Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
PHP										
MARIN COUNTY (21)										
KP CAL	#81	10/01/07	06/30/09	FAMILY	$104.10	734/ 590	$114,969	Marin	Charles S. Koch	Brad Bittinger
(03-75341), A8				AGED	$378.84					916/341-7031
1800 Harrison Street, 25th Floor				BLIND/DISABLED	$460.58					
Oakland, CA 94512				ADULT	$420.59					
				REFUGEES FAMILY	$104.10					
CONTACT: Cathy Lurty (818) 557-7955				BCCTP	$743.70					
				AIDS	$1,576.66					
				MEDICARE PART D						
KP CAL	#81	10/01/07	06/30/09	FAMILY	$104.10	734/ 131	$12,607	Marin	Charles S. Koch	Brad Bittinger
(03-75341), A8				AGED	$110.82					916/341-7031
1800 Harrison Street, 25th Floor				BLIND/DISABLED	$91.19					
Oakland, CA 94512				ADULT	$420.59					
				REFUGEES FAMILY	$104.10					
CONTACT: Cathy Lurty (818) 557-7955				BCCTP	$743.70					
				AIDS	$1,576.66					
MARIN COUNTY				**SUBTOTAL**		1,468/ 721	$127,576			
SONOMA COUNTY (49)										
KP CAL	#87	10/01/07	06/30/09	FAMILY	$96.77	1,424/ 1,233	$225,322	Sonoma	Charles S. Koch	Brad Bittinger
(03-75341), A8				AGED	$353.01					916/341-7031
1800 Harrison Street, 25th Floor				DISABLED	$455.59					
Oakland, CA 94512				ADULT	$451.37					
				REFUGEES FAMILY	$96.77					
CONTACT: Cathy Lurty (818) 557-7955				BCCTP	$791.68					
				AIDS	$1,600.34					
SONOMA COUNTY (49)										
				MEDICARE PART D						
KP CAL	#87	10/01/07	06/30/09	FAMILY	$96.77	1,424/ 221	$20,643	Sonoma	Charles S. Koch	Brad Bittinger
(03-75341), A8				AGED	$100.14					916/341-7031
1800 Harrison Street, 25th Floor				DISABLED	$91.58					
Oakland, CA 94512				ADULT	$451.37					
				REFUGEES FAMILY	$96.77					
CONTACT: Cathy Lurty (818) 557-7955				BCCTP	$791.68					
				AIDS	$1,600.34					
SONOMA COUNTY				**SUBTOTAL**		2,848/ 1,454	$245,965			
		TOTAL PHP				4,316/ 2,175	$373,541			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

PHP (DENTAL)

LOS ANGELES COUNTY (19)

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
				Public Assistance						
Access Dental Plan, Inc.	#409	01/01/07	06/30/09	FAMILY	$9.91	50,000/ 95,588	$947,277	Los Angeles	Mike Betker,CEO	Shalan Rahul
(05-45001), A2				AGED	$9.91					916-464-0383
8890 Cal Center Drive				BLIND/DISABLED	$9.91					
Sacramento, CA 95826				Medically Needy						
				FAMILY	$9.91					
				AGED	$9.91					
				BLIND/DISABLED	$9.91					
				MI CHILD	$9.91					
				MI ADULT	$9.91					
				% OF POV	$9.91					
CONTACT: Corina Lena (916) 563-6044				BCCTP	$9.91					
				Public Assistance						
American Health Guard	#410	01/01/07	06/30/09	FAMILY	$9.91	50,000/ 18,596	$184,286	Los Angeles	David Kutner	Wayne Medley
(05-45698), A2				AGED	$9.91					
30 East Santa Clara, Suite D				BLIND/DISABLED	$9.91					
Arcadia, CA 91006				Medically Needy						
				FAMILY	$9.91					
				AGED	$9.91					
				BLIND/DISABLED	$9.91					
				MI CHILD	$9.91					
				MI ADULT	$9.91					
				% OF POV	$9.91					
CONTACT: Rod Zalunardo (626) 821-5500				BCCTP	$9.91					
				Public Assistance						
Safeguard	#406	01/01/07	06/30/09	FAMILY	$9.91	90,000/ 21,634	$214,393	Los Angeles	Paula Lopez	Shalan Rahul
(05-45701), A2				AGED	$9.91					916-464-0383
95 Enterprise, Suite 100				BLIND/DISABLED	$9.91					
Aliso Viejo, CA 92656-2605				Medically Needy						
				FAMILY	$9.91					
				AGED	$9.91					
				BLIND/DISABLED	$9.91					
				MI CHILD	$9.91					
				MI ADULT	$9.91					
				% OF POV	$9.91					
CONTACT: Paula Lopez,Director State Gov Programs				BCCTP	$9.91					

