount under Delivery Order 0005 is decreased by (b)(4) from (b)(4)

E. All other contract and delivery order terms and conditions remain unchanged and in full force and effect.

AMENDMENT OF SOLICITAT	ION/MODIFICATION	N OF CONT	RAG	ст	1. Contract ID	Code	Page	of Pages
Amendment/Modification No.	Effective Date	4. Requisition/Purchase Reg. No.			J No	5. Project No	(if applie	able)
03	8/12/09	09-CMB-		•	110.	14536		345107
6. Issued By	Code CMB	7. Administered B			an Item 6)		de H940	002
DEPARTMENT OF DEFENSE	0000	DEPARTMENT	•		·	-		-
TRICARE MANAGEMENT ACTIVITY/	СМВ	TRICARE MAN				ГҮ/СМ		
6401 E. CENTRETECH PKWY		16401 E. CENT	RET	ECH	PARKWAY			
AURORA, CO 80011-9066		AURORA, CO	8001	1-906	56			
GERALD OLLIGES 303-676-3407		,						
B. Name and Address of Contractor (No., Stree	t, County, and Zip Code)		(X)	9A.	Amendment of	f Solicitation No).	
UNITED CONCORDIA COMPANIES, IN	JC Vendor	· ID: 00000362		9B	Date (See Iten	n 11)		
4401 DEER PATH ROAD		: 868941832		-	(,		
HARRISBURG PA 17110-3907		368941832		10A.	Modification of	of Contract/Ord	er No.	
	CAGE	: 03XW8	37	H94	002-05-D-00	001 0005		
			X	10B.	Date (See Ite	m 13)		
				Jan	23, 2008			
Code	Facility Code							
11. The above numbered solicitation is amende	HIS ITEM ONLY APPLIES 1							
Offers must acknowledge receipt of this amendn (a) By completing items 8 and 15, and returning submitted; or (c) By separate letter or telegram vector of the RECEIVED AT THE PLACE DES N REJECTION OF YOUR OFFER. If by virtue cetter, provided each telegram or letter makes re	copies of the ameno which includes a reference to GNATED FOR THE RECEII f this amendment you desire ference to the solicitation and	dment; (b) By acknow the solicitation and PT OF OFFERS PRI to change an offer a	wledg amer IOR T alread	ging red ndment TO THI dy sub	ceipt of this am t numbers. FAI E HOUR AND mitted, such ch	nendment on ea LURE OF YOU DATE SPECIF nange may be r	ach copy JR ACKN IED MAY made by t	of the offer OWLEDG- RESULT telegram or
12. Accounting and Appropriation Data (<i>if requi</i> 9708080130.1889.102000 \$ US (b)(4	,							
13. THIS) ITEM APPLIES ONLY TO M DIFIES THE CONTRACT/O					_		
(x) A. This change order is issued pursuant to						tract Order No.	in item 1	0A.
B. The above numbered Contract/Order is Set fourth item 14, pursuant to the auth-		istrative changes (s	uch a	as chai	nges in paying	office, appropr	iation dat	e, etc.)
C. This supplemental agreement is entered		f:						
DFARS 252.232-7007 Limitation	of Government's Obligat	tion						
D. Other (Specify type of modification and	authority)							
	is required to sign this docu							
. Description of Amendment/Modification (Orga	nized by UCF section headi	ngs, including solicit	ation/	/contra	ct subject matt	er where feasil	ble.)	
The purpose of this modification	to Delivery Order 00	05 is to: decre	ase	the C	Quantity or	Unit Price	and the	e Amou

currently specified for SLINs 3001AA and 3001AB, and CLINs 3003 and 3004, and to deobligate the resulting associated excess Fiscal Year 2008 (FY08) funds.

SEE ATTACHED CONTINUATION SHEETS

Except as provided herein, all terms and conditions of the docum	ent referenced in item 9A	λ or 10A, as heretofore changed, remains unchanged and i	n full force and effect.
15A. Name and Title of Signer (Type or Print)		16A. Name and title of Contracting Officer (7	ype or Print)
Lawrence D. McKinley, D.D.S.		THOMAS L GRIFFIN	303-676-3823
Corporate Vice President		Contracting Officer	
		tom.griffin@tma.osd.mil	
15B. Contractor/Offeror	15C. Date Signed	16B. United States of America	16C. Date Signed
20. mituly BOS	08/05/2009	Thomas L. Juffin	8/12/09
(Signature of person authorized to sign)		(Signature of Contracting Officer)	/ /
NSN 7540-01-152-8070		30-105 STANDARD FOR	M 30 (REV. 10-83)

PREVIOUS EDITIONS UNUSABLE

Prescribed by GSA FAR (48 CFR) 53.243

Item No.	Supplies/Services	IEDULE Quantity	Unit	Unit Price	Amount
3001	TRICARE Dental Program Enrollments	0	EA	NSP	NSP
001	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)	V			
001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	2,133,542	EA	(b)(4)	
001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	3,621,830	EA		
002	Survivor Benefit Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.)	. 0	EA	NSP	NSP
002AA	Single Enrollment Premium Government Share100% (b)(4)	4,400	EA	(b)(4)	
002AB	Family Enrollment Premium Government Share100% (b)(4)	10,616	EA		
003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge. (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
005	DIACAP and Physical & Personnel Security	8	МО		
006	Award Fee Pool	o	EA	NSP	NSP
006AA	1st 6 Month Period (February through July).	1	EA	(b)(4)	
006AB	2nd 6 Month Period (August through January).	1	EA		
008	DATA prepared and delivered in accordance with Sections F and J.	0	LT	NSP	NSP
010	Host Nation Provider List Services Option Period 3	0	LT	NSP	NSP
010AA	Host Nation Provider List Services for FY08 Portion of Option Period 3 (Feb Sept. 2008)	8	МО	(b)(4)	
011	Implementation and ongoing maintenance of the Defense Integrated Military Resources System (DIMHRS).	0	LT	NSP	NSP
			'		

A1		HEDULE	1 1,- *4	Hau more-	A
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount I
3011AA	Perform initial software/hardware installation and testing required to convert all DoD Services/Components to DIMHRS and obtain two SSL certificates and a DoD approved External Certification Authority (ECA) certificate.	1	LT	(b)(4)	
3011AB	Accomplish the Army phase of the DIMHRS implementation.	1	LT		
3011AC	Accomplish the Air Force phase of the DIMHRS implementation.	1	LT		
3011AD	Accomplish the Navy phase of the DIMHRS implementation.	1	LT		
3011AE	Accomplish the Marines phase of the DIMHRS implementation.	1	LT		
3011AF	Maintain DIMHRS and related software and hardware systems for the full term of the TDP contract.	0	LT	NSP	NSP
				•	
``					
	,				
	·				

B. The Delivery Order 0005 <u>Quantity/Amount</u> or <u>Unit Price/Amount</u> for SLINs 3001AA and 3001AB, and CLINs 3003 and 3004 are hereby decreased, and the associated excess FY08 funds are de-obligated, as follows:

CLIN	Description	Prior O	bligation	Total Current Obligation Amount	De-Obligated by this Delivery Order Mod	FY
3001	TDP Enrollments		NSP	NSP	NSP	
2001 4 4	Cont. For House Devices					EV.00
3001AA	Single Enrollment Premium		2.152.602.54	2 122 542 54	(20 150) FA	FY08
	Qty/UI .	(b)(4)	2.153,692 EA	2.133.542 EA	(-20.150) EA	1
	Unit Price					
	3001AA Total	_		I	I	
3001AB	Family Enrollment Premium					FY08
	Qty/UI		3,639,330 EA	3,621,830 EA	(-17,500) EA	
	Unit Price	(b)(4)				
	3001AB Total	_				
3002	Survivor Benefit Enrollments		NSP	NSP	NSP	
200244	C' LE II (D.					EVO
3002AA	Single Enrollment Premium		4 400 5 4	4 400 54	0.54	FY08
	Qty/UI	_l(b)(4)	4,400 EA	4,400 EA	0 EA	l
	Unit Price	_ (D)(4)				
	3002AA Total	7		1	I	1
3002AB	Family Enrollment Premium					FY08
	Qty/UI		10,616 EA	10,616 EA	0 EA	
	Unit Price	(b)(4)				
	3002AB Total	Ţ` <i>`</i> `,			 	
3003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge					FY08
	Qty/UI		1 LT	1 LT	1 LT	
	Unit Price	_(b)(4)				
	3003 Total	_ ` , ` ,				
3004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs					FY08
	Qty/UI		I LT	1 LT	1 LT	
	Unit Price	(b)(4)				
	3004 Total	(~)(.)				
		_ 				
3005	DIACAP and Physical & Personnel Security					FY08
	Qty/UI	 	8 MO	8 MO	0 MO	
	Unit Price	(b)(4)				
	3005 Total	+		İ	I	
3006	Award Fee Pool		NSP	NSP	NSP	
3006AA	1st 6 Month Period (Feb. through Jul.)					FY08
	Qty/UI],,,,,	1 EA	I EA	0 EA	
	Unit Price	(b)(4)				
	3006AA Total	_		1	1	
3006AB	2nd 6 Month Period (Aug. through Jan.)					FY08
	Qty/UI	<u> </u>	1 EA	1 EA	0 EA	
	Unit Price	(b)(4)				
	3006AB Total					
3008	Data prepared and delivered in accordance with Sections F and J	_	NSP	NSP	NSP	
3010	Host Nation Provider List Services Option Period 3		NSP	NSP	NSP	

H94002-05-D-0001 0005 MOD NO. 03

ÇLIN	Description	Prior Obligation Amount	Total Current Obligation Amount	De-Obligated by this Delivery Order Mod	FY
3010AA	Host Nation Provider List Services for FY09 Portion of Option Period 3 (Feb Sept. 2008)				FY08
	Qty/UI	8 MO	8 MO	0 MO	
	Unit Price	(b)(4)	'	'	
	3010AA Total				
3011	Implementation and ongoing maintenance of the Defense Integrated Military Resources System (DIMHRS).	NSP	NSP	NSP	
3011AA	Perform initial software/hardware installation and testing required to convert all DoD Services/Components to DIMHRS and obtain two SSL certificates and a DoD approved External Certification Authority (ECA) certificate.				FY08
	Qty/UI	1 LT	1 LT	0 LT	
	Unit Price	(b)(4)			
	3011AA Total	. , , ,			
•					
3011AB	Accomplish-the Army phase of the DIMHRS implementation.				FY08
	Qty/UI	1 LT	l LT	0 LT	
	Unit Price	(b)(4)			
	3011AB Total				
3011AC	Accomplish the Air Force phase of the DIMHRS implementation.				FY08
	Qty/UI	1 LT	1 LT	0 LT	
	Unit Price	(b)(4)			
<u></u>	3011AC Total	_			
201145	A PLAN I CAL DIMINO				EVOO
3011AD	Accomplish the Navy phase of the DIMHRS implementation.	117	LIT	0.1.7	FY08
-	Qty/UI	ILT (b)(4)	ILT	0 LT	
	Unit Price	(6)(4)		•	
-	3011AD Total				-
3011AE	Accomplish the Marines phase of the DIMHRS implementation.		<u> </u>		FY08
	Qty/UI	1 LT	I LT	0 LT	
-	Unit Price	(b)(4)			
	3011AE Total				
3011AF	Maintain DIMHRS and related software and hardware systems for the full term of the TDP contract.	NSP	NSP	NSP	FY08
		L (1) (1)			
	Grand Total:	_ (b)(4)			FY08

	(b)(4)	
C. As	s a result of this modification, the total delivery order value and the obligated amount has been decreased by	from
(b)(4)	to (b)(4)	

D. All other contract and delivery order terms and conditions remain in full force and effect.

AMENDMENT OF SOLICITATIO	N/MODIFICATIO	N OF CONT	RAC	T Contr	act ID Code	Page 1	of Pages
2 Amendment/Modification No 04	3 Effective Date 21 Apr 10	4 Requisition/Pur		Req No	5 Project 145	No (if appli	
6 Issued By	Code CMB	7 Administered B				Code H940	002
DEPARTMENT OF DEFENSE	m	DEPARTMENT			пити/от		
TRICARE MANAGEMENT ACTIVITY/CN	/IB	TRICARE MAN					
16401 E CENTRETECH PKWY		16401 E CENT			WAI		
AURORA, CO 80011-9066		AURORA, CO	ROOT	1-9000			
GERALD OLLIGES 303 676-3407			1 =				_
8 Name and Address of Contractor (No., Street, C	County, and Zip Code)		(X)	9A Amendm	ent of Solicitation	1 No	
UNITED CONCORDIA COMPANIES, INC		ID 00000362	l	9B Dale (Se	e (lem 11)		
4401 DEER PATH ROAD		868941832		204 A4 0a		<u> </u>	
HARRISBURG PA 17110-3907		68941832			stion of Contract/	Order No	
	CAGE	03XW8	X		D-0001 0005		
				10B Date (S	=		
			<u> </u>	Jan 23, 2008	<u> </u>	_	
Code	Facility Code				<u> </u>		
	TEM ONLY APPLIES T						
The above numbered solicitation is amended a						nded 🛄 is n	
Offers must acknowledge receipt of this amendmen							
(a) By completing items 8 and 15, and returning	copies of the amend		_	-		, -	
submitted, or (c) By separate letter or telegram which							
MENT TO BE RECEIVED AT THE PLACE DESIGN							
N REJECTION OF YOUR OFFER If by virtue of th		-				-	-
letter, provided each telegram or letter makes refere	nce to the solicitation and	l this amendment, ar	nd is r	sceived prior to	the opening hou	ır and date s	pecified
12 Accounting and Appropriation Data (# required, 9708080130 1889 102000 \$ US (b)(4)							
	EM APPLIES ONLY TO M				RS		
x) A This change order is issued pursuant to (S	IES THE CONTRACT/OF				Contend Order	No. in Hom 4	
B The above numbered Contract/Order is more Set fourth item 14, pursuant to the authority	dified to reflect the admini	strative changes (si	ich as	changes in pa	sylng office, appro	opnation date	e, elc)
C This supplemental agreement is entered int							
DFARS 252 232-7007 Limitation of	Government's Obligati	on					
D Other (Specify type of modification and auti	nonty)	·					
E IMPORTANT Contractor is not, X is	required to sign this docu	ment and return 1 co	ples f	o the Issuing o	ffice		
Description of Amendment/Modification (Organize	ed by UCF section headin	gs, Including solicita	tion/c	ontract subject	matter where fee	sible)	
				•		,	
. The purpose of this modification to l	Delivery Order 000	15 is to conform	a the	se CI Me/	SI INIc that	alata ta ti	
plementation of the Defense Integrate	d Military Lluman	Deserved Contour	1 UK		OTIMS, MISH I	ciale to u	16
esified by Chance Order Doors A.	d with any fruman	resources sys	tem	(DIMHK2) program, to	the chan	ges
ecified by Change Order P00037. As	specified in the fol	lowing paragra	iphs,	the descrip	ptions for CI	LIN 3011	and
LIN 3011AA are revised and SLINs 30	011AB, 3011AC, 3	011AD, 3011 <i>A</i>	E a	nd 3011AF	are deleted:	and any a	ssociate
nding is deobligated							
<u>-</u>							-
EE ATTACHED CONTINUATION	SHEET						
	DITEMA						
except as provided herein, all terms and conditions of the do	cument referenced in Hem Of	ar 100 an hamilatara	.				
5A Name and Title of Signer (Type or Pnnt)	Comment religion in the little by	evolute es namelologe	chang	ao, remains unch	anged and in full fo	rce and effect.	
Sawrence D McKinley, D D	S	ROSE ROAL		of Contracting	Officer (Type of	<i>r Prini)</i> 03-676-367	E
Senior Vice President		Contracting (Offic	/)(U3 - 0/0-30/	3
5B Contractor/Otteror	15C Date Signed	rose roach@i					
2D. months mac		16B United S)/(OI AMBRICA	1	16C Dat	e Signed
(Signature of person authorized to sign)	04/21/2010		r(.	wwx		- 21A	bv10
SN 7540-01-152 8070		/ (Signal	lure o	Contracting C	Officer)		Γ''

30-105

Delivery Orders thru 0009

PREVIOUS EDITIONS UNUSABLE

STANDARD FORM 30 (REV 10 83)

	SCI	HEDULE			
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
3001	TRICARE Dental Program Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)	0	EA	NSP	NSP
3001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	2,133,542	EA	(b)(4)	·
3001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	3,621,830	EA		
3002	Survivor Benefit Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.)	0	EA	NSP	NSP
3002AA	Single Enrollment Premium Government Share100% (b)(4)	4,400	EA	(b)(4)	'
3002AB	Family Enrollment Premium Government Share100% (b)(4)	10,616	EA		
3003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge. (Cost Reimburseable Line Item - Cost Plus No Fee)	1	·LT		
3004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
3005	DIACAP and Physical & Personnel Security	8	МО		,
3006	Award Fee Pool	0	EA	NSP	NSP
3006AA	1st 6 Month Period (February through July).	. 1	EA	(b)(4)	•
3006AB	2nd 6 Month Period (August through January).	1	EA		
3008	DATA prepared and delivered in accordance with Sections F and J.	0	LT	NSP	NSP
3010	Host Nation Provider List Services Option Period 3	0 ر	LT	. NSP	NSP
3010AA	Host Nation Provider List Services for FY08 Portion of Option Period 3 (Feb Sept. 2008)	8	МО	(b)(4)	'

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
3011			I .		•
3011	Defense Integrated Military Human Resources System (DIMHRS) program.	0	LT	NSP	NSP
3011AA	Perform initial software / hardware installation and the integration / communication testing required to implement DIMHRS; obtain two SSL certificates and a DoD approved External Certification Authority (ECA) certificate; and uninstall software / hardware upon completion of project.	. 1	LT	(b)(4)	
3011AB	RESERVED	. 0	LT	0.00	0.00
3011AC	RESERVED	0	LT	0.00	0.00
3011AD	RESERVED	0	LT	0.00	0.00
3011AE	RESERVED	0	LT	0.00	0.00
3011AF	RESERVED	. 0	LT	0.00	0.00
·					

B. The description for CLIN 3011 is hereby reworded to read as follows:

FROM: Implementation and ongoing maintenance of the Defense Integrated Military Resources System (DIMHRS).

TO: Defense Integrated Military Human Resources System (DIMHRS) program.

C. The description for SLIN 3011AA is hereby reworded to read as follows:

FROM: Perform initial software/hardware installation and testing required to convert all DoD Services/Components to DIMHRS and obtain two SSL certificates and a DoD approved External Certification Authority (ECA) certificate.

TO: Perform initial software / hardware installation and the integration / communication testing required to implement DIMHRS; obtain two SSL certificates and a DoD approved External Certification Authority (ECA) certificate; and uninstall software / hardware upon completion of project.

D. SLINs 3011AB, 3011AC, 3011AD, 3011AE and 3011AF are hereby deleted from Delivery Order 0005 and the associated funding of \$272,000.00 is hereby deobligated as shown below.

