AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
01	9/14/06	06-SCO-0019	14157

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
SEE BLOCK 6

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code | Facility Code

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0001

10B. Date (*See Item 13*)
Jan 6, 2006

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9706060130.1889.102000 $ 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 FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)

X C. This supplemental agreement is entered into pursuant to authority of:
By mutual agreement of the parties

D. Other (*Specify type of modification and authority*)

E. IMPORTANT: Contractor ☐ is not, X is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

The purpose of this modification is to increase and fund additional quantities and total amounts under CLINs and subCLINs 1001AA, 1001AB, 1002AA, 1002AB, and 1004; revise units of issue for CLINs 1003 and 1004, and add and fund SubCLIN 1006AB to Delivery Order 0001, to allow payment for required performance of Option Period 1 (February 1, 2006 through January 31, 2007) services.

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*)
Lawrence D. McKinley, D.D.S.
TDP Vice President and Program Manager

16A. Name and title of Contracting Officer (*Type or Print*)
THOMAS L GRIFFIN 303 676-3823
CONTRACTING OFFICER
tom.griffin@tma.osd.mil

15B. Contractor/Offeror
L.D. McKinley DDS
(Signature of person authorized to sign)

15C. Date Signed
Sept 13, 2006

16B. United States of America
Thomas L Griffin
(Signature of Contracting Officer)

16C. Date Signed
9/14/06

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
02	11/24/08	09-CMB-0073	14157

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

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

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0001

10B. Date (*See Item 13*)
Jan 6, 2006

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9706060130.1889.102000 $ 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)

X C. This supplemental agreement is entered into pursuant to authority of:
DFARS 252.232-7007 Limitation of Government's Obligation

D. Other (*Specify type of modification and authority*)

E. IMPORTANT: Contractor ☐ is not, X is required to sign this document and return 1 copies to the issuing office.

14. 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 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 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*)	
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 (Signature of person authorized to sign)	15C. Date Signed 11/21/2008	16B. United States of America (Signature of Contracting Officer)	16C. Date Signed 11/24/08

SCHEDULE

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

SF30 CONTINUATION SHEET

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	Unit Price	Amount		Qty/Unit	Unit Price	Amount
1001AB	3,600,000 EA	(b)(4)			3,565,000 EA	(b)(4)	
1003	1LT				1LT		
1004	1LT				1LT		

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	Amount Ordered on Delivery 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
	Qty/UI	2,021,716 EA	2,021,716 EA	2,021,716 EA	0 EA	
	Unit Price	(b)(4)				
	1001AA Total					
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)				
	1001AB Total					
1002	Survivor Benefit Enrollments	NSP	NSP	NSP	NSP	
1002AA	Single Enrollment Premium					FY06
	Qty/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	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)				
	1004 Total					

CLIN	Description	Amount Ordered on Delivery Order 0001	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 Total					
1006AA	Award Fee Pool 1st 6 Month Period (February through July)					FY06
	Qty/UI	1 LT	1 LT	1 LT	0 LT	
	Unit Price	(b)(4)				
	1006AA Total					
1006AB	Award Fee Pool 2nd 6 Month Period (August through January).					FY06
	Qty/UI	1 LT	1 LT	1 LT	0 LT	
	Unit Price	(b)(4)				
	1006AB Total					
	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 (b)(4) 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.

ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH ORDER/AGREEMENT NO.	2. DELIVERY ORDER/CALL NO.	3. DATE OF ORDER/CALL (YYYYMMMDD)	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY
H9400205D0001	0001	1/6/06	06-SCOO-0021	S10

6. ISSUED BY CODE CMB

DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY (CMB)
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066
JACKIE SCRIPTURE 303 676-3711 jackie.scripture@tma.osd.mil

7. ADMINISTERED BY *(If Other Than 6)* CODE CMB

DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 EAST CENTRETECH PARKWAY
AURORA, CO 80011-9066

8. DELIVERY FOB
[X] DESTINATION
[ ] OTHER *(See Schedule If Other)*

9. CONTRACTOR CODE

NAME AND ADDRESS
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-9412

FACILITY
VENDOR ID 00000362
CAGE CODE 03XW8
TIN 251687586

10. DELIVER TO FOB POINT BY *(Date)* *(YYYYMMMDD)*: 2007 Jan 31

11. X IF BUSINESS IS
[ ] SMALL
[ ] SMALL DISAD-VANTAGED
[ ] WOMEN-OWNED

12. DISCOUNT TERMS: Net 30

13. MAIL INVOICES TO THE ADDRESS IN BLOCK: See Block 14.

14. SHIP TO Ult Dest: BLANK CODE ZD06

DOD/TRICARE MANAGEMENT ACTIVITY
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

15. PAYMENT WILL BE MADE BY CODE RMF

DEPARTMENT OF DEFENSE (RMF)
FINANCE AND ACCOUNTING BRANCH
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.

16. TYPE OF ORDER

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.
PURCHASE		Reference your — Furnish the following on terms specified herein.
		ACCEPTANCE. THE CONTRACTOR HEREBY 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

97060601301889102000 (b)(4) 1/6/2006

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
1001AA	Delivery Order for Option Period 1 Services under H94002-05-D-0001 for the period, February 1, 2006 through September 30, 2006. Single Enrollment Premium Enrollee Share – 40% Government Share – 60% Total (b)(4)	2,000,000	EA	(b)(4)	

*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA
THOMAS L. GRIFFIN 303-676-3823
By: Tom.Griffin@tma.osd.mil CONTRACTING/ORDERING OFFICER

25. TOTAL $ (b)(4)

26. DIFFERENCES

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

f. TELEPHONE NUMBER | g. E-MAIL ADDRESS | [ ] PARTIAL [ ] FINAL | 32. PAID BY | 33. AMOUNT VERIFIED CORRECT FOR

31. PAYMENT [ ] COMPLETE [ ] PARTIAL [ ] FINAL | 34. CHECK NUMBER

36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.
a. DATE *(YYYYMMMDD)* | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | 35. BILL OF LADING NO.

37. RECEIVED AT | 38. RECEIVED BY *(Print)* | 39. DATE RECEIVED *(YYYYMMMDD)* | 40. TOT CONTAINERS | 41. S/R ACCOUNT NO. | 42. S/R VOUCHER NO.

DD1155 CONTINUATION SHEET	DATE OF ORDER	CONTRACT/PURCHASE ORDER NO.	PAGE	OF
	~~2005 Jan~~ 1/6/06	MDA906-05-D-0001/0001	2	2

NAME OR ADDRESS OF CONTRACTOR
UNITED CONCORDIA COMPANIES, INC. 00003018

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20.QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
1001AB	Family Enrollment Premium Enrollee Share -- 40% $26.27 Government Share -- 60% (b)(4) Total	3,600,000	EA	(b)(4)	
1002AA	Single Enrollment Premium Government Share – 100% (b)(4)	3,360	EA		
1002AB	Family Enrollment Premium Government Share – 100% (b)(4)	7,936	EA		
1003	Overseas 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)	8	MO		
1004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs (Cost Reimburseable Line Item – Cost Plus No Fee)	8	MO		
1005	DITSCAP and Physical & Personnel Security	8	MO		
1006AA	1st 6 Month Period (February through July)	1	EA		

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	5

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
01	Oct 1, 2006	07-CMB-0005	14157

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

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X)	
	9A. Amendment of Solicitation No.
	9B. Date (*See Item 11*)
X	10A. Modification of Contract/Order No. H94002-05-D-0001 0002
	10B. Date (*See Item 13*) Sep 18, 2006

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9707070130.1889.102000 $ 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 FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)
	C. This supplemental agreement is entered into pursuant to authority of:
X	D. Other (*Specify type of modification and authority*) Funding is subject to the conditions of the FY 2007 Continuing Resolution Authority, (cont'd below)

E. IMPORTANT: Contractor X is not, ☐ is required to sign this document and return ____ copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

Under the conditions of the FY2007 Continuing Resolution Authority, funding for the period of performance of October 2006 through November 2006 is hereby obligated in the amount of (b)(4) for the contract services listed in Paragraph A. Reference: Requisition/ Purchase Request 06-SCO-0021 (SEE ATTACHED CONTINUATION SHEETS)

Cont'd from 12.D. above: "... HR 5631, the Department of Defense Appropriations Act 2007".

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*) THOMAS L GRIFFIN 303 676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 10/3/06

SCHEDULE

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% Government Share -- 60% Total	1029800	EA	(b)(4)	
1001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total	1784000	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%	1920	EA	(b)(4)	
1002AB	Family Enrollment Premium Government Share -- 100%	4436	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	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

SCHEDULE

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

SF30 CONTINUATION SHEET

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)			
	1001AA Total					
1001AB	TDP Family Enrollment Premium					FY07
	Qty/UI		1,784,000 EA	892,000 EA	892,000 EA	
	Unit Price		(b)(4)			
	1001AB Total					
1002	Survivor Benefit Enrollments					
1002AA	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)			
	1003 Total					
1004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs					FY07
	Qty/UI		1 LT	1 LT	1 LT	
	Unit Price		(b)(4)			
	1004 Total					

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/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	5

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
02	11/7/06	07-CMB-0057	14157

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

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)

UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code | Facility Code

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0002

10B. Date (*See Item 13*)
Sep 18, 2006

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9707070130.1889.102000 $ 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 FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)

C. This supplemental agreement is entered into pursuant to authority of:

X D. Other (*Specify type of modification and authority*)
Funding is subject to the conditions of the FY 2007 Continuing Resolution Authority, (cont'd below)

E. IMPORTANT: Contractor X is not, ☐ is required to sign this document and return ____ copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

Under the conditions of the FY2007 Continuing Resolution Authority, funding for the performance of services for the month of December 2006 is hereby obligated in the amount of (b)(4) for the contract services listed in paragraph A. Reference: Requisition /Purchase Request 06-SCI-0021 (SEE ATTACHED CONTINUATION SHEETS)

Cont'd from 12.D. above: "...HR 5631, the Department of Defense Appropriations Act 2007".

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*)	
		THOMAS L GRIFFIN 303 676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 11/7/06

SCHEDULE

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% Government Share -- 60% Total	1029800	EA	(b)(4)	
1001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total	1784000	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%	1920	EA	(b)(4)	
1002AB	Family Enrollment Premium Government Share -- 100%	4436	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	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

SCHEDULE

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

SF30 CONTINUATION SHEET

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					
1001AA	TDP Single Enrollment Premium	Mod 01 & Mod 02				FY07
	Qty/UI		1,029,800 EA	772,350 EA	257,450 EA	
	Unit Price		(b)(4)			
	1001AA Total					
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 Premium	Mod 01 & Mod 02				FY07
	Qty/UI		1,920 EA	1,440 EA	480 EA	
	Unit Price		(b)(4)			
	1002AA Total					
1002AB	Family 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)			
	1003 Total					
1004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	Mod 01 & Mod 02				FY07
	Qty/UI		1 LT	1 LT	1 LT	
	Unit Price		(b)(4)			
	1004 Total					
1005	DITSCAP and Physical & Personnel Security	Mod 01 & Mod 02				FY07
	Qty/UI		4 MO	3 MO	1 MO	
	Unit Price		(b)(4)			
	1005 Total					
	Grand Total					

B. The balance of FY07 funding for the remainder of the performance period, i.e., the month of January, remains subject to availability of FY07 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/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
03	12/15/06	07-CMB-0093	14157

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

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code | Facility Code

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0002

10B. Date (*See Item 13*)
Sep 18, 2006

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9707070130.1889.102000 $ 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 FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)

C. This supplemental agreement is entered into pursuant to authority of:

X D. Other (*Specify type of modification and authority*)
Funding is subject to the conditions of the FY2007 Continuing Resolution Authority. (cont'd below)

E. IMPORTANT: Contractor X is not, ☐ is required to sign this document and return copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

Under the conditions of the FY2007 Continuing Resolution Authority, funding for the performance of services for the month of January 2007 is hereby obligated in the amount of (b)(4) for the contract services listed in paragraph A. Reference: Requisition /Purchase Request 06-SCO-0021 (SEE ATTACHED CONTINUATION SHEETS)

Cont'd from 12.D. above: "...HR 5631, the Department of Defense Appropriations Act 2007".

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*)	
		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 12/15/06

SCHEDULE

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% Government Share -- 60% Total	1029800	EA	(b)(4)	
1001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total	1784000	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%	1920	EA	(b)(4)	
1002AB	Family Enrollment Premium Government Share -- 100%	4436	EA		
1003	Overseas 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		
1004	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	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.

SF30 CONTINUATION SHEET

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					
1001AA	TDP Single Enrollment Premium	Mod 01 & Mod 02				FY07
	Qty/UI		1,029,800 EA	1,029,800 EA	257,450 EA	
	Unit Price		(b)(4)			
	1001AA Total					
1001AB	TDP Family Enrollment Premium	Mod 01 & Mod 02				FY07
	Qty/UI		1,784,000 EA	1,784,000 EA	446,000 EA	
	Unit Price		(b)(4)			
	1001AB Total					
1002	Survivor Benefit Enrollments					
1002AA	Single Enrollment Premium	Mod 01 & Mod 02				FY07
	Qty/UI		1,920 EA	1,920 EA	480 EA	
	Unit Price		(b)(4)			
	1002AA Total					
1002AB	Family Enrollment Premium	Mod 01 & Mod 02				FY07
	Qty/UI		4,436 EA	4,436 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)			
	1003 Total					
1004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs	Mod 01 & Mod 02				FY07
	Qty/UI		1 LT	1 LT	1 LT	
	Unit Price		(b)(4)			
	1004 Total					
1005	DITSCAP and Physical & Personnel Security	Mod 01 & Mod 02				FY07
	Qty/UI		4 MO	4 MO	1 MO	
	Unit Price		(b)(4)			
	1005 Total					
	Grand Total					

B. 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)

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

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	3

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
04	1/3/2007	07-SCO-0013	14157

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

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0002

10B. Date (*See Item 13*)
Sep 18, 2006

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

[ ] The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers [ ] is extended [X] is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9707070130.1889.102000 $ US 0.00

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 FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)

C. This supplemental agreement is entered into pursuant to authority of:

X D. Other (*Specify type of modification and authority*)
The mutual agreement of the contractual parties

E. IMPORTANT: Contractor [ ] is not, [X] is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

The purpose of this modification is to realign funding from CLIN 1003 to subCLIN 1002AB to allow for payment of additional Option Period 1 services required to be performed during the months of December 2006 and January 2007.