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
				Public Assistance						
Health Net of California	#405	01/01/07	06/30/09	FAMILY	$9.91	60,000/ 30,544	$302,691	Los Angeles	David Meadows	Wayne Medley
(05-45703), A3				AGED	$9.91					916/464-0393
11971 Foundation Place, Bldg D				BLIND/DISABLED	$9.91					
Rancho Cordova, CA 95670-4502				Medically Needy						
				FAMILY	$9.91					
				AGED	$9.91					
				BLIND/DISABLED	$9.91					
				MI CHILD	$9.91					
				MI ADULT	$9.91					
				% OF POV	$9.91					
CONTACT: David Meadows 916-935-1435				BCCTP	$9.91					
				Public Assistance						
Care 1st Health Plan	#403	01/01/07	06/30/09	FAMILY	$9.91	50,000/ 17,977	$178,152	Los Angeles	Dr. Reginal Moore	Wayne Medley
(05-45702), A3				AGED	$9.91					916/464-0393
1000 S Fremont Ave				BLIND/DISABLED	$9.91					
Bldg., A-11, Unit 22				Medically Needy						
Alhambra, CA 91803				FAMILY	$9.91					
				AGED	$9.91					
				BLIND/DISABLED	$9.91					
				MI CHILD	$9.91					
				MI ADULT	$9.91					
				% OF POV	$9.91					
CONTACT: Dr. Jorge Weingarten 626-299-5275				BCCTP	$9.91					
				Public Assistance						
Western Dental Services	#413	01/01/07	06/30/09	FAMILY	$9.91	50,000/ 54,943	$544,485	Los Angeles	Stan Andrakowicz	Brian Nanoo
(05-45704), A3				AGED	$9.91				Vice President	916-464-3784
530 South Main Street, Sixth Floor				BLIND/DISABLED	$9.91					
Orange, CA 92863				Medically Needy						
				FAMILY	$9.91					
				AGED	$9.91					
				BLIND/DISABLED	$9.91					
				MI CHILD	$9.91					
				MI ADULT	$9.91					
				% OF POV	$9.91					
CONTACT: Kelley Duniven (714) 571-3488				BCCTP	$9.91					
				Public Assistance						
Liberty Dental Plan	#416	01/01/07	06/30/09	FAMILY	$9.91	Unlimited/ 6,989	$69,261	Los Angeles	Amir Neshat,DDS	Pam Bettencourt
(05-45700), A3				AGED	$9.91				President/CEO	916-464-0390
3200 El Camino Real, Ste. 290				BLIND/DISABLED	$9.91					
Irvine, CA 92602				Medically Needy						
				FAMILY	$9.91					
				AGED	$9.91					
				BLIND/DISABLED	$9.91					
				MI CHILD	$9.91					
				MI ADULT	$9.91					
				% OF POV	$9.91					
CONTACT: Amir Neshat, DDS, 949-223-8929				BCCTP	$9.91					
				Public Assistance						
Community Dental Services	#417	01/01/07	06/30/09	FAMILY	$9.91	Unlimited/ 5,178	$51,314	Los Angeles	Susan Klarner	Brian Nanoo
(05-45699), A2				AGED	$9.91				Senior Executive/VP	916-464-3784
2 Mac Athur Place, Suite 700				BLIND/DISABLED	$9.91					
Santa Ana, CA 92707				Medically Needy						
				FAMILY	$9.91					
				AGED	$9.91					
				BLIND/DISABLED	$9.91					
				MI CHILD	$9.91					
				MI ADULT	$9.91					
				% OF POV	$9.91					
CONTACT: Carolyn Miller, 714-708-5360				BCCTP	$9.91					
Total County Public Assistance Eligible, March 2001: 1,020,545										
Total County Medically Needy Eligible, March 2001: 655,175										
**Rates do not reflect Hyde abortion rates										
**Rates do not reflect Hyde abortion Effective August 2003		LOS ANGELES		SUBTOTAL		350,000/ 251,449	2,491,859			