SubCLIN	Description	Prior Obligated Amount	New Obligation Amount	De-Obligated by this D.O. Mod
3011	Defense Integrated Military Human Resources System (DIMHRS) program.			
	Qty/UI	0 LT	0 LT	0 LT
	Unit Price	NSP	NSP	NSP
	3011 Total	NSP	NSP	NSP
3011AA	Perform initial software / hardware installation and the integration / communication testing required to implement DIMHRS; obtain two SSL certificates and a DoD approved External Certification Authority (ECA) certificate; and uninstall software / hardware upon completion of project.			
	Qty/Ul	1 LT	1 LT	0 LT
	Unit Price	(b)(4)		
	3011AA Total	- · · · · · · · · · · · · · · · · · · ·	1	I
3011AB	Accomplish the Army phase of the DIMHRS implementation.			
	Qty/UI	1 LT	0 LT	(-1 LT)
	Unit Price	(b)(4)	O D I	(-1 L1)
	3011AB Total	_ (~)(·)	l ·	-
3011AC	Accomplish the Air Force phase of the DIMHRS implementation.			
	Qty/UI	1 LT	0 LT	(-1 LT)
	Unit Price	(b)(4)	,	(111)
	3011AC Total	_ (~/('/		

CLIN / SubCLIN			bligated ount	New Obligation Amount	De-Obligated by this D.O. Mod	
3011AD	Accomplish the Navy phase of the DIMHRS implementation.					
	Qty/UI		1 LT	0 LT	(-1 LT)	
	Unit Price	(b)(4)				
	3011AD Total	- 1	1			
3011AE	Accomplish the Marines phase of the DIMHRS implementation.					
	Qty/UI	<u> </u>	1 LT	0 LT	(-1 LT)	
	Unit Price	(b)(4)				
	3011AE Total	1				
3011AF	Maintain DIMHRS and related software and hardware systems for the full term of the TDP contract.				-	
	Qty/UI		0 LT	0 LT	0 LT	
	Unit Price		NSP	NSP	NSP	
	3011AE Total		NSP	NSP	NSP	
	Total:	(b)(4)				

E. As a result of this modification, the total obligated amount under Delivery Order 0005 is decreased by (b)(4) from (b)(4)

F. All other contract and delivery order terms and conditions remain unchanged and in full force and effect.

AMENDMENT OF SOLICITA	MENT OF SOLICITATION/MODIFICATION OF CONTRAC				Code	Page 1	of Pages		
2. Amendment/Modification No.	3. Effective Date		rchase	Req. No.	5. Project No	. (if appli	cable)		
05	29 524	10-SCO	-0062		14551				
S. Issued By	ther than Item 6)	Co	de						
DEPARTMENT OF DEFENSE		SEE BLOCK 6							
TRICARE MANAGEMENT ACTIVIT	Y/CM								
6401 E. CENTRETECH PARKWAY									
AURORA, CO 80011-9066									
GERALD OLLIGES 303-676-3407									
. Name and Address of Contractor (No., St	reet, County, and Zip Co	de)	(X)	9A. Amendment o	f Solicitation N	D .			
JNITED CONCORDIA COMPANIES	, INC.	/endor ID: 00000362		9B. Date (See Iter	n 1 <i>†</i>)				
1401 DEER PATH ROAD	Γ	OUNS: 868941832							
ARRISBURG PA 17110-3907		CEC: 868941832		10A. Modification	of Contract/Ord	ler No.			
	C	CAGE: 03XW8	X	H94002-05-D-0	001 0005	_			
			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	10B. Date (See Ite	em 13)				
				Jan 23, 2008					
Code	Facility Code								
		LIES TO AMENDMENTS				пп.			
The above numbered solicitation is ame Offers must acknowledge receipt of this ame		*		•			not extende nethods:		
 a) By completing items 8 and 15, and return 	ng copies of the	amendment; (b) By ackno	wledgi	ng receipt of this an	nendment on e	ach copy	of the offe		
submitted; or (c) By separate letter or telegra MENT TO BE RECEIVED AT THE PLACE D									
N REJECTION OF YOUR OFFER. If by virtu	e of this amendment you	desire to change an offer	alread	y submitted, such cl	nange may be	made by	telegram o		
etter, provided each telegram or letter makes	reference to the solicitat	tion and this amendment, a	nd is r	eceived prior to the	opening hour	and date	specified.		
12. Accounting and Appropriation Data (if re	quired)								
	(b)(4)								
		Y TO MODIFICATIONS O ACT/ORDER NO. AS DES							
x) A. This change order is issued pursuan				_	tract Order No	. in item 1	10A.		
B. The above numbered Contract/Orde Set fourth item 14, pursuant to the a			such a	s changes in paying	office, appropr	iation da	te, etc.)		
C. This supplemental agreement is enter									
DFARS 252.232-7007 Limitat	ion of Government's C	Obligation							
D. Other (Specify type of modification a	nd authority)								
E. IMPORTANT: Contractor is not.	X is required to sign th	is document and return 1	onice	to the issuing office					
-: IIII OITIAITI. COITEACTO 13 110t,	At is required to stall th	iis gocginent and return i t	JUDICO	to the issuing unite					

A. The purpose of this modification to Delivery Order 0005 is to obligate additional funding for SLIN 3011AA in order to conform the amount specified for that SLIN to that amount that was agreed to under P00038, which definitized the price for the Contractor's effort to implement the startup requirements for the Defense Integrated Military Human Resources System (DIMHRS) program.

SEE ATTACHED CONTINUATION SHEET

15A. Name and Title of Signer (Type or Print)	anion released in Rein on C	A or 10A, as heretofore changed, remains unchanged and in full force and effect. 16A. Name and title of Contracting Officer (<i>Type or Print</i>)					
Lawrence D. McKinley, D.D.S.		ROSE ROACH	303-676-3675				
Senior Vice President		Contracting Officer rose.roach@tma/osd.mil					
15B. Contractor/Offeror	15C. Date Signed	(6B. United States of America	16C. Date Signed				
(Signature of person authorized to sign)	09/28/2010	(Signature of Contracting Officer)	29 sep 10				

NSN 7540-01-152-8070

30-105

STANDARD FORM 30 (REV. 10-83)

Prescribed by GSA FAR (48 CFR) 53.243

PREVIOUS EDITIONS UNUSABLE

Item No.	Supplies/Services	HEDULE Quantity	Unit	Unit Price	Amount
item No.	Supplies/Services	Quantity	Offic	Office	Amount
3001	TRICARE Dental Program Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)	0	EA	NSP	NSP
3001AA	Single Enrollment Premium Enrollee Share 40% Government Share 60% Total	2,133,542	EA	(b)(4)	
3001AB	Family Enrollment Premium Enrollee Share 40% Government Share 60% Total	3,621,830	EA		
3002	Survivor Benefit Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.)	0	EA	NSP	NSP
3002AA	Single Enrollment Premium Government Share100% (b)(4)	4,400	EA	(b)(4)	
3002AB	Family Enrollment Premium Government Share100% (b)(4)	10,616	EA		
3003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge. (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
3004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
3005	DIACAP and Physical & Personnel Security	8	МО		
3006	Award Fee Pool	0	EA	NSP	NSP
8006AA	1st 6 Month Period (February through July).	1	EA	(b)(4)	
8006AB	2nd 6 Month Period (August through January).	1	EA		
3008	DATA prepared and delivered in accordance with Sections F and J.	0	LT	NSP	NSP
3010	Host Nation Provider List Services Option Period 3	0	LT	NSP	NSP
3010AA	Host Nation Provider List Services for FY08 Portion of Option Period 3 (Feb Sept. 2008)	8	МО	(b)(4)	

		HEDULE			
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
3011	Defense Integrated Military Human Resources System (DIMHRS) program.	0	LT	NSP	NSP
3011AA	Perform initial software / hardware installation and the integration / communication testing required to implement DIMHRS; obtain two SSL certificates and a DoD approved External Certification Authority (ECA) certificate; and uninstall software / hardware upon completion of project.	1	LT	(b)(4)	
	FY08 funding (9708080130.1889.102000)				
3011AB	RESERVED	0	LT	\$0.00	\$0.00
3011AC	RESERVED	0	LT	\$0.00	\$0.00
3011AD	RESERVED	0	LT	\$0.00	\$0.00
3011AE	RESERVED	0	LT	\$0.00	\$0.00
3011AF	RESERVED	0	LT	\$0.00	\$0.00

B. Additional funding for SLIN 3011AA hereby obligated as shown below.

CLIN / SubCLIN	Description	Prior Obligated Amount	New Obligation Amount	Obligated by this D.O. Mod
3011	Defense Integrated Military Human Resources System (DIMHRS) program.			
	Qty/UI	0 LT	0 LT	0 LT
	Unit Price	NSP	NSP	NSP
	3011 Total	NSP	NSP	NSP
3011AA	Perform initial software / hardware installation and the integration / communication testing required to implement DIMHRS; obtain two SSL certificates and a DoD approved External Certification Authority (ECA) certificate; and uninstall software / hardware upon completion of project.			
	Qty/UI	1 LT	1 LT	0 LT
	Unit Price 3011AA Total	(b)(4)		
	Total:			

E. A	s a result of this modification, the tota	al obligated amount under Delivery Order 0005 is increased by (b)(4)
from	(b)(4) o (b)(4)	al obligated amount under Delivery Order 0005 is increased by (b)(4)

F. All other contract and delivery order terms and conditions remain unchanged and in full force and effect.

•	-			ORDE	R FOR SUPP	LIES	OR S	SERVICES				,	PAGE 1 OF
1. CONT	RACT/PUR	CH ORDI	R/AGREEMENT NO.	2. DELIVE	RY ORDER/CALL NO.			TE OF ORDER/CA	LL	4. REQUISITION/P	URCH REQUEST	NO.	5. PRIORITY
	H9400	205D0	001		0005			2008 Jan 23		08-SCO-0	0024		
6. ISSU	ED BY		<u></u>	CODE	СМВ	7. ADN	MINISTE	RED BY (If Other	Than 6)	CODE	94002	8	B. DELIVERY FOB
DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CMB 16401 E. CENTRETECH PKWY AURORA, CO 80011-9066 GERALD OLLIGES 303-676-3407 gerald.olliges.ctr@tma.osd.mil						TRIC 1640 AUR	DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/AM&S 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066						DESTINATION OTHER (See Schedule If Other)
9. CONT	RACTOR			CODE		F/	ACILITY	,		10. DELIVER TO F		ate) 1	1. X IF BUSINESS IS
	UNI	TED C	ONCORDIA COM	[PANIES	S, INC.	VEN	IDOR ID	00000362		, 		-	SMALL
NAME AND	HAR		RPATH ROAD JRG PA 17110-39	07		CAGE		: 03XW8 : 251687586		12. DISCOUNT TE	nms Net 30	-	SMALL DISAD- VANTAGED WOMEN-OWNED
ADDRE	55									13. MAIL INVOICE	S TO THE ADDRE	SS IN B	BLOCK
14 CUIC	TO 111			CODEL	·	IS DAVI	JENT W	VILL BE MADE BY		See Section G	of Contract		
14. SHIF	Oit		BLANK	CODE					NOE (P	CODE			MARK ALL PACKAGES AND
16401		RETE	IAGEMENT ACT CH PARKWAY 9066	VITY		FINAN 16401 l	ICE A E. CEI	ENT OF DEFE ND ACCOUN NTRETECH F O 80011-9066	TING I	BRANCH			PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
16.	DELIVERY CALL	' x	This delivery order/ca	II is issued	d on another Governr	ment age	ncy or i	in accordance wi	th and su	ubject to terms an	d conditions of a	bove n	umbered contract.
TYPE OF		_	Reference your							Fu	rnish the followin	ng on te	erms specified herein.
ORDER	PURCHAS	=	ACCEPTANCE . THE HAVE BEEN OR IS NO										
	nis box is	marked	ITRACTOR , supplier must sign ROPRIATION DATA/LOC		SIGNATURE	_	numbe	er of copies:	TYPI	ED NAME AND TITL	E		TE SIGNED (YYMMMDD)
970808	30130.18	39.102	000 (b)(4)			_							
18. IT	EM NO.		19. SCHEDUI	E OF SUF	PPLIES/SERVICES	_		20.QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT F	PRICE		23. AMOUNT
	Delivery Order for Option Period 3 Services under H94002-05-D-0001, for the period of February 1, 2008 through September 30, 2008.									i.v.av			
same a: If differ	s quantity on	dered, ind tual quan	licate by X. Itty accepted THC		GRIFFIN WI	uas L	Z	303+676-3823	-	26. DIF	FERENCES	(b)(4)
			IN 20 HAS BEEN		tom.griffin@	rma_osd.	.mil C	CONTRACTING/OF	IDERING	OFFICER	<u> </u>		
INSI	PECTED		RECEIVED ACCI	PTED AN	D CONFORMS TO TH	IE CON	TRACT	EXCEPT AS NO	_	· <u> </u>			
b. SIGI	NATURE O	FAUTH	DRIZED GOVERNMEN	T REPRES	ENTATIVE		c. DAT	TE (MMDD)	1	TED NAME AND PRESENTATIVE	TITLE OF AUTHO	ORIZED	O GOVERNMENT
e. MAIL	ING ADDF	ESS OF	AUTHORIZED GOVER	NMENT R	EPRESENTATIVE		28. SHI	IP NO.	29. D.O	. VOUCHER NO.	30. INITIALS		
1 TELE	PHONE NU	IMRER	g. E-MAIL ADDRESS		_			ARTIAL NAL	32. PAII	AID BY 33. AMOUNT VERIF		ERIFIE	D CORRECT FOR
							31. PA	YMENT	1		34. CHECK NUM	MBER	
	RTIFY THI		UNT IS CORRECT AN		FOR PAYMENT.	CER		OMPLETE ARTIAL			35. BILL OF LAI	DING N	10.
	- (J. S.GIANONE AN	0		··		NAL			CO. DICC OF LA	J 143 (1	_
37. REC	CEIVED AT	38.	RECEIVED BY (Print)		39. DATE RECEIVE (YYYYMMMDD)	D	40. TO	T CONTAINERS	41. S/R	ACCOUNT NO.	42. S/R VOUCH	ER NO	

DD1155 CONTINUATION SHEET 2 2 H94002-05-D-0001 2008 Jan 18 NAME OR ADDRESS OF CONTRACTOR 00000362 UNITED CONCORDIA COMPANIES, INC. **20.QUANTITY** 21. 22. UNIT PRICE 23. AMOUNT ORDERED/ 18. ITEM NO. 19. SCHEDULE OF SUPPLIES/SERVICES UNIT **NSP NSP** EA 3001 TRICARE Dental Program Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.) 2,163,692 EA 3001AA Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total 3,719,330 EA 3001AB Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total NSP EA NSP 3002 Survivor Benefit Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.) 3002AA 4,400 EA Single Enrollment Premium Government Share -- 100% 3002AB 10,616 EA Family Enrollment Premium Government Share -- 100% 3003 LT OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge. (Cost Reimburseable Line Item - Cost Plus No Fee) 3004 LT OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee) 3005 MO DIACAP and Physical & Personnel Security **NSP** 3006 0 EA Award Fee Pool 3006AA 1st 6 Month Period (February through July). EΑ 3006AB 2nd 6 Month Period (August through January). EA 3008 NSP **NSP** DATA prepared and delivered in accordance with 0 LT Sections F and J. 3010 Host Nation Provider List Services 0 LT **NSP** NSP Option Period 3 MO (b)(4)3010AA Host Nation Provider List Services for FY08 Portion of Option Period 3 (Feb. - Sept. 2008)

DATE OF ORDER

CONTRACT/PURCHASE ORDER NO.

OF

PAGE

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchas		J J	5 Project N	o. (if applicable)	4
2. Amendment/Modification No.	ic/i/cg	4. Hequisition/Purchas		q. No.	5. Project N 145:		
6. Issued By	Code CMB	7. Administered By (If		than Item 6)		ode H94002	
DEPARTMENT OF DEFENSE	·	DEPARTMENT OF		•	·		
TRICARE MANAGEMENT ACTIVITY/CI	иВ	TRICARE MANAC			ΓY/AM&S		
16401 E. CENTRETECH PKWY		16401 E. CENTRE					
AURORA, CO 80011-9066		AURORA, CO 800	11-90	066			
GERALD OLLIGES 303-676-3407							
8. Name and Address of Contractor (No., Street,	County, and Zip Code)	(X	() 9A	. Amendment of	f Solicitation N	lo.	
UNITED CONCORDIA COMPANIES, INC	. Vendoi	· ID: 00000362	9В	. Date (See Iten	n 11)	-	
4401 DEER PATH ROAD		868941832					
HARRISBURG PA 17110-3907		68941832		A. Modification of		der No.	
	CAGE	03XW8		94002-05-D-00			
		_	,	B. Date (See Ite	ım 13)		
Code	Facility Code		Se	p 29, 2008			
Code11 THI	Facility Code SITEM ONLY APPLIES T	O AMENDMENTS OF S	יו וס	EITATIONS			
The above numbered solicitation is amended					is extend	ed iis not exter	nded
Offers must acknowledge receipt of this amendmen		•		-			
(a) By completing items 8 and 15, and returning	-	iment; (b) By acknowled				_	
submitted; or (c) By separate letter or telegram whi	ch includes a reference to	the solicitation and ame	endme	nt numbers. FAI	LURE OF YO	UR ACKNOWLED)G-
MENT TO BE RECEIVED AT THE PLACE DESIGN	NATED FOR THE RECEIF	PT OF OFFERS PRIOR	ŢO TI	HE HOUR AND	DATE SPECI	FIED MAY RESUL	_T
IN REJECTION OF YOUR OFFER. If by virtue of the state of							
letter, provided each telegram or letter makes refer		this amendment, and is	s rece	ived prior to the	opening hour	and date specified	j.
12. Accounting and Appropriation Data (<i>if required</i> 9709090130.1889.102000 \$ US (b)(4)		·					
	EM APPLIES ONLY TO A FIES THE CONTRACT/O						
(x) A. This change order is issued pursuant to: (tract Order No	o. in item 10A.	
B. The above numbered Contract/Order is mo Set fourth item 14, pursuant to the authorit		istrative changes (such	as ch	anges in paying	office, approp	oriation date, etc.)	
X C. This supplemental agreement is entered in	to pursuant to authority of	:					
DFARS 252.232-7007 Limitation of	Government's Obligat	ion		<u> </u>		<u> </u>	
D. Other (Specify type of modification and aut	thority)						
E. IMPORTANT: Contractor X is not, is	required to sign this docu	mont and roturn	conic	s to the issuing o	office		——
I. Description of Amendment/Modification (Organia						ible)	
b. Description of Americane Modification (Organia	ed by OUF Section neads	iyə, iliciddiliy solicilaliyi	VCOIII,	act subject mail	ei Wilele icas	ible.)	
. Subject to the conditions of H.R. 26	38 the Denartmen	t of Defense Annr	onri	ations Act 2	ህህወ [,] ይፈህ	9 funding for	the
					7	ontract service	
eriod of performance of October 2008		I in the amount of	(D)(7)	for the co	miraci service	78
pecified in the following paragraph A.		•					
					•		
EE ATTACHED CONTINUATION	N SHEETS					•	
Except as provided herein, all terms and conditions of the	document referenced in item 9						
15A. Name and Title of Signer (Type or Print)		16A. Name and t				•	
		THOMAS L G			30	3-676-3823 [.]	
		CONTRACTIN				•	
	T-22	tom.griffin@tm				1400 =	
15B. Contractor/Offeror	15C. Date Signed	16B. United State	es of		/	16C. Date Sign	ıed
<u> </u>		Momis		Luffe	W	10/6/08	-
(Signature of person authorized to sign)		(Signatur	re of C	Contracting Office	er)	1./6/2	

30-105

` Item No.	SCHEDULE											
	Supplies/Services	Quantity	Unit	Unit Price	Amount							
3001	TRICARE Dental Program Enrollments	o	EA	NSP	NSP							
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)											
3001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1088000	EA	(b)(4)								
3001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1859664	EA									
3002	Survivor Benefit Enrollments	0	EA	NSP	NSP							
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.)											
3002AA	Single Enrollment Premium Government Share100% (b)(4)	2200	EA	(b)(4)	·							
3002AB	Family Enrollment Premium Government Share100% (b)(4)	5308	EA									
3003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	1	LT									
	(Cost Reimburseable Line Item - Cost Plus No Fee)											
3004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs	1	LT									
	(Cost Reimburseable Line Item - Cost Plus No Fee)											
3005	DIACAP and Physical & Personnel Security	4	МО									
3008	DATA prepared and delivered in accordance with Sections F and J.	0	LT	NSP	NSP							
3010	Host Nation Provider List Services Option Period 3	0	LT	NSP	NSP							
3010AB	Host Nation Provider List Services for FY09 Portion of Option Period 3 (Oct. 2008 - Jan. 2009)	4	МО	(b)(4)	· 							

B. Services ordered under Delivery Order 0006 for the above stated performance period are funded as follows:

CLIN	Description	Amount Ordered on Delivery Order 0003	Total Current Obligation Amount	Obligated by this Delivery Order Mod	FY
3001	TDP Enrollments	NSP	NSP	NSP	
200144	S. 1 B. B				T7/0
3001AA	Single Enrollment Premium	1 000 000 E	272,000 EA	272.000 EA	FY0
•	Qty/UI Unit Price	1,088,000 EA (b)(4)	212,000 EA	272,000 EA	ı
	3001AA Total	· (D)(¬)			
	JOHAN TOWN	Ī	1	1	
3001AB	Family Enrollment Premium				FY0
	Qty/UI	1,859 <u>,6</u> 64 EA	464,916 EA	464,916 EA	
	Unit Price	(b)(4)			
	3001AB Total				.—
3002	Survivor Benefit Enrollments	NSP	NSP	NSP	
3002AA	Single Enrollment Premium	2,200 EA	550 EA	<i>EE</i> 0 T 4	FY0
	Qty/UI Unit Price	2,200 EA	330 EA	550 EA	L
	3002AA Total	(6)(4)			
	JOUZAA IOIAI	1	1	I	, —
3002AB	Family Enrollment Premium	<u> </u>		<u> </u>	FY0
	Qty/UI	5,308 EA	1,327 EA	1,327 EA	
	Unit Price	(b)(4)			
	3002AB Total	7	1	1	
3003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge				FY0
	Qty/UI	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)			
	3003 Total	-			
3004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs				FY0
	Qty/UI	1 L7	1 LT	1 LT	
	Unit Price	(b)(4)			
	3004 Total				
3005	DIACAP and Physical & Personnel Security			·	FY0
	Qty/UI	4 MC	1 MO	1 MO	
	Unit Price	(b)(4)			
	3005 Total				
2000	Date and daily and to	ļ			
3008	Data prepared and delivered in accordance with Sections F and J	NSP	NSP	NSP	
3010	Host Nation Provider List Services Option Period 3	NSP '	NSP .	NSP	
3010AB	Host Nation Provider List Services	-	-		FY0
	Qty/UI	4 MC	1 MO ⁻	1 MO	
 -	Unit Price	(b)(4)			
 -	3010AB Total	. \ /\ /			
		<u>'.</u>			

- C. As a result of this modification, the total obligated amount under Delivery Order 0006 is increased by (b)(4) from (b)(4) to (b)(4)
- D. FY09 funding for the remainder of option period 3 (i.e., November 1, 2008 through January 31, 2009) will be provided on a subsequent mod to this delivery order.
- E. As a result of this modification, the total delivery order value remains unchanged, and all other contract and delivery order terms and conditions remain in full force and effect.

