



Rural Expansion

Rating Period: November 1, 2013 - June 30, 2014

County: **IMPERIAL**

Health Plan	Category of Aid	RATE RANGE		
		Lower Bound	Midpoint	Upper Bound
Molina Healthcare and Anthem Blue Cross of CA	Adult/Family	\$ 125.96	\$ 133.09	\$ 140.56
Molina Healthcare and Anthem Blue Cross of CA	Aged/Disabled Dual	\$ 117.78	\$ 124.31	\$ 131.15
Molina Healthcare and Anthem Blue Cross of CA	Aged/Disabled Non Dual	\$ 774.90	\$ 818.31	\$ 863.75
Molina Healthcare and Anthem Blue Cross of CA	BCCTP	\$ 1,369.03	\$ 1,445.43	\$ 1,525.36
Molina Healthcare and Anthem Blue Cross of CA	Maternity	\$ 6,385.92	\$ 6,574.09	\$ 6,768.78

**Notes:**

- (1) Rates have been approved by CMS (10/30/2013).
- (2) Rates include SB 78 Managed Care Tax (Committee on Budget and Fiscal Review, Chapter 33, Statutes of 2013).
- (3) Rates do not include outpatient Mental Health and Screening, Brief Intervention, and Referral to Treatment (SBIRT) services
- (4) Rates do not include impact of the Health Insurer Fee or ACA 1202 PCP increase.
- (5) Maternity listed as supplemental payment and not included in base rates.
- (6) Aged/Disabled/non-duals category include members who have Medicare Part A or B (partial duals).