



Rural Expansion

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

County: **SAN BENITO**

Health Plan	Category of Aid	RATE RANGE		
		Lower Bound	Midpoint	Upper Bound
Anthem Blue Cross of CA	Adult/Family	\$ 133.52	\$ 138.86	\$ 149.01
Anthem Blue Cross of CA	Aged/Disabled Dual	\$ 83.47	\$ 86.80	\$ 92.42
Anthem Blue Cross of CA	Aged/Disabled Non Dual	\$ 839.00	\$ 872.56	\$ 935.19
Anthem Blue Cross of CA	BCCTP	\$ 1,323.10	\$ 1,376.03	\$ 1,474.18
Anthem Blue Cross of CA	Maternity	\$ 8,529.86	\$ 8,871.05	\$ 9,041.19

Notes:

- (1) Rates have been approved by CMS (10/30/13).
- (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).