AMENDMENT OF SOLICITATIO	N/MODIFICATIO	N OF CONTR	ACT	1. Contract ID Code		Page	of Pages	
Amendment/Modification No. 02	3. Effective Date	4. Requisition/Purc		•	5. Project No		able)	
6. Issued By	Code CMB	7. Administered By	7. Administered By (if other than Item 6) Code H94002					
DEPARTMENT OF DEFENSE		DEPARTMENT	OF DI	EFENSE				
TRICARE MANAGEMENT ACTIVITY/CM	IB	TRICARE MANA	AGEM	MENT ACTIVIT	Y/AM&S			
16401 E. CENTRETECH PKWY		16401 E. CENTR	ETEC	CH PARKWAY		•		
AURORA, CO 80011-9066		AURORA, CO 80	0011-9	9066				
GERALD OLLIGES 303-676-3407			. 1					
8. Name and Address of Contractor (No., Street, C			(X) 9/	A. Amendment of	Solicitation No	D.		
UNITED CONCORDIA COMPANIES, INC. 4401 DEER PATH ROAD		ID: 00000362 868941832	. 91	B. Date (See Iten	11)			
HARRISBURG PA 17110-3907	_ CEC: 86	68941832	10	0A. Modification of	of Contract/Ord	ler No.		
·	03XW8	$\mathbf{x} \mid \mathbf{H}$	H94002-05-D-0001 0006					
•	•		10	0B. Date (See Ite. ep 29, 2008	m 13)			
•	<u> </u>						_	
	Facility Code	AMENDMENTS OF	- COLI	CITATIONS			-	
The above numbered solicitation is amended a	SITEM ONLY APPLIES TO				is extende	d ∏lie n	ot extended.	
Offers must acknowledge receipt of this amendment								
(a) By completing items 8 and 15, and returning	copies of the amenda	•			•	_		
submitted; or (c) By separate letter or telegram whic	h includes a reference to t	the solicitation and ar	nendm	ent numbers. FAII	LURE OF YOU	JŖ ACKNO)WLEDG-	
MENT TO BE RECEIVED AT THE PLACE DESIGN								
IN REJECTION OF YOUR OFFER. If by virtue of the		-	_			_	_	
letter, provided each telegram or letter makes refere		this amendment, and	d is rec	eived prior to the	opening hour a	nd date s	pecified.	
12. Accounting and Appropriation Data (<i>if required</i> , 9709090130.1889.102000 \$ US (b)(4)	<u>'</u>	•		•				
	M APPLIES ONLY TO M	ODIFICATIONS OF	CONTR	RACT/ORDERS.		_	 	
	IES THE CONTRACT/OR							
(x) A. This change order is issued pursuant to: (S	· · · · · · · · · · · · · · · · · · ·	· .						
B. The above numbered Contract/Order is mode Set fourth item 14, pursuant to the authority		strative changes (su	ch as c	changes in paying	office, appropri	iation date	+, etc.)	
X C. This supplemental agreement is entered int								
DFARS 252.232-7007 Limitation		gation		·			_	
D. Other (Specify type of modification and auti	nority)							
E. IMPORTANT: Contractor X is not, is	required to sign this docum	nent and return	coni	ies to the issuing o	office			
4. Description of Amendment/Modification (<i>Organize</i>						ole.)		
	, , , , , , , , , , , , , , , , , , , ,					,		
A. Subject to the conditions of H.R. 26	38, the Department	of Defense Ap	propr	riations Act 2	009: FY09	fundin	g for the	
period of performance of November 200							services	
pecified in the following paragraph B.	o is iteres, compar						, 501 , 1005	
promoç m uno romo m na parabarpa 2.								
	•							
SEE ATTACHED CONTINUATION	SHEETS				•			
			•		•			
Except as provided herein, all terms and conditions of the de	ocument referenced in item 9/	A or 10A, as heretofore	changed	d, remains unchange	d and in full force	e and effect		
15A. Name and Title of Signer (Type or Print)				of Contracting Office				
	THOMAS L GRIFFIN 303-676-3823							
•		CONTRACT						
		tom.griffin@						
15B. Contractor/Offeror	15C. Date Signed	16B. United S	tates of	f America		16C. Da	te Signed	
		Thom	1/3/	L. Suill	ii.	Inlin	120	
(Signature of person authorized to sign)		(Signa	ture of	Contracting Office	er)	1913	708	

30-105

SCHEDULE Item No. Supplies/Services Quantity Unit Unit Price Amount									
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount				
3001	TRICARE Dental Program Enrollments	0.	EA	NSP	NSP				
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				, .				
3001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,088,000	EA	(b)(4)	l				
3001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,859,664	EA .	 					
3002	Survivor Benefit Enrollments	0	EA	NSP	NSP				
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.)								
3002AA	Single Enrollment Premium Government Share100% (b)(4)	2,200	EA	(b)(4)					
3002AB	Family Enrollment Premium Government Share100% (b)(4)	5,308	EA ·						
3003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	. 1	LT						
	(Cost Reimburseable Line Item - Cost Plus No Fee)								
3004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs	1	LT	·					
	(Cost Reimburseable Line Item - Cost Plus No Fee)		•						
3005	DIACAP and Physical & Personnel Security	4	МО						
3008	DATA prepared and delivered in accordance with Sections F and J.	0	LT	NSP	NSP				
3010	Host Nation Provider List Services Option Period 3	. 0	LT	NSP	NSP				
3010AB	Host Nation Provider List Services for FY09 Portion of Option Period 3 (Oct. 2008 - Jan. 2009)	4	MO	(b)(4)					
·		·							
	·								

B. Services ordered under Delivery Order 0006 for the above stated performance period are funded as follows:

CLIN	Description	Amount Ordered on Delivery Order 0006	Total Current Obligation Amount	Obligated by this Delivery Order Mod	FY
3001	TDP Enrollments	NSP	NSP	NSP	
2001.4.4					1
3001AA	Single Enrollment Premium	1 000 000 E	544 000 FA	272.000 EA	FY09
	Qty/UI Unit Price	1,088,000 E (b)(4)	A 544,000 EA	272,000 EA	<u> </u>
	3001 AA Total	(0)(4)			
	Journa Total	<u> </u>			I —
3001AB	Family Enrollment Premium				FY0
	Qty/UI	1,859,664 E.	A 929,832 EA	464,916 EA	
	Unit Price	(b)(4)			
	3001AB Total	•	1	1	.—
3002	Survivor Benefit Enrollments	NSP	NSP	NSP	
3002AA	Single Enrollment Premium				FY0
	Qty/UI	2,200 E	1,100 EA		
	Unit Price	(b)(4)			-
	3002AA Total	+	1	I	<u> </u>
3002AB	Family Enrollment Premium			_	FY0
	Qty/UI	5,308 E	2,654 EA	1,327 EA	
	Unit Price	(b)(4)			
	3002AB Total				
3003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge				FY0
	Qty/UI	1.F.	T 1 LT	1 LT	
	Unit Price	(b)(4)			•
	3003 Total				
3004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	·			FY0
	Qty/UI	1 L'	Γ 1 LT	1 LT	
	Unit Price	(b)(4)		<u> </u>	
	3004 Total				
3005	DIACAP and Physical & Personnel Security	·			FY0
	Qty/UI	4 MC	2 MO	I MO	<u> </u>
	Unit Price .	(b)(4)			
	3005 Total				
		·		·	
3008	Data prepared and delivered in accordance with Sections F and J	NSP ·	NSP	NSP	
3010	Host Nation Provider List Services Option Period 3	NSP	NSP	NSP	
3010AB	Host Nation Provider List Services	, , , , , , , , , , , , , , , , , , ,			FY09
	Qty/UI	4 MC	2 MO	1 MO	·
	Unit Price	(b)(4)	2.410		-
	3010AB Total				
	· ·	•			
		•			

C. As a result of	of this	modification,	the t	otal obligated an	nount under	Delivery	Order 0006 is increased b	у
		(b)(4)		(b)(4)] '		•	•

- D. FY09 funding for the remainder of Option Period Three (OP-3), i.e., December 2008 through January 2009, will be provided on a subsequent mod to Delivery Order 0006.
- E. As a result of this modification, the total delivery order value remains unchanged, and all other contract and delivery order terms and conditions remain in full force and effect.

AMENDMENT OF SOLICITATION	ON/MODIF	ICATIO	N OF CONT	RAC	T 1 Contract II) Code	Page	of Pages
2 Amendment/Modification No	3 Effective		4 Requisition/Pur	chase		5 Project No	(if applic	<u> </u>
04	1/14/0	<u> </u>	09-SCO-	09-SCO-0035 14536				
6 Issued By	Code CMB		7 Administered By (if other than item 6) Code H94002					
DEPARTMENT OF DEFENSE			DEPARTMENT OF DEFENSE					
TRICARE MANAGEMENT ACTIVITY/C	MB		TRICARE MAN					
16401 E CENTRETECH PKWY			16401 E CENT			ŗ.		
AURORA, CO 80011-9066			AURORA, CO 8	80011	-90661			
GERALD OLLIGES 303-676-3407 8 Name and Address of Contractor (No., Street,	County and 7m	- Codo)		T/V/	9A Amendment of	f Coloration No		
o Name and Address of Contractor (No., Street,	County, and Zip	Codej		(X)	SA Amendment C	n Solicitation No	,	
UNITED CONCORDIA COMPANIES, INC	C	Vendoi	ID 00000362		9B Date (See Ite	m 11)		_
4401 DEER PATH ROAD		DUNS	868941832		<u> </u>		_	
HARRISBURG PA 17110-3907					10A Modification		er No	
		CAGE	03XW8	$ _{\mathbf{X}} $	H94002-05-D-0			
					10B Date (See It	em 13)		
Code	Egolitic Code			+	Sep 29, 2008		 -	
	Facility Code	APPLIES T	O AMENDMENTS C	DF SO	LICITATIONS			
The above numbered solicitation is amended						is extende	d Is n	ot extended
Offers must acknowledge receipt of this amendme			•		•		llowing m	ethods
(a) By completing items 8 and 15, and returning	copies of	f the amend	ment, (b) By acknov	wiedgıı	ng receipt of this ar	nendment on ea	ach copy o	of the offer
submitted, or (c) By separate letter or telegram wh	ich includes a re	eference to	the solicitation and a	amend	ment numbers FA	ILURE OF YOU	IR ACKNO)WLEDG-
MENT TO BE RECEIVED AT THE PLACE DESIG		_						
IN REJECTION OF YOUR OFFER If by virtue of		-	-	-				-
letter, provided each telegram or letter makes refe		citation and	this amendment, ar	nd is r	eceived prior to the	opening hour a	nd date s	pecified
12 Accounting and Appropriation Data (if require 9709090130 1889 102000 \$ US (b)(4								
	/	ONLY TO M	ODIFICATIONS OF	CON	TRACT/ORDERS			
			RDER NO AS DESC				_	
A This change order is issued pursuant to	(Specify authorit	ty) The cha	inges set forth in iter	m 14 a	re made in the Cor	ntract Order No	ın item 10)A
B The above numbered Contract/Order is m			strative changes (se	uch as	changes in paying	office, appropri	ation date	etc)
Set fourth item 14, pursuant to the author C This supplemental agreement is entered i								
o mo supplemental agreement is entered in	nio parodani io i	additionly of						
D Other (Specify type of modification and au	ithority)						_	
DFARS 252 232-7007 Limitation of	f Government	's Obligati	on	_				
E IMPORTANT Contractor X is not, i	s required to sig	n this docu	ment and return	CC	pies to the issuing	office		
Description of Amendment/Modification (Organi	ized by UCF sec	ction headin	igs, including solicita	ation/c	ontract subject mat	ter where feasib	ole)	
The purpose of this modification to	Delivery C	000 onder	06 is to increase	e the	Quantity/Am	ount for SL	IN 300	1AA to
neet additional requirements and to ob	oligate the a	dditional	FY09 funding	g req	ured Accord	lingly additi	onal F	Y09
inding in the amount of $(b)(4)$	s hereby obl	igated fo	of the contract s	servi	ces as specifie	d in paragi	aph B	
	•	•			-		-	
EE ATTACHED CONTINUATIO	N SHEETS	\$						
	· · · · · · · · · · · · · · · · · · ·	•						
Except as provided herein all terms and conditions of the	document referen	iced in item 9	A or 10A as heretofore	e chanç	jed, remains unchang	ed and in full force	and effec	<u> </u>
15A Name and Title of Signer (Type or Print)			16A Name a	and titl	e of Contracting Of	ficer (<i>Type or F</i>	Pnnt)	
			THOMAS I			303	-676-38	23
			CONTRAC					
			tom guffin@					
15B Contractor/Offeror	15C D	ate Signed	16B United	States	of America		1 .	ate Signed
			Thom	us .	[Lyuffer	<u> </u>	1/14	1/09
(Signature of person authorized to sign)			(Sign	ature	of Contracting Offic	:er)		<i>,</i>

NSN 7540 01 152-8070 PREVIOUS EDITIONS UNUSABLE Delivery Orders thru 0009

(Signature of person authorized to sign)

Item No	Supplies/Services	HEDULE Quantity	Unit	Unit Price	Amount
118111110	Supplied Cel Vices				
3001	TRICARE Dental Program Enrollments	0	EA	NSP	NSP
	(Requirements Line Item)				
	(This is a requirements CLIN and the quantity indicated in the SLIN is estimated, therefore, the				
	Amount to: each SLIN is Estimated, increiole, the			[
3001AA	Single Enrollment Premium	1,099,844	EA	(b)(4)	ı
JUUIAA	Enrollee Share 40% (b)(4)	1,022,044	LA		
	Government Share 60%				
	Total				
3001AB	Family Enrollment Premium	1,859,664	EA		
	Enrollee Share 40% (b)(4) Government Share 60%			1	1
	Total				
3002	Survivor Benefit Enrollments	o	EA	NSP	NSP
3002		ď	LA	1101	Not
	(Requirements Line Item) (This is a requirements CLIN and the quantity				
	indicated in the SLINs is estimated, therefore, the				
	U/P and Amount to: each SLIN is Estimated)				
3002AA	Single Enrollment Premium	2,200	EA	(b)(4)	ı
	Government Share 100% (b)(4)				
3002AB	Family EniolIment Piemium	5,308	EA		
	Government Share 100% (b)(4)	·			
3003	OCONUS Claims Processing Costs in Excess of	1	LT		
	Allowable Charge and Equal to or Less Than the				
	Billed charge				
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
3004	OCONUS Claims Processing Cost Shares and	1	LT		
500.	Additional Allowable Charge for Orthodontic Costs	-			
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
2005		4	МО		
3005	DIACAP and Physical & Personnel Security	4	МО		
3008	DATA prepared and delivered in accordance with	0	LT	NSP	NSP
	Sections F and J				
3010	Host Nation Provider List Services	o	LT	NSP	NSP
	Option Period 3	ļ			ļ
3010AB	Host Nation Provider List Services	4	MO	(b)(4)	
	for FY09 Portion of Option Period 3				
	(Oct 2008 - Jan 2009)				
					Í
				ı	

B The Quantity and Amount on Delivery Order 0006 for SLIN 3001AA is hereby increased as follows

FROM	Oty/Unit	Unit Price	Amount	TO	Oty/Unit	Unit Price	<u>Amount</u>
	1,098,844 EA	(b)(4)	(b)(4)		1,099,844 EA	(b)(4)	(b)(4)

C Services ordered under Delivery Order 0006 for Option Period 3 period are hereby funded as follows

CLIN	Description		t Ordered on y Order 0006	Prior Obligation Amount	Total Current Obligation Amount	Obligated by this Delivery Order Mod	FY
3001	TDP Enrollments			NSP	NSP	NSP _	
3001AA	Sunda Envalue en Dramana						FY09
3001AA	Single Enrollment Premium	 	1,099,844 EA	1 098 844 EA	1,099,844 EA	1 000 EA	F10:
	Qty/UI Unit Price	.i (b)(4)	1,099,0 <u>44 EA</u>	1 020 044 EA	1,099,044 EM	1 000 EA	
	3001AA Total	· (D)(4)					
	JOOTAA Total	1				1	
3001 AB	Family Enrollment Premium						FY0
	Qty/UI		1 859,664 EA	I 859 664 EA	1,859,664 EA	0 EA	
	Unit Price	(b)(4)					
	3001 AB Total						
3002	Survivor Benefit Enrollments		NSP	NSP	NSP	NSP	
3002AA	Single Enrollment Piemium						FYO
	Qty/UI		2,200 EA	2 200 EA	2,200 EA	0 EA	
	Unit Price	(b)(4)	2,200 2.11	2000 2.11		<u> </u>	-
	3002AA Total	† (~)(·)					
3002AB		1					FYO
3002AD	Family Enrollment Premium Qty/UI		5,308 EA	5,308 EA	5 308 EA	0 EA	1110
	Unit Price	(b)(4)	J,300 GA		J 300 EA	J UBA	
	3002AB Total	(0)(4)					
	JOOZAD TOWN	i i		1	I	I	
3003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge						FY0
	Qty/UI	 	1 LT	1 LT	1 LT	0 LT	
	Unit Price	(b)(4)	1 21	, 5:		U DI	·
	3003 Total	. (~)(.)					
	7005 1041	I			I	I	
3004	OCONUS Claims Processing Cost Shares and Addition il Allowable Charges for Orthodontic Costs						FYO
-	Qty/U1	 	1 LT	1 LT	1 LT	0 LT	
.	Unit Price	(b)(4)		<u> </u>	<u> </u>		
	3004 Total	(0)(4)				•	t —
							<u> </u>
3005	DIACAP and Physical & Personnel Security						FY0
	Qty/UI	(b)(4)	4 MO	4 MO	4 MO	0 MO	
	Unit Price	(b)(4)					
	3005 Total	┧.	,	•	•		
3008	Data prepared and delivered in accordance with Sections F and J		NSP	NSP	NSP	NSP	
2010	Harrie Barrier Barrier		_				
3010	Host Nation Provider List Services Option Period 3		NSP	NSP	NSP	NSP	
3010AB	Host Nation Provider List Services				_		FY0
	Qty/UI]	4 MO	4 MO	4 MO	0 MO	
	Unit Price	(b)(4)					<u> </u>
	3010AB Total	1					
-	Grand Iotal	1					FY
	Grand Total					<u> </u>	

D	As a result of this modification, th	total delivery order value and the obligated amount has been increased by $(b)(4)$	
(b)	(4) td (b)(4)		

E All other contract and delivery order terms and conditions remain in full force and effect

AMEN	IDMENT OF SOLICITATIO	N/MODIFICATI	ON OF CONTE	RAC	1. Contract ID J	Code	Page 1	of Pages
2. Amend	ment/Modification No.	Effective Date	4. Requisition/Pure	chase	Req. No.	5. Project No	. (if appli	cable)
	05	8/19/09	09-CMB-	0285	;	1453	36	
6. Issued	Ву	Code CMB	7. Administered By	y (Ifo	ther than Item 6)	Co	de H940	002
DEPART	MENT OF DEFENSE		DEPARTMENT	OF	DEFENSE			
TRICAR	E MANAGEMENT ACTIVITY/CM	IB	TRICARE MAN	IAGI	EMENT ACTIVIT	ΓY/CM		
16401 E.	CENTRETECH PKWY		16401 E. CENT	RET.	ECH PARKWAY			
AURORA	A, CO 80011-9066		AURORA, CO 8	3001	1-9066			
GERALI	OLLIGES 303-676-3407							
8. Name a	and Address of Contractor (No., Street, C	ounty, and Zip Code)		(X)	9A. Amendment of	Solicitation No).	
	CONCORDIA COMPANIES, INC. ER PATH ROAD		or ID: 00000362 S: 868941832		9B. Date (See Item	111)		
	BURG PA 17110-3907		868941832		10A. Modification of	of Contract/Ord	ler No.	
			E: 03XW8		H94002-05-D-00	001 0006		
	•			X	10B. Date (See Ite	m 13)		
					Sep 29, 2008			
Code		Facility Code	-					
		ITEM ONLY APPLIES				_		
	bove numbered solicitation is amended a		•		•	LI		not extended.
	ot acknowledge receipt of this amendment repleting items 8 and 15, and returning	•	nate specified in the sol ndment; (b) By acknov			-	•	
	or (c) By separate letter or telegram whic			_	• '			
	BE RECEIVED AT THE PLACE DESIGN							
	TION OF YOUR OFFER. If by virtue of the							
	ided each telegram or letter makes refere							
	nting and Appropriation Data (<i>if required</i> , 130.1889.102000 \$ US (b)(4)							
		M APPLIES ONLY TO IES THE CONTRACT/						
(x) A. Th	nis change order is issued pursuant to: (S	pecify authority) The c	hanges set forth in iter	n 14	are made in the Con	tract Order No	in item 1	10A.
	ne above numbered Contract/Order is moe et fourth item 14, pursuant to the authority		inistrative changes (so	uch a	s changes in paying	office, appropi	iation da	te, etc.)
X I	nis supplemental agreement is entered int							
	OFARS 252.232-7007 Limitation of		ation					
D. O	ther (Specify type of modification and auth	nority)						
E. IMPOR	TANT: Contractor is not, X is	required to sign this do	cument and return 1 co	opies	to the issuing office.			
4. Descript	ion of Amendment/Modification (Organize					er where feasi	ble.)	

