



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits

**ROY COOPER** • Governor  
**KODY H. KINSLEY** • Secretary  
**JAY LUDLAM** • Deputy Secretary, NC Medicaid

June 20, 2023

**PLAN NAME**

**Address**

**CITY, NC #####**

RE: Contract #30-190029-DHB Prepaid Health Plan **PLAN NAME**  
Notice of Termination: Amendment #4/5

Dear **PLAN CONTACT**:

The North Carolina Department of Health and Human Services, Division of Health Benefits (Department) and **PLAN NAME** (Contractor), executed Amendment #4/5 to Contract #30-190029-DHB Prepaid Health Plan **PLAN NAME** (Contract) which set out requirements to promote health and ensure access to care during the Coronavirus-19 (COVID-19) pandemic.

This Notice of Termination (Notice), pursuant to Contract Amendment #4/5, *Section 14. Termination*, hereby notifies Contractor that Amendment #4/5 is terminated effective August 19, 2023. All other terms and conditions of the Contract, as otherwise amended, shall remain in full force and effect.

Please sign below, acknowledging receipt of this Notice. If you have any questions regarding this Notice, please contact Kimberley Kilpatrick at [Kimberley.Kilpatrick@dhhs.nc.gov](mailto:Kimberley.Kilpatrick@dhhs.nc.gov) or 919-527-7015, or Cassandra McFadden at [Cassandra.McFadden@dhhs.nc.gov](mailto:Cassandra.McFadden@dhhs.nc.gov) or 919-500-0814.

Sincerely,

Jay Ludlam  
Deputy Secretary, NC Medicaid

**ACKNOWLEDGED BY PLAN NAME**

\_\_\_\_\_  
**Plan Contact, Title**

\_\_\_\_\_  
Date

**NC MEDICAID**  
**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS**

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