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 (*Type or Print*)	
Lawrence D. McKinley, D.D.S. TDP Vice President and Program Manager		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror LD. McKinley DDS (Signature of person authorized to sign)	15C. Date Signed 12/19/06	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 1/3/2007

NSN 7540-01-152-8070 30-105 **STANDARD FORM 30** (REV. 10-83)
PREVIOUS EDITIONS UNUSABLE Prescribed by GSA FAR (48 CFR) 53.243

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
1002AB	Family Enrollment Premium Government Share -- 100% (b)(4)	4488	EA	(b)(4)	
1003	Overseas 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		

SF30 CONTINUATION SHEET

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 Processing Costs in Excess of Allowable Charge and Equal to or Less than the Billed Charge	Mod 01, Mod 02 , Mod 03 & Mod 04				FY07
	Qty/UI		1 LT	1 LT	1 LT	
	Unit Price		(b)(4)			
	1003 Total					
1002AB	Family Enrollment Premium	Mod 01, Mod 02 , Mod 03 & Mod 04				FY07
	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.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	3

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
05	2/28/07	07-SCO-0036*A02	14157

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

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0002

10B. Date (*See Item 13*)
Sep 18, 2006

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9707070130.1889.102000 $ 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 FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)

X C. This supplemental agreement is entered into pursuant to authority of:
The mutual agreement of the parties.

D. Other (*Specify type of modification and authority*)

E. IMPORTANT: Contractor ☐ is not, X is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

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 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*)	
Lawrence D. McKinley, DDS TDP Vice President and Program Manager		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror L.D. McKinley DDS (Signature of person authorized to sign)	15C. Date Signed 2/28/07	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 2/28/07

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		

SF30 CONTINUATION SHEET

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 UI	1,784,000 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/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
06	12/1/08	09-CMB-0077	14157

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

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

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X)	
	9A. Amendment of Solicitation No.
	9B. Date (*See Item 11*)
X	10A. Modification of Contract/Order No. H94002-05-D-0001 0002
	10B. Date (*See Item 13*) Sep 18, 2006

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9707070130.1889.102000 $ 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)
X	C. This supplemental agreement is entered into pursuant to authority of: DFARS 252.232-7007 Limitation of Government's Obligation
	D. Other (*Specify type of modification and authority*)

E. IMPORTANT: Contractor ☐ is not, X is required to sign this document and return 1 copies to the issuing office.

14. 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 0002 is to (b)(4) the Quantity/Unit Price and the Amount currently specified for SLINs 1001AA and 1001AB, CLINs 1003 and 1004, and to deobligate the associated excess Fiscal Year 2007 (FY07) 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 (*Type or Print*)	
Lawrence D. McKinley, D.D.S. Corporate Vice President		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror L.D. McKinley DDS (Signature of person authorized to sign)	15C. Date Signed 11/26/2008	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 12/1/08

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
1001	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
1001AA	Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,024,300	EA	(b)(4)	
1001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,777,450	EA		
1002	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.)	0	EA	NSP	NSP
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 (Cost Reimburseable Line Item -- Cost Plus No Fee)	1	LT		
1004	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	MO		

SF30 CONTINUATION SHEET

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	Unit Price	Amount		Qty/Unit	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	1LT				1LT		

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

CLIN	Description	Amount Ordered on Delivery 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					
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/UI	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	1 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	1 LT	1 LT	
	Unit Price	(b)(4)				
	1004 Total					

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. As a result of this modification, the total obligated amount and the total value under Delivery Order 0002 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.

ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH ORDER/AGREEMENT NO.	2. DELIVERY ORDER/CALL NO.	3. DATE OF ORDER/CALL (YYYYMMMDD)	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY
H9400205D0001	0002	2006 Sep 18	06-SCO-0021	

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 jackie.scripture@tma.osd.mil

7. ADMINISTERED BY (If Other Than 6) CODE H94002

DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CM
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

8. DELIVERY FOB
[X] DESTINATION
[ ] OTHER (See Schedule if Other)

9. CONTRACTOR CODE

NAME AND ADDRESS
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

FACILITY
VENDOR ID 00000362
CAGE CODE 03XW8
TIN 251687586

10. DELIVER TO FOB POINT BY (Date) (YYYYMMMDD) 2007 Jan 31

11. X IF BUSINESS IS
[ ] SMALL
[ ] SMALL DISAD-VANTAGED
[ ] WOMEN-OWNED

12. DISCOUNT TERMS Net 30

13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 14

14. SHIP TO Ult Dest: BLANK CODE ZD06

DOD/TRICARE MANAGEMENT ACTIVITY
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

15. PAYMENT WILL BE MADE BY CODE RMF

DEPARTMENT OF DEFENSE (RMF)
FINANCE AND ACCOUNTING BRANCH
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.

16. TYPE OF ORDER

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.
PURCHASE		Reference your — Furnish the following on terms specified herein.
		ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET 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

9707070130.1889.102000 SUBJECT TO AVAILABILITY OF FISCAL YEAR 2007 FUNDS $ 0.00

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Delivery Order for Option Period 1 Services under H94002-05-D-0001 for the period, October 1, 2006 through January 31, 2007.				
1001	TRICARE Dental Program Enrollments	0	EA	NSP	NSP
	(Requirements Line Item) (This is a requirements CLIN and the quantity indicated				

*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA Thomas L Griffin
THOMAS L GRIFFIN 303 676-3823
By: tom.griffin@tma.osd.mil CONTRACTING/ORDERING OFFICER

25. TOTAL $ (b)(4)

26. DIFFERENCES

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

f. TELEPHONE NUMBER | g. E-MAIL ADDRESS | [ ] PARTIAL [ ] FINAL | 32. PAID BY | 33. AMOUNT VERIFIED CORRECT FOR

36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT. | 31. PAYMENT [ ] COMPLETE [ ] PARTIAL [ ] FINAL | 34. CHECK NUMBER

a. DATE (YYYYMMMDD) | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | 35. BILL OF LADING NO.

37. RECEIVED AT | 38. RECEIVED BY (Print) | 39. DATE RECEIVED (YYYYMMMDD) | 40. TOT CONTAINERS | 41. S/R ACCOUNT NO. | 42. S/R VOUCHER NO.

NAME OR ADDRESS OF CONTRACTOR
UNITED CONCORDIA COMPANIES, INC. 00000362

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20.QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	in the SLIN is estimated; therefore, the Amount for each SLIN is Estimated.)				
1001AA	Single Enrollment Premium	1029800	EA	(b)(4)	
	Enrollee Share -- 40% (b)(4)				
	Government Share -- 60%				
	Total				
1001AB	Family Enrollment Premium	1784000	EA		
	Enrollee Share -- 40% (b)(4)				
	Government Share -- 60%				
	Total				
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	1920	EA	(b)(4)	
	Government Share -- $100% (b)(4)				
1002AB	Family Enrollment Premium	4436	EA		
	Government Share -- 100% (b)(4)				
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	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/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
01	2/13/07	07-SCO-0035	14361

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
SEE BLOCK 6

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code | Facility Code

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0003

10B. Date (*See Item 13*)
Jan 23, 2007

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9707070130.1889.102000 $ 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 FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)

C. This supplemental agreement is entered into pursuant to authority of:

X D. Other (*Specify type of modification and authority*)
Funding is subject to the conditions of the FY2007 Continuing Resolution Authority, (cont'd below)

E. IMPORTANT: Contractor X is not, ☐ is required to sign this document and return copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

Under the conditions of the FY2007 Continuing Resolution Authority, funding for the performance of services for the month of March 2007 is hereby obligated in the amount of (b)(4) for the contract services listed in paragraph A.

(SEE ATTACHED CONTINUATION SHEETS)

Cont'd from 12.D. above: "...HR 5631, the Department of Defense Appropriations Act 2007"

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*)	
		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 2/13/07

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% Government Share -- 60% Total (b)(4)	2258080	EA	(b)(4)	
2001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	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.)				
2002AA	Single Enrollment Premium Government Share --100% (b)(4)	3619	EA	(b)(4)	
2002AB	Family Enrollment Premium Government Share --100% (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	DITSCAP and Physical & Personnel Security	8	MO		
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		
2008	DATA prepared and delivered in accordance with Sections F and J	1	LT	NSP	NSP

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				FY07
	Qty/UI	2,258,080 EA	564,520 EA	282,260 EA	
	Unit Price	(b)(4)			
	2001AA Total				
2001AB	Family Enrollment Premium				FY07
	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				FY07
	Qty/UI	3,619 EA	1,068 EA	534 EA	
	Unit Price	(b)(4)			
	2002AA Total				
2002AB	Family Enrollment Premium				FY07
	Qty/UI	10,040 EA	2,510 EA	1,255 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				FY07
	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				FY07
	Qty/UI	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)			
	2004 Total				
2005	DITSCAP and Physical & Personnel Security				FY07
	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)				FY07
	Qty/UI	1 EA	1 EA	1 EA	
	Unit Price	(b)(4)			
	2006AA Total				

2006AB	2nd 6 Month Period (August through January)				FY07
	Qty/UI	1 EA	1 EA	1 EA	
	Unit Price	(b)(4)			
	2006AA Total				
2008	Data prepared and 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) 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.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
02	3/28/07	07-SCO-0050	14361

6. Issued By — Code H94002
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CM
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066
JACKIE SCRIPTURE 303-676-3711

7. Administered By (If other than Item 6) — Code
SEE BLOCK 6

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code — Facility Code

(X)	9A. Amendment of Solicitation No.
	9B. Date (*See Item 11*)
X	10A. Modification of Contract/Order No. H94002-05-D-0001 0003
	10B. Date (*See Item 13*) Jan 23, 2007

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9707070130.1889.102000 $ 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 FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)
X	C. This supplemental agreement is entered into pursuant to authority of: The mutual agreement of the parties.
	D. Other (*Specify type of modification and authority*)

E. **IMPORTANT:** Contractor ☐ is not, X is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

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*)		16A. Name and title of Contracting Officer (*Type or Print*)	
Lawrence D. McKinley, D.D.S. Corporate Vice President and TDP Program Manager		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror L.D. McKinley DDS (Signature of person authorized to sign)	15C. Date Signed 3/27/07	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 3/28/07

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% Government Share -- 60% Total (b)(4)	2258080	EA	(b)(4)	
2001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	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.)				
2002AA	Single Enrollment Premium Government Share --100% (b)(4)	4272	EA	(b)(4)	
2002AB	Family Enrollment Premium Government Share --100% (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	DITSCAP and Physical & Personnel Security	8	MO		
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		
2008	DATA prepared and delivered in accordance with Sections F and J	1	LT	NSP	NSP

SF 30 CONTINUATION SHEET

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:

CLIN	Description	Ordered Under Delivery Order 0003 FROM	Total Current Order/Obligation TO	Net Quantity/Unit Price Increase BY	Prior Obligation under DO 0003 and Mod 0003-01	FY 07 Funds Obligated by this Mod
2001	TDP Enrollments	NSP	NSP	NSP	NSP	NSP
2001AA	Single Enrollment Premium					
	Qty/UI	2,258,080 EA	2,258,080 EA	0	564,520 EA	1,693,560 EA
	Unit Price	(b)(4)				
	2001AA Total					
2001AB	Family Enrollment Premium					
	Qty/UI	3,907,160 EA	3,907,160	0	976,790 EA	2,930,370 EA
	Unit Price	(b)(4)				
	2001AB Total					
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					
	Qty/UI	10,040 EA	10,040 EA	0	2,510 EA	7,530 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					
	Qty/UI	1 LT	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					
	Qty/UI	1 LT	1 LT	1 LT	1 LT	1 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	1 EA	1 EA	1 EA	1 EA
	Unit Price	(b)(4)				
	2006AA Total					
2006AB	2nd 6 month Period (August through January)					
	Qty/UI	1 EA	1 EA	1 EA	1 EA	1 EA
	Unit Price	(b)(4)				
	2006AB Total					
2008	Data prepared and delivered in accordance with Sections F and J	NSP	NSP	NSP	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) from (b)(4) to (b)(4)

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

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	3

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
03	4/24/07	07-SCO-0059	14338

6. Issued By Code H94002
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CM
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066
JACKIE SCRIPTURE 303-676-3711

7. Administered By (If other than Item 6) Code
SEE BLOCK 6

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code | Facility Code

(X)	
	9A. Amendment of Solicitation No.
	9B. Date (*See Item 11*)
X	10A. Modification of Contract/Order No. H94002-05-D-0001 0003
	10B. Date (*See Item 13*) Jan 23, 2007

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9707070130.1889.102000 $ 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.
X	FAR Clause 52.243-1 I CHANGES--FIXED PRICE (AUG 1987)--ALTERNATE 1 (APR 1984)
	B. The above numbered Contract/Order is modified to reflect the administrative changes (*such as changes in paying office, appropriation date, etc.*) SET FORTH IN 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*)

E. IMPORTANT: Contractor | X | is not, | | is required to sign this document and return copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

The purpose of this modification is to change Delivery Order 0003 by adding and funding the Option Period 2 Host Nation Provider services established under CLIN 2009 and sub-CLIN 2009AA by contract modification P00014.

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*) THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 4/24/07

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
2009	Host Nation Provider Services Implementation/Startup	1	LT	(b)(4)	
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		

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/ Start-up	1	LT	(b)(4)		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					

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

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

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	3

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No (if applicable)
04	9/21/07	07-CMB-0357	14361

6. Issued By — Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

7. Administered By (If other than Item 6) — Code
SEE BLOCK 6

8. Name and Address of Contractor (No., Street, County, and Zip Code)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X) 9A. Amendment of Solicitation No

9B. Date (See Item 11)

X 10A. Modification of Contract/Order No
H94002-05-D-0001 0003

10B. Date (See Item 13)
Jan 23, 2007

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment, (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (if required)
9707070130.1889.102000 $ 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 FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)

X C. This supplemental agreement is entered into pursuant to authority of:
The mutual agreement of the parties.

D. Other (Specify type of modification and authority)

E. IMPORTANT: Contractor ☐ is not, X is required to sign this document and return 1 copies to the issuing office

14. 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 0003 is to (b)(4) the quantities currently specified for sub-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 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)
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	15C. Date Signed	16B. United States of America	16C. Date Signed
L.D. McKinley (Signature of person authorized to sign)	17 Sep 2007	Thomas L Griffin (Signature of Contracting Officer)	9/21/07

NSN 7540-01-152-8070 — 30-105 — STANDARD FORM 30 (REV 10-83)
PREVIOUS EDITIONS UNUSABLE — Prescribed by GSA FAR (48 CFR) 53.243

SCHEDULE

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

CLIN	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) to (b)(4)

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

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	3

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
05	1/8/08	08-SCO-0016	14338

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

7. Administered By (If other than Item 6) Code
SEE BLOCK 6

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code | Facility Code

(X)	
	9A. Amendment of Solicitation No.
	9B. Date (*See Item 11*)
X	10A. Modification of Contract/Order No. H94002-05-D-0001 0003
	10B. Date (*See Item 13*) Jan 23, 2007

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9707070130.1889.102000 $ 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)
X	C. This supplemental agreement is entered into pursuant to authority of: FAR 43.103(a)
	D. Other (*Specify type of modification and authority*)

E. IMPORTANT: Contractor ☐ is not, X is required to sign this document and return 1 copies to the issuing office.

14. 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 0003 is to: Delete the Quantity/Amount currently specified for SubCLIN 2009AA and deobligate the associated Fiscal Year 2007 (FY07) funds originally obligated by Mod -03 to Delivery Order 0003. Also, it specifies Quantity/Amount for new SubCLIN 2010AA and obligates Fiscal Year 2007 (FY07) funds.