A. The purpose of this modification to Delivery Order 0006 is to: decrease the Quantity or Unit Price and the Amount currently specified for SLINs 3001AA and 3001AB, and CLINs 3003 and 3004, and to deobligate the resulting associated excess Fiscal Year 2009 (FY09) funds.

SEE ATTACHED CONTINUATION SHEETS

Except as provided herein, all terms and conditions of the docume	nt referenced in item 9A o	or 10A, as heretofore changed, remains unchanged and in fu	Il force and effect.
15A. Name and Title of Signer (Type or Print)		16A. Name and title of Contracting Officer (Type	e or Print)
Lawrence D. McKinley, D.D.S.		THOMAS L GRIFFIN	303-676-3823
Corporate Vice President		Contracting Officer	
		tom.griffin@tma.osd.mil	
15B. Contractor/Offeror	15C. Date Signed	16B. United States of America	16C. Date Signed
2. P. hu kn DDS	08/12/2009	Thomas L. Liffin	_ 8/19/09
(Signature of person authorized to sign)		(Signature of Contracting Officer)	, , , - ,
NSN 7540-01-152-8070	3	30-105 STANDARD FORM :	30 (REV. 10-83)

PREVIOUS EDITIONS UNUSABLE

STANDARD FORM 30 (REV. 10-83)

Prescribed by GSA FAR (48 CFR) 53.243

		HEDULE			
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
3001	TRICARE Dental Program Enrollments	0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
3001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,093,344	EA	(b)(4)	'
3001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,826,164	EA		
3002	Survivor Benefit Enrollments	0	EA	NSP .	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.)				
3002AA	Single Enrollment Premium Government Share100% (b)(4)	2,200	EA	(b)(4)	·
3002AB	Family Enrollment Premium Government Share100% (b)(4)	5,308	EA		
3003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	1	LT ·		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
3004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
3005	DIACAP and Physical & Personnel Security	4	МО		
3008	DATA prepared and delivered in accordance with Sections F and J.	0	LT	NSP	NSP
3010	Host Nation Provider List Services Option Period 3	0	LT	NSP	NSP
3010AB	Host Nation Provider List Services for FY09 Portion of Option Period 3 (Oct. 2008 - Jan. 2009)	4	МО	(b)(4)	'
		·			
				.	
•					*
				<u>l</u>	

B. The Delivery Order 0006 <u>Quantity/Amount</u> or <u>Unit Price/Amount</u> for SLINs 3001AA and 3001AB, and CLINs 3003 and 3004 are hereby decreased, and the associated excess FY09 funds are de-obligated, as follows:

CLIN	Description	Prior Obligation Amount	Total Current Obligation Amount	De-Obligated by this Delivery Order Mod	FY
3001	TDP Enrollments	NSP	NSP	NSP	
3001AA	Single Enrollment Premium				FY09
- JUOTAA	Oty/UI	1,099,844 EA	1,093,344 EA	(-6,500) EA	F109
	Unit Price	(b)(4)	1,095,544 LA	(-0,500) EA	·
	3001AA Total	(~)(.)			
	,				1
3001AB	Family Enrollment Premium	1 040 664 51	100616151	(00 700) (7)	FY09
	Qty/UI	1,859,664 EA	1,826,164 EA	(-33,500) EA	<u></u>
	Unit Price 3001 AB Total	_ (b)(4)			
	3001AB 10tai		1	I	1.
3002	Survivor Benefit Enrollments	NSP	NSP	NSP	
3002AA	Single Enrollment Premium				FY09
	Qty/UI	2,200 EA	2,200 EA	0 EA	1,
		(b)(4)		V 2.7.1	L
	3002AA Total	_ (/(/			
		_			
3002AB	Family Enrollment Premium	5,308 EA	£ 200 FA	0 EA	· FY09
	Qty/UI Unit Price		5,308 EA	UEA	
	3002AB Total	_ (5)(4)			
		_	1	1	
3003	Overseas Claims Processing Costs in Excess of Allowable Charge				FY09
	and Equal to or Less than the Billed Charge Qty/UI	1 LT	1 LT	1 LT	
	Unit Price	-(b)(4)	l I LI	1 121	,
	3003 Total	_ (5)(1)			
		_			
3004	OCONUS Claims Processing Cost Shares and Additional				FY09
	Allowable Charges for Orthodontic Costs Oty/UI	I LT	1 LT	1 LT	
	Unit Price	(b)(4)	1 LI	1 (1)	
	3004 Total	+ (5)(4)			
			1	I	
3005	DIACAP and Physical & Personnel Security		·		FY09
_	Qry/UI	_(b)(4) 4 MO	4 MO	0 MO	l
	Unit Price	_ (b)(4)			_
	3005 Total		1	1	
3008	Data prepared and delivered in accordance with Sections F and J	NSP	NSP	NSP	
2010	Heat Nation Described List Commission	NSP	NSP	NSP	
3010	Host Nation Provider List Services Option Period 4	INSI	1951	INOI.	
3010AB	Host Nation Provider List Services for FY09 Portion of Option Period 3				FY09
	(Oct. 2008 - Jan. 2009)				
	Qty/UI	4 MO	4 MO	0 MO	
	Unit Price	(b)(4)			
	3010AB Total	_			<u> </u>
	Grand Total	<u>:</u>			FY09

C. As a result of this modification, the total delivery order value and the obligated amount has been decreased by (b)(4) from (b)(4) to (b)(4)

D. All other contract and delivery order terms and conditions remain in full force and effect.

H94002-05-D-0001 0006 MOD NO. 05

AMENDMENT OF SOLICITAT	TION/MODIFICATION	ON OF CONT	RAC	CT 1. Contract II	D Code	Page of Pages		
2. Amendment/Modification No.	3. Effective Date	4. Requisition/Pu		•		No. (if applicable)		
	11/17/08		09-SCO-0028 . 14536					
6. Issued By	Code CMB	7. Administered l				Code H94002		
DEPARTMENT OF DEFENSE		DEPARTMEN'						
TRICARE MANAGEMENT ACTIVITY	//CMB	TRICARE MA	NAG:	EMENT ACTIV	ITY/CM	×		
16401 E. CENTRETECH PKWY		16401 E. CENT	rret	ECH PARKWA	Y			
AURORA, CO 80011-9066		AURORA, CO	8001	1-9066				
GERALD OLLIGES 303-676-3407								
8. Name and Address of Contractor (No., Stre	eet, County, and Zip Code)		(X)	9A. Amendment	of Solicitation	No.		
UNITED CONCORDIA COMPANIES, 2 4401 DEER PATH ROAD		or ID: 00000362 S: 868941832		9B. Date (See Ite		<u> </u>		
				104 Madification				
HARRISBURG PA 17110-3907		868941832		10A. Modification		order No.		
	CAGE	E: 03XW8	X	H94002-05-D-0				
				10B. Date (See It	em 13)			
				Sep 29, 2008				
Code	Facility Code					·		
11.	THIS ITEM ONLY APPLIES	TO AMENDMENTS	OF S	DLICITATIONS				
The above numbered solicitation is amend	ded as set forth in item 14. Th	ne hour and date spe	cified	for receipt of Offers	is exten	ded 🔲 is not extended		
Offers must acknowledge receipt of this amend	lment prior to the hour and da	ate specified in the so	olicitat	ion or as amended,	by one of the	following methods:		
(a) By completing items 8 and 15, and returning	copies of the amer	ndment; (b) By ackno	wleda	ing receipt of this a	mendment on	each copy of the offer		
submitted; or (c) By separate letter or telegram	•		_	•		· ·		
MENT TO BE RECEIVED AT THE PLACE DES								
IN REJECTION OF YOUR OFFER. If by virtue				•				
letter, provided each telegram or letter makes r		nd this amendment, a	and is	received prior to the	e opening hou	r and date specified.		
12. Accounting and Appropriation Data (if requ						•		
9709090130.1889.102000 \$ US (b)(
	S ITEM APPLIES ONLY TO							
	ODIFIES THE CONTRACT/C							
(x) A. This change order is issued pursuant to	o: (<i>Specify authority)</i> The cr	nanges set forth in ite	em 14	are made in the Co	ntract Order N	io. in item 10A.		
				<u> </u>				
B. The above numbered Contract/Order is		nistrative changes (such a	s changes in payin	g office, appro	priation date, etc.)		
Set fourth item 14, pursuant to the aut C. This supplemental agreement is entere		·						
C. This supplemental agreement is entere	ed into parsuant to authority of	, ·						
D 011 / 0 / (1 / (1 / (1 / (1 / (1 / (1 /	<u> </u>		_					
D. Other (Specify type of modification and	• •							
DFARS 252.232-7007 Limitatio			_	<u> </u>				
E. IMPORTANT: Contractor X is not,	is required to sign this doc	ument and return	С	opies to the issuing	office.			
4. Description of Amendment/Modification (Org	ganized by UCF section head	lings, including solici	tation/	contract subject ma	tter where fea	sible.)		
				,				
A. The purpose of this modification	to Delivery Order 00	006 is to increas	se the	e Ouantity/Δm	ount for S	'I IN 3001 Δ Δ to		
<u> </u>	· ·			-				
neet additional requirements and to								
December 2008 and January 2009.	Accordingly addition	al FY09 fundin	g in	the amount of	(b)(4)	is hereby		
bligated for the contract services sp								
T. C.		81 8 1	•					
·								
THE AMELICATED COMMINICATE			7					
SEE ATTACHED CONTINUATI	ON SHEETS							
		•						
						•		
Except as provided herein, all terms and conditions of	the document referenced in item	9A or 10A, as heretofo	re char	iged, remains unchang	ged and in full fo	rce and effect.		
15A. Name and Title of Signer (Type or Print)				tle of Contracting O				
		+		_		03-676-3823		
		THOMAS			3	05-070-3823		
				G OFFICER				
		tom.griffin						
15B. Contractor/Offeror	15C. Date Signed	d 16B. United	State	s of America	Л	16C. Date Signed		
		The	ma	1 LY L. Il	in	_ 11/17/08		
(Signature of person authorized to sign	<u></u> .			of Contracting Office		- '''' '''		
1 - 3	<i>i</i>							

	SC	HEDULE			
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
3001	TRICARE Dental Program Enrollments	0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
3001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,098,844	EA	(b)(4)	
3001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,859,664	EA		
3002	Survivor Benefit Enrollments	. 0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.)				
3002AA	Single Enrollment Premium Government Share100% (b)(4)	2,200	EA	(b)(4)	·
3002AB	Family Enrollment Premium Government Share100% (b)(4)	5,308	EA		
3003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	. 1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
3004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)		,		
3005	DIACAP and Physical & Personnel Security	4	МО		
3008	DATA prepared and delivered in accordance with Sections F and J.	0	LT	NSP	NSP
3010	Host Nation Provider List Services Option Period 3	. 0	LT	NSP	NSP
3010AB	Host Nation Provider List Services for FY09 Portion of Option Period 3 (Oct. 2008 - Jan. 2009)	4	MO	(b)(4)	,
	:	·			
		ŀ			

B. The Quantity and Amount on Delivery Order 0006 for SLIN 3001AA is hereby increased as follows:

~ FROM:

<u>Qty/Unit</u> 1,088,000 EA Unit Price (b)(4)

<u>Amount</u>

TO:

<u>Qty/Unit</u> 1,098,844 EA Unit Price (b)(4)

<u>Amount</u>

C. Services ordered under Delivery Order 0006 for Option Period 3 period are hereby funded as follows:

0.2	N Description		it Ordered on ry Order 0006	Prior Obligation Amount	Total Current Obligation Amount	Obligated by this Delivery Order Mod	FY
3001	TDP Enrollments		NSP	NSP	NSP	NSP	
700144	Single Enrollment Premium						FY(
3001 <u>AA</u>	Qty/UI	 	1.098,844 EA	544,000 EA	1,098,000 EA	554,844 EA	- 11
	Unit Price	(b)(4)	1,090,044 EA) 544,000 EA	1,090,000 EA	1 334,044 DA	'
	3001AA Total	- (2)(1)					
	3001AA Total	- 		I	I	I	
3001AB	Family Enrollment Premium						FY(
	Qıy/UI		1,859,664 EA	929,832 EA	1,859,664 EA	929,832 EA	
	Unit Price	(b)(4)					
	3001 AB Total						
3002	Survivor Benefit Enrollments		NSP	NSP	NSP	NSP	
3002AA	Single Enrollment Premium						FY
30027171	Qty/UI	 	2,200 EA	1,100 EA	2,200 EA	1,100 EA	
	Unit Price	(b)(4)	2,200 E/(1,700 E/(2,200 271	1,100 E/1	'
 _	3002AA Total	- ` / ` /					
·]					
3002AB -	Family Enrollment Premium						FY
	Qty/UI]	5,308 EA	2,654 EA	5,308 EA	2,654 EA	
	Unit Price	(b)(4)					
	3002AB Total	_					
3003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge		·				FY
	Qty/UI		1 LT	I LT	1 LT	1 LT	
	Unit Price	(b)(4)					
	3003 Total						
3004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs						FY(
	Qty/UI		1 LT	l LT	1 LT	1 LT	
	Unit Price	(b)(4)					
	3004 Total						
3005	DIACAP and Physical & Personnel Security						FY(
, , , ,	Qty/UI		4 MO	2 MO	4 MO	2 MO	
	Unit Price	(b)(4)		<u> </u>		<u> </u>	
	3005 Total						
3008	Data prepared and delivered in accordance with Sections F and J		NSP	NSP	NSP	NSP	
3010	Host Nation Provider List Services		NSP	NSP .	NSP	· NSP·	
	Option Period 3	-	_				
3010AB	Host Nation Provider List Services	 		<u> </u>	-		FY
<u>AD</u>	Qty/UI	 	4 MO	2 MO	4 MO	2 MO	 ` ` `
	Unit Price	(b)(4)	4 WIO	2 1010	4 1010	2 1010	
	3010AB Total	(~)(~)					
	DOTOAD TOTAL						

D. As a result of this modification, the total delivery order value has been increased by (b)(4) from (b)(4)	to
E. As a result of this modification, the total obligated amount under Delivery Order 0006 is increased by (b)(4)	from (b)(4)

F. All other contract and delivery order terms and conditions remain in full force and effect.

				ORDE	R FOR SUPP	LIES	OR S	ERVICES						PAGE 1 OF
1. CONT	RACT/PURC	CH ORD	ER/AGREEMENT NO.	2. DELIVE	RY ORDER/CALL NO.			TE OF ORDER/CAI	LL	4. REQUI	SITION/P	URCH REQUES	T NO.	5. PRIORITY
	H9400	205D	0001		0006		''''	2008 Sep 29		0	8-SCO-	0092		
6. ISSUE	D BY			CODE	СМВ	7. AD	MINISTE	RED BY (If Other T	han 6)		ODE H9	4002		8. DELIVERY FOB
TRICA 16401 AURO	RE MA E. CENT RA, CO	NAGI RETI 8001	DEFENSE EMENT ACTIVITY ECH PKWY 1-9066 303-676-3407 gera		.ctr@tma.osd.mil	TRIC 1640 AUR	CARE I	ENT OF DEF MANAGEME ENTRETECH CO 80011-900	NT AC PARK		//AM&	S		X DESTINATION OTHER (See Schedule If Other)
9. CONT	RACTOR			CODE	C	F	ACILITY				ER TO FO	OB POINT BY (Date)	11. X IF BUSINESS IS
	UNI	red (CONCORDIA CON	1PANIES	, INC.	VE	NDOR ID	00000362		<u>,</u>				SMALL
NAME	4401	DEE	R PATH ROAD			CAG	E CODE	03XW8	•	12. DISCO	DUNT TEF	RMS		SMALL DISAD- VANTAGED
AND ADDRES	HAR S	RISB	URG PA 17110-39	07			TIN	251687586		10 14411		let 30	ECC IN	WOMEN-OWNED
										IJ. MAIL	INVOICES		IESS IN	BLOCK
14. SHIP	το Ult	Dest:	BLANK	CODE	ZD06	15. PAY	MENT W	ILL BE MADE BY		CODE	RMF		1	MARK ALL
DOD/I			NAGEMENT ACT	_		DEPA	RTME	NT OF DEFE	NSE (R		IXIVII			PACKAGES AND PAPERS WITH
			CH PARKWAY			FINA	NCE A	ND ACCOUN	TING	BRANC	H		-	IDENTIFICATION NUMBERS IN
AURO	RA, CO	8001	-9066		•			NTRETECH P O 80011-9066		AY				BLOCKS 1 AND 2.
16.	DELIVERY	/Тx	This delivery order/c	all ic iccuso	Lon another Govern					ubiact to t	erme and	d conditions of	above	numbered contract
TYPE	CALL	╃^		211 15 135000	On another Govern	meni ayı	ancy or i	—————	in and si		_			terms specified herein.
OF ORDER	PURCHAS	E	Reference your	CONTRAC	TOR HEREBY ACCE	PTS THE	OFFER	REPRESENTED	BY THE	NUMBER			_ <u>-</u> _	
			HAVE BEEN OR IS N	OW MODIF	IED, SUBJECT TO AL	L OF TH	E TERM	S AND CONDITIO	NS SET	FORTH,	AND AGF	REES TO PERF	ORM TI	HE SAME.
								<u> </u>						<u> </u>
	NAME	OF CO	NTRACTOR		SIGNATURI	E			TYP	ED NAMÉ	AND TITL	E 		ATE SIGNED (YYYMMMDD)
			d, supplier must sign		ce and return the fo	ollowing	numbe	er of copies:						
			2000(SAF) \$ 0.00											· · ·
										•				
18. ITE	EM NO.		19. SCHĘDU	LE OF SUP	PLIES/SERVICES			20.QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22	. UNIT P	RICE		23. AMOUNT
		H940	very Order for Op 002-05-D-0001, fo gh January 31, 20	or the per			8							
		Year	Delivery Order is 2009 (FYO9) fur isition Regulation	ds in acc	cordance with F		iscal	. 4				,	ı	
			Government is 24. I	JNITED ST	ATES OF AMERICA		10.1	PHi	III.	. 1	25. TOT	AL \$		(b)(4)
If differ		tuai que	ntity accepted TH	OMAS L	GRIFFIN	nou	•	303-6767827	57		26. DIFI	FERENCES	└	
			IMN 20 HAS BEEN		tom.griffin@	tma.os	d.mil	CONTRACTING/OF	DERING	OFFICER				
_	PECTED		_	EPTED AN	D CONFORMS TO TI	HE CO	NTRACT	EXCEPT AS NO	TED:					
b. SIGN	NATURE O	FAUT	ORIZED GOVERNMEI	IT REPRES	ENTATIVE		c. DAT	TE (MMDD)		NTED NAI		TITLE OF AUT	HORIZE	D GOVERNMENT
e. MAII	ING ADD	RESSC	F AUTHORIZED GOVE	RNMENT R	EPRESENTATIVE		28. SH	IP NO.	29. D.C	. VOUCH	ER NO.	30. INITIALS	1	
							L.		100 DA	D DV		00 44401117	VEDIE	
f. TELE	PHONE N	UMBER	g. E-MAIL ADDRES			_	—	ARTIAL NAL	32. PAI	UBI		33. AMOUNT	VENIFI	ED CORRECT FOR
			_ <u> </u>				31. PA	YMENT	1			34. CHECK N	UMBEF	1
	RTIFY THE (YYYYM)		OUNT IS CORRECT AF		R FOR PAYMENT.	CER	_	OMPLETE ARTIAL				35. BILL OF I	LADING	NO.
				,			_	NAL						
37. RE	CEIVED AT	T 38	RECEIVED BY (Print)		39. DATE RECEIVE · (YYYYMMMDD)		40. TO	T CONTAINERS	41. S/R	ACCOUN	IT NO.	42. S/R VOU	CHER N	o. — ———
				_			_	-					_	