rates effective August 2003

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
RIVERSIDE COUNTY (33)										
				Public Assistance						
Western Dental Services.	#414	01/01/07	06/30/09	FAMILY	$9.91	100,000/ 177	$1,754	Riverside	Stan Andrakowicz	Brian Nanoo
(05-45704), A3				AGED	$9.91				Vice President	916-464-3784
530 South Main Street, Sixth Floor				BLIND/DISABLED	$9.91					
Orange, CA 92863				Medically Needy						
				FAMILY	$9.91					
				AGED	$9.91					
				BLIND/DISABLED	$9.91					
				MI CHILD	$9.91					
				MI ADULT	$9.91					
				% OF POV	$9.91					
CONTACT: Kelley Duniven (714) 571-3488				BCCTP	$9.91					
				Public Assistance						
Safeguard	#407	01/01/07	06/30/09	FAMILY	$9.91	90,000/ 73	$723	Riverside	Paula Lopez	Shalan Rahul
(05-45701), A2				AGED	$9.91				Director State Gov	916-464-3784
95 Enterprise, Suite 100				BLIND/DISABLED	$9.91					
Aliso Viejo, CA 92656-2605				Medically Needy						
				FAMILY	$9.91					
				AGED	$9.91					
				BLIND/DISABLED	$9.91					
				MI CHILD	$9.91					
				MI ADULT	$9.91					
	949-425-4177			% OF POV	$9.91					
CONTACT: Paula Lopez, Director State Gov Programs				BCCTP	$9.91					
Total County Public Assistance Eligible, March 2001: 114,189										
Total County Medically Needy Eligible, March 2001: 63,115										
RIVERSIDE COUNTY				SUBTOTAL		190,000/ 250	$2,477			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
SAN BERNARDINO COUNTY (36)										
				Public Assistance						
Western Dental Services.	#415	01/01/07	06/30/09	FAMILY	$9.91	100,000/ 320	$3,171	San Bernardino	Stan Andrakowicz	Brian Nanoo
(05-45704), A3				AGED	$9.91				Vice President	916-464-3784
530 South Main Street, Sixth Floor				BLIND/DISABLED	$9.91					
Orange, CA 92863				Medically Needy						
				FAMILY	$9.91					
				AGED	$9.91					
				BLIND/DISABLED	$9.91					
				MI CHILD	$9.91					
				MI ADULT	$9.91					
				% OF POV	$9.91					
CONTACT: Kelley Duniven (714) 571-3488				BCCTP	$9.91					
				Public Assistance						
Care 1st Health Plan	#404	01/01/07	06/30/09	FAMILY	$9.91	50,000/ 127	$1,259	San Bernardino	Dr. Reginal Moore	Wayne Medley
(05-45702), A3				AGED	$9.91					916/464-0393
1000 S Fremont Ave				BLIND/DISABLED	$9.91					
Bldg., A-11, Unit 22				Medically Needy						
Alhambra, CA 91803				FAMILY	$9.91					
				AGED	$9.91					
				BLIND/DISABLED	$9.91					
				MI CHILD	$9.91					
				MI ADULT	$9.91					
				% OF POV	$9.91					
CONTACT: Dr. Jorge Weingarten 626-299-5275				BCCTP	$9.91					
				Public Assistance						
Safeguard	#408	01/01/07	06/30/09	FAMILY	$9.91	90,000/ 501	$4,965	San Bernardino	Paula Lopez	Shalan Rahul
(05-45701), A2				AGED	$9.91					916-464-3784
95 Enterprise, Suite 100				BLIND/DISABLED	$9.91					
Aliso Viejo, CA 92656-2605				Medically Needy						
				FAMILY	$9.91					
				AGED	$9.91					
				BLIND/DISABLED	$9.91					
				MI CHILD	$9.91					
				MI ADULT	$9.91					
				% OF POV	$9.91					
CONTACT: Paula Lopez, Director State Gov Programs 949-425-4177				BCCTP	$9.91					
Total County Public Assistance Eligible, March 2001: 176,035										
Total County Medically Needy Eligible, March 2001: 83,003										
SAN BERNARDINO COUNTY				SUBTOTAL		240,000/ 948	$9,395			
TOTAL PHP (DENTAL)						780,000/ 252,647	$2,503,731			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates	Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
COUNTY COHS									
MONTEREY COUNTY (27)									
Santa Cruz-Monterey Managed Medical Care Commission dba Central Coast Alliance for Health (08-85216) 1600 Green Hills Road	#508	01/01/09	12/31/13		/ 63,302		Monterey County	Allan McKay	Jane Marine 916/449-5113
CONTACT: Alan McKay (831) 457-3850 ext 4330									
NAPA COUNTY (28)									
Solano-Napa County Commission on Medical Care dba Partnership Health Plan of California (08-85215) 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#507	01/01/009	12/31/13		/ 11,755		Napa County	Jack Horn	Louie Sanchez 916/449-5115
CONTACT: Jack Horn (707) 863-4261									
ORANGE COUNTY (30)									
Orange County Organized Health System dba CalOptima (08-85214) 1120 West La Veta Ave, 5th Floor Orange, CA 92868-4220	#506	01/01/09	12/31/13		/ 313,167			Richard Chambers	Rachael Arruda-deCell 916/449-5094
CONTACT: Richard Chambers (714) 246-8458									
SAN MATEO COUNTY (41)									
San Mateo Health Commission dba Health Plan of San Mateo (08-85213) 701 Gateway Blvd., Suite 400 South San Francisco, CA 94080	#503	01/01/09	12/31/13		/ 51,410			Maya Altman	Gerlinda Hightower 916/449-5093
CONTACT: Maya Altman (650) 616-2145									