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 (*Type or Print*)	
Lawrence D. McKinley, D.D.S. Corporate Vice President and TDP Program Manager		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror (Signature of person authorized to sign)	15C. Date Signed Jan 4, 2008	16B. United States of America (Signature of Contracting Officer)	16C. Date Signed 1/8/08

SCHEDULE

Item No.	Supplies/Services	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	MO	(b)(4)	

SF30 CONTINUATION SHEET

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 amount 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.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1 Contract ID Code	Page	of Pages
J	1	3

2 Amendment/Modification No	3 Effective Date	4 Requisition/Purchase Req No	5 Project No (if applicable)
06	8/21/08	08-SCO-0077	14338

6 Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

7 Administered By (If other than Item 6) Code
SEE BLOCK 6

8 Name and Address of Contractor (No Street County and Zip Code)
UNITED CONCORDIA COMPANIES, INC
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

Vendor ID 00000362
DUNS 868941832
CEC 868941832
CAGE 03XW8

(X) 9A Amendment of Solicitation No

9B Date (See Item 11)

X 10A Modification of Contract/Order No
H94002-05-D-0001 0003

10B Date (See Item 13)
Jan 23, 2007

Code | Facility Code

11 THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14 The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (if required)
9707070130 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)

X C This supplemental agreement is entered into pursuant to authority of
FAR Clause 52 243-1 I CHANGES--FIXED PRICE (AUG 1987)--ALTERNATE I (APR 1984)

D Other (Specify type of modification and authority)

E IMPORTANT Contractor ☐ is not X is required to sign this document and return 1 copies to the issuing office

14 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 0003 is to

1 Increase the Quantity/Amount for CLIN 2009 and obligate additional Fiscal Year 2007 (FY07) funds,

2 Delete the Quantity/Amount currently specified for SubCLIN 2010AA and deobligate the associated Fiscal Year 2007 (FY07) funds that were originally obligated by Mod -05 to Delivery Order 0003

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 (Type or Print)	
Lawrence D McKinley, D D S Corporate Vice President and TDP Program Manager		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom griffin@tma osd mil	
15B Contractor/Offeror LD McKinley DDS (Signature of person authorized to sign)	15C Date Signed 8/19/08	16B United States of America Thomas L Griffin (Signature of Contracting Officer)	16C Date Signed 8/21/08

NSN 7540-01 152 8070 30-105 STANDARD FORM 30 (REV 10 83)
PREVIOUS EDITIONS UNUSABLE Prescribed by GSA FAR (48 CFR) 53 243

SCHEDULE

Item No	Supplies/Services	Quantity	Unit	Unit Price	Amount
2009	Host Nation Provider Services - Implementation/Startup PR # 07-SCO-0059	1	LT	(b)(4)	
2010AA	RESERVED PR # 08-SCO-0016	0	MO	0 00	0 00

SF30 CONTINUATION SHEET

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	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)			
	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) (b)(4)

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

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
07	12/10/08	09-CMB-0081	14361

6. Issued By — Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

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

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0003

10B. Date (*See Item 13*)
Jan 23, 2007

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9707070130.1889.102000 $ 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)

X C. This supplemental agreement is entered into pursuant to authority of:
DFARS 252.232-7007 Limitation of Government's Obligation

D. Other (*Specify type of modification and authority*)

E. IMPORTANT: Contractor ☐ is not, X is required to sign this document and return 1 copies to the issuing office.

14. 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 0003 is to decrease the Quantity/Unit Price and the Amount currently specified for SLINs 2001AA, 2001AB, 2006AA and 2006AB; and CLINs 2003 and 2004, and to deobligate the associated excess Fiscal Year 2007 (FY07) 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 (*Type or Print*)	
Lawrence D. McKinley, D.D.S. Corporate Vice President		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror (Signature of person authorized to sign)	15C. Date Signed 12/8/2008	16B. United States of America (Signature of Contracting Officer)	16C. Date Signed 12/10/08

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
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.)	0	EA	NSP	NSP
2001AA	Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	2,068,034	EA	(b)(4)	
2001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	3,573,715	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.)	0	EA	NSP	NSP
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. (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
2005	DITSCAP and Physical & Personnel Security	8	MO		
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		
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	MO	$0.00	$0.00

SF30 CONTINUATION SHEET

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:			
CLIN/SLIN	Qty/Unit	Unit Price	Amount		Qty/Unit	Unit Price	Amount
2001AA	2,083,034 EA	(b)(4)			2,068,034 EA	(b)(4)	
2001AB	3,586,715 EA				3,573,715 EA		
2003	1LT				1LT		
2004	1LT				1LT		
2006AA	1EA				1EA		
2006AB	1EA				1EA		

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

CLIN	Description	Amount Ordered on Delivery 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	4,272 EA	4,272 EA	4,272 EA	0 EA	
	Unit Price	(b)(4)				
	2002AA Total					
2002AB	Family Enrollment Premium					FY07
	Qty/UI	10,040 EA	10,040 EA	10,040 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					FY07
	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					FY07
	Qty/UI	1 LT	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)				
	2004 Total					

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					
2006	Award Fee Pool	NSP	NSP	NSP	NSP	
2006AA	Award Fee Pool 1st 6 Month Period (February through July)					FY07
	Qty/UI	1 EA	1 EA	1 EA	1 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	1 EA	1 EA	
	Unit Price	(b)(4)				
	2006AB Total					
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	
	Unit Price	(b)(4)				
	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.

ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH ORDER/AGREEMENT NO.	2. DELIVERY ORDER/CALL NO.	3. DATE OF ORDER/CALL (YYYYMMMDD)	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY
H9400205D0001	0003	2007 Jan 23	07-SCO-0017	

6. ISSUED BY CODE H94002

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

7. ADMINISTERED BY *(If Other Than 6)* CODE H94002

DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CM
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

8. DELIVERY FOB
[X] DESTINATION
[ ] OTHER *(See Schedule If Other)*

9. CONTRACTOR CODE

NAME AND ADDRESS
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

FACILITY
VENDOR ID 00000362
CAGE CODE 03XW8
TIN 251687586

10. DELIVER TO FOB POINT BY *(Date)* *(YYYYMMMDD)* 2008 Jan 31

11. X IF BUSINESS IS
[ ] SMALL
[ ] SMALL DISAD-VANTAGED
[ ] WOMEN-OWNED

12. DISCOUNT TERMS Net 30

13. MAIL INVOICES TO THE ADDRESS IN BLOCK See Block 14

14. SHIP TO Ult Dest: BLANK CODE ZD06

DOD/TRICARE MANAGEMENT ACTIVITY
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

15. PAYMENT WILL BE MADE BY CODE RMF

DEPARTMENT OF DEFENSE (RMF)
FINANCE AND ACCOUNTING BRANCH
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.

16. TYPE OF ORDER

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.
PURCHASE		Reference your — Furnish the following on terms specified herein.

ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET 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
9707070130.1889.102000 (b)(4)

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Delivery Order 0003 for Option Period 2 Services under H94002-05-0001 for the period, February 1, 2007 through September 30, 2007, is hereby issued under the conditions of the FY2007 Continuing Resolution Authority (CRA) HR 5631, the Department of Defense Appropriations Act 2007. Funding for the performance of services for the month of February 2007 under this				

If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA
THOMAS L GRIFFIN 303-676-3823
By: tom.griffin@tma.osd.mil CONTRACTING/ORDERING OFFICER

25. TOTAL $ (b)(4)

26. DIFFERENCES

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

f. TELEPHONE NUMBER | g. E-MAIL ADDRESS | [ ] PARTIAL [ ] FINAL | 32. PAID BY | 33. AMOUNT VERIFIED CORRECT FOR

36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT. | 31. PAYMENT [ ] COMPLETE [ ] PARTIAL [ ] FINAL | 34. CHECK NUMBER

a. DATE *(YYYYMMMDD)* | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | 35. BILL OF LADING NO.

37. RECEIVED AT | 38. RECEIVED BY *(Print)* | 39. DATE RECEIVED *(YYYYMMMDD)* | 40. TOT CONTAINERS | 41. S/R ACCOUNT NO. | 42. S/R VOUCHER NO.

NAME OR ADDRESS OF CONTRACTOR
UNITED CONCORDIA COMPANIES, INC. 00000362

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	order is hereby obligated in the amount of $26,428,730.20 for the contract services listed in paragraph 18A. Funding for payment for the remainder of the services ordered under this Delivery Order 0003 (i.e., beyond the month of February 2007) are subject to availability of FY2007 funds under the FY2007 CRA (see paragraph 18B.). DD Form 1155, Item 18 continued on attached sheet.				
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.)	0	EA	NSP	NSP
2001AA	Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	2258080	EA	(b)(4)	
2001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	3907160	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.)	0	EA	NSP	NSP
2002AA	Single Enrollment Premium Government Share --100% (b)(4)	3619	EA	(b)(4)	
2002AB	Family Enrollment Premium Government Share --100% (b)(4)	10040	EA		
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)	1	LT		
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
2005	DITSCAP and Physical & Personnel Security	8	MO		
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		
2008	DATA prepared and delivered in accordance with Sections F and J	1	LT	NSP	NSP

DD Form 1155, Item 18, Cont'd…

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					
2001AB	Family Enrollment Premium	DO 0003				FY07
	Qty/UI		3,907,160 EA	488,395 EA	488,395 EA	
	Unit Price		(b)(4)			
	2001AB Total					
2002	Survivor Benefit Enrollments		NSP	NSP	NSP	
2002AA	Single Enrollment Premium	DO 0003				FY07
	Qty/UI		3,619 EA	534 EA	534 EA	
	Unit Price		(b)(4)			
	2002AA Total					
2002AB	Family Enrollment Premium	DO 0003				FY07
	Qty/UI		10,040 EA	1,255 EA	1,255 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	DO 0003				FY07
	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	DO 0003				FY07
	Qty/UI		1 LT	1 LT	1 LT	
	Unit Price		(b)(4)			
	2004 Total					
2005	DITSCAP and Physical & Personnel Security	DO 0003				FY07
	Qty/UI		8 MO	1 MO	1 MO	
	Unit Price		(b)(4)			
	2005 Total					
2006	Award Fee Pool					

DD Form 1155, Item 18, Cont'd...

2006AA	1st 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/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
01	10/3/07	07-SCO-0091	14361

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

7. Administered By (If other than Item 6) Code
SEE BLOCK 6

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code | Facility Code

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0004

10B. Date (*See Item 13*)
Sep 24, 2007

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9708080130.1889.102000 $ 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 FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43 103 (b)

C. This supplemental agreement is entered into pursuant to authority of:

X D. Other (*Specify type of modification and authority*)
Funding subject to conditions of FY08 CRA, HJ Res 52, DoD Appropriations Act 2008.

E. **IMPORTANT:** Contractor X is not, ☐ is required to sign this document and return ____ copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

Subject to the conditions of the FY2008 Continuing Resolution Authority (CRA), HJ Res 52, the Department of Defense Appropriations Act 2008; funding for the period of performance of October 2007 is hereby obligated in the amount of (b)(4) for the contract services specified in the following paragraph A.

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 (*Type or Print*)	
		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 10/3/07

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
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.)	0	EA	NSP	NSP
2001AA	Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,049,008	EA	(b)(4)	
2001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,805,500	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.)	0	EA	NSP	NSP
2002AA	Single Enrollment Premium Government Share --100% (b)(4)	2,136	EA	(b)(4)	
2002AB	Family Enrollment Premium Government Share --100% (b)(4)	5,020	EA		
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)	1	LT		
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
2005	DIACAP and Physical & Personnel Security	4	MO		
2008	DATA prepared and delivered in accordance with Sections F and J. Total Option Period 2 (excluding phase-out) (b)(4)	0	LT	NSP	NSP
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	
2001AA	Single Enrollment Premium				FY08
	Qty/UI	1,049,008 EA	262,252 EA	262,252 EA	
	Unit Price	(b)(4)			
	2001AA Total				
2001AB	Family Enrollment Premium				FY08
	Qty/UI	1,805,500 EA	451,375 EA	451,375 EA	
	Unit Price	(b)(4)			
	2001AB 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				
2002AB	Family Enrollment Premium				FY08
	Qty/UI	5,020 EA	1,255 EA	1,255 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	
	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	1 MO	
	Unit Price	(b)(4)			
	2005 Total				
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)			
	2002AB Total				
	Grand Total:				FY08

B. 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.

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/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
02	10/24/07	08-SCO-0006	14361

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

7. Administered By (If other than Item 6) Code
SEE BLOCK 6

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code | Facility Code

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0004

10B. Date (*See Item 13*)
Sep 24, 2007

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9708080130.1889.102000 $ 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 FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)

C. This supplemental agreement is entered into pursuant to authority of:

X D. Other (*Specify type of modification and authority*)
Funding subject to conditions of FY08 CRA, HJ Res 52, DoD Appropriations Act 2008

E. IMPORTANT: Contractor X is not, ☐ is required to sign this document and return ____ copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible*)

Subject to the conditions of the FY2008 Continuing Resolution Authority (CRA), HJ Res 52, the Department of Defense Appropriations Act 2008, additional funding for the period of performance of October 2007 is hereby obligated in the amount of (b) (4) for the contract services specified in the following paragraph A.

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 (*Type or Print*)	
		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 10/24/07

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
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.)	0	EA	NSP	NSP
2001AA	Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b) (4)	1,049,008	EA	(b) (4)	
2001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b) (4)	1,805,500	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.)	0	EA	NSP	NSP
2002AA	Single Enrollment Premium Government Share --100% (b)(4)	2,136	EA	(b)(4)	
2002AB	Family Enrollment Premium Government Share --100% (b) (4)	5,020	EA		
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)	1	LT		
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
2005	DIACAP and Physical & Personnel Security	4	MO		
2008	DATA prepared and delivered in accordance with Sections F and J. Total Option Period 2 (excluding phase-out) (b) (4)	0	LT	NSP	NSP
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)	

SF30 CONTINUATION SHEET

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	
2001AA	Single Enrollment Premium					FY08
	Qty/UI	1,049,008 EA	262,252 EA	262,252 EA	0 EA	
	Unit Price	(b)(4)				
	2001AA Total					
2001AB	Family Enrollment Premium					FY08
	Qty/UI	1,805,500 EA	451,375 EA	451,375 EA	0 EA	
	Unit Price	(b)(4)				
	2001AB Total					
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
	Qty/UI	5,020 EA	1,255 EA	**1,355 EA**	**100 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					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	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					
	Grand Total:					FY08

B. As a result of this modification, the total obligated amount for the Option Period 2, October 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., 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/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
03	10/29/07	08-SCO-0007	14361

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

7. Administered By (If other than Item 6) Code
SEE BLOCK 6

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0004

10B. Date (*See Item 13*)
Sep 24, 2007

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9708080130.1889.102000 $ 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 FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)

C. This supplemental agreement is entered into pursuant to authority of:

X D. Other (*Specify type of modification and authority*)
Funding subject to conditions of FY08 CRA, HJ Res 52, DoD Appropriations Act 2008

E. **IMPORTANT:** Contractor X is not, ☐ is required to sign this document and return ____ copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

Subject to the conditions of the FY2008 Continuing Resolution Authority (CRA), HJ Res 52, the Department of Defense Appropriations Act 2008; funding for the period of performance of November 2007 is hereby obligated in the amount of (b)(4) for the contract services specified in the following paragraph A.