DATE OF ORDER CONTRACT/PURCHASE ORDER NO. PAGE OF **DD1155 CONTINUATION SHEET** 2008 Sep 29 H94002-05-D-0001 2 NAME OR ADDRESS OF CONTRACTOR UNITED CONCORDIA COMPANIES, INC. 00000362 20.QUANTITY ORDERED/ ACCEPTED* 18. ITEM NO. 19. SCHEDULE OF SUPPLIES/SERVICES 22. UNIT PRICE 23. AMOUNT UNIT 3001 TRICARE Dental Program Enrollments EA **NSP NSP** (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.) 3001AA 1,088,000 EA Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total 3001AB 1,859,664 EA Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% **Total** 3002 Survivor Benefit Enrollments EA **NSP NSP** (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.) (b)(4)2,200 EÁ 3002AA Single Enrollment Premium Government Share -- 100% (b)(4) 3002AB Family Enrollment Premium 5,308 EA Government Share -- 100% (b)(4) LT 3003 OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge. (Cost Reimburseable Line Item - Cost Plus No Fee) 3004 LT OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee) 3005 DIACAP and Physical & Personnel Security MO 3008 LT NSP **NSP** DATA prepared and delivered in accordance with 0 Sections F and J. **NSP** 3010 LT NSP Host Nation Provider List Services 0 Option Period 3 (b)(4)3010AB Host Nation Provider List Services MO for FY09 Portion of Option Period 3 (Oct. 2008 - Jan. 2009)

AMENDMENT OF SOLICITATION	I/MODIFICATIO	N OF CONTE	RACT	1. Contract ID	Code	Page 1	of Pages 4
2. Amendment/Modification No.	3. Effective Date 7/30/09	4. Requisition/Puro 09-SCO-0		eq. No.	5. Project No.		cable)
	Code CMB	7. Administered By		r than Item 6)		de H940	02
DEPARTMENT OF DEFENSE	oodo Civib	DEPARTMENT					.02
TRICARE MANAGEMENT ACTIVITY/CM	R	TRICARE MAN			Y/CM		
16401 E. CENTRETECH PKWY		16401 E. CENTI					
AURORA, CO 80011-9066		AURORA, CO 8					
GERALD OLLIGES 303-676-3407		,					
8. Name and Address of Contractor (No., Street, Co.	ounty, and Zip Code)		(X) 9A	A. Amendment of	Solicitation No		
UNITED CONCORDIA COMPANIES, INC.		ID: 00000362	9E	3. Date (See Item	111)		
4401 DEER PATH ROAD		868941832	, ,	NA - 44 - 45 - 45 45	101		
HARRISBURG PA 17110-3907		58941832	, , , , ,	OA. Modification of		er No.	
	CAGE:	USAW8	Y	94002-05-D-00 B. Date (See Ite			
			l I	n 28, 2009	11 13)		
Code	Facility Code			111 28, 2009			
	ITEM ONLY APPLIES TO	O AMENDMENTS O	F SOLIC	CITATIONS			
The above numbered solicitation is amended as					is extended	ill is n	not extended.
Offers must acknowledge receipt of this amendment		•		-		Ц=Ц	
(a) By completing items 8 and 15, and returning	copies of the amend	ment; (b) By acknow	ledging	receipt of this am	endment on ea	ch copy	of the offer
submitted; or (c) By separate letter or telegram which	includes a reference to	the solicitation and a	mendme	ent numbers. FAII	URE OF YOU	R ACKNO	OWLEDG-
MENT TO BE RECEIVED AT THE PLACE DESIGNA	TED FOR THE RECEIP	T OF OFFERS PRIC	OR TO T	HE HOUR AND [DATE SPECIFI	ED MAY	RESULT
IN REJECTION OF YOUR OFFER. If by virtue of this	-	_	-			_	_
letter, provided each telegram or letter makes referer	ce to the solicitation and	this amendment, an	d is rece	eived prior to the	opening hour ar	nd date s	pecified.
12. Accounting and Appropriation Data (<i>if required</i>) 9709090130.1889.102000 \$ US (b)(4)							
	M APPLIES ONLY TO M	ODIFICATIONS OF	CONTR	RACT/ORDERS.			
	ES THE CONTRACT/OF						
(x) A. This change order is issued pursuant to: (S)			•	•			
B. The above numbered Contract/Order is mod Set fourth item 14, pursuant to the authority		strative changes (su	ıch as ci	hanges in paying	office, appropri	ation date	e, etc.)
C. This supplemental agreement is entered into					_		
D. Other (Specify type of modification and auth	ority)						
DFARS 252.232-7007 Limitation of C		on					
	equired to sign this docur			es to the issuing o			
Description of Amendment/Modification (Organize	d by UCF section headin	gs, including solicita	tion/con	tract subject matte	er where feasib	ile.)	
The purpose of this modification to I							
001AB, 4002AA, 4002AB and CLIN 4							
anding required. Accordingly additionate	•	n the amount of	f (b)(4)) :	is hereby ol	bligate	d for the
ontract services as specified in paragrap	oh B.						
EE ATTACHED CONTINUATION	SHEETS						
•							
Except as provided herein, all terms and conditions of the do	cument referenced in item 9.	A or 10A, as heretofore	changéd	, remains unchange	d and in full force	and effec	t.
15A. Name and Title of Signer (Type or Print)		16A. Name a	nd title o	of Contracting Offi	cer (<i>Type or P</i>	rint)	
		THOMAS L	GRIF	FIN	303	-676-38	23
		Contracting					
1		tom.griffin@					
15B. Contractor/Offeror	15C. Date Signed	16B. United S	States of	America 1 . //	1-	16C. D	ate Signed
		Shon	uas	L Juff	n	7/3	0/09
(Signature of person authorized to sign)		(Signa	ature of	Contracting Office	er)	, 5	<u> </u>

NSN 7540-01-152-8070 PREVIOUS EDITIONS UNUSABLE 30-105

STANDARD FORM 30 (REV. 10-83)

Hom No.		HEDULE Ougatity	Linit	Unit Price	Amount
Item No.	Supplies/Services	Quantity	Unit (Unit Price	Amount
4001	TRICARE Dental Program Enrollments (Requirements Line Item)	o	EA	NSP	NSP
	(This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)			(1-)(4)	
4001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	2,270,893	EA	(b)(4)	
4001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	3,747,031	EA		·
4002	Survivor Benefit Enrollments	0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.)			(5)(4)	
4002AA	Single Enrollment Premium Government Share100% (b)(4)	4,104	EA	(b)(4)	
4002AB	Family Enrollment Premium Government Share100% (b)(4)	10,335	EA		
4003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge. (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
4004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
4005	DIACAP and Physical & Personnel Security	8	МО		
4006	Award Fee Pool	0	EA	NSP	NSP
4006AA	1st 6 Month Period (February through July).	1	EA	(b)(4)	·
4006AB	2nd 6 Month Period (August through January).	1	EA		
4008	DATA prepared and delivered in accordance with Sections F and J.	. 0	LT	NSP	NSP
4010	Host Nation Provider List Services Option Period 4	0	LT	NSP	NSP
4010AA	Host Nation Provider List Services for FY09 Portion of Option Period 4 (Feb Sept. 2009)	8	МО	(b)(4)	
				,	

B. Services ordered under Delivery Order 0007 for Option Period 4 period are hereby funded as follows:

4001AA Si Q U 4001AB Fi Q U 4002 4002 4002AA Si Q U 4002AB Fi Q U 4003 Q U 4003 Q U U 4003 Q U U U U U U U U U U U U U U U U U U	TDP Enrollments			Obligation Amount	Delivery Order Mod	FY
4001AB Fa Q U 44001AB Fa Q U 44002 Sa 4002AA Si Q U 44002AB Fa Q U 44003 Q U 4003 Q U U U U U U U U U U U U U U U U U U U			NSP	NSP	NSP	
4001AB Fa Q U 44001AB Fa Q U 44002 Sa 4002AA Si Q U 44002AB Fa Q U 44003 Q U 4003 Q U U U U U U U U U U U U U U U U U U U	Single Enrollment Premium					FY0
U 4001AB F4 Q U 4002 S1 4002AA Si Q U 4002AB F4 Q U 4003 Q U 4003 Q Q U U 4003 Q Q U U U U 4003 Q Q U U U U U U U U U U U U U U U U U	Oty/UI		1,988,427 EA	2,270,893 EA	282,466 EA	F10
4001AB F4 Q U 44002 S1 4002AA Si Q U 4002AA Si Q U 4002AB F4 Q U 4003 Q U U 4003 Q U U U U U U U U U U U U U U U U U U U	Unit Price	_'(b)(4)	1,900,427 EA	2,270,093 EA	202, 4 00 EA	!
4001AB Fa Q U 4002 Sa 4002AA Si Q U 4002AB Fa Q U 4002AB G Q U 4003 O ar Q U U	4001 AA Total	_ (5)(1)				-
Q U 4002 St 4002AA Si Q U 4002AB Fa Q U 4003 Q Q U U 4003 Q Q U U U 4003 Q Q U U U U U U U U U U U U U U U U U	400TAA TOIAI	_]	1	
U 4002 Si 4002AA Si Q U 4002AB Fi Q U 4002AB Q U 4003 Q Q U U 4003 Q Q U U	Family Enrollment Premium					FY0
4002 Si 4002AA Si Q U 4002AB Fi Q U 4002AB O Q U 4003 O Q U U U U U U U U U U U U U U U U U U	Qty/UI		3,307,031 EA	3,747,031 EA	440,000 EA	
4002 Si 4002AA Si Q U 4002AB Fa Q U 4003 O ar Q U	Unit Price	(b)(4)				
4002AA Si Q U 4002AB Fa Q U 4003 O ar Q	4001 AB Total					
4002AA Si Q U 4002AB Fa Q U 4003 O ar Q						
Q U 4002AB F2 Q U 44003 O ar Q U U	Survivor Benefit Enrollments	ļ	NSP	NSP	ŃSP	
Q U 4002AB F2 Q U 44003 O ar Q U U	Single Enrollment Premium					FY0
4002AB Fa Q U 44003 O ar Q U	Qty/UI		3,619 EA	4,104 EA	485 EA	1
4002AB Fa Q U 44003 O ar Q U	Unit Price	(b)(4)	0,019 211	,,,,,,,	100 = 1	'
4002AB Fe Q U 44044003 O ar Q	4002AA Total	_ (1 / ()				
4003 O ar Q U	TODAYA TOM	-		1		·
4003 O ar Q U	Family Enrollment Premium					FY0
4003 O ar Q U	Qty/UI	J	9,135 EA	10,335 EA	1,200 EA	<u> </u>
4003 O ar Q	Unit Price	(b)(4)				
ar Q U	4002AB Total					
ar Q U						
Q U	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge					FY0
U	Qty/UI		1 LT	1 LT	0 LT	
	Unit Price	(b)(4)	I LI	1 1 1	O DI	
41	4003 Total	_ (5)(4)				-
	4003 10(a)	-		1	L	
	OCONUS Claims Processing Cost Shares and Additional					FY0
	Allowable Charges for Orthodontic Costs					
	Qty/UI		1 LT	1 LT	I LT	
	Unit Price	(b)(4)				
40	4004 Total	4				
4005 D	DIACAP and Physical & Personnal Security					EVO
	DIACAP and Physical & Personnel Security		8 MO	8 MO	. 0140	FY0
	Qty/UI Unit Price	(b)(4)	8 MO	8 MO	. 0 МО	l
	4005 Total					
	4005 10121		·-			-
4006 A	Award Fee Pool		NSP	NSP	NSP	
400644	TACM AD STATE A TABLE					
	1st 6 Month Period (Feb. through Jul.)					FY0
	Qty/UI	_l (b)(4)	I EA	1 E.A	O F.A	
	Unit Price	- ^{(D)(+)}				
40	4006AA Total	-,	_			
4006AB 21	2nd 6 Month Period (Aug. through Jan.)					FY0
	Qty/UI		I EA	1 EA	0 EA	110
	Unit Price	(b)(4)	· LA	IEA	UEA	
	4006AA Total					
	·		NSP	NSP	NSP	
	Data prepared and delivered in accordance with Sections F and J			·		
4010 H	Data prepared and delivered in accordance with Sections F and J Host Nation Provider List Services		NSP	NSP	NSP	_

H94002-05-D-0001 0007 MOD NO. 01

CLIN	Description	Prior Obligation Amount	Total Current Obligation Amount	Obligated by this Delivery Order Mod	FY
4010AA	Host Nation Provider List Services for FY09 Portion of Option Period 4 (Feb Sept. 2009	·			FY09
	Qty/UI	8 MO	8 MO	0 MO	
	Unit Price	(b)(4)			
	4010AA Total				
	Grand Total:				FY09

C. As a result of this modification, the total delivery order value and the obligated amount has been increased by (b)(4) from (b)(4) (b)(4)

D. All other contract and delivery order terms and conditions remain in full force and effect.

AMENDMENT OF SOLICITATION	ON/MODIFICATION	N OF CONTRA	ACT 1. C	ontract ID Code J	Page 1	of Pages
Amendment/Modification No.	3. Effective Date	4. Requisition/Purch	· ·	5. Proje	ect No. (if applic	cable)
6. Issued By	Code CMB	7. Administered By	<u> </u>	l	Code	
DEPARTMENT OF DEFENSE		SEE BLOCK 6	(,	0000	
TRICARE MANAGEMENT ACTIVITY/C	MR	BEE BEGGR				
16401 E. CENTRETECH PKWY	MD					
AURORA, CO 80011-9066						
GERALD OLLIGES 303-676-3407						
8. Name and Address of Contractor (No., Street,	County, and Zip Code)		X) 9A. Ame	ndment of Solicitat	tion No.	_
UNITED CONCORDIA COMPANIES, INC	C. Vendoi	· ID: 00000362	9B. Date	(See Item 11)	-	
4401 DEER PATH ROAD	DUNS	868941832				•
HARRISBURG PA 17110-3907	CEC: 8	68941832	10A. Mod	dification of Contra	ct/Order No.	
	CAGE	03XW8	, H94002-	-05-D-0001 000)8	
) 3 N W 8	· —	e (See Item 13)		
			Sep 24, 2			
Code	Facility Code		F =		<u>,</u>	
	IIS ITEM ONLY APPLIES T	O AMENDMENTS OF	SOLICITATIO	ONS		
The above numbered solicitation is amended					ktended is r	not extended
Offers must acknowledge receipt of this amendme						
(a) By completing items 8 and 15, and returning		dment; (b) By acknowle		-	_	
submitted; or (c) By separate letter or telegram wh						
MENT TO BE RECEIVED AT THE PLACE DESIG						
IN REJECTION OF YOUR OFFER. If by virtue of			=		•	
letter, provided each telegram or letter makes refe		this amendment, and	is received pr	for to the opening i	hour and date s	specified.
12. Accounting and Appropriation Data (if require	ed)					
9710100130.1889.102000 \$ US (b)(4)	TELL A D. D. L. T. C. L.	IODIEIO ATRIONIO OR O				
	TEM APPLIES ONLY TO N DIFIES THE CONTRACT/O					
(x) A. This change order is issued pursuant to:					ler No. in item 1	0A
(x) 11. The shange order is leeded paredum to:	(openy dualenty) The en	anges set forth in team		·		
B. The above numbered Contract/Order is m			h as changes	in paying office, ap	opropriation dat	e, etc.)
SET FORTH IN ITEM 14, PURSUANT TO THE C. This supplemental agreement is entered i						
X ''	•					
DFARS 252,232-7007 Limitation of		<u>ion</u>				
D. Other (Specify type of modification and au	uthority)					
E. IMPORTANT: Contractor X is not, i	is required to sign this docu	ment and return	conies to the	e issuing office.		
4. Description of Amendment/Modification (Organ					feasible)	
4. Description of Amendment/Modification (Organi	ized by OOI Section neadin	igs, including solicitation	nircontract su	bject matter where	reasible.)	
C. I	7.0010 C	1 4 .1		II D 2010 E1	1710 C 11	C
A. Subject to the conditions of the FY			•			-
Option Period 4 period of performance	e of October 1, 2009	through Novem	ber 30, 20	09 is hereby o	obligated in	the
mount of $(b)(4)$ for the cont	ract services specifi	ed in the following	ng paragra	ıph B.		
	•		01 0	•		
DE ATTACHED CONTRILATION	OHDDTO					
EE ATTACHED CONTINUATION	SHEETS					
Except as provided herein, all terms and conditions of the	document referenced in item 9	A or 10A, as heretofore c	hanged, remain:	s unchanged and in f	full force and effec	ot.
15A. Name and Title of Signer (Type or Print)	 	16A. Name and	title of Contr	acting Officer (Typ	oe or Print)	
	•	THOMAS L	GRIFFIN		303-676-38	323
		CONTRACT		ER		
•		tom.griffin@t				
15B. Contractor/Offeror	15C. Date Signed			a A A A	16C D	ate Signed
13B. Contractor/Offeror	130. Date Signed		, 0	M. 1111:	1.55. /	/
		Shome	MAX	suppu_	\ /0/3	5/09
(Signature of person authorized to sign)		(Signat	ure of Contrac	cting Officer)		, - ,

30-105

STANDARD FORM 30 (REV. 10-83)

NSN 7540-01-152-8070 PREVIOUS EDITIONS UNUSABLE Delivery Orders thru 0009

(Signature of person authorized to sign)

	SCHEDULE								
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount				
4001	TRICARE Dental Program Enrollments	NSP	EA	NSP	NSP				
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)			(1-)(4)					
4001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,186,136	EA	(b)(4)					
4001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,947,192	EA						
4002	Survivor Benefit Enrollments	NSP	EA	NSP	NSP				
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the U/P and Amount for each SLIN is Estimated.)								
4002AA	Single Enrollment Premium Government Share100% (b)(4)	2,024	EA	(b)(4)					
4002AB	Family Enrollment Premium Government Share100% (b)(4)	5,092	EA						
4003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	1	LT						
	(Cost Reimbursable Line Item - Cost Plus No Fee)								
4004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	1	LT						
	(Cost Reimbursable Line Item - Cost Plus No Fee)								
4005	DIACAP and Physical & Personnel Security	4	МО						
4008	DATA prepared and delivered in accordance with Sections F and J.	NSP	LT	NSP	NSP				
4010	Host Nation Provider List Services Option Period 4	NSP	LT	NSP	NSP				
4010AB	Host Nation Provider List Services for FY10 Portion of Option Period 4 (Oct. 2009 - Jan 2010)	4	МО	(b)(4)					

B. Services ordered under Delivery Order 0008 for the above stated performance period are funded as follows:

CLIN	Description		it Ordered on ry Order 0003	Total Current Obligation Amount	Obligated by this Delivery Order Mod	FY
4001	TDP Enrollments		NSP	NSP	NSP	
4001AA	Single Engellment Promium					EVIO
4001AA	Single Enrollment Premium Qty/UI	 	1,186,136 EA	593,068 EA	593,068 EA	FY10
	Unit Price	(b)(4)	1,160,150 LA) 555,000 EA) 393,000 LA	'
	4001AA Total	_ (~)(.)				
4001AB	Family Enrollment Premium					FY10
400171	Qty/UI	_	1,947,192 EA	973,596 EA	973,596 EA	1 110
	Unit Price	(b)(4)			7,0,0002.1	
	4001AB Total	_ (~)(-)				
4002	Survivor Benefit Enrollments		NSP	NSP	NSP	
4002AA	Single Enrollment Premium					FY10
10027171	Qty/UI		2,024 EA	1012 EA	1012 EA	1 110
	Unit Price	(b)(4)				
	4002AA Total					
4002AB	Family Enrollment Premium					FY10
	Qty/UI		5,092 EA	2,546 EA	2,546 EA	
	Unit Price	(b)(4)				
	4002AB Total					
4003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge					FY10
	Qty/UI		1 LT	1 LT	1 LT	
	Unit Price	(b)(4)				-
	4003 Total	, . ,				
4004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs					FY10
	Qty/UI		1 LT	_ 1 <u>LT</u>	1 LT	<u> </u>
	Unit Price	(b)(4)				
	4004 Total	-1		1	ı	,——
5005	DIACAP and Physical & Personnel Security					FY10
	Qty/UI		_ 4 MO	2 MO	2 MO	
	Unit Price	(b)(4)				
	4005 Total	7		1	1	
4008	Data prepared and delivered in accordance with Sections F and J		NSP	NSP	NSP	
4010	Host Nation Provider List Services Option Period 4		NSP	NSP	NSP	
4010AB	Host Nation Provider List Services					FY10
	Qty/UI		4 MO	2 MO	2 MO	<u></u>
	Unit Price	(b)(4)				
	4010AB Total					
	1					

C. As a result of this modification, the total obligated amount under Delivery Order 0008 is increased by (b)(4) from (b)(4) to (b)(4)

- D. FY10 funding for the two remaining months of Option Period 4 (i.e., December 2009 and January 2010) will be provided on a subsequent mod(s) to this delivery order.
- E. As a result of this modification, the total delivery order value remains unchanged, and all other contract and delivery order terms and conditions remain in full force and effect.