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates	Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
SAN LUIS OBISPO COUNTY (40)									
SBSLORHA/SLO									
Santa Barbara Health Regional Health Authority dba CenCal Health (04-35904), A9 110 Castilian Drive Goleta, CA 93117	#501	03/01/08	03/31/09		/ 25,390		Santa Luis Obispo County	Lyle Lyman	O. Z. Kamara 916/449-5084
CONTACT: Bob Freeman (805) 685-952 1011									
SANTA BARBARA COUNTY (42)									
SBSLORHA									
Santa Barbara Regional Health Authority dba CenCal Health Initiative (04-35904), A9 110 Castillian Dr. Goleta, CA 93117-3028	#502	01/01/07	03/31/09		/ 56,244		Santa Barbara County	Lyle Lyman	O. Z. Kamara 916/449-5084
CONTACT: Bob Freeman (805) 685-9525 ext 1011									
SANTA CRUZ COUNTY (44)									
Santa Cruz-Monterey Managed Medical Care Commission dba Central Coast Alliance for Health (08-85216) 1600 Green Hills Road Scotts Valley, CA 95066-9998	#505	01/01/09	12/31/13		/ 32,197		Santa Cruz County	Alan McKay	Jane Marine 916/449-5113
CONTACT: Alan McKay (831) 457-3850 ext. 4330									
SOLANO COUNTY (48)									
Solano-Napa County Commission on Medical Care dba Partnership HealthPlan of California (08-85215) 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#504	01/01/09	12/31/13		/ 54,746		Solano County	Jack Horn	Loyie Sanchez 916/449-5115
CONTACT: Jack Horn (707) 863-4261									