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 (*Type or Print*)	
		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 10/29/07

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
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.)	0	EA	NSP	NSP
2001AA	Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,049,008	EA	(b)(4)	
2001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,805,500	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.)	0	EA	NSP	NSP
2002AA	Single Enrollment Premium Government Share --100% (b)(4)	2,136	EA	(b)(4)	
2002AB	Family Enrollment Premium Government Share --100% (b)(4)	5,020	EA		
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)	1	LT		
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
2005	DIACAP and Physical & Personnel Security	4	MO		
2008	DATA prepared and delivered in accordance with Sections F and J. Total Option Period 2 (excluding phase-out) (b)(4)	0	LT	NSP	NSP
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)	

SF30 CONTINUATION SHEET

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	Single Enrollment Premium					FY08
	Qty/UI	1,049,008 EA	262,252 EA	524,504 EA	262,252 EA	
	Unit Price	(b)(4)				
	2001AA Total					
2001AB	Family Enrollment Premium					FY08
	Qty/UI	1,805,500 EA	451,375 EA	902,750 EA	451,375 EA	
	Unit Price	(b)(4)				
	2001AB Total					
2002	Survivor Benefit Enrollments	NSP	NSP	NSP	NSP	
2002AA	Single Enrollment Premium					FY08
	Qty/UI	2,136 EA	534 EA	1,068 EA	534 EA	
	Unit Price	(b)(4)				
	2002AA Total					
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					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	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/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
04	11/29/07	(b)(4)	14361

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

7. Administered By (If other than Item 6) Code
SEE BLOCK 6

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0004

10B. Date (*See Item 13*)
Sep 24, 2007

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

[ ] The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers [ ] is extended [ ] is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9708080130.1889.102000 $ 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 FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)

[ ] C. This supplemental agreement is entered into pursuant to authority of:

X D. Other (*Specify type of modification and authority*)
FAR 43.103(b)

E. IMPORTANT: Contractor [X] is not, [ ] is required to sign this document and return copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

The purpose of this modification to Delivery Order 0004 is to increase the Quantity and Amount for SubCLIN 2002AB to meet additional requirements and to obligate funds for December 2007 and January 2008, as the delivery order is no longer under the availability of Fiscal Year 2008 (FY08) funds restriction.

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 (*Type or Print*)
THOMAS L GRIFFIN 303-676-3823
CONTRACTING OFFICER
tom.griffin@tma.osd.mil

15B. Contractor/Offeror
(Signature of person authorized to sign)

15C. Date Signed

16B. United States of America
Thomas L Griffin
(Signature of Contracting Officer)

16C. Date Signed
11/29/07

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
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.)	0	EA	NSP	NSP
2001AA	Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,049,008	EA	(b)(4)	
2001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,805,500	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.)	0	EA	NSP	NSP
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. (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
2005	DIACAP and Physical & Personnel Security	4	MO		
2008	DATA prepared and delivered in accordance with Sections F and J. Total Option Period 2 (excluding phase-out) (b)(4)	0	LT	NSP	NSP
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)		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	
2001AA	Single Enrollment Premium					FY08
	Qty/UI	1,049,008 EA	524,504 EA	1,049,008 EA	524,504 EA	
	Unit Price	(b)(4)				
	2001AA Total					
2001AB	Family Enrollment Premium					FY08
	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					FY08
	Qty/UI	2,136 EA	1,068 EA	2,136 EA	1,068 EA	
	Unit Price	(b)(4)				
	2002AA Total					
2002AB	Family Enrollment Premium					FY08
	Qty/UI	**5,520** EA	2,810 EA	5,520 EA	2,710 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					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					
	Grand Total:					FY08

C. As a result of this modification, the total obligated amount for the FY08 portion of Option Period 2 (October 2007 through January 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 SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	3

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
05	1/9/08	08-SCO-0017	14338

6. Issued By	Code CMB	7. Administered By (If other than Item 6)	Code
DEPARTMENT OF DEFENSE TRICARE MANAGEMENT ACTIVITY/CMB 16401 E. CENTRETECH PKWY AURORA, CO 80011-9066 GERALD OLLIGES 303-676-3407		SEE BLOCK 6	

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)

UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X)	
	9A. Amendment of Solicitation No.
	9B. Date (*See Item 11*)
X	10A. Modification of Contract/Order No. H94002-05-D-0001 0004
	10B. Date (*See Item 13*) Sep 24, 2007

Code	Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

[ ] The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers [ ] is extended [X] is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9708080130.1889.102000 $ 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)
X	C. This supplemental agreement is entered into pursuant to authority of: FAR 43.103(a)
	D. Other (*Specify type of modification and authority*)

E. IMPORTANT: Contractor [ ] is not, [X] is required to sign this document and return 1 copies to the issuing office.

14. 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 0004 is to: Delete the Quantity/Amount currently specified for SubCLIN 2009AB and deobligate the associated Fiscal Year 2008 (FY08) funds originally obligated by Mods -01, -03 and -04 to Delivery Order 0004. Also, it specifies Quantity/Amount for new SubCLIN 2010AB and obligates Fiscal Year 2008 (FY08) funds.

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 (*Type or Print*)	
Lawrence D. McKinley, D.D.S. Corporate Vice President and TDP Program Manager		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror L.D. McKinley DDS (Signature of person authorized to sign)	15C. Date Signed Jan 8, 2008	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 1/9/08

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	MO	(b)(4)	

SF30 CONTINUATION SHEET

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-SC0-0007; and 08-SCO-0011)				FY08
	Qty/UI	61 EA	0 EA	(-61 EA)	
	Unit Price	(b)(4)			
	2009AB Total				

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 to (b)(4)

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

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
06	12/10/08	09-CMB-0083	14361

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

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

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)

UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code | Facility Code

(X)	
	9A. Amendment of Solicitation No.
	9B. Date (*See Item 11*)
X	10A. Modification of Contract/Order No. H94002-05-D-0001 0004
	10B. Date (*See Item 13*) Sep 24, 2007

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9708080130.1889.102000 $ 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)
X	C. This supplemental agreement is entered into pursuant to authority of: DFARS 252.232-7007 Limitation of Government's Obligation
	D. Other (*Specify type of modification and authority*)

E. IMPORTANT: Contractor ☐ is not, X is required to sign this document and return 1 copies to the issuing office.

14. 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 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 (*Type or Print*)	
Lawrence D. McKinley, D.D.S. Corporate Vice President		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror L.D. McKinley DDS (Signature of person authorized to sign)	15C. Date Signed 12/8/2008	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 12/10/08

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
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.)	0	EA	NSP	NSP
2001AA	Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,043,308	EA	(b)(4)	
2001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,783,500	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.)	0	EA	NSP	NSP
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. (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
2005	DIACAP and Physical & Personnel Security	4	MO		
2008	DATA prepared and delivered in accordance with Sections F and J. Total Option Period 2 (excluding phase-out) (b)(4)	0	LT	NSP	NSP
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	MO	(b)(4)	

SF30 CONTINUATION SHEET

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	Qty/Unit	Unit Price	Amount		Qty/Unit	Unit Price	Amount
2001AA	1,049,008 EA	(b)(4)			1,043,308 EA	(b)(4)	
2001AB	1,805,500 EA				1,783,500 EA		
2003	1 LT				1LT		
2004	1 LT				1LT		
2010AB	4 MO				4 MO		

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

CLIN	Description	Amount Ordered on Delivery 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					FY08
	Qty/UI	1,043,308 EA	1,049,008 EA	1,043,308 EA	(-5,700 EA)	
	Unit Price	(b)(4)				
	2001AA Total					
2001AB	Family Enrollment Premium					FY08
	Qty/UI	1,783,500 EA	1,805,500 EA	1,783,500 EA	(-22,000 EA)	
	Unit Price	(b)(4)				
	2001AB Total					
2002	Survivor Benefit Enrollments	NSP	NSP	NSP	NSP	
2002AA	Single Enrollment Premium					FY08
	Qty/UI	2,136 EA	2,136 EA	2,136 EA	0 EA	
	Unit Price	(b)(4)				
	2002AA Total					
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	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					

CLIN	Description	Amount Ordered on Delivery Order 0001	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					
2010AB						FY08
	Qty/UI	4 MO	4 MO	4 MO	4 MO	
	Unit Price	(b)(4)				
	2010AB Total					
	Grand Total:					**FY08**

D. As a result of this modification, the total obligated amount and the total value under Delivery Order 0004 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.

ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH ORDER/AGREEMENT NO.	2. DELIVERY ORDER/CALL NO.	3. DATE OF ORDER/CALL (YYYYMMMDD)	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY
H9400205D0001	0004	2007 Sep 24	07-SCO-0090	

6. ISSUED BY CODE CMB

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

7. ADMINISTERED BY (If Other Than 6) CODE H94002

DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/AM&S
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

8. DELIVERY FOB
[X] DESTINATION
[ ] OTHER (See Schedule if Other)

9. CONTRACTOR CODE

NAME AND ADDRESS
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

FACILITY
VENDOR ID 00000362
CAGE CODE 03XW8
TIN 251687586

10. DELIVER TO FOB POINT BY (Date) (YYYYMMMDD)

11. X IF BUSINESS IS
[ ] SMALL
[ ] SMALL DISADVANTAGED
[ ] WOMEN-OWNED

12. DISCOUNT TERMS Net 30

13. MAIL INVOICES TO THE ADDRESS IN BLOCK
See Section G of Contract

14. SHIP TO Ult Dest: BLANK CODE ZD06

DOD/TRICARE MANAGEMENT ACTIVITY
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

15. PAYMENT WILL BE MADE BY CODE RMF

DEPARTMENT OF DEFENSE (RMF)
FINANCE AND ACCOUNTING BRANCH
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.

16. TYPE OF ORDER

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.
PURCHASE		Reference your — Furnish the following on terms specified herein
		ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET 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
9708080130.1889.102000(SAF) $ 0.00

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Delivery Order for Option Period 2 Services under H94002-05-D-0001, for the period of October 1, 2007 through January 31, 2008. This Delivery Order is subject to the availability of Fiscal Year 2008 (FY08) funds in accordance with Federal Acquisition Regulation clause 52.232-19.				

*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA
THOMAS L GRIFFIN
By: tom.griffin@tma.osd.mil 303-676-3823 9/24/07 CONTRACTING/ORDERING OFFICER

25. TOTAL $ (b)(4)

26. DIFFERENCES

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

[ ] PARTIAL [ ] FINAL | 32. PAID BY | 33. AMOUNT VERIFIED CORRECT FOR

f. TELEPHONE NUMBER | g. E-MAIL ADDRESS | 31. PAYMENT [ ] COMPLETE [ ] PARTIAL [ ] FINAL | 34. CHECK NUMBER

36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.
a. DATE (YYYYMMMDD) | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | 35. BILL OF LADING NO.

37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYYYMMMDD)	40. TOT CONTAINERS	41. S/R ACCOUNT NO.	42. S/R VOUCHER NO.

DD1155 CONTINUATION SHEET	DATE OF ORDER	CONTRACT/PURCHASE ORDER NO.	PAGE	OF
	2007 Sep 24	H94002-05-D-0001	2	2

NAME OR ADDRESS OF CONTRACTOR
UNITED CONCORDIA COMPANIES, INC. 00000362

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20.QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
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.)	0	EA	NSP	NSP
2001AA	Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1049008	EA	(b)(4)	
2001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1805500	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.)	0	EA	NSP	NSP
2002AA	Single Enrollment Premium Government Share --100% (b)(4)	2136	EA	(b)(4)	
2002AB	Family Enrollment Premium Government Share --100% (b)(4)	5020	EA		
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)	1	LT		
2004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
2005	DIACAP and Physical & Personnel Security	4	MO		
2008	DATA prepared and delivered in accordance with Sections F and J. Total Option Period 2 (excluding phase-out) (b)(4)	0	LT	NSP	NSP
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)	

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	3

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
01	2/26/08	08-SCO-0036	14551

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

7. Administered By (If other than Item 6) Code H94002
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/AM&S
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code | Facility Code

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No. H94002-05-D-0001 0005

10B. Date (*See Item 13*) Jan 23, 2008

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9708080130.1889.102000 $ 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)

X C. This supplemental agreement is entered into pursuant to authority of: FAR 43.103(a)

D. Other (*Specify type of modification and authority*)

E. IMPORTANT: Contractor ☐ is not, X is required to sign this document and return 1 copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

A. The purpose of this modification is to change Delivery Order 0005 by adding and obligating funds for the Option Period 3 services for the implementation of the Defense Integrated Military Resources System (DIMHRS) established under subCLINs 3011AA, 3011AB, 3011AC, 3011AD and 3011AE by contract modification P00024.

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*)
Lawrence D. McKinley, D.D.S. TDP Vice President and Program Manager	THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil

15B. Contractor/Offeror	15C. Date Signed	16B. United States of America	16C. Date Signed
L.D. McKinley DDS (Signature of person authorized to sign)	25 Feb 2008	Thomas L Griffin (Signature of Contracting Officer)	2/26/08

NSN 7540-01-152-8070 30-105 STANDARD FORM 30 (REV. 10-83)
PREVIOUS EDITIONS UNUSABLE Prescribed by GSA FAR (48 CFR) 53.243

SCHEDULE

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		
3011AF	Maintain DIMHRS and related software and hardware systems for the full term of the TDP contract.	0	LT	NSP	NSP

SF30 CONTINUATION SHEET

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			
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)		
	3011AE Total			
	Total:			

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 SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
02	9/25/08	08-SCO-0083	14536

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

7. Administered By (If other than Item 6) Code
SEE BLOCK 6

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code | Facility Code

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0005

10B. Date (*See Item 13*)
Jan 23, 2008

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9708080130.1889.102000 $ 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)

X C. This supplemental agreement is entered into pursuant to authority of:
DFARS 252.232-7007 Limitation of Government's Obligation

D. Other (*Specify type of modification and authority*)

E. IMPORTANT: Contractor ☐ is not, X is required to sign this document and return 1 copies to the issuing office.

14. 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 0005 is to: decrease the Quantity or Unit Price and the Amount currently specified for SLINs 3001AA, 3001AB, 3006AA and 3010AA, and to deobligate the resulting associated excess Fiscal Year 2008 (FY08) funds; and to increase the Unit Price/Amount currently specified for CLINs 3003 and 3004, in order to adjust for increased utilization, and to obligate the additional FY08 funds required to support the increases for these CLINs.