AMENDMENT OF SOLICITATIO	N/MODIFICATIO	N OF CONTR	RAC	T	1. Contract ID J	Code	Page 1	of Pages
2. Amendment/Modification No. 02	3. Effective Date	4. Requisition/Puro			. No.	5. Project No		able)
6. Issued By	Code CMB	7. Administered By			nan Item 6)		ode H940	02
DEPARTMENT OF DEFENSE	Odde CIVIB	DEPARTMENT				O.	540 117 10	02
TRICARE MANAGEMENT ACTIVITY/CM	B	TRICARE MAN				ry/cm		
16401 E. CENTRETECH PKWY		16401 E. CENTE						
AURORA, CO 80011-9066		AURORA, CO 8						
GERALD OLLIGES 303-676-3407		menorus, co o		, , , ,	50			
Name and Address of Contractor (No., Street, Contractor)	ounty, and Zip Code)		(X)	9A.	Amendment of	Solicitation N	0.	
UNITED CONCORDIA COMPANIES, INC.	Vendor	ID: 00000362		9B.	Date (See Item	11)		
4401 DEER PATH ROAD		868941832						
HARRISBURG PA 17110-3907		68941832			. Modification		der No.	
	CAGE:	03XW8	\mathbf{X}		1002-05-D-00			
					. Date (See Ite	m 13)		
				Sep	22, 2009			
	Facility Code .	O AMENDMENTO O	<u> </u>		FATIONS			
	ITEM ONLY APPLIES T					:		
The above numbered solicitation is amended a Offers must acknowledge receipt of this amendment		•			•			not extended. ethods:
(a) By completing items 8 and 15, and returning		lment; (b) By acknow	_	_	-			
submitted; or (c) By separate letter or telegram which	h includes a reference to	the solicitation and a	mend	lmen	t numbers. FAI	LURE OF YO	UR ACKN	OWLEDG-
MENT TO BE RECEIVED AT THE PLACE DESIGN								
IN REJECTION OF YOUR OFFER. If by virtue of thi		_	-			= -	· ·	=
letter, provided each telegram or letter makes refere		I this amendment, an	nd is r	eceiv	ed prior to the	opening hour	and date s	pecified.
12. Accounting and Appropriation Data (if required)		ř						
9710100130.1889.102000 \$ US (b)(4)	M APPLIES ONLY TO M	ODIFICATIONS OF	CON	TDA	CT/OPDEPS			
IT MODIF	IES THE CONTRACT/OF	RDER NO. AS DESC	RIBE	DIN	ITEM 14.			
(x) A. This change order is issued pursuant to: (S		,						
B. The above numbered Contract/Order is moderated Set fourth item 14, pursuant to the authority	of FAR 43.103 (b)		ıch as	cha	nges in paying	office, approp	riation dat	e, etc.)
C. This supplemental agreement is entered int	o pursuant to authority of	:						
X D. Other (Specify type of modification and auth DFARS 252.232-7007 Limitation of		ion						
	required to sign this docu		CC	nies	to the issuing	office		
4. Description of Amendment/Modification (<i>Organiza</i>							ible.)	
Doodingson of American character (e.gamz.	ou by our cooker. Woudh	.go, moraamg conona		0,,,,,	.or ouzyour man	0, 11,10,0 1040		
A. Subject to the conditions of the FY 2	2010 Continuing R	esolution Autho	orits	, 11 n	der HR 29	996· FY10	funding	g for
Option Period 4 period of performance	•		•			-		_
		-	-			icoy oong	aicu iii	LIIC
smount of $(b)(4)$ for the contra	act services specifi	ed in the follow	ving	par	agraph B.			
		•			-			
SEE ATTACHED CONTINUATION	SHEET							
	•					,		
Except as provided herein, all terms and conditions of the de	ocument referenced in item 9	IA or 10A as heretofore	chanc	ned r	emains unchange	od and in full for	re and effec	•+
15A. Name and Title of Signer (<i>Type or Print</i>)	oddinent referenced in item o				Contracting Off			
13A. Name and Title of Signer (Type of Fring)	•			C 01 \	Contracting On			75
		ROSE ROA		oer.		30	3-676-36	13
		Contracting						
ASD Combractor/Officers	1 450 D-4: 01: 1	rose.roach@					160 5	-t- C' '
15B. Contractor/Offeror	15C. Date Signed	16B. United S	M (or A	injenca			ate Signed
		MU	<u> 102</u>	<u> </u>	Dal		181	V0U09
(Signature of person authorized to sign)		f (Sign:	atura	of Ca	ontracting Offic	er)	1 , 5 ,	*VV ~ 1

(Signature of person authorized to sign)

(Signature of Contracting Officer)

SCHEDULE								
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount			
4001	TRICARE Dental Program Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)	0	EA	NSP	NSP			
4001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,186,136	EA	(b)(4)	'			
4001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,947,192	EA					
4002	Survivor Benefit Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.)	0	EA	NSP (b)(4)	NSP			
4002AA	Single Enrollment Premium Government Share100% (b)(4)	2,024	EA	(b)(4)				
4002AB	Family Enrollment Premium Government Share100% (b)(4)	5,092	EA					
4003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge. (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT					
4004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	. 1	LT					
4005	(Cost Reimburseable Line Item - Cost Plus No Fee)	4	MO					
4005	DIACAP and Physical & Personnel Security	4	MO	NSP	NSP			
4008	DATA prepared and delivered in accordance with Sections F and J.	. 0	LT	NSP				
4010	Host Nation Provider List Services Option Period 4	0	LT	NSP	NSP			
4010AB	Host Nation Provider List Services for FY10 Portion of Option Period 4 (Oct: 2009 - Jan. 2010)	4	МО	(b)(4)				
					·			
				•				

B. Services ordered under Delivery Order 0008 for Option Period 4 period are hereby funded as follows:

CLIN	Description		t Ordered on y Order 0008	Prior Obligation Amount	Total Current Obligation Amount	Obligated by this Delivery Order Mod	FY
4001	TDP Enrollments		NSP	NSP	NSP	NSP	
400144	6: 1 5 11 (5						EVIO
4001AA	Single Enrollment Premium	_	1,186,136 EA	502.069.54	1,186,136 EA	502.069.54	FY10
	Qty/UI	(b)(4)	1,180,130 EA	593,068 EA	1,180,130 EA	593,068 EA	l
	Unit Price 4001AA Total	_(D)(4)					-
	4001AA 10tai	- 1		I	1	[1
4001AB	Family Enrollment Premium		,				FY10
	Qty/UI		1,947,192 EA	973,596 EA	1,947,192 EA	973,596 EA	
	Unit Price	(b)(4)					
	4001 AB Total	٦			ı	ı	
4002	Survivor Benefit Enrollments		NSP	NSP	NSP	NSP ,	
4002AA	Single Enrollment Premium						FY10
1002/111	Qty/UI	_	2,024 EA	. 1012 EA	2,024 EA	1012 EA	1 110
	Unit Price	(b)(4)		1012 211	_, -,	101-2211	·
	4002AA Total	_ (~)(·)					
1002.10	F 1 F 11 (P 1	_ 					
4002AB	Family Enrollment Premium		5 003 F 4	2546 54	5 002 EA	2546 54	FY10
	Qty/UI	(b)(4)	5,092 EA	2,546 EA	5,092 EA	2,546 EA	
	Unit Price 4002AB Total	(b)(4)					
	4002AB Total	1]			
4003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge						FY10
	Qty/UI		1 LT	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)		·	'	'	
	4003 Total						
4004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs						FY10
	Qty/UI		1 LT	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)					
	4004 Total						
4007	DIA CAD and Diagram 1 B						E3/10
4005	DIACAP and Physical & Personnel Security Qty/Ul		4 MO	2 MO	4 MO	2 MO	FY10
	Unit Price	(b)(4)	4 MO	2 NO	4 MO	2 MO	I
	4005 Total						-
		1					
4008	Data prepared and delivered in accordance with Sections F and J		NSP	NSP .	NSP	NSP	
4010	Host Nation Provider List Services Option Period 4		NSP	NSP	NSP	NSP	
4010AB	Host Nation Provider List Services						FY10
TOTOND .		 	4 MO	2 MO	· 4 MO	2 MO	1110
	Qty/UI Unit Price	(b)(4)	4 MO	1 2 MO	1 4 MO	1 2 MO	¹
	4010AB Total	_ (-/('/					
	TOTOTAL TOTAL	-					
	Grand Total:	-					FY10

C. As a result of	of this modification, the tot	tal obligated amount	t under Delivery O	rder 0008 is increased by
(b)(4)	from $(b)(4)$ to $(b)(4)$		·	•

D. As a result of this modification, the total delivery order value remains unchanged, and all other contract and delivery order terms and conditions remain in full force and effect.

2. AmendmentModification No. 03	AMENDMENT OF SOLICITATION	N/MODIFICATIO	N OF CONTE	RACT	. 1. Contract ID	Code	Page 1	of Pages 4
Section Code Page Code CMB DEPARTMENT OF DEPENSE		l			•	l *		able)
8. Name and Address of Contractor (No., Street, County, and Zip Code) UNITED CONCORDIA COMPANIES, INC. Vendor ID. 00000362	DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PKWY AURORA, CO 80011-9066		DEPARTMENT TRICARE MAN 16401 E. CENTI	OF DI AGEN RETEC	EFENSE MENT ACTIVIT CH PARKWAY	ГҮ/СМ	de H940	02
UNITED CONCORDIA COMPANIES, INC. 4401 DEER PATH ROAD HARRISBURG PA 17110-3907 CAGE: 03XW8 The above numbered solicitation is amended as set forth in term 14. The hour and date specified in the solicitation or as amended. Year of the submitted of the submitt		ounty and Zin Code)		/X) q	A Amendment of	Solicitation No		_
Facility Code	UNITED CONCORDIA COMPANIES, INC. 4401 DEER PATH ROAD	Vendor DUNS: CEC: 8	868941832 68941832	9 1 X H	B. Date (See Item OA. Modification of 194002-05-D-00 OB. Date (See Item	of Contract/Ord		
The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers lie extended lies not extended Offers must acknowledge receipt of this amendment prior to the hour and date specified in the solicitation or as amended, by one of the following methods. (a) By completing items 8 and 15, and returning copies of the smendment (b) By acknowledging receipt of this amendment on each copy of the offer submitted; or (c) By separate letter or telegram which includes a reference to the solicitation and amendment numbers. FAILURE OF YOUR ACKNOWLEDLY IN REJECTION OF YOUR OFFER. If by virtue of this amendment you desire to change an offer already submitted, such change may be made by telegram or letter, provided each telegram or letter makes reference to the solicitation and this amendment, and is received prior to the opening hour and date specified. 12. Accounting and Appropriation Data (*Prequired*) (b) (b) (d) (c) (a) In This ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. (b) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. In item 10A. B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in psying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b) C. This supplemental agreement is entered into pursuant to authority of: D. Other (Specify type of modification and authority) DFARS 252.232-7007 Limitation of Government's Obligation E. IMPORTANT: Contractor X is not, is required to sign this document and return copies to the issuing office. 4. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) A. The purpose of this modification of the document referenced in item 9A or 10A, as herestotive changed, remains unchanged and in f	Code	Facility Code						
9710100130.1889.102000 \$ US (b)(4) 13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. (x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. in item 10A. B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b) C. This supplemental agreement is entered into pursuant to authority of FAR 252.232-7007 Limitation of Government's Obligation E. IMPORTANT: Contractor X is not, is required to sign this document and return copies to the issuing office. D. Other (Specify type of modification of Government's Obligation Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) A. The purpose of this modification to Delivery Order 0008 is to increase the Unit Price/Amount currently specified or CLIN 4004, in order to adjust for increased utilization, and to obligate the additional FY10 funds required to upport the increase for this CLIN. Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect. SEE ATTACHED CONTINUATION SHEET	Offers must acknowledge receipt of this amendment (a) By completing items 8 and 15, and returning submitted; or (c) By separate letter or telegram which MENT TO BE RECEIVED AT THE PLACE DESIGNA IN REJECTION OF YOUR OFFER. If by virtue of this	prior to the hour and date copies of the amend includes a reference to ATED FOR THE RECEIF s amendment you desire	e specified in the sol iment; (b) By acknow the solicitation and a PT OF OFFERS PRIO to change an offer a	icitation rledging mendm DR TO lready s	or as amended, b receipt of this am lent numbers. FAII THE HOUR AND I submitted, such ch	y one of the follendment on ea LURE OF YOU DATE SPECIFI lange may be n	llowing mach copy of the copy	nethods: of the offer OWLEDG- RESULT telegram or
13. THIS ITEM APPLIES ONLY TO MODIFICATIONS OF CONTRACT/ORDERS. IT MODIFIES THE CONTRACT/ORDER NO. AS DESCRIBED IN ITEM 14. (x) A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. In item 10A. B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43. 103 (b) C. This supplemental agreement is entered into pursuant to authority of: D. Other (Specify type of modification and authority) DFARS 252.232-7007 Limitation of Government's Obligation E. IMPORTIANT: Contractor X is not, is required to sign this document and return copies to the issuing office. 4. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) A. The purpose of this modification to Delivery Order 0008 is to increase the Unit Price/Amount currently specified for CLIN 4004, in order to adjust for increased utilization, and to obligate the additional FY10 funds required to support the increase for this CLIN. SEE ATTACHED CONTINUATION SHEET Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect. 15A. Name and Title of Signer (Type or Print). ROSE ROACH Contracting Officer Description of Amendment/Modification of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect. 15A. Name and Title of Contracting Officer (Type or Print) ROSE ROACH Contracting Officer Description of Amendment/Modification of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect. 15B. United Statys of Amendment and the contracting Officer (Type or Print) ROSE ROACH Contracting Officer Description of Contracting Officer Descrip	12. Accounting and Appropriation Data (if required)				· -			
X A. This change order is issued pursuant to: (Specify authority) The changes set forth in item 14 are made in the Contract Order No. In item 10A. B. The above numbered Contract/Order is modified to reflect the administrative changes (such as changes in paying office, appropriation date, etc.) Set fourth item 14, pursuant to the authority of FAR 43.103 (b) C. This supplemental agreement is entered into pursuant to authority of:	13. THIS ITE							
Set fourth item 14, pursuant to the authority of FAR 43.103 (b) C. This supplemental agreement is entered into pursuant to authority of: D. Other (Specify type of modification and authority) DFARS 252.232-7007 Limitation of Government's Obligation E. IMPORTANT: Contractor X is not,						tract Order No.	in item 1	0A.
DFARS 252.232-7007 Limitation of Government's Obligation E. IMPORTANT: Contractor X is not, is required to sign this document and return copies to the issuing office. 4. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) A. The purpose of this modification to Delivery Order 0008 is to increase the Unit Price/Amount currently specified for CLIN 4004, in order to adjust for increased utilization, and to obligate the additional FY10 funds required to support the increase for this CLIN. SEE ATTACHED CONTINUATION SHEET Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect. 15A. Name and Title of Signer (Type or Print). 16A. Name and title of Contracting Officer (Type or Print) ROSE ROACH 303-676-3675 Contracting Officer 15C. Date Signed 16B. United States of America 16C. Date Signed	Set fourth item 14, pursuant to the authority	of FAR 43.103 (b)	<u> </u>	ıch as c	changes in paying	office, appropri	iation dat	e, etc.)
E. IMPORTANT: Contractor X is not, is required to sign this document and return copies to the issuing office. 4. Description of Amendment/Modification (Organized by UCF section headings, including solicitation/contract subject matter where feasible.) A. The purpose of this modification to Delivery Order 0008 is to increase the Unit Price/Amount currently specified for CLIN 4004, in order to adjust for increased utilization, and to obligate the additional FY10 funds required to support the increase for this CLIN. SEE ATTACHED CONTINUATION SHEET Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect. 15A. Name and Title of Signer (Type or Print). ROSE ROACH 303-676-3675 Contracting Officer 15C. Date Signed 16B. United States of America 16C. Date Signed 16C. Dat			ion		-,200			
A. The purpose of this modification to Delivery Order 0008 is to increase the Unit Price/Amount currently specified or CLIN 4004, in order to adjust for increased utilization, and to obligate the additional FY10 funds required to support the increase for this CLIN. EXEE ATTACHED CONTINUATION SHEET Except as provided herein, all terms and conditions of the document referenced in item 9A or 10A, as heretofore changed, remains unchanged and in full force and effect. 15A. Name and Title of Signer (Type or Print). 16A. Name and title of Contracting Officer (Type or Print) ROSE ROACH Contracting Officer pose roach@tma.osd.mil 15B. Contractor/Offeror 15C. Date Signed 16B. United States of America 16C. Date Signed				сор	ies to the issuing o	office.		
15B. Contractor/Offeror 15C. Date Signed 16B. United States of Arrierica 16C. Date Signed	A. The purpose of this modification to I for CLIN 4004, in order to adjust for incupport the increase for this CLIN. SEE ATTACHED CONTINUATION Except as provided herein, all terms and conditions of the do	Delivery Order 000 creased utilization, SHEET	O8 is to increase and to obligate A or 10A, as heretofore 16A. Name a ROSE ROA Contracting	changed nd title of CH	Unit Price/Andditional FY	nount curre 10 funds rea d and in full force cer (Type or F	ently sp quired	to
sell lool 22 Califo	15B. Contractor/Offeror	15C. Date Signed					16C. Da	ate Signed
	(Signature of person authorized to sign)		(Signal	ature of	Contracting Office	er)	225	éb10

(Signature of person authorized to sign)
NSN 7540-01-152-8070
PREVIOUS EDITIONS UNUSABLE

30-105

STANDARD FORM 30 (REV. 10-83)

	SCH	EDULE			
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
4001	TRICARE Dental Program Enrollments	0	EA	NSP	NSP.
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
4001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,186,136	EA	(b)(4)	·
4001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	1,947,192	EA		
4002	Survivor Benefit Enrollments	0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.)			(b)(4)	
4002AA	Single Enrollment Premium Government Share100% (b)(4)	2,024	EA		
4002AB	Family Enrollment Premium Government Share100% (b)(4)	5,092	EA.		
4003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
4004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
4005	DIACAP and Physical & Personnel Security	4	МО		
4008	DATA prepared and delivered in accordance with Sections F and J.	0	LT	NSP	NSP
4010	Host Nation Provider List Services Option Period 4	0	LT	NSP	NSP
4010AB	Host Nation Provider List Services for FY10 Portion of Option Period 4 (Oct. 2009 - Jan. 2010)	4	МО	(b)(4)	

SF30 CONTINUATION SHEET

B. Services ordered under Delivery Order 0008 for Option Period 4 period are hereby funded as follows:

CLIN	Description	Amount Ordered Delivery Order (Prior Obligation Amount	Total Current Obligation Amount	Obligated by this Delivery Order Mod	FY
4001	TDP Enrollments	NSP		NSP	NSP	NSP	
4001AA	Single Enrollment Premium						FYIO
	Qty/UI		136 EA	1,186,136 EA	1,186,136 EA	00 EA	
	Unit Price	_(b)(4)					
	4001 A.A. Total			Ī	Ī	I	.—
4001AB	Family Enrollment Premium						FYIC
	Qty/UI	1,947,1	192 EA	1,947,192 EA	1,947,192 EA	00 EA	
	Unit Price	(b)(4)				•	
	4001AB Total						
					-		
4002	Survivor Benefit Enrollments	NSP		NSP	NSP	NSP	
4002AA	Single Enrollment Premium		•				FYIO
1002/21	Qty/UI	2.0	024 EA	2,024 EA	2,024 EA	00 EA	
	Unit Price	(b)(4)	, <u>, , , , , , , , , , , , , , , , , , </u>	2,02 . 2	2,02.2.1	, , , , , , , , , , , , , , , , , , , ,	'
	4002AA Total						
	1002/11 10102		ı		I	I	,
4002AB	Family Enrollment Premium						FY10
	Qty/UI		092 EA	5.092 EA	5.092 EA	00 EA	
	Unit Price	(b)(4)					
	4002AB Total						
4003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge					-	FYIC
	Qty/UI		1 LT	1 LT	1 LT	0 LT	
	Unit Price	(b)(4)					
	4003 Total	. () ()					
4004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs						FYIC
	Qty/UI		1 LT	1 LT	1 LT	1 LT	
_	Unit Price	(b)(4)					
_	4004 Total	•					
		ĺ					
4005	DIACAP and Physical & Personnel Security	<u> </u>					FYIC
	Qty/UI		4 MO	4 MO	4 MO	0 MO	ļ
	Unit Price	(b)(4)					
	4005 Total	ր –					
4008	Data prepared and delivered in accordance with Sections F and J	NSP		NSP	NSP	NSP	_
4010	Host Nation Provider List Services Option Period 4	NSP		NSP	NSP	NSP	
					-	 ,	
4010AB	Host Nation Provider List Services						FY10
	Qty/UI		4 MO	4 MO	4 MO	0.MO	
,	Unit Price	(b)(4)		7.0.17	- 10H J	11 8/11	
	4010AB Total						
	Grand Total:						FY10

- C. As a result of this modification, the total obligated amount under Delivery Order 0008 is increased by from (b)(4)
- D. As a result of this modification, the total delivery order value remains unchanged, and all other contract and delivery order terms and conditions remain in full force and effect.

