STATE OF CALIFORNIA

## STANDARD AGREEMENT AMENDMENT

STD. 213 A (Rev 6/03)

X	CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED	3	Pages	AGREEMENT NUMBER	AMENDMENT NUMBER
			-	05MHF074	A5
				REGISTRATION NUMBER	
				4280100598468.5	
1.	This Agreement is entered into between the State Agency and Contractor named below:				
	Managed Risk Medical Insurance Board				
	County of San Mateo				
2.	The term of this				
	Agreement is July 1, 2005	th	rough	June 30, 2010	
3.	The maximum amount of this \$2,043,	014 (\$3	309,789 a	dded)	
	Agreement after this amendment is:				
4.	The parties mutually agree to this amendment of the Agreement and incorporated herein:	as follo	ows. All a	ctions noted below are by	this reference made a part

- This Agreement is amended for the purposes of:
  - (a) extending the end of the term to June 30, 2010,
  - (b) adding \$309,789 to the amount of the Agreement,
  - (C) specifying the confidential rates of payment, and (D) making administrative changes to Exhibits A and B.

CONTINUED next page.

All other terms and conditions shall remain the same.

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

	CALIFORNIA	
CONTRACTOR	Department of General Services Use Only	
CONTRACTOR'S NAME (If other than an individual, state whether a corporation		
County of San Mateo		
BY (Authorized Signature)	DATE SIGNED (Do not type)	
Ø		<ul><li>(1) (2) (2) (2) (4) (4) (4) (4)</li></ul>
PRINTED NAME AND TITLE OF PERSON SIGNING		
Mark Church, President, San Mateo County Board	\$4.00 min 1995	
ADDRESS		
225 37th Avenue, San Mateo, CA 94403	THE PURPLE STATE	
	2 m 7 f 2 d 4 d 5 d 5 d	
STATE OF CALIFORNIA		
AGENCY NAME		
Managed Risk Medical Insurance Board		
BY (Authorized Signature)	DATE SIGNED (Do not type)	4.4
<b>x</b>		
PRINTED NAME AND TITLE OF PERSON SIGNING	Exempt per: Insurance Code sec. 12699.54	
Terresa Krum, Deputy Director, Administration	Insurance Code sec. 12039.34	
ADDRESS		
1000 G Street, Suite 450, Sacramento, CA 95814		

Attachment I Confidential Rates of Payment Page 1 of 2

## ATTACHMENT I CONFIDENTIAL RATES OF PAYMENT

This attachment is confidential, and is not open until, at the earliest July 1, 2013. See Exhibit D, Item II.N of this Agreement for the standards governing confidentiality.

Attachment I Confidential Rates of Payment Page 2 of 2

## **HEALTHY FAMILIES PROGRAM RATES**

The composite rates for health, dental and vision for the February 1, 2009, through June 30, 2009, benefit period described in Attachment I in Amendment 4 of this Agreement 05MHF074 shall remain the same.

II. Exhibit A, Section II, <u>CONTRACT TERM</u>, Item A, <u>Term of Agreement</u>, is amended to read:

The term of this Agreement shall be from July 1, 2005, through June 30, 2010. The State may exercise the option to negotiate an Agreement for subsequent one-year terms. Such extension shall be by an amendment to this Agreement. Reimbursement rates applicable to each subsequent one-year term shall be negotiated by the parties and included in the amendment. Renewal of the Agreement is contingent upon successful performance by the Contractor, as determined by the State at its sole discretion.

III. Exhibit B, Section II, <u>FISCAL CONTROL PROVISIONS</u>, Item D, <u>Prior to Fiscal Year/Crossing Fiscal Years</u>, is amended to read:

It is mutually agreed between the parties that this Agreement may have been signed and executed prior to the start of the 2005-06 State fiscal year before ascertaining the availability of federal funds allocated through the State budget for the 2005-06 State fiscal year. This Agreement has also been written with a term that crosses State fiscal years, and therefore before ascertaining the availability of legislative appropriation of federal funds for the 2008-09 and 2009-10 State fiscal years. This Agreement is valid and enforceable only if sufficient federal funds are made available through the 2008-09 and 2009-10 State budgets for the purposes of this program. In addition, this Agreement is subject to any additional restrictions, limitations, or conditions enacted in statute by the State Legislature which may affect the provision, term or funding of this Agreement in any manner. It is mutually agreed that if the State Legislature does not appropriate sufficient funds for this program, the Agreement shall be amended to reflect any reduction in funds.

- IV. This Agreement is amended through the revision and incorporation of Attachment I, Confidential Rates of Payment, as if fully set forth herein.
- V. The effective date of this amendment is July 1, 2009.