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*)
Lawrence D. McKinley, D.D.S.
Corporate Vice President and TDP Program Manager

16A. Name and title of Contracting Officer (*Type or Print*)
THOMAS L GRIFFIN 303-676-3823
CONTRACTING OFFICER
tom.griffin@tma.osd.mil

15B. Contractor/Offeror
L.D. McKinley DDS
(Signature of person authorized to sign)

15C. Date Signed
9/23/2008

16B. United States of America
Thomas L Griffin
(Signature of Contracting Officer)

16C. Date Signed
9/25/08

NSN 7540-01-152-8070 30-105 STANDARD FORM 30 (REV 10-83)
PREVIOUS EDITIONS UNUSABLE Prescribed by GSA FAR (48 CFR) 53.243

SCHEDULE

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

SF30 CONTINUATION SHEET

B. The Delivery Order 0005 Quantity/Amount or Unit Price/Amount 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				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	
	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				
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 Unit Price/Amount 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				
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) (b)(4)

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

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	5

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
03	8/12/09	09-CMB-0284	14536

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

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

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0005

10B. Date (*See Item 13*)
Jan 23, 2008

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9708080130.1889.102000 $ 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)

X C. This supplemental agreement is entered into pursuant to authority of:
DFARS 252.232-7007 Limitation of Government's Obligation

D. Other (*Specify type of modification and authority*)

E. IMPORTANT: Contractor ☐ is not, X is required to sign this document and return 1 copies to the issuing office.

14. 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 0005 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 2008 (FY08) funds.

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 (*Type or Print*)	
Lawrence D. McKinley, D.D.S. Corporate Vice President		THOMAS L GRIFFIN 303-676-3823 Contracting Officer tom.griffin@tma.osd.mil	
15B. Contractor/Offeror L.D. McKinley DDS (Signature of person authorized to sign)	15C. Date Signed 08/05/2009	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 8/12/09

NSN 7540-01-152-8070 30-105 STANDARD FORM 30 (REV. 10-83)
PREVIOUS EDITIONS UNUSABLE Prescribed by GSA FAR (48 CFR) 53.243

SCHEDULE

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% Government Share -- 60% Total (b)(4)	2,133,542	EA	(b)(4)	
3001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	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 Share --100% (b)(4)	4,400	EA	(b)(4)	
3002AB	Family Enrollment Premium Government Share --100% (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	MO		
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	LT	NSP	NSP
3010AA	Host Nation Provider List Services for FY08 Portion of Option Period 3 (Feb. - Sept. 2008)	8	MO	(b)(4)	
3011	Implementation and ongoing maintenance of the Defense Integrated Military Resources System (DIMHRS).	0	LT	NSP	NSP

SCHEDULE

Item No.	Supplies/Services	Quantity	Unit	Unit Price	Amount
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

SF30 CONTINUATION SHEET

B. The Delivery Order 0005 Quantity/Amount or Unit Price/Amount 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 Obligation Amount	Total Current Obligation Amount	De-Obligated by this Delivery Order Mod	FY
3001	TDP Enrollments	NSP	NSP	NSP	
3001AA	Single Enrollment Premium				FY08
	Qty/UI	2,153,692 EA	2,133,542 EA	(-20,150) EA	
	Unit Price	(b)(4)			
	3001AA Total				
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	
3002AA	Single Enrollment Premium				FY08
	Qty/UI	4,400 EA	4,400 EA	0 EA	
	Unit Price	(b)(4)			
	3002AA Total				
3002AB	Family Enrollment Premium				FY08
	Qty/UI	10,616 EA	10,616 EA	0 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				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	1 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				
3006	Award Fee Pool	NSP	NSP	NSP	
3006AA	1st 6 Month Period (Feb. through Jul.)				FY08
	Qty/UI	1 EA	1 EA	0 EA	
	Unit Price	(b)(4)			
	3006AA Total				
3006AB	2nd 6 Month Period (Aug. through Jan.)				FY08
	Qty/UI	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	

CLIN	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	1 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)			
	3011AC Total				
3011AD	Accomplish the Navy phase of the DIMHRS implementation.				FY08
	Qty/UI	1 LT	1 LT	0 LT	
	Unit Price	(b)(4)			
	3011AD Total				
3011AE	Accomplish the Marines phase of the DIMHRS implementation.				FY08
	Qty/UI	1 LT	1 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
	Grand Total:	(b)(4)			**FY08**

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.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1 Contract ID Code	Page	of Pages
J	1	5

2 Amendment/Modification No	3 Effective Date	4 Requisition/Purchase Req No	5 Project No (if applicable)
04	21 Apr 10	10-CMB-0207	14551

6 Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303 676-3407

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

8 Name and Address of Contractor (No, Street, County, and Zip Code)
UNITED CONCORDIA COMPANIES, INC
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

Vendor ID 00000362
DUNS. 868941832
CEC 868941832
CAGE 03XW8

Code | Facility Code

(X)	
	9A Amendment of Solicitation No
	9B Date (See Item 11)
X	10A Modification of Contract/Order No H94002-05-D-0001 0005
	10B Date (See Item 13) Jan 23, 2008

11 THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in Item 14 The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment, (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (if required)
9708080130 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)
X	C This supplemental agreement is entered into pursuant to authority of DFARS 252 232-7007 Limitation of Government's Obligation
	D Other (Specify type of modification and authority)

E IMPORTANT Contractor ☐ is not, X is required to sign this document and return 1 copies to the issuing office

14 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 0005 is to conform those CLINs/SLINs, that relate to the implementation of the Defense Integrated Military Human Resources System (DIMHRS) program, to the changes specified by Change Order P00037. As specified in the following paragraphs, the descriptions for CLIN 3011 and SLIN 3011AA are revised and SLINs 3011AB, 3011AC, 3011AD, 3011AE and 3011AF are deleted and any associated funding is deobligated

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)
Lawrence D McKinley, D D S Senior Vice President	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
L.D. McKinley DDS (Signature of person authorized to sign)	04/21/2010	(Signature of Contracting Officer)	21 Apr 10

NSN 7540-01-152 8070
PREVIOUS EDITIONS UNUSABLE
30-105
STANDARD FORM 30 (REV 10 83)
Prescribed by GSA FAR (48 CFR) 53 243

SCHEDULE

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% Government Share -- 60% Total (b)(4)	2,133,542	EA	(b)(4)	
3001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	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 Share --100% (b)(4)	4,400	EA	(b)(4)	
3002AB	Family Enrollment Premium Government Share --100% (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	MO		
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	LT	NSP	NSP
3010AA	Host Nation Provider List Services for FY08 Portion of Option Period 3 (Feb. - Sept. 2008)	8	MO	(b)(4)	

SCHEDULE

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)	
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

SF30 CONTINUATION SHEET

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.

CLIN / 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/UI	1 LT	1 LT	0 LT
	Unit Price	(b)(4)		
	3011AA Total			
3011AB	Accomplish the Army phase of the DIMHRS implementation.			
	Qty/UI	1 LT	0 LT	(-1 LT)
	Unit Price	(b)(4)		
	3011AB Total			
3011AC	Accomplish the Air Force phase of the DIMHRS implementation.			
	Qty/UI	1 LT	0 LT	(-1 LT)
	Unit Price	(b)(4)		
	3011AC Total			

CLIN / SubCLIN	Description	Prior Obligated Amount	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			
3011AE	Accomplish the Marines phase of the DIMHRS implementation.			
	Qty/UI	1 LT	0 LT	(-1 LT)
	Unit Price	(b)(4)		
	3011AE Total			
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) (b)(4)

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

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
05	29 Sep 10	10-SCO-0062	14551

6. Issued By Code HT9402
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CM
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

7. Administered By (If other than Item 6) Code
SEE BLOCK 6

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code | Facility Code

(X)	
	9A. Amendment of Solicitation No.
	9B. Date (*See Item 11*)
X	10A. Modification of Contract/Order No. H94002-05-D-0001 0005
	10B. Date (*See Item 13*) Jan 23, 2008

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9708080130.1889.102000 $ 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)
X	C. This supplemental agreement is entered into pursuant to authority of: DFARS 252.232-7007 Limitation of Government's Obligation
	D. Other (*Specify type of modification and authority*)

E. IMPORTANT: Contractor ☐ is not, X is required to sign this document and return 1 copies to the issuing office.

14. 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 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

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*)	
Lawrence D. McKinley, D.D.S. Senior Vice President		ROSE ROACH 303-676-3675 Contracting Officer rose.roach@tma.osd.mil	
15B. Contractor/Offeror L.D. McKinley (Signature of person authorized to sign)	15C. Date Signed 09/28/2010	16B. United States of America Rose M. Roach (Signature of Contracting Officer)	16C. Date Signed 29 Sep 10

NSN 7540-01-152-8070
PREVIOUS EDITIONS UNUSABLE

30-105

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

SCHEDULE

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% Government Share -- 60% Total (b)(4)	2,133,542	EA	(b)(4)	
3001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	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 Share --100% (b)(4)	4,400	EA	(b)(4)	
3002AB	Family Enrollment Premium Government Share --100% (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	MO		
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	LT	NSP	NSP
3010AA	Host Nation Provider List Services for FY08 Portion of Option Period 3 (Feb. - Sept. 2008)	8	MO	(b)(4)	

SCHEDULE

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. FY08 funding (9708080130.1889.102000)	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

SF30 CONTINUATION SHEET

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	(b)(4)		
	3011AA Total			
	Total:			

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

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

ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH ORDER/AGREEMENT NO.	2. DELIVERY ORDER/CALL NO.	3. DATE OF ORDER/CALL (YYYYMMMDD)	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY
H9400205D0001	0005	2008 Jan 23	08-SCO-0024	

6. ISSUED BY CODE CMB

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

7. ADMINISTERED BY *(If Other Than 6)* CODE H94002

DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/AM&S
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

8. DELIVERY FOB
X DESTINATION
OTHER *(See Schedule If Other)*

9. CONTRACTOR CODE

NAME AND ADDRESS
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

FACILITY
VENDOR ID 00000362
CAGE CODE 03XW8
TIN 251687586

10. DELIVER TO FOB POINT BY *(Date)* *(YYYYMMMDD)*

11. X IF BUSINESS IS
SMALL
SMALL DISAD-VANTAGED
WOMEN-OWNED

12. DISCOUNT TERMS Net 30

13. MAIL INVOICES TO THE ADDRESS IN BLOCK
See Section G of Contract

14. SHIP TO Ult Dest: BLANK CODE ZD06

DOD/TRICARE MANAGEMENT ACTIVITY
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

15. PAYMENT WILL BE MADE BY CODE RMF

DEPARTMENT OF DEFENSE (RMF)
FINANCE AND ACCOUNTING BRANCH
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.

16. TYPE OF ORDER

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.
PURCHASE		Reference your — Furnish the following on terms specified herein.
		ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET 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
9708080130.1889.102000 (b)(4)

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT 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.				

If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA
THOMAS L GRIFFIN Thomas L Griffin 1/23/08 303-676-3823
By: tom.griffin@tma.osd.mil CONTRACTING/ORDERING OFFICER

25. TOTAL $ (b)(4)

26. DIFFERENCES

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

f. TELEPHONE NUMBER | g. E-MAIL ADDRESS | ☐ PARTIAL ☐ FINAL | 32. PAID BY | 33. AMOUNT VERIFIED CORRECT FOR

36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT. | 31. PAYMENT ☐ COMPLETE ☐ PARTIAL ☐ FINAL | 34. CHECK NUMBER

a. DATE *(YYYYMMMDD)* | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | 35. BILL OF LADING NO.

37. RECEIVED AT | 38. RECEIVED BY *(Print)* | 39. DATE RECEIVED *(YYYYMMMDD)* | 40. TOT CONTAINERS | 41. S/R ACCOUNT NO. | 42. S/R VOUCHER NO.

DD1155 CONTINUATION SHEET	DATE OF ORDER	CONTRACT/PURCHASE ORDER NO.	PAGE	OF
	2008 Jan 18	H94002-05-D-0001	2	2

NAME OR ADDRESS OF CONTRACTOR
UNITED CONCORDIA COMPANIES, INC. 00000362

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20.QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. 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 (b)(4)	2,163,692	EA	(b)(4)	
3001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	3,719,330	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 Share --100% (b)(4)	4,400	EA	(b)(4)	
3002AB	Family Enrollment Premium Government Share --100% (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	MO		
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	LT	NSP	NSP
3010AA	Host Nation Provider List Services for FY08 Portion of Option Period 3 (Feb. - Sept. 2008)	8	MO	(b)(4)	

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
01	10/1/08	08-SCO-0093	14536

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

7. Administered By (If other than Item 6) Code H94002
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/AM&S
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X)	
	9A. Amendment of Solicitation No.
	9B. Date (*See Item 11*)
X	10A. Modification of Contract/Order No. H94002-05-D-0001 0006
	10B. Date (*See Item 13*) Sep 29, 2008

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

[ ] The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers [ ] is extended [ ] is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9709090130.1889.102000 $ 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)
X	C. This supplemental agreement is entered into pursuant to authority of: DFARS 252.232-7007 Limitation of Government's Obligation
	D. Other (*Specify type of modification and authority*)

E. IMPORTANT: Contractor [X] is not, [ ] is required to sign this document and return ____ copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

A. Subject to the conditions of H.R. 2638, the Department of Defense Appropriations Act 2009; FY09 funding for the period of performance of October 2008 is hereby obligated in the amount of (b)(4) for the contract services specified in the following paragraph A.