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

YOLO COUNTY (48)

Solano-Napa County Commission on Medical Care dba Partnership HealthPlan of California (08-85215) 360 Campus Lane, Suite 100 Fairfield, CA 94534-4036	#509	01/01/09	12/31/13	/ 24,280	Yolo County	Jack Horn	Louie Sanchez 916/449-5115

CONTACT: Jack Horn (707) 863-4100

TOTAL COUNTY COHS / 632,491

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
SPECIAL PROJECTS										
ALAMEDA COUNTY (01)										
OnLok Senior Health Services dba OnLok Senior Health (07-65707) 1333 Bush Street San Francisco, CA 94109	#56	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	$5,511.03 $5,511.03 $5,511.03	1,200/ 4	22,044	Alameda	Robert Edmondson	Della Cabrera 916/440-7532
CONTACT: Robert Edmondson (209) 292-8883										
				MEDICARE PART D						
OnLok Senior Health Services dba OnLok Senior Health (07-65707) 1333 Bush Street San Francisco, CA 94109	#56	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	$4,222.47 $4,222.47 $4,222.47	1,200/ 93	$392,690	Alameda	Robert Edmondson	Della Cabrera 916/440-7532
CONTACT: Robert Edmondson (209) 292-8883										
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#51	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	$5,778.23 $5,778.23 $5,778.23	560/ 52	$300,468	Alameda	Peter Szutu	Della Cabrera 916/440-7532
CONTACT: Peter Szutu (510) 433-1150										
				MEDICARE PART D						
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#51	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	$4,322.76 $4,322.76 $4,322.76	560/ 322	$1,391,929	Alameda	Peter Szutu	Della Cabrera 916/440-7532
CONTACT: Peter Szutu (510) 433-1150										
ALAMEDA COUNTY				**SUBTOTAL**		3,520/ 471	$2,107,131			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
CONTRA COSTA COUNTY (07)										
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#54	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	$5,778.23 $5,778.23 $5,778.23	560/ 7	$40,448	Contra Costa	Peter Szutu	Della Cabrera 916/440-7532
CONTACT: Peter Szutu (510) 433-1150										
				MEDICARE PART D						
Center for Elders Independence (07-65708) 1955 San Pablo Ave Oakland, CA 94612	#54	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	$4,322.76 $4,322.76 $4,322.76	560/ 19	$82,132	Contra Costa	Peter Szutu	Della Cabrera 916/440-7532
CONTACT: Peter Szutu (510) 433-1150										
CONTRA COSTA COUNTY				**SUBTOTAL**		1,120/ 26	$122,580			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
LOS ANGELES COUNTY (19)										
				Public Assistance						
Scan Health Plan	#200	01/01/08	12/31/12	AGED	$99.89	5,000/ 0	$0		David Schmidt	Mary Allard
dba: Senior Care				BLIND/DISABLED	$115.26					916/440-7545
Action Network				Medically Needy						
(07-65712)				AGED	$99.89					
3780 Kilroy Airport Way, Suite 100				BLIND/DISABLED	$115.26					
Long Beach, CA 90806										
CONTACT: David Schmidt (562) 989-5100										
				MEDICARE PART D						
Scan Health Plan	#200	01/01/08	12/31/12	AGED	$99.89	5,000/ 2,849	$290,473		David Schmidt	Mary Allard