				ORDEI	R FOR SUPP	LIES	OR S	SERVICES						PAGE	1 OF
1. CONT	RACT/PUR	H ORD	ER/AGREEMENT NO.	2. DELIVE	RY ORDER/CALL NO.			TE OF ORDER/CAL	LL	4. REQU	SITION/PI	JRCH REQUE	ST NO.	5. PRI	DRITY
	H94002	:05 D 0	001		0008		,	2009 Sep 22		0	9-SCO-	0096			
6. ISSUI				CODE	CMB	7. ADM		RED BY (If Other T	han 6)		ODE H9	4002		8. DEI	IVERY FOB
TRICA 16401 AURC	ARE MAI E. CENT RA, CO	NAGE RETE 8001	DEFENSE MENT ACTIVITY I-9066 303-676-3407 gera	//CMB		TRIC 16401 AURO	ARE E. C	IENT OF DEFI MANAGEME ENTRETECH CO 80011-906	NT AC PARK	TIVITY			_	X P	ESTINATION THER See Schedule If Other)
9. CONT	RACTOR		·	CODE		FA	ACILITY	,				DB POINT BY	(Date)	11. X II	F BUSINESS IS
	UNI	red c	ONCORDIA CON	L IPANIES	. INC.	 VEN	DOR ID	00000362		(777	YMMMDD)	l		l— _s	MALL
			R PATH ROAD		,	CAGE	CODE	: 03XW8		12. DISÇ	OUNT TER	RMS			MALL DISAD- ANTAGED
NAME AND	HAR	RISB	URG PA 17110-39	07			TIN	251687586			N	let 30		H _w	OMEN-OWNED
ADDRE	55									13. MAIL	INVOICES	TO THE ADD	RESS IN	BLOC	C
14. SHIF) TO	ъ .	DI ANIZ	CODEL		15 DAVA	IENT W	ILL BE MADE BY		CODE	:1				MARK ALL
	Oit		BLANK NAGEMENT ACT	CODE					MOE (D		RMF			P,	ACKAGES AND
			NAGEMENT ACT CH PARKWAY	IVIIY				INT OF DEFEI ND ACCOUN			:H			1	PAPERS WITH ENTIFICATION
	RA, CO							NTRETECH P	-	-					NUMBERS IN OCKS 1 AND 2.
			-			AURO	RA, C	O 80011-9066							OOKO 1 AND 2.
16. TYPE	DELIVERY CALL	' X	This delivery order/ca	all is issued	on another Governr	ment age	ncy or	in accordance wit	th and su	ubject to t	erms and	l conditions o	of above	numbe	ered contract.
OF	PURCHAS	_	Reference your												specified herein.
ORDER	FUNCTIAS		ACCEPTANCE . THE HAVE BEEN OR IS N												
——			NTRACTOR d, supplier must sign	Acceptane	SIGNATURE		numbe	er of copies:	TYP	ED NAME	AND TITL	=		ATE SIC	
			ROPRIATION DATA/LO					•							
971010	00130.18	89.102	000(SAF) \$ 0.00)	•							_			
								20.QUANTITY	21.		•	1			
18. IT	EM NO.		19. SCHEDU	LE OF SUP	PLIES/SERVICES			ORDERED/ ACCEPTED*	UNIT	22	2. UNIT P	RICE		23. A	MOUNT
		contra 2009 This I Year	ery Order for Op act H94002-05-D through January Delivery Order is 2010 (FY10) fun isition Regulation	-0001, fo 31, 2010 subject t ds in acc	or the period of a control of the availability or the availability or ance with Fe	Octobe ty of Fi									
*If quai	ntity accepte	d by the	Government is 24. I	JNITED STA	TES OF AMERICA		01	1 - 2/2 3	1/22/	09	25. TOT	AL \$	Τ	(b)(4)
same a	s quantity or	dered, ir	Hinda b. W	OMAS L	GRIFEIN	nale de	Μ	303/6/16-3823	3	1	26 DIEI	ERENCES			,
	quantity orde		_ ву.		tom.griffin@	etma.osd	.mil.	CONTRACTING/OF	DERING	OFFICER					,
_	PEÇTED		MN 20 HAS BEEN RECEIVED ACC	EPTED AN	D CONFORMS TO TH	HE CON	TRACT	// FEXCEPT AS NO	TED:						•
		F AUTH	IORIZED GOVERNME				c. DA			NTED NA	ME AND	TITLE OF AU	THORIZE	ED GO	VERNMENT
							(YYY	YMMDD)	RE	PRESENT	ATIVE				
e. MAI	LING ADD	RESS O	F AUTHORIZED GOVE	RNMENT R	EPRESENTATIVE		28. SH	IIP NO.	29. D.C	. vouch	ER NO.	30. INITIALS	<u> </u>		
	*						- 15	ADTIAL	32. PA	ID BV		33 AMOUN	TVEDIE	IED CC	PRRECT FOR
f. TEL	EPHONE N	UMBER	g. E-MAIL ADDRES				_	ARTIAL INAL	32. FA	ББТ		33. AMOUN	I VENIFI	ILD CC	MALOT FOR
					·		31. PA	YMENT				34. CHECK	NUMBE	R	
	ERTIFY TH		OUNT IS CORRECT A		R FOR PAYMENT. F CERTIFYING OFFI	CER		OMPLETE ARTIAL	ł			35. BILL OF	LADING	NO.	
DA	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		S. S.G.IATORE A					INAL	1			35. SILL VI			
37. RE	CEIVED A	Г 38	. RECEIVED BY (Print)		39. DATE RECEIVE (YYYYMMMDD)		40. TO	T CONTAINERS	41. S/R	ACCOUN	IT NO.	42. S/R VOL	ICHER N	10.	
		- DE		-											

DD1155 CONTINUATION SHEET 2009 Sep 21 H94002-05-D-0001 2 NAME OR ADDRESS OF CONTRACTOR UNITED CONCORDIA COMPANIES, INC. 00000362 20.QUANTITY 21. 18. ITEM NO. 19. SCHEDULE OF SUPPLIES/SERVICES ORDERED/ 22. UNIT PRICE 23. AMOUNT UNIT ACCEPTED* 4001 **NSP** NSP TRICARE Dental Program Enrollments EA (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.) (b)(4)4001AA Single Enrollment Premium 1,186,136 EA Enrollee Share -- 40% (b)(4)Government Share -- 60% Total 4001AB Family Enrollment Premium 1,947,192 EA Enrollee Share -- 40% (b)(4)Government Share -- 60% Total 4002 EA **NSP** NSP Survivor Benefit Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.) (b)(4)4002AA 2,024 EA Single Enrollment Premium Government Share -- 100% (b)(4) 4002AB 5,092 EA Family Enrollment Premium Government Share -- 100% (b)(4) 4003 LT OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge. (Cost Reimburseable Line Item - Cost Plus No Fee) 4004 OCONUS Claims Processing Cost Shares and Additional LT Allowable Charges for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee) 4005 DIACAP and Physical & Personnel Security 4 MO LT **NSP** 0 **NSP** 4008 DATA prepared and delivered in accordance with Sections F and J. LT NSP NSP 4010 Host Nation Provider List Services Option Period 4 (b)(4)4010AB 4 MO Host Nation Provider List Services for FY 10 Portion of Option Period 4 (Oct. 2009 - Jan. 2010)

DATE OF ORDER

CONTRACT/PURCHASE ORDER NO.

OF

AMENDMENT OF SOLICITA	TION/MODIFICAT	TION OF CONTR	RAC	CT 1. Contract J	D Code	Page 1	of Page
2. Amendment/Modification No.	3. Effective Date	4. Requisition/Pur	chase	e Req. No.	5. Project	No. (if appli	icable)
01	134010	10-SC	O-00	54	14	933	
6. Issued By	Code HT9402	7. Administered B	y (If c	other than Item 6)		Code	
DEPARTMENT OF DEFENSE		SEE BLOCK 6					
TRICARE MANAGEMENT ACTIVIT	Y/COD-A						
16401 E. CENTRETECH PKWY							
AURORA, CO 80011-9066							
GERALD OLLIGES 303-676-3407							
8. Name and Address of Contractor (No., Str	reet, County, and Zip Code)	I	(X)	9A. Amendment	of Solicitation	No.	
UNITED CONCORDIA COMPANIES,	INC. Ven	dor ID: 00000362		9B. Date (See It	em 11)		
4401 DEER PATH ROAD	DUI	NS: 868941832					
HARRISBURG PA 17110-3907	CEC	C: 868941832		10A. Modificatio	of Contract/0	Order No.	
	CAG	GE: 03XW8	\mathbf{x}	H94002-05-D-	0001 0009		
			^	10B. Date (See	ltem 13)		<u> </u>
				Sep 22, 2009			
Code	Facility Code						
11.	THIS ITEM ONLY APPLIE	S TO AMENDMENTS	OF SO	OLICITATIONS			
N REJECTION OF YOUR OFFER. If by virtue etter, provided each telegram or letter makes 12. Accounting and Appropriation Data (if recounting and Appropriation Data)	reference to the solicitation	-			-		
9710100130.1889.102000 \$ US (b)		- HODIEIOATIONO OF		UTD 4 OT/OBBES			_
	IIS ITEM APPLIES ONLY T MODIFIES THE CONTRAC				•		
(x) A. This change order is issued pursuant					ontract Order	No. in item	10A.
B. The above numbered Contract/Order Set fourth item 14, pursuant to the au		lministrative changes (s	uch a	as changes in payii	ng office, appr	opriation da	ite, etc.)
C. This supplemental agreement is ente	red into pursuant to authorit	ty of:					
D. Other (Specify type of modification ar							
DFARS 252.232-7007 Limitati			_				_
E. IMPORTANT: Contractor X is not,	is required to sign this of			copies to the issuin			
. Description of Amendment/Modification (O	rganized by UCF section he	eadings, including solicit	ation/	/contract subject m	atter where fea	asible.)	
. The purpose of this modification crease the Quantity/Amount for Statistics to utilization estimates	SLINs 5001AA and S	5001AB and the U	Jnit	Price/Amoun			
-			J	•			

SEE ATTACHED CONTINUATION SHEET

15A. Name and Title of Signer (Type or Print)		16A. Name and title of Contracting Office	r (Type or Print)
		ROSE ROACH	303-676-3675
		Contracting Officer	
		rose.roach@tma.osd.mil	
15B. Contractor/Offeror	15C. Date Signed	16B. United States of America	16C. Date Signed
		bell Joan	1. Sup 10
(Signature of person authorized to sign)	_	(Signature of Contracting Officer)	
NSN 7540-01-152-8070		30-105 STANDARD	FORM 30 (REV. 10-83)

SCHEDULE

	SC	HEDULE			
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
5001	TRICARE Dental Program Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)	0	EA	NSP (b)(4)	NSP
5001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	2,438,250	EA		
5001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	3,849,600	EA		
5002	Survivor Benefit Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.)	0	EA	NSP (b)(4)	NSP
5002AA	Single Enrollment Premium Government Share100% (b)(4)	3,920	EA	(5)(4)	
5002AB	Family Enrollment Premium Government Share100% (b)(4)	9,920	EA		
5003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
5004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)		l		
5005	DIACAP and Physical & Personnel Security	8	MO	1	1
5006	Award Fee Pool	0	EA	NSP	NSP
5006AA	1st 6 Month Period (February through July).	1	EA	(b)(4)	
5006AB	2nd 6 Month Period (August through January).	1	EA		
5007	Phase-Out	0	LT	\$0.00	\$0.00
	(The Phase-out CLIN will only be utilized in the Option Period in which it is required. Only one Phase-out CLIN will be exercised during the life of the contract.)				
8008	DATA prepared and delivered in accordance with Sections F and J.	0	LT	NSP	NSP
5010	Host Nation Provider List Services Option Period 5	0	LT	NSP	NSP
5010AA	Host Nation Provider List Services for FY10 Portion of Option Period 5 (Feb Sept. 2010)	8	МО	(b)(4)	1
010AA	for FY10 Portion of Option Period 5	8	МО		

SF30 CONTINUATION SHEET

B. Services ordered under Delivery Order 0009 for Option Period 5 period are hereby funded as follows:

CLIN	Description	Prior Obligation Amount	Total Current Obligation Amount	Obligated/Deobligated by this Delivery Order Mod	FY					
5001	TDP Enrollments	NSP	NSP	NSP						
5001AA	Single Enrollment Premium				FY10					
	Qty/UI	2,360,000 EA	2,438,250 EA	78,250 EA						
	Unit Price	(b)(4)		,	·					
	5001 AA Total	_ (=/(=/								
5001AB	Family Enrollment Premium				FY1					
	Qty/UI	3,808,000 EA	3,849,600 EA	41,600 EA						
	Unit Price	(b)(4)	2,0 13,000 2.1	12,000						
	5001AB Total	_ (~)(~)								
5002	Survivor Benefit Enrollments	NSP	NSP	NSP						
5002AA	Single Enrollment Premium				FYI					
JUOLITET	Qty/UI	3,920 EA	3,920 EA	0 EA	 -					
	Unit Price	(b)(4)	3,920 LA	ULA	ļ					
	5002AA Total	_(D)(4)								
5002 4 5		_								
5002AB	Family Enrollment Premium				FYI					
	Qty/UI	9,920 EA	9,920 EA_	0 EA						
	Unit Price	(b)(4)								
	5002AB Total	1	I	I						
5003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge				FYI					
	Qty/UI	l LT	1 LT	0 LT						
	Unit Price	(b)(4)								
	5003 Total	_								
5004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs				FYI					
	Qty/UI	1 LT	1 LT	1 LT						
	Unit Price	(b)(4)	,		_					
	5004 Total	_ (*)(*)								
		<u>-</u> 	I	I						
5005	DIACAP and Physical & Personnel Security				FYI					
	Qty/UI	8 MO	8 MO	0 MO	l					
	Unit Price	(b)(4)								
	5005 Total	_	1		.——					
5006	Award Fee Pool	NSP	NSP	NSP						
5006AA	1st 6 Month Period (February through July).				FYI					
	Qty/UI	1 EA	1 EA	0 EA						
	Unit Price	(b)(4)								
	5006AA Total	_								
5006AB	2nd 6 Month Period (August through January).				FYI					
	Qty/UI	1 EA	1 EA	0 EA						
	Unit Price	(b)(4)								
	5006AB Total									
		-								

CLIN	Description	Prior Obligation Amount	Total Current Obligation Amount	Obligated/Deobligated by this Delivery Order Mod	FY
5007	Phase-Out	1 LT	0 LT	0 LT	FY10
	Qty/UI	(b)(4)			
	Unit Price				
	5007 Total				
5008	Data prepared and delivered in accordance with Sections F and J	NSP	NSP	NSP	
5010	Host Nation Provider List Services Option Period 5	NSP	NSP	NSP	
5010AA	Host Nation Provider List Services for FY10 Portion of Option Period 5 (Feb, - Sept. 2010)				FY10
	Qty/UI	8 MO	8 MO	0 MO	
	Unit Price	(b)(4)			
	5010AA Total				
	Grand Total:				FY10

C. As a result of this modification, the total obligated amount under Delivery Order 0009 is decreased by (b)(4) from (b)(4) to (b)(4)

D. As a result of this modification, the total delivery order value has been decreased by $^{(b)(4)}$ from $^{(b)(4)}$ to $^{(b)(4)}$

E. All other contract and delivery order terms and conditions remain in full force and effect.

AMENDMENT OF SOLICITATION	/MODIFICATIO	N OF CONTR	RAC	1. Contract ID	Code	Page of Pages
	3. Effective Date アムルル	4. Requisition/Pure			5. Project No.	o. (if applicable)
6 Januard Ry	Code HT9402	7. Administered By				ode
-	ode H19402	SEE BLOCK 6	y (II O	iner than item 6)	U.	ode
DEPARTMENT OF DEFENSE		SEE BLUCK 0				
TRICARE MANAGEMENT ACTIVITY/COD	7-A					
16401 E. CENTRETECH PARKWAY						
AURORA, CO 80011-9066						
GERALD OLLIGES 303-676-3407			Lan			
8. Name and Address of Contractor (No., Street, Co.	unty, and Zip Code)		(X)	9A. Amendment o	T Solicitation N	
UNITED CONCORDIA COMPANIES, INC. 4401 DEER PATH ROAD		ID: 00000362 868941832		9B. Date (See Iter	n 11)	
HARRISBURG PA 17110-3907	CEC: 8	68941832		10A. Modification	of Contract/Or	der No.
	CAGE:	03XW8	$ _{\mathbf{X}}$	H94002-05-D-00	001 0009	
			^	10B. Date (See Ite	em 13)	
				Jan 26, 2010		
Code	acility Code					
11. THIS I	TEM ONLY APPLIES T	O AMENDMENTS C	OF SC	DLICITATIONS		
The above numbered solicitation is amended as						ed is not extended.
Offers must acknowledge receipt of this amendment p	prior to the hour and dat	e specified in the sol	licitati	on or as amended, l	by one of the f	ollowing methods:
(a) By completing items 8 and 15, and returning	copies of the amend	lment; (b) By acknov	vledgi	ing receipt of this an	nendment on e	each copy of the offer
submitted; or (c) By separate letter or telegram which						
MENT TO BE RECEIVED AT THE PLACE DESIGNA						
IN REJECTION OF YOUR OFFER. If by virtue of this		=		-		• •
letter, provided each telegram or letter makes referen	ce to the solicitation and	I this amendment, ar	nd is 1	received prior to the	opening hour	and date specified.
12. Accounting and Appropriation Data (if required)						
9710100130.1889.102000 \$ US (b)(4)	4 ADDUISO ONI V 70 A	CONTINUE OF	- 001	ITDA OT/ODDEDO		
	A APPLIES ONLY TO NES THE CONTRACT/OR					
(x) A. This change order is issued pursuant to: (Sp					tract Order No	o. in item 10A.
B. The above numbered Contract/Order is modi Set fourth item 14, pursuant to the authority of		istrative changes (se	uch a	s changes in paying	office, approp	priation date, etc.)
C. This supplemental agreement is entered into						
X D. Other (Specify type of modification and author		•				
DFARS 252.232-7007 Limitation of C						
E. IMPORTANT: Contractor X is not, is red. 4. Description of Amendment/Modification (Organized)	equired to sign this docu			opies to the issuing		
A. The purpose of this modification to E reflect adjustments to the Family Enrolln	elivery Order 00	09 is to increase	e the	e Quantity/Am	ount for Sl	LIN 5001AB to
SEE ATTACHED CONTINUATION	SHEET					·
Except as provided herein, all terms and conditions of the doc	cument referenced in item 9	A or 10A, as heretofore	e chan	iged, remains unchang	ed and in full for	ce and effect.
15A. Name and Title of Signer (Type or Print)				tle of Contracting Of		
	•	ROSE ROA		•		3-676-3675
		Contracting		cer		
	•	rose.roach@				
15B. Contractor/Offeror	15C. Date Signed	16B. United				16C. Date Signed

(Signature of person authorized to sign) NSN 7540-01-152-8070 PREVIOUS EDITIONS UNUSABLE

30-105

STANDARD FORM 30 (REV. 10-83)

(Signature of Contracting Officer)

16C. Date Signed

SCHEDULE.

	SCI	HEDULE			
Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
5001	TRICARE Dental Program Enrollments	0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
5001AA	Single Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	2,438,250	EA	(b)(4)	
5001AB	Family Enrollment Premium Enrollee Share 40% (b)(4) Government Share 60% Total	3,850,357	EA		
5002	Survivor Benefit Enrollments	0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.)				
5002AA	Single Enrollment Premium Government Share100% (b)(4)	3,920	EA	(b)(4)	
5002AB	Family Enrollment Premium Government Share100% (b)(4)	9,920	EA		
5003	OCONUS Claims Processing Costs in Excess of Allowable Charge and Equal to or Less Than the Billed charge.	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
5004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs	1	LT		
	(Cost Reimburseable Line Item - Cost Plus No Fee)				
5005	DIACAP and Physical & Personnel Security	8	МО		
5006	Award Fee Pool	0	EA	NSP	NSP
5006AA	1st 6 Month Period (February through July).	1	EA	(b)(4)	
5006AB	2nd 6 Month Period (August through January).	1	EA		
5007	Phase-Out	o	LT	\$0.00	0.00
	(The Phase-out CLIN will only be utilized in the Option Period in which it is required. Only one Phase-out CLIN will be exercised during the life of the contract.)				
5008	DATA prepared and delivered in accordance with Sections F and J.	0	LT	NSP	NSP
5010	Host Nation Provider List Services Option Period 5	o	LT	NSP	NSP
5010AA	Host Nation Provider List Services for FY10 Portion of Option Period 5 (Feb Sept. 2010)	8	МО	(b)(4)	

SF30 CONTINUATION SHEET

B. Services ordered under Delivery Order 0009 for Option Period 5 period are hereby funded as follows:

CLIN	Description	Prior Obligation Amount	Total Current Obligation Amount	Obligated/Deobligated by this Delivery Order Mod	FY				
5001	TDP Enrollments	NSP	NSP	NSP					
5001AA	Single Enrollment Premium				FY10				
	Qty/UI	2,438,250 EA	2,438,250 EA	0 EA					
	Unit Price	(b)(4)							
	5001AA Total	- -	,						
5001AB	Family Enrollment Premium				FY10				
	Qty/UI	3,849,600 EA	3,850,357 EA	757 EA					
	Unit Price	(b)(4)							
	5001AB Total	- ,	1	ī					
5002	Survivor Benefit Enrollments	NSP	NSP	NSP					
5002AA	Single Enrollment Premium				FY10				
	Qty/UI	3,920 EA	3,920 EA	0 EA					
-	Unit Price	(b)(4)	,	,					
	5002AA Total	_ `							
5002 A D		_			FY10				
5002AB	Family Enrollment Premium	9,920 EA	9,920 EA	0 EA	FIIU				
	Qty/UI Unit Price	(b)(4)	9,920 EA	U EA	ا <u> </u>				
_		_(D)(4)							
	5002AB Total	-	1	1	.——				
5003	Overseas Claims Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge				FY10				
	Qty/UI	1 LT	1 LT	0 LT					
-	Unit Price	(b)(4)							
	5003 Total								
5004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs	-			FY10				
	Qty/UI	1 LT	1 LT	1 LT					
	Unit Price	(b)(4)							
	5004 Total	_(*/(/							
5005	DIACAP and Physical & Personnel Security	1							
3003	Qty/UI	8 MO	0.140		FY10				
	Unit Price	8 MO _(b)(4)	8 MO	0 MO	I				
	5005 Total	_ (5)(4)							
5006	Award Fee Pool	NSP	NSP	NSP					
5006AA	1st 6 Month Period (February through July).				FY10				
	Qty/UI	1 EA	1 F.A	0 FA	F 1 10				
	Unit Price	(b)(4)	. IEA	. ΩΨΔ					
	5006AA Total	- ` / ` /							
5006AB	2nd 6 Month Period (August through January).				FY10				
	Qty/UI	1 EA	1 EA	0 EA	l				
	Unit Price	(b)(4)		·					
	5006AB Total	_		,	<u> </u>				
			I	1					

H94002-05-D-0001 0009 MOD NO. 02

CLIN	Description	Prior Obligation Amount	Total Current Obligation Amount	Obligated/Deobligated by this Delivery Order Mod	FY	
5007	Phase-Out	0 LT	0 LT	0 LT	FY10	
	Qty/UI	\$0.00	\$0.00	\$0.00		
	Unit Price	\$0.00	\$0.00	\$0.00)		
	5007 Total	_				
5008	Data prepared and delivered in accordance with Sections F and J	NSP	NSP	NSP		
5010	Host Nation Provider List Services Option Period 5	NSP	NSP	NSP		
5010AA	Host Nation Provider List Services for FY10 Portion of Option Period 5 (Feb, - Sept. 2010)				FY10	
	Qty/UI	8 MO	8 MO	0 MO		
	Unit Price	(b)(4)				
	5010AA Total					
	Grand Total:				FY10	

C. As a result of this modification, the total obligated amount under Delivery Order 0009 is increased by $^{(b)(4)}$ from $^{(b)(4)}$ to $^{(b)(4)}$

D. As a result of this modification, the total delivery order value has been increased by (b)(4) from (b)(4) (b)(4)

E. All other contract and delivery order terms and conditions remain in full force and effect.

				ORDE	R FOR SUPP	LIES (OR S	ERVICES				_		PAGE 1 OF 2
1. CONT	RACT/PUR	H ORDE	R/AGREEMENT NO.	2. DELIVE	RY ORDER/CALL NO.			TE OF ORDER/CAL	щ	4. REQUI	SITION/P	URCH REQUEST	NO.	5. PRIORITY
	Н	40020	5D0001		0009		•	<i>үмммоо)</i> 010 Jan 26			10-SC	CO-0021		
6. ISSUE	D BY			CODE	CMB	7. ADM	INISTER	RED BY (If Other T	han 6)	C	ODE H9	4002		8. DELIVERY FOB
TRICA 16401 AURO	ARE MA E. CENT RA, CO	NAGE RETE 80011	DEFENSE MENT ACTIVITY CH PKWY -9066 303-676-3407 gera	//CMB	s.ctr@tma.osd.mil	TRICA 16401 AURO	ARE N E. CI	ENT OF DEF MANAGEME ENTRETECH CO 80011-906	NT AC PARK		//CM		•	X DESTINATION OTHER (See Schedule If Other)
9. CON1	RACTOR	_		CODE		FA	CILITY				ER TO FO	OB POINT BY (C	ate)	11. X IF BUSINESS IS
	UNI	TED C	ONCORDIA CON	1PANIES	S, INC.	VEN	DOR ID	00000362						SMALL
NAME	4401	DEER	PATH ROAD			CAGE	CODE	03XW8		12. DISCO	DUNT TEI	RMS		SMALL DISAD- VANTAGED
AND ADDRES		RISBU	JRG PA 17110-39	07			ΠN	251687586		13. MAIL		Vet 30 S TO THE ADDR	ESS IN	WOMEN-OWNED
44 CUID	70			CODEL		4E DAVN	ENT M	ILL BE MADE BY		CODE		•		MARK ALL
14. SHIP	Oit		BLANK	CODE					NOD (D		RMF	_		MARK ALL PACKAGES AND
16401		RETE	IAGEMENT ACT CH PARKWAY 9066	IVITY		FINAN 16401 E	CE AI E. CEN	NT OF DEFE ND ACCOUN NTRETECH P O 80011-9066	TING I	BRANC	Н			PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.
16.	DELIVERY CALL	' x	This delivery order/c	all is issued	d on another Governm	ment ager	ncy or i	in accordance wil	th and si	ubject to t	erms and	d conditions of	above	numbered contract.
TYPE OF ORDER	PURCHAS	E			TOR HEREBY ACCEPTED, SUBJECT TO AL						ED PURC	CHASE ORDER	AS IT N	
	his box is	marked	TRACTOR , supplier must sign ROPRIATION DATA/LO		SIGNATURE		numbe	er of copies:	TYPI	ED NAME /	AND TITL	E		ATE SIGNED YYYMMMDD)
971010	00130.18	89.102	000 (b)(4)							,				· · · · · ·
18. IT	EM NO.		19. SCHEDU	LE OF SUF	PPLIES/SERVICES			20.QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22	. UNIT F	PRICE		23. AMOUNT
		H9400	ery Order for Op 02-05-D-0001, fo gh September 30	or the pe			0							
				•										
same a If differ	s quantity or	dered, ind tual quan	ficate by X. tity accepted RO	SE ROAG	, , -	fo		/ <u>30</u> 3-676-367 <u>5</u>			25. TO1	FERENCES		(b)(4)
27a. Q	UANTITY I	N COLŪI	MN 20 HAS BEEN		t rose.roach@	gtma.osg.	<u>.mii C</u>	CONTRACTING/OR	RDERING	OFFICER			<u> </u>	
	PECTED				ID CONFORMS TO TH	HE CON	TRACT	EXCEPT AS NO	TED:					
b. SIG	NATURE C	F AUTH	ORIZED GOVERNMEN	IT REPRES	SENTATIVE		c. DAT	TE (MMDD)		NTED NAM PRESENT		TITLE OF AUTH	IORIZE	D GOVERNMENT
e. MAI	LING ADDI	RESS OF	AUTHORIZED GOVE	RNMENT R	REPRESENTATIVE		28. SHI	IP NO.	29. D.O	. VOUCHI	ER NO.	30. INITIALS		
f. TELE	PHONE N	JMBER	g. E-MAIL ADDRES	s			FI	ARTIAL NAL YMENT	32. PAI	D BY		33. AMOUNT		ED CORRECT FOR
	ERTIFY TH		OUNT IS CORRECT AN		R FOR PAYMENT.		_	OMPLETE]					
4. UAI	- <i> </i>		D. SIGNATURE AT	10 IIILE O	F CERTIFING OFFIC	-	_	ARTIAL NAL	1			35. BILL OF L	ADING	NO
37. RE	CEIVED AT	38.	RECEIVED BY (Print)		39. DATE RECEIVE (YYYYMMMDD)	D		T CONTAINERS	41. S/R	ACCOUN	T NO.	42. S/R VOUC	HER NO	o
DD E	DRM 115	E DEC	2004					_	<u> </u>			L		

H94002-05-D-0001 2010 Jan 26 2 NAME OR ADDRESS OF CONTRACTOR UNITED CONCORDIA COMPANIES, INC. 00000362 20.QUANTITY ORDERED/ 21. 22. UNIT PRICE 18. ITEM NO. 19. SCHEDULE OF SUPPLIES/SERVICES 23. AMOUNT UNIT ACCEPTED* 5001 NSP **NSP** EA TRICARE Dental Program Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.) (b)(4)5001AA Single Enrollment Premium 2,360,000 EA Enrollee Share -- 40% (b)(4)Government Share -- 60% Total 5001AB Family Enrollment Premium 3,808,000 EA Enrollee Share -- 40% (b)(4)Government Share -- 60% Total 5002 Survivor Benefit Enrollments EA NSP NSP (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.) 5002AA Single Enrollment Premium 3,920 EA (b)(4)Government Share -- 100% (b)(4) 5002AB 9.920 EA Family Enrollment Premium Government Share -- 100% (b)(4) 5003 OCONUS Claims Processing Costs in Excess of LT Allowable Charge and Equal to or Less Than the Billed charge. (Cost Reimburseable Line Item - Cost Plus No Fee) 5004 OCONUS Claims Processing Cost Shares and Additional LT Allowable Charge for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee) 5005 DIACAP and Physical & Personnel Security 8 MO 5006 Award Fee Pool 0 EA NSP NSP 5006AA 1st 6 Month Period (February through July). (b)(4)EA 5006AB 2nd 6 Month Period (August through January). EA 5007 Phase-Out LT (The Phase-out CLIN will only be utilized in the Option Period in which it is required. Only one Phase-out CLIN will be exercised during the life of the contract.) 5008 DATA prepared and delivered in accordance with LT NSP **NSP** Sections F and J. 5010 Host Nation Provider List Services 0 LT NSP NSP Option Period 5 (b)(4)5010AA Host Nation Provider List Services MO for FY10 Portion of Option Period 5 (Feb. - Sept. 2010)

DATE OF ORDER

DD1155 CONTINUATION SHEET

CONTRACT/PURCHASE ORDER NO.

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OF

			ORDE	R FOR SUPP	LIES	OR S	SERVICES				•		PAGE 1 OF	
1. CONTRACT/PUF	CH ORI	DER/AGREEMENT NO.	2. DELIVE	2. DELIVERY ORDER/CALL NO.			3. DATE OF ORDER/CALL (YYYYMMMDD)			4. REQUISITION/PURCH REQUEST NO.			5. PRIORITY	
H94	002051	D0001		0010			2010 Sep 30			10-SCO-(
6. ISSUED BY			CODE	CODE HT9402 7. A			DMINISTERED BY (If Other Than 6)			CODE HT9402			8. DELIVERY FOB	
TRICARE MANAGEMENT ACTIVITY/COD-A 16401 E. CENTRETECH PARKWAY 16							DEPARTMENT OF DEFENSE FRICARE MANAGEMENT ACTIVITY/CM 16401 E. CENTRETECH PARKWAY AURORA, CO 80011-9066							
9. CONTRACTOR CODE							FACILITY				10. DELIVER TO FOB POINT BY (Date) (YYYYMMMDD)			
UN	ITED	CONCORDIA C	OMPANIES	S, INC.	NC. VENDOR ID 00000362								SMALL	
NAME		R PATH ROAD					CAGE CODE 03XW8			12. DISCOUNT TERMS			SMALL DISAD- VANTAGED	
AND HA ADDRESS	RRISE	BURG PA 17110-	3907	07			TIN 251687586			Net 30 13. MAIL INVOICES TO THE ADDRESS IN			WOMEN-OWNED BLOCK	
14. SHIP TO UIt Dest: BLANK				CODE HT9402 15.			, PAYMENT WILL BE MADE BY				CODE			
DEPARTMEN		DEFENSE EMENT ACTIVI		PARTMENT OF DEFENSE (RMF)							PACKAGES AND PAPERS WITH			
		EMENT ACTIVI ECH PARKWAY	AND ACCOUNTING BRANCH CENTRETECH PARKWAY						IDENTIFICATION NUMBERS IN					
AURORA, CO 80011-9066 AURORA, CO 80011-9066												BLOCKS 1 AND 2.		
16. DELIVER	^{Y/} X	This delivery order/call is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract.												
OF PURCUA		Reference your Furnish the following on terms specified herein												
ORDER PURCHA	SE	ACCEPTANCE . T HAVE BEEN OR IS	HE CONTRAC	TOR HEREBY ACCE	PTS THE (OFFER TERM	REPRESENTED IS AND CONDITION	BY THE	NUMBERI FORTH, A	ED PURC	HASE ORDER	AS IT I	MAY PREVIOUSLY HE SAME.	
	Ī													
NAM	E OF C	ONTRACTOR	_	SIGNATURI	E			TYP	ED NAME /	AND TITL	<u> </u>		ATE SIGNED	
If this box i	s mark	ed, supplier must s	gn Acceptan	nce and return the fo	ollowing i	numbe	er of copies:	_	-				TTT WILLIAM DO	
9711110130.1		PROPRIATION DATA/			_									
7/11110130.1	007.10	2000(3AI') \$0	00											
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICES							21. 22. UNIT PRICE			23. AMOUNT		
Delivery Order for Option Period 5 Services under contract H94002-05-D-0001, for the period of October 2010 through January 31, 2011.														
	Year	This Delivery Order is subject to the availability of large at 2011 (FY11) funds in accordance with Federal Acquisition Regulation clause 52.232-19.												
*If quantity accepted by the Government is 24. UNITED STATES OF AMERICA										25. TO1	AL \$		(b)(4)	
If different, enter	actual qu	lered, indicate by X. ual quantity accepted ROSE ROACHAL				10ac 303-676-3675				26. DIFI	ERENCES		- ,	
below quantity ordered and encircle. By: rose.roach@tma.osd.mil CONTRACTING/ORDERING OFFICER 27a. QUANTITY IN COLUMN 20 HAS BEEN														
INSPECTED RECEIVED ACCEPTED AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED:														
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE C. DATE (YYYYMMDD)									d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE							28. SHIP NO.		29. D.O. VOUCHER NO.		30. INITIALS			
4 TELEPHONE WHATER L. E. MAN. ADDITION						_	PARTIAL 32. PAI		ID BY 33. AMOUNT VER		VERIF	ED CORRECT FOR		
f. TELEPHONE	MUMBE	R g. E-MAIL ADDF	E 5 5	_		31. PAYMENT		1			34. CHECK NUMBER		₹	
36. I CERTIFY T		COUNT IS CORRECT				COMPLETE								
	UL	, D. SIGNATURE	AND HILE	ID TITLE OF CERTIFYING OFFICE		PARTIAL FINAL			35		35. BILL OF L	35. BILL OF LADING NO.		
37. RECEIVED	\Т 3	8. RECEIVED BY (Pri	nt)	39. DATE RECEIVE (YYYYMMMDD)			T CONTAINERS	41. S/R ACCOUNT NO. 42. S/R VOUCHER N			О.			
DD FORM 11	55, DE	C 2001		PRFVI	IOUS EDIT	ION IS	ORSOLETE				L			

CONTRACT/PURCHASE ORDER NO. **DD1155 CONTINUATION SHEET** H94002-05-D-0001 2010 Sep 30 3 NAME OR ADDRESS OF CONTRACTOR 00000362 UNITED CONCORDIA COMPANIES, INC. **20.QUANTITY** 21. ORDERED/ 22. UNIT PRICE 23. AMOUNT 18. ITEM NO. 19. SCHEDULE OF SUPPLIES/SERVICES UNIT ACCEPTED* **NSP NSP** 5001 EA TRICARE Dental Program Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.) (b)(4)5001AC Single Enrollment Premium 1,236,188 EA (b)(4)Enrollee Share -- 40% Government Share -- 60% Total (FY11 portion of Option Period 5, 4 months: Oct 2010 - Jan 2011) (9711110130.1889.102000) 5001AD Family Enrollment Premium 1,948,860 EA Enrollee Share -- 40% (b)(4)Government Share -- 60% Total (FY11 portion of Option Period 5, 4 months: Oct 2010 - Jan 2011) (9711110130.1889.102000) 5002 **NSP** EA **NSP** Survivor Benefit Enrollments (Requirements Line Item) (This is a requirements CLIN and the quantity indicated in the SLINs is estimated; therefore, the U/P and Amount for each SLIN is Estimated.) (b)(4)5002AC Single Enrollment Premium 2,040 EA Government Share -- 100% (b)(4) (FY11 portion of Option Period 5, 4 months: Oct 2010 - Jan 2011) (9711110130.1889.102000) 5002AD Family Enrollment Premium 4,564 EA Government Share -- 100% (b)(4) (FY11 portion of Option Period 5, 4 months: Oct 2010 - Jan 2011) (9711110130.1889.102000) 5003 OCONUS Claims Processing Costs in Excess of LT **NSP NSP** Allowable Charge and Equal to or Less Than the Billed charge. (Cost Reimburseable Line Item - Cost Plus No Fee) 5003AB (b)(4)OCONUS Claims Processing Costs in Excess of LT Allowable Charge and Equal to or Less Than the Billed charge. (FY11 portion of Option Period 5, 4 months: Oct 2010 - Jan 2011) (9711110130.1889.102000)

DATE OF ORDER

OF

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H94002-05-D-0001 2010 Sep 30 3 NAME OR ADDRESS OF CONTRACTOR 00000362 UNITED CONCORDIA COMPANIES, INC. 20.QUANTITY ORDERED! ACCEPTED* 19. SCHEDULE OF SUPPLIES/SERVICES 22. UNIT PRICE 23. AMOUNT 18. ITEM NO. UNIT LT **NSP** NSP 5004 OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee) (b)(4)5004AB LT OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs. (FY11 portion of Option Period 5, 4 months: Oct 2010 - Jan 2011) (9711110130.1889.102000) NSP **NSP** 5005 0 MO DIACAP and Physical & Personnel Security (b)(4)5005AB MO DIACAP and Physical & Personnel Security (FY11 portion of Option Period 5, 4 months: Oct 2010 - Jan 2011) (9711110130.1889.102000) 5008 DATA prepared and delivered in accordance with LT NSP **NSP** Sections F and J. 5010 Host Nation Provider List Services 0 LT NSP **NSP** Option Period 5 (b)(4)5010AB MO Host Nation Provider List Services (FY11 portion of Option Period 5, 4 months: Oct 2010 - Jan 2011) (9711110130.1889.102000)

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DD1155 CONTINUATION SHEET

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