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 (*Type or Print*) THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 10/6/08

SCHEDULE

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% Government Share -- 60% Total (b)(4)	1088000	EA	(b)(4)	
3001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1859664	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 Share --100% (b)(4)	2200	EA	(b)(4)	
3002AB	Family Enrollment Premium Government Share --100% (b)(4)	5308	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	4	MO		
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)	

SF30 CONTINUATION SHEET

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	
3001AA	Single Enrollment Premium				FY09
	Qty/UI	1,088,000 EA	272,000 EA	272,000 EA	
	Unit Price	(b)(4)			
	3001AA Total				
3001AB	Family Enrollment Premium				FY09
	Qty/UI	1,859,664 EA	464,916 EA	464,916 EA	
	Unit Price	(b)(4)			
	3001AB Total				
3002	Survivor Benefit Enrollments	NSP	NSP	NSP	
3002AA	Single Enrollment Premium				FY09
	Qty/UI	2,200 EA	550 EA	550 EA	
	Unit Price	(b)(4)			
	3002AA Total				
3002AB	Family Enrollment Premium				FY09
	Qty/UI	5,308 EA	1,327 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				FY09
	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				FY09
	Qty/UI	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)			
	3004 Total				
3005	DIACAP and Physical & Personnel Security				FY09
	Qty/UI	4 MO	1 MO	1 MO	
	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 MO	1 MO	1 MO	
	Unit Price	(b)(4)			
	3010AB Total				
	Grand Total:	(b)(4)			FY09

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 SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
02	10/15/08	08-SCO-0094	14536

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

7. Administered By (If other than Item 6) Code H94002
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/AM&S
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X)	
	9A. Amendment of Solicitation No.
	9B. Date (*See Item 11*)
X	10A. Modification of Contract/Order No. H94002-05-D-0001 0006
	10B. Date (*See Item 13*) Sep 29, 2008

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

[ ] The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers [ ] is extended [ ] is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9709090130.1889.102000 $ 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)
X	C. This supplemental agreement is entered into pursuant to authority of: DFARS 252.232-7007 Limitation of Government's Obligation
	D. Other (*Specify type of modification and authority*)

E. IMPORTANT: Contractor [X] is not, [ ] is required to sign this document and return ____ copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

A. Subject to the conditions of H.R. 2638, the Department of Defense Appropriations Act 2009; FY09 funding for the period of performance of November 2008 is hereby obligated in the amount of (b)(4) for the contract services specified in the following paragraph B.

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 (*Type or Print*) THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 10/15/08

SCHEDULE

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% Government Share -- 60% Total (b)(4)	1,088,000	EA	(b)(4)	
3001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,859,664	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 Share --100% (b)(4)	2,200	EA	(b)(4)	
3002AB	Family Enrollment Premium Government Share --100% (b)(4)	5,308	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	4	MO		
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)	

SF30 CONTINUATION SHEET

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	
3001AA	Single Enrollment Premium				FY09
	Qty/UI	1,088,000 EA	544,000 EA	272,000 EA	
	Unit Price	(b)(4)			
	3001AA Total				
3001AB	Family Enrollment Premium				FY09
	Qty/UI	1,859,664 EA	929,832 EA	464,916 EA	
	Unit Price	(b)(4)			
	3001AB Total				
3002	Survivor Benefit Enrollments	NSP	NSP	NSP	
3002AA	Single Enrollment Premium				FY09
	Qty/UI	2,200 EA	1,100 EA	550 EA	
	Unit Price	(b)(4)			
	3002AA Total				
3002AB	Family Enrollment Premium				FY09
	Qty/UI	5,308 EA	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				FY09
	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				FY09
	Qty/UI	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)			
	3004 Total				
3005	DIACAP and Physical & Personnel Security				FY09
	Qty/UI	4 MO	2 MO	1 MO	
	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 MO	2 MO	1 MO	
	Unit Price	(b)(4)			
	3010AB Total				
	Grand Total:				FY09

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 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/MODIFICATION OF CONTRACT

1 Contract ID Code	Page	of Pages
J	1	4

2 Amendment/Modification No	3 Effective Date	4 Requisition/Purchase Req No	5 Project No (if applicable)
04	1/14/09	09-SCO-0035	14536

6 Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

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

8 Name and Address of Contractor (*No , Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

Vendor ID 00000362
DUNS 868941832
CEC 868941832
CAGE 03XW8

(X)	
	9A Amendment of Solicitation No
	9B Date (*See Item 11*)
X	10A Modification of Contract/Order No H94002-05-D-0001 0006
	10B Date (*See Item 13*) Sep 29, 2008

Code | Facility Code

11 THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14 The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment, (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9709090130 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
X	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

14 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 0006 is to increase the Quantity/Amount for SLIN 3001AA to meet additional requirements and to obligate the additional FY09 funding required Accordingly additional FY09 funding in the amount of (b)(4) is hereby obligated for the contract services as specified in paragraph B

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 (*Type or Print*)	
		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom griffin@tma osd mil	
15B Contractor/Offeror (Signature of person authorized to sign)	15C Date Signed	16B United States of America Thomas L Griffin (Signature of Contracting Officer)	16C Date Signed 1/14/09

SCHEDULE

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% Government Share -- 60% Total (b)(4)	1,099,844	EA	(b)(4)	
3001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,859,664	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 Share --100% (b)(4)	2,200	EA	(b)(4)	
3002AB	Family Enrollment Premium Government Share --100% (b)(4)	5,308	EA		
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)	1	LT		
3004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs (Cost Reimbursable Line Item - Cost Plus No Fee)	1	LT		
3005	DIACAP and Physical & Personnel Security	4	MO		
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)	

SF30 CONTINUATION SHEET

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

FROM	Qty/Unit	Unit Price	Amount	TO	Qty/Unit	Unit Price	Amount
	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	Amount Ordered on Delivery Order 0006	Prior Obligation Amount	Total Current Obligation Amount	Obligated by this Delivery Order Mod	FY
3001	TDP Enrollments		NSP	NSP	NSP	
3001AA	Single Enrollment Premium					FY09
	Qty/UI	1,099,844 EA	1 098 844 EA	1,099,844 EA	1 000 EA	
	Unit Price	(b)(4)				
	3001AA Total					
3001AB	Family Enrollment Premium					FY09
	Qty/UI	1 859,664 EA	1 859 664 EA	1,859,664 EA	0 EA	
	Unit Price	(b)(4)				
	3001AB Total					
3002	Survivor Benefit Enrollments	NSP	NSP	NSP	NSP	
3002AA	Single Enrollment Premium					FY09
	Qty/UI	2,200 EA	2 200 EA	2,200 EA	0 EA	
	Unit Price	(b)(4)				
	3002AA Total					
3002AB	Family Enrollment Premium					FY09
	Qty/UI	5,308 EA	5,308 EA	5 308 EA	0 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					FY09
	Qty/UI	1 LT	1 LT	1 LT	0 LT	
	Unit Price	(b)(4)				
	3003 Total					
3004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs					FY09
	Qty/UI	1 LT	1 LT	1 LT	0 LT	
	Unit Price	(b)(4)				
	3004 Total					
3005	DIACAP and Physical & Personnel Security					FY09
	Qty/UI	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	
3010	Host Nation Provider List Services Option Period 3	NSP	NSP	NSP	NSP	
3010AB	Host Nation Provider List Services					FY09
	Qty/UI	4 MO	4 MO	4 MO	0 MO	
	Unit Price	(b)(4)				
	3010AB Total					
	Grand Total					FY09

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

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

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	3

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
05	8/19/09	09-CMB-0285	14536

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

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

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0006

10B. Date (*See Item 13*)
Sep 29, 2008

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9709090130.1889.102000 $ 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)

X C. This supplemental agreement is entered into pursuant to authority of:
DFARS 252.232-7007 Limitation of Government's Obligation

D. Other (*Specify type of modification and authority*)
-

E. IMPORTANT: Contractor ☐ is not, X is required to sign this document and return 1 copies to the issuing office.

14. 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 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 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*)	
Lawrence D. McKinley, D.D.S. Corporate Vice President		THOMAS L GRIFFIN 303-676-3823 Contracting Officer tom.griffin@tma.osd.mil	
15B. Contractor/Offeror L. D. McKinley DDS (Signature of person authorized to sign)	15C. Date Signed 08/12/2009	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 8/19/09

NSN 7540-01-152-8070 30-105 STANDARD FORM 30 (REV. 10-83)
PREVIOUS EDITIONS UNUSABLE Prescribed by GSA FAR (48 CFR) 53.243

SCHEDULE

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% Government Share -- 60% Total (b)(4)	1,093,344	EA	(b)(4)	
3001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,826,164	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 Share --100% (b)(4)	2,200	EA	(b)(4)	
3002AB	Family Enrollment Premium Government Share --100% (b)(4)	5,308	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	4	MO		
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)	

SF30 CONTINUATION SHEET

B. The Delivery Order 0006 Quantity/Amount or Unit Price/Amount 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
	Qty/UI	1,099,844 EA	1,093,344 EA	(-6,500) EA	
	Unit Price	(b)(4)			
	3001AA Total				
3001AB	Family Enrollment Premium				FY09
	Qty/UI	1,859,664 EA	1,826,164 EA	(-33,500) EA	
	Unit Price	(b)(4)			
	3001AB Total				
3002	Survivor Benefit Enrollments	NSP	NSP	NSP	
3002AA	Single Enrollment Premium				FY09
	Qty/UI	2,200 EA	2,200 EA	0 EA	
	Unit Price	(b)(4)			
	3002AA Total				
3002AB	Family Enrollment Premium				FY09
	Qty/UI	5,308 EA	5,308 EA	0 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				FY09
	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				FY09
	Qty/UI	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)			
	3004 Total				
3005	DIACAP and Physical & Personnel Security				FY09
	Qty/UI	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	
3010	Host Nation Provider List Services Option Period 4	NSP	NSP	NSP	
3010AB	Host Nation Provider List Services for FY09 Portion of Option Period 3 (Oct. 2008 - Jan. 2009)				FY09
	Qty/UI	4 MO	4 MO	0 MO	
	Unit Price	(b)(4)			
	3010AB Total				
	Grand Total:				**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.

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
03	11/17/08	09-SCO-0028	14536

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

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

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)

UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code | Facility Code

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0006

10B. Date (*See Item 13*)
Sep 29, 2008

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9709090130.1889.102000 $ 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:

X 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.

14. 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 0006 is to increase the Quantity/Amount for SLIN 3001AA to meet additional requirements and to obligate FY09 funding for the remaining two months of Option Period Three, i.e., December 2008 and January 2009. Accordingly additional FY09 funding in the amount of (b)(4) is hereby obligated for the contract services specified in the following paragraph B.

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 (*Type or Print*)
THOMAS L GRIFFIN 303-676-3823
CONTRACTING OFFICER
tom.griffin@tma.osd.mil

15B. Contractor/Offeror
(Signature of person authorized to sign)

15C. Date Signed

16B. United States of America
Thomas L Griffin
(Signature of Contracting Officer)

16C. Date Signed
11/17/08

SCHEDULE

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% Government Share -- 60% Total (b)(4)	1,098,844	EA	(b)(4)	
3001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,859,664	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 Share --100% (b)(4)	2,200	EA	(b)(4)	
3002AB	Family Enrollment Premium Government Share --100% (b)(4)	5,308	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	4	MO		
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. The Quantity and Amount on Delivery Order 0006 for SLIN 3001AA is hereby increased as follows:

FROM:	Qty/Unit	Unit Price	Amount	TO:	Qty/Unit	Unit Price	Amount
	1,088,000 EA	(b)(4)			1,098,844 EA	(b)(4)	

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

CLIN	Description	Amount Ordered on Delivery Order 0006	Prior Obligation Amount	Total Current Obligation Amount	Obligated by this Delivery Order Mod	FY
3001	TDP Enrollments	NSP	NSP	NSP	NSP	
3001AA	Single Enrollment Premium					FY09
	Qty/UI	1,098,844 EA	544,000 EA	1,098,000 EA	554,844 EA	
	Unit Price	(b)(4)				
	3001AA Total					
3001AB	Family Enrollment Premium					FY09
	Qty/UI	1,859,664 EA	929,832 EA	1,859,664 EA	929,832 EA	
	Unit Price	(b)(4)				
	3001AB Total					
3002	Survivor Benefit Enrollments	NSP	NSP	NSP	NSP	
3002AA	Single Enrollment Premium					FY09
	Qty/UI	2,200 EA	1,100 EA	2,200 EA	1,100 EA	
	Unit Price	(b)(4)				
	3002AA Total					
3002AB	Family Enrollment Premium					FY09
	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					FY09
	Qty/UI	1 LT	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					FY09
	Qty/UI	1 LT	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)				
	3004 Total					
3005	DIACAP and Physical & Personnel Security					FY09
	Qty/UI	4 MO	2 MO	4 MO	2 MO	
	Unit Price	(b)(4)				
	3005 Total					
3008	Data prepared and delivered in accordance with Sections F and J	NSP	NSP	NSP	NSP	
3010	Host Nation Provider List Services Option Period 3	NSP	NSP	NSP	NSP	
3010AB	Host Nation Provider List Services					FY09
	Qty/UI	4 MO	2 MO	4 MO	2 MO	
	Unit Price	(b)(4)				
	3010AB Total					
	Grand Total:					FY09

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. As a result of this modification, the total obligated amount under Delivery Order 0006 is increased by (b)(4) from (b)(4) (b)(4)

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

ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH ORDER/AGREEMENT NO.	2. DELIVERY ORDER/CALL NO.	3. DATE OF ORDER/CALL (YYYYMMMDD)	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY
H9400205D0001	0006	2008 Sep 29	08-SCO-0092	

6. ISSUED BY CODE CMB

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

7. ADMINISTERED BY (If Other Than 6) CODE H94002

DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/AM&S
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

8. DELIVERY FOB
[X] DESTINATION
[ ] OTHER (See Schedule If Other)

9. CONTRACTOR CODE FACILITY

NAME AND ADDRESS
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

VENDOR ID 00000362
CAGE CODE 03XW8
TIN 251687586

10. DELIVER TO FOB POINT BY (Date) (YYYYMMMDD)

11. X IF BUSINESS IS
[ ] SMALL
[ ] SMALL DISAD-VANTAGED
[ ] WOMEN-OWNED

12. DISCOUNT TERMS Net 30

13. MAIL INVOICES TO THE ADDRESS IN BLOCK

14. SHIP TO Ult Dest: BLANK CODE ZD06

DOD/TRICARE MANAGEMENT ACTIVITY
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

15. PAYMENT WILL BE MADE BY CODE RMF

DEPARTMENT OF DEFENSE (RMF)
FINANCE AND ACCOUNTING BRANCH
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.

16. TYPE OF ORDER

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
PURCHASE		Reference your — Furnish the following on terms specified herein.

ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET 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
9709090130.1889.102000(SAF) $ 0.00

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Delivery Order for Option Period 3 Services under H94002-05-D-0001, for the period of October 1, 2008 through January 31, 2009. This Delivery Order is subject to the availability of Fiscal Year 2009 (FYO9) funds in accordance with Federal Acquisition Regulation clause 52.232-19.				

*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA
THOMAS L GRIFFIN Thomas L Griffin 303-676-3823
By: tom.griffin@tma.osd.mil CONTRACTING/ORDERING OFFICER

25. TOTAL $ (b)(4)

26. DIFFERENCES

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

f. TELEPHONE NUMBER | g. E-MAIL ADDRESS | [ ] PARTIAL [ ] FINAL | 32. PAID BY | 33. AMOUNT VERIFIED CORRECT FOR

36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT. | 31. PAYMENT [ ] COMPLETE [ ] PARTIAL [ ] FINAL | 34. CHECK NUMBER

a. DATE (YYYYMMMDD) | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | 35. BILL OF LADING NO.

