

STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

 CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED 2 Pages



AGREEMENT NUMBER	AMENDMENT NUMBER
05MHF074	A1
REGISTRATION NUMBER	
4280100598468	

1. This Agreement is entered into between the State Agency and Contractor named below:
STATE AGENCY'S NAME
Managed Risk Medical Insurance Board
CONTRACTOR'S NAME
County of San Mateo
2. The term of this Agreement is **July 1, 2005** through **June 30, 2007**
3. The estimated amount of this Agreement after this amendment is: **\$897,379 (No dollars added)**
Eight hundred ninety seven thousand, three hundred seventy nine dollars
4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:
 - I. This Agreement is hereby amended for the purpose of revising the Confidential Attachment, Rates of Payment for July 1, 2006 through June 30, 2007.
 - II. This Agreement is amended as follows through the revision and incorporation of the following attachments and exhibits as if fully set forth herein:

Attachment I - Confidential Rates of Payment.
 - III. The effective date of this amendment is July 1, 2006.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR		CALIFORNIA Department of General Services Use Only
CONTRACTOR'S NAME (If other than an individual, state whether a corporation, partnership, etc.) County of San Mateo		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Rose Jacobs-Gibson, President		
ADDRESS 225 37th Avenue San Mateo, CA 94403		
STATE OF CALIFORNIA		
AGENCY NAME Managed Risk Medical Insurance Board		
BY (Authorized Signature) 	DATE SIGNED (Do not type)	
PRINTED NAME AND TITLE OF PERSON SIGNING Dennis Gilliam, Contracts Administrator		
ADDRESS 1000 G. Street, Suite 450, Sacramento, CA 95814		
		<input type="checkbox"/> Exempt per:

**ATTACHMENT I
CONFIDENTIAL RATES OF PAYMENT**

This attachment is confidential, and is not open until, at the earliest July 1, 2010. See Exhibit D, Item II.N. of this Agreement for the standards governing confidentiality.

HEALTHY FAMILIES PROGRAM RATES

County of San Mateo Region 3 Composite Rates for Health, Dental & Vision

Current Year Rate:	Infant Rate	Child Rate
2005/06	165.35	75.39
2006/07	165.63	75.64

Prior Years Rates for Retroactive Claims

	Infant Rate	Child Rate
2002/03	226.87	96.90
2003/04	212.11	92.00
2004/05	212.11	92.00

San Mateo rates for 1-18 years were adjusted to deduct costs for State Supported Services