dba: Senior Care				BLIND/DISABLED	$115.26					916/440-7545
Action Network				Medically Needy						
(07-65712)				AGED	$99.89					
3780 Kilroy Airport Way, Suite 100				BLIND/DISABLED	$115.26					
Long Beach, CA 90806										
CONTACT: David Schmidt (562) 989-5100										
				Public Assistance						
Scan Health Plan	#201	01/01/08	12/31/12	LTC AGED	$3,214.37	5,000/ 0	$0		David Schmidt	Mary Allard
dba: Senior Care				LTC BLIND/DISA	$3,214.37					916/440-7545
Action Network				Medically Needy						
(07-65712)				LTC AGED	$3,214.37					
3780 Kilroy Airport Way, Suite 100				LTC BLIND/DISA	$3,214.37					
Long Beach, CA 90806										
CONTACT: David Schmidt (562) 989-5100										
				MEDICARE PART D						
				Public Assistance						
Scan Health Plan	#201	01/01/08	12/31/12	LTC AGED	$3,214.37	5,000/ 1,822	$5,856,582		David Schmidt	Mary Allard
dba: Senior Care				LTC BLIND/DISA	$3,214.37					916/440-7545
Action Network				Medically Needy						
(07-65712)				LTC AGED	$3,214.37					
3780 Kilroy Airport Way, Suite 100				LTC BLIND/DISA	$3,214.37					
Long Beach, CA 90806										
CONTACT: David Schmidt (562) 989-5100										
				Public Assistance						
Altamed Hlth Services Corp.	#052	07/01/08	12/31/12	LTC AGED	$5,909.86	300/ 130	$768,282	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit
(07-65709) A1				LTC BLIND/DISA	$5,909.86				President	916/440-7543
512 South Indiana Street										
Los Angeles, CA 90063				LTC AGED	$5,909.86					
				LTC BLIND/DISA	$5,909.86					
CONTACT: Sophia Guel-Valenzuela (323) 980-4000				AIDS	$5,909.86					
				MEDICARE PART D						
				Public Assistance						
Altamed Hlth Services Corp.	#052	07/01/08	12/31/12	LTC AGED	$3,393.99	300/ 490	$1,663,055	Los Angeles	Castulo de la Rocha	Delmira Rosas-Pettit
(07-65709) A1				LTC BLIND/DISA	$3,393.99				President	916/440-7543
512 South Indiana Street										
Los Angeles, CA 90063				LTC AGED	$3,393.99					
				LTC BLIND/DISA	$3,393.99					
CONTACT: Sophia Guel-Valenzuela (323) 980-4000				AIDS	$3,393.99					
**Rates do not reflect Hyde abortion rates. Effective August 2003		**LOS ANGELES COUNTY**		**SUBTOTAL**		20,600/ 5,291	$8,578,392			

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
RIVERSIDE COUNTY (33)										
				Public Assistance						
Scan Health Plan	#204	01/01/08	12/31/12	AGED	$96.94	5,000/ 0	$0	Riverside	David Schmidt	Mary Allard
dba: Senior Care				BLIND/DISABLED	$109.00					916/440-7545
Action Network				Medically Needy						
(07-65712)				AGED	$96.94					
3780 Kilroy Airport Way, Suite 100				BLIND/DISABLED	$109.00					
Long Beach, CA 90806										
CONTACT: David Schmidt (562) 989-5100										
				MEDICARE PART D						
				Public Assistance						
Scan Health Plan	#204	01/01/08	12/31/12	AGED	$96.94	5,000/ 873	$86,003	Riverside	David Schmidt	Mary Allard
dba: Senior Care				BLIND/DISABLED	$109.00					916/440-7545
Action Network				Medically Needy						
(07-65712)				AGED	$96.94					
3780 Kilroy Airport Way, Suite 100				BLIND/DISABLED	$109.00					
Long Beach, CA 90806										
CONTACT: David Schmidt (562) 