

ELEVENTH AMENDMENT TO HEALTH SERVICES AGREEMENT

This Eleventh Amendment to the Health Services Agreement (this “Fifth Amendment”) is made and entered into on July, 21st, 2025 by and between the County Commissioners for Cumberland County (hereinafter, the “County”) and Sheriff Kevin J. Joyce or his/her successor, as the duly designated Chief Corrections Officer of the County (hereinafter, “Sheriff”), and Armor Health of Cumberland County, LLC (hereinafter, “Armor”). The County/Sheriff and Armor may be collectively referred to herein as the “Parties” and each may be referred to individually as a “Party.”

RECITALS

WHEREAS, the County/Sheriff and Armor entered into a Health Services Agreement effective September 1, 2018 (the “Agreement”), in which Armor assumed the responsibilities for provision of certain healthcare services to be delivered to persons remanded to the care, custody, and control of the correctional facilities set forth in the Agreement; and

WHEREAS, the Parties previously amended the Agreement through the First, Second, Third, and Fourth, and Fifth, Sixth, Seventh, Eighth, Ninth and Tenth Amendments; and

WHEREAS, the Parties further wish to remove, replace or modify certain provisions of the Agreement as set forth herein.

NOW, THEREFORE, for and in consideration of the mutual covenants and agreements contained herein, and for other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties agree as follows:

1. The Recitals set forth above are deemed incorporated herein, and the parties hereto represent they are true, accurate, and correct.
2. Armor shall invoice the County on a monthly basis for 1.4 FTE MAT RN positions for a total annual salary post benefits in the amount of \$165,140, which shall be billed by Armor on a monthly basis. Such invoice shall be due within thirty days of the invoice date.
3. Other than as specifically set forth invoice, the terms and conditions of the agreement shall continue unchanged and in full force and effect.

IN WITNESS WHEREOF, the Parties memorialize their understanding and agreement to the above terms by their authorized signature below.

Chair of Board of County Commissioners of
Cumberland County, Maine

Armor Health of Cumberland County, LLC

By:_____

By:_____

Title:_____

Title:_____

Date:_____

Date:_____