37. RECEIVED AT | 38. RECEIVED BY (Print) | 39. DATE RECEIVED (YYYYMMMDD) | 40. TOT CONTAINERS | 41. S/R ACCOUNT NO. | 42. S/R VOUCHER NO.

DD1155 CONTINUATION SHEET	DATE OF ORDER	CONTRACT/PURCHASE ORDER NO.	PAGE	OF
	2008 Sep 29	H94002-05-D-0001	2	2

NAME OR ADDRESS OF CONTRACTOR
UNITED CONCORDIA COMPANIES, INC. 00000362

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20.QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. 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 (b)(4)	1,088,000	EA	(b)(4)	
3001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,859,664	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 Share --100% (b)(4)	2,200	EA	(b)(4)	
3002AB	Family Enrollment Premium Government Share --100% (b)(4)	5,308	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	4	MO		
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)	

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
01	7/30/09	09-SCO-0085	14689

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

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

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code | Facility Code

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No. H94002-05-D-0001 0007

10B. Date (*See Item 13*) Jan 28, 2009

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

[ ] The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers [ ] is extended [X] is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
9709090130.1889.102000 $ 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:

X 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.

14. 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 0007 is to increase the Quantity/Amount for SLINs 4001AA, 4001AB, 4002AA, 4002AB and CLIN 4004 to meet additional requirements and to obligate the additional FY09 funding required. Accordingly additional FY09 funding, in the amount of (b)(4) is hereby obligated for the contract services as specified in paragraph B.

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 (*Type or Print*)
THOMAS L GRIFFIN 303-676-3823
Contracting Officer
tom.griffin@tma.osd.mil

15B. Contractor/Offeror
(Signature of person authorized to sign)

15C. Date Signed

16B. United States of America
Thomas L Griffin
(Signature of Contracting Officer)

16C. Date Signed 7/30/09

NSN 7540-01-152-8070
PREVIOUS EDITIONS UNUSABLE

30-105

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

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% Government Share -- 60% Total (b)(4)	2,270,893	EA	(b)(4)	
4001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	3,747,031	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	NSP
4002AA	Single Enrollment Premium Government Share --100% (b)(4)	4,104	EA	(b)(4)	
4002AB	Family Enrollment Premium Government Share --100% (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 (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
4005	DIACAP and Physical & Personnel Security	8	MO		
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	MO	(b)(4)	

SF30 CONTINUATION SHEET

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

CLIN	Description	Prior Obligation Amount	Total Current Obligation Amount	Obligated by this Delivery Order Mod	FY
4001	TDP Enrollments	NSP	NSP	NSP	
4001AA	Single Enrollment Premium				FY09
	Qty/UI	1,988,427 EA	2,270,893 EA	282,466 EA	
	Unit Price	(b)(4)			
	4001AA Total				
4001AB	Family Enrollment Premium				FY09
	Qty/UI	3,307,031 EA	3,747,031 EA	440,000 EA	
	Unit Price	(b)(4)			
	4001AB Total				
4002	Survivor Benefit Enrollments	NSP	NSP	NSP	
4002AA	Single Enrollment Premium				FY09
	Qty/UI	3,619 EA	4,104 EA	485 EA	
	Unit Price	(b)(4)			
	4002AA Total				
4002AB	Family Enrollment Premium				FY09
	Qty/UI	9,135 EA	10,335 EA	1,200 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				FY09
	Qty/UI	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				FY09
	Qty/UI	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)			
	4004 Total				
4005	DIACAP and Physical & Personnel Security				FY09
	Qty/UI	8 MO	8 MO	0 MO	
	Unit Price	(b)(4)			
	4005 Total				
4006	Award Fee Pool	NSP	NSP	NSP	
4006AA	1st 6 Month Period (Feb. through Jul.)				FY09
	Qty/UI	1 EA	1 EA	0 EA	
	Unit Price	(b)(4)			
	4006AA Total				
4006AB	2nd 6 Month Period (Aug. through Jan.)				FY09
	Qty/UI	1 EA	1 EA	0 EA	
	Unit Price	(b)(4)			
	4006AA Total				
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	

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) to (b)(4)

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

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
01	10/5/09	09-SCO-0097	14689

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

7. Administered By (If other than Item 6) Code
SEE BLOCK 6

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0008

10B. Date (*See Item 13*)
Sep 24, 2007

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
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 FORTH IN ITEM 14, PURSUANT TO THE AUTHORITY OF FAR 43.103 (b)

X C. This supplemental agreement is entered into pursuant to authority of:
DFARS 252.232-7007 Limitation of Government's Obligation

D. Other (*Specify type of modification and authority*)

E. IMPORTANT: Contractor X is not, ☐ is required to sign this document and return ____ copies to the issuing office.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

A. Subject to the conditions of the FY 2010 Continuing Resolution Authority under H.R. 2918; FY10 funding for Option Period 4 period of performance of October 1, 2009 through November 30, 2009 is hereby obligated in the amount of (b)(4) for the contract services specified in the following paragraph B.

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 (*Type or Print*)	
		THOMAS L GRIFFIN 303-676-3823 CONTRACTING OFFICER tom.griffin@tma.osd.mil	
15B. Contractor/Offeror (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America Thomas L Griffin (Signature of Contracting Officer)	16C. Date Signed 10/5/09

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.)	NSP	EA	NSP	NSP
4001AA	Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,186,136	EA	(b)(4)	
4001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	1,947,192	EA		
4002	Survivor Benefit Enrollments (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.)	NSP	EA	NSP	NSP
4002AA	Single Enrollment Premium Government Share --100% (b)(4)	2,024	EA	(b)(4)	
4002AB	Family Enrollment Premium Government Share --100% (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 Reimbursable Line Item - Cost Plus No Fee)	1	LT		
4004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs (Cost Reimbursable Line Item - Cost Plus No Fee)	1	LT		
4005	DIACAP and Physical & Personnel Security	4	MO		
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	MO	(b)(4)	

SF30 CONTINUATION SHEET

B. Services ordered under Delivery Order 0008 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
4001	TDP Enrollments	NSP	NSP	NSP	
4001AA	Single Enrollment Premium				FY10
	Qty/UI	1,186,136 EA	593,068 EA	593,068 EA	
	Unit Price	(b)(4)			
	4001AA Total				
4001AB	Family Enrollment Premium				FY10
	Qty/UI	1,947,192 EA	973,596 EA	973,596 EA	
	Unit Price	(b)(4)			
	4001AB Total				
4002	Survivor Benefit Enrollments	NSP	NSP	NSP	
4002AA	Single Enrollment Premium				FY10
	Qty/UI	2,024 EA	1012 EA	1012 EA	
	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 LT	1 LT	
	Unit Price	(b)(4)			
	4004 Total				
5005	DIACAP and Physical & Personnel Security				FY10
	Qty/UI	4 MO	2 MO	2 MO	
	Unit Price	(b)(4)			
	4005 Total				
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	
	Unit Price	(b)(4)			
	4010AB Total				
	Grand Total:				**FY10**

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 SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
02	18 Nov 09	10-SCO-0011	14689

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

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

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)

UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X)	
	9A. Amendment of Solicitation No.
	9B. Date (*See Item 11*)
X	10A. Modification of Contract/Order No. H94002-05-D-0001 0008
	10B. Date (*See Item 13*) Sep 22, 2009

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
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:
X	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.

14. Description of Amendment/Modification (*Organized by UCF section headings, including solicitation/contract subject matter where feasible.*)

A. Subject to the conditions of the FY 2010 Continuing Resolution Authority under H.R. 2996; FY10 funding for Option Period 4 period of performance of December 1, 2009 through January 31, 2010 is hereby obligated in the amount of (b)(4) for the contract services specified in the following paragraph B.

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 rose.roach@tma.osd.mil	
15B. Contractor/Offeror (Signature of person authorized to sign)	15C. Date Signed	16B. United States of America (Signature of Contracting Officer)	16C. Date Signed 18 Nov 09

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% Government Share -- 60% Total (b)(4)	1,186,136	EA	(b)(4)	
4001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	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	NSP
4002AA	Single Enrollment Premium Government Share --100% (b)(4)	2,024	EA	(b)(4)	
4002AB	Family Enrollment Premium Government Share --100% (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 (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
4005	DIACAP and Physical & Personnel Security	4	MO		
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	MO	(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 on Delivery Order 0008	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					FY10
	Qty/UI	1,186,136 EA	593,068 EA	1,186,136 EA	593,068 EA	
	Unit Price	(b)(4)				
	4001AA Total					
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)				
	4001AB Total					
4002	Survivor Benefit Enrollments	NSP	NSP	NSP	NSP	
4002AA	Single Enrollment Premium					FY10
	Qty/UI	2,024 EA	1012 EA	2,024 EA	1012 EA	
	Unit Price	(b)(4)				
	4002AA Total					
4002AB	Family Enrollment Premium					FY10
	Qty/UI	5,092 EA	2,546 EA	5,092 EA	2,546 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					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					
4005	DIACAP and Physical & Personnel Security					FY10
	Qty/UI	4 MO	2 MO	4 MO	2 MO	
	Unit Price	(b)(4)				
	4005 Total					
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	2 MO	4 MO	2 MO	
	Unit Price	(b)(4)				
	4010AB Total					
	Grand Total:					**FY10**

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. 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/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
03	22 Feb 10	10-SCO-0023	14689

6. Issued By Code CMB
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CMB
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

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

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0008

10B. Date (*See Item 13*)
Sep 22, 2009

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
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:

X 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.

14. 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
rose.roach@tma.osd.mil

15B. Contractor/Offeror
(Signature of person authorized to sign)

15C. Date Signed

16B. United States of America
(Signature of Contracting Officer)

16C. Date Signed
22 Feb 10

NSN 7540-01-152-8070
PREVIOUS EDITIONS UNUSABLE
30-105
STANDARD FORM 30 (REV. 10-83)
Prescribed by GSA FAR (48 CFR) 53.243

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% Government Share -- 60% Total (b)(4)	1,186,136	EA	(b)(4)	
4001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	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	NSP
4002AA	Single Enrollment Premium Government Share --100% (b)(4)	2,024	EA	(b)(4)	
4002AB	Family Enrollment Premium Government Share --100% (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 (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
4005	DIACAP and Physical & Personnel Security	4	MO		
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	MO	(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 on Delivery Order 0008	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					FY10
	Qty/UI	1,186,136 EA	1,186,136 EA	1,186,136 EA	00 EA	
	Unit Price	(b)(4)				
	4001AA Total					
4001AB	Family Enrollment Premium					FY10
	Qty/UI	1,947,192 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					FY10
	Qty/UI	2,024 EA	2,024 EA	2,024 EA	00 EA	
	Unit Price	(b)(4)				
	4002AA Total					
4002AB	Family Enrollment Premium					FY10
	Qty/UI	5,092 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					FY10
	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					FY10
	Qty/UI	1 LT	1 LT	1 LT	1 LT	
	Unit Price	(b)(4)				
	4004 Total					
4005	DIACAP and Physical & Personnel Security					FY10
	Qty/UI	4 MO	4 MO	4 MO	0 MO	
	Unit Price	(b)(4)				
	4005 Total					
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)				
	4010AB Total					
	Grand Total:					**FY10**

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

ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH ORDER/AGREEMENT NO.	2. DELIVERY ORDER/CALL NO.	3. DATE OF ORDER/CALL (YYYYMMMDD)	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY
H9400205D0001	0008	2009 Sep 22	09-SCO-0096	

6. ISSUED BY CODE CMB

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

7. ADMINISTERED BY *(If Other Than 6)* CODE H94002

DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CM
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

8. DELIVERY FOB
- [X] DESTINATION
- [ ] OTHER *(See Schedule If Other)*

9. CONTRACTOR CODE

NAME AND ADDRESS
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

FACILITY
VENDOR ID 00000362
CAGE CODE 03XW8
TIN 251687586

10. DELIVER TO FOB POINT BY *(Date)* *(YYYYMMMDD)*

11. X IF BUSINESS IS
- [ ] SMALL
- [ ] SMALL DISAD-VANTAGED
- [ ] WOMEN-OWNED

12. DISCOUNT TERMS Net 30

13. MAIL INVOICES TO THE ADDRESS IN BLOCK

14. SHIP TO Ult Dest: BLANK CODE ZD06

DOD/TRICARE MANAGEMENT ACTIVITY
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

15. PAYMENT WILL BE MADE BY CODE RMF

DEPARTMENT OF DEFENSE (RMF)
FINANCE AND ACCOUNTING BRANCH
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.

16. TYPE OF ORDER

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.
PURCHASE		Reference your — Furnish the following on terms specified herein.
		ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET 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

9710100130.1889.102000(SAF) $ 0.00

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Delivery Order for Option Period 4 Services under contract H94002-05-D-0001, for the period of October 1, 2009 through January 31, 2010. This Delivery Order is subject to the availability of Fiscal Year 2010 (FY10) funds in accordance with Federal Acquisition Regulation clause 52.232-19.				

*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA 9/22/09
THOMAS L GRIFFIN 303/676-3823
By: tom.griffin@tma.osd.mil CONTRACTING/ORDERING OFFICER

25. TOTAL $ (b)(4)

26. DIFFERENCES

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**

f. TELEPHONE NUMBER | **g. E-MAIL ADDRESS** | [ ] PARTIAL [ ] FINAL | **32. PAID BY** | **33. AMOUNT VERIFIED CORRECT FOR**

31. PAYMENT [ ] COMPLETE [ ] PARTIAL [ ] FINAL | **34. CHECK NUMBER**

36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.
a. DATE *(YYYYMMMDD)* | **b. SIGNATURE AND TITLE OF CERTIFYING OFFICER** | **35. BILL OF LADING NO.**

37. RECEIVED AT	38. RECEIVED BY *(Print)*	39. DATE RECEIVED *(YYYYMMMDD)*	40. TOT CONTAINERS	41. S/R ACCOUNT NO.	42. S/R VOUCHER NO.

DD1155 CONTINUATION SHEET	DATE OF ORDER	CONTRACT/PURCHASE ORDER NO.	PAGE	OF
	2009 Sep 21	H94002-05-D-0001	2	2

NAME OR ADDRESS OF CONTRACTOR
UNITED CONCORDIA COMPANIES, INC. 00000362

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20.QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. 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% Government Share -- 60% Total (b)(4)	1,186,136	EA	(b)(4)	
4001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	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	NSP
4002AA	Single Enrollment Premium Government Share --100% (b)(4)	2,024	EA	(b)(4)	
4002AB	Family Enrollment Premium Government Share --100% (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 (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
4005	DIACAP and Physical & Personnel Security	4	MO		
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	MO	(b)(4)	

AMENDMENT OF SOLICITATION/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
01	1 Sep 10	10-SCO-0054	14933

6. Issued By Code HT9402
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/COD-A
16401 E. CENTRETECH PKWY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

7. Administered By (If other than Item 6) Code
SEE BLOCK 6

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907
Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No.
H94002-05-D-0001 0009

10B. Date (*See Item 13*)
Sep 22, 2009

Code | Facility Code

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

[ ] The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers [ ] is extended [X] is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
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:

X 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.

14. 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 0009 is to: deobligate funding for CLIN 5007 (Phase Out); increase the Quantity/Amount for SLINs 5001AA and 5001AB and the Unit Price/Amount for CLIN 5004 to reflect adjustments to utilization estimates; and to obligate additional FY10 funding.

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
rose.roach@tma.osd.mil

15B. Contractor/Offeror
(Signature of person authorized to sign)

15C. Date Signed

16B. United States of America
(Signature of Contracting Officer)

16C. Date Signed
1 Sep 10

NSN 7540-01-152-8070
PREVIOUS EDITIONS UNUSABLE

30-105

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

SCHEDULE

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	NSP
5001AA	Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	2,438,250	EA	(b)(4)	
5001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	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	NSP
5002AA	Single Enrollment Premium Government Share --100% (b)(4)	3,920	EA	(b)(4)	
5002AB	Family Enrollment Premium Government Share --100% (b)(4)	9,920	EA		
5003	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		
5004	OCONUS Claims Processing Cost Shares and Additional Allowable Charges for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
5005	DIACAP and Physical & Personnel Security	8	MO		
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 (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.)	0	LT	$0.00	$0.00
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	0	LT	NSP	NSP
5010AA	Host Nation Provider List Services for FY10 Portion of Option Period 5 (Feb. - Sept. 2010)	8	MO	(b)(4)	

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)			
	5001AA Total				
5001AB	Family Enrollment Premium				FY10
	Qty/UI	3,808,000 EA	3,849,600 EA	41,600 EA	
	Unit Price	(b)(4)			
	5001AB Total				
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				
5002AB	Family Enrollment Premium				FY10
	Qty/UI	9,920 EA	9,920 EA	0 EA	
	Unit Price	(b)(4)			
	5002AB Total				
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				FY10
	Qty/UI	8 MO	8 MO	0 MO	
	Unit Price	(b)(4)			
	5005 Total				
5006	Award Fee Pool	NSP	NSP	NSP	
5006AA	1st 6 Month Period (February through July).				FY10
	Qty/UI	1 EA	1 EA	0 EA	
	Unit Price	(b)(4)			
	5006AA Total				
5006AB	2nd 6 Month Period (August through January).				FY10
	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/MODIFICATION OF CONTRACT

1. Contract ID Code	Page	of Pages
J	1	4

2. Amendment/Modification No.	3. Effective Date	4. Requisition/Purchase Req. No.	5. Project No. (if applicable)
02	17 Sep 10	10-SCO-0055	14933

6. Issued By Code HT9402
DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/COD-A
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407

7. Administered By (If other than Item 6) Code
SEE BLOCK 6

8. Name and Address of Contractor (*No., Street, County, and Zip Code*)
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

Vendor ID: 00000362
DUNS: 868941832
CEC: 868941832
CAGE: 03XW8

Code | Facility Code

(X) 9A. Amendment of Solicitation No.

9B. Date (*See Item 11*)

X 10A. Modification of Contract/Order No. H94002-05-D-0001 0009

10B. Date (*See Item 13*) Jan 26, 2010

11. THIS ITEM ONLY APPLIES TO AMENDMENTS OF SOLICITATIONS

☐ The above numbered solicitation is amended as set forth in item 14. The hour and date specified for receipt of Offers ☐ is extended ☐ is 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 amendment; (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 ACKNOWLEDGMENT TO BE RECEIVED AT THE PLACE DESIGNATED FOR THE RECEIPT OF OFFERS PRIOR TO THE HOUR AND DATE SPECIFIED MAY RESULT 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 (*if required*)
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:

X 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.

14. 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 0009 is to increase the Quantity/Amount for SLIN 5001AB to reflect adjustments to the Family Enrollment Premium utilization estimate and to obligate additional FY10 funding.

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
rose.roach@tma.osd.mil

15B. Contractor/Offeror
(Signature of person authorized to sign)

15C. Date Signed

16B. United States of America
(Signature of Contracting Officer)

16C. Date Signed 17 Sep 10

NSN 7540-01-152-8070
PREVIOUS EDITIONS UNUSABLE

30-105

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

SCHEDULE

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	NSP
5001AA	Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	2,438,250	EA	(b)(4)	
5001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	3,850,357	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	NSP
5002AA	Single Enrollment Premium Government Share --100% (b)(4)	3,920	EA	(b)(4)	
5002AB	Family Enrollment Premium Government Share --100% (b)(4)	9,920	EA		
5003	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		
5004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
5005	DIACAP and Physical & Personnel Security	8	MO		
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 (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.)	0	LT	$0.00	0.00
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	0	LT	NSP	NSP
5010AA	Host Nation Provider List Services for FY10 Portion of Option Period 5 (Feb. - Sept. 2010)	8	MO	(b)(4)	

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				
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				
5002AB	Family Enrollment Premium				FY10
	Qty/UI	9,920 EA	9,920 EA	0 EA	
	Unit Price	(b)(4)			
	5002AB Total				
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				FY10
	Qty/UI	8 MO	8 MO	0 MO	
	Unit Price	(b)(4)			
	5005 Total				
5006	Award Fee Pool	NSP	NSP	NSP	
5006AA	1st 6 Month Period (February through July).				FY10
	Qty/UI	1 EA	1 EA	0 EA	
	Unit Price	(b)(4)			
	5006AA Total				
5006AB	2nd 6 Month Period (August through January).				FY10
	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	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) to (b)(4)

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

ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH ORDER/AGREEMENT NO.	2. DELIVERY ORDER/CALL NO.	3. DATE OF ORDER/CALL (YYYYMMMDD)	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY
H9400205D0001	0009	2010 Jan 26	10-SCO-0021	

6. ISSUED BY CODE CMB

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

7. ADMINISTERED BY (If Other Than 6) CODE H94002

DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CM
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

8. DELIVERY FOB
X DESTINATION
OTHER (See Schedule If Other)

9. CONTRACTOR CODE

NAME AND ADDRESS
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

FACILITY
VENDOR ID 00000362
CAGE CODE 03XW8
TIN 251687586

10. DELIVER TO FOB POINT BY (Date) (YYYYMMMDD)

11. X IF BUSINESS IS
SMALL
SMALL DISAD-VANTAGED
WOMEN-OWNED

12. DISCOUNT TERMS Net 30

13. MAIL INVOICES TO THE ADDRESS IN BLOCK

14. SHIP TO Ult Dest: BLANK CODE ZD06

DOD/TRICARE MANAGEMENT ACTIVITY
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

15. PAYMENT WILL BE MADE BY CODE RMF

DEPARTMENT OF DEFENSE (RMF)
FINANCE AND ACCOUNTING BRANCH
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.

16. TYPE OF ORDER

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.
PURCHASE		Reference your — Furnish the following on terms specified herein.
		ACCEPTANCE . THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET 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
9710100130.1889.102000 (b)(4)

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Delivery Order for Option Period 5 Services under H94002-05-D-0001, for the period of February 1, 2010 through September 30, 2010.				

*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA
ROSE ROACH 303-676-3675
By: rose.roach@tma.osd.mil CONTRACTING/ORDERING OFFICER

25. TOTAL $ (b)(4)

26. DIFFERENCES

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

f. TELEPHONE NUMBER | g. E-MAIL ADDRESS | ☐ PARTIAL ☐ FINAL | 32. PAID BY | 33. AMOUNT VERIFIED CORRECT FOR

36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT. | 31. PAYMENT ☐ COMPLETE ☐ PARTIAL ☐ FINAL | 34. CHECK NUMBER

a. DATE (YYYYMMMDD) | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | 35. BILL OF LADING NO.

37. RECEIVED AT	38. RECEIVED BY (Print)	39. DATE RECEIVED (YYYYMMMDD)	40. TOT CONTAINERS	41. S/R ACCOUNT NO.	42. S/R VOUCHER NO.

DD FORM 1155, DEC 2001 PREVIOUS EDITION IS OBSOLETE

DD1155 CONTINUATION SHEET	DATE OF ORDER	CONTRACT/PURCHASE ORDER NO.	PAGE	OF
	2010 Jan 26	H94002-05-D-0001	2	2

NAME OR ADDRESS OF CONTRACTOR
UNITED CONCORDIA COMPANIES, INC. 00000362

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20.QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. 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	NSP
5001AA	Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	2,360,000	EA	(b)(4)	
5001AB	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4)	3,808,000	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	NSP
5002AA	Single Enrollment Premium Government Share --100% (b)(4)	3,920	EA	(b)(4)	
5002AB	Family Enrollment Premium Government Share --100% (b)(4)	9,920	EA		
5003	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		
5004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)	1	LT		
5005	DIACAP and Physical & Personnel Security	8	MO		
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 (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.)	1	LT		
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	0	LT	NSP	NSP
5010AA	Host Nation Provider List Services for FY10 Portion of Option Period 5 (Feb. - Sept. 2010)	8	MO	(b)(4)	

ORDER FOR SUPPLIES OR SERVICES

1. CONTRACT/PURCH ORDER/AGREEMENT NO.	2. DELIVERY ORDER/CALL NO.	3. DATE OF ORDER/CALL (YYYYMMMDD)	4. REQUISITION/PURCH REQUEST NO.	5. PRIORITY
H9400205D0001	0010	2010 Sep 30	10-SCO-0058	

6. ISSUED BY CODE HT9402

DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/COD-A
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066
GERALD OLLIGES 303-676-3407 gerald.olliges.ctr@tma.osd.mil

7. ADMINISTERED BY (If Other Than 6) CODE HT9402

DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CM
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

8. DELIVERY FOB
X DESTINATION
OTHER (See Schedule If Other)

9. CONTRACTOR CODE

NAME AND ADDRESS
UNITED CONCORDIA COMPANIES, INC.
4401 DEER PATH ROAD
HARRISBURG PA 17110-3907

FACILITY
VENDOR ID 00000362
CAGE CODE 03XW8
TIN 251687586

10. DELIVER TO FOB POINT BY (Date) (YYYYMMMDD)

11. X IF BUSINESS IS
SMALL
SMALL DISAD-VANTAGED
WOMEN-OWNED

12. DISCOUNT TERMS Net 30

13. MAIL INVOICES TO THE ADDRESS IN BLOCK

14. SHIP TO Ult Dest: BLANK CODE HT9402

DEPARTMENT OF DEFENSE
TRICARE MANAGEMENT ACTIVITY/CM
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

15. PAYMENT WILL BE MADE BY CODE RMF

DEPARTMENT OF DEFENSE (RMF)
FINANCE AND ACCOUNTING BRANCH
16401 E. CENTRETECH PARKWAY
AURORA, CO 80011-9066

MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2.

16. TYPE OF ORDER

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.
PURCHASE		Reference your — Furnish the following on terms specified herein.
		ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET 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

9711110130.1889.102000(SAF) $ 0.00

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
	Delivery Order for Option Period 5 Services under contract H94002-05-D-0001, for the period of October 1, 2010 through January 31, 2011. This Delivery Order is subject to the availability of Fiscal Year 2011 (FY11) funds in accordance with Federal Acquisition Regulation clause 52.232-19.				

*If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.

24. UNITED STATES OF AMERICA
ROSE ROACH 303-676-3675
By: rose.roach@tma.osd.mil CONTRACTING/ORDERING OFFICER

25. TOTAL $ (b)(4)

26. DIFFERENCES

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

f. TELEPHONE NUMBER | g. E-MAIL ADDRESS | ☐ PARTIAL ☐ FINAL | 32. PAID BY | 33. AMOUNT VERIFIED CORRECT FOR

36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT. | 31. PAYMENT ☐ COMPLETE ☐ PARTIAL ☐ FINAL | 34. CHECK NUMBER

a. DATE (YYYYMMMDD) | b. SIGNATURE AND TITLE OF CERTIFYING OFFICER | 35. BILL OF LADING NO.

37. RECEIVED AT | 38. RECEIVED BY (Print) | 39. DATE RECEIVED (YYYYMMMDD) | 40. TOT CONTAINERS | 41. S/R ACCOUNT NO. | 42. S/R VOUCHER NO.

NAME OR ADDRESS OF CONTRACTOR
UNITED CONCORDIA COMPANIES, INC. 00000362

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20. QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. 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	NSP
5001AC	Single Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4) (FY11 portion of Option Period 5, 4 months: Oct 2010 - Jan 2011) (9711110130.1889.102000)	1,236,188	EA	(b)(4)	
5001AD	Family Enrollment Premium Enrollee Share -- 40% Government Share -- 60% Total (b)(4) (FY11 portion of Option Period 5, 4 months: Oct 2010 - Jan 2011) (9711110130.1889.102000)	1,948,860	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	NSP
5002AC	Single Enrollment Premium Government Share --100% (b)(4) (FY11 portion of Option Period 5, 4 months: Oct 2010 - Jan 2011) (9711110130.1889.102000)	2,040	EA	(b)(4)	
5002AD	Family Enrollment Premium Government Share --100% (b)(4) (FY11 portion of Option Period 5, 4 months: Oct 2010 - Jan 2011) (9711110130.1889.102000)	4,564	EA		
5003	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)	0	LT	NSP	NSP
5003AB	OCONUS Claims Processing Costs in Excess of 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)	1	LT	(b)(4)	

DD1155 CONTINUATION SHEET	DATE OF ORDER	CONTRACT/PURCHASE ORDER NO.	PAGE	OF
	2010 Sep 30	H94002-05-D-0001	3	3

NAME OR ADDRESS OF CONTRACTOR
UNITED CONCORDIA COMPANIES, INC. 00000362

18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICES	20.QUANTITY ORDERED/ ACCEPTED*	21. UNIT	22. UNIT PRICE	23. AMOUNT
5004	OCONUS Claims Processing Cost Shares and Additional Allowable Charge for Orthodontic Costs (Cost Reimburseable Line Item - Cost Plus No Fee)	0	LT	NSP	NSP
5004AB	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)	1	LT	(b)(4)	
5005	DIACAP and Physical & Personnel Security	0	MO	NSP	NSP
5005AB	DIACAP and Physical & Personnel Security (FY11 portion of Option Period 5, 4 months: Oct 2010 - Jan 2011) (9711110130.1889.102000)	4	MO	(b)(4)	
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	0	LT	NSP	NSP
5010AB	Host Nation Provider List Services (FY11 portion of Option Period 5, 4 months: Oct 2010 - Jan 2011) (9711110130.1889.102000)	4	MO	(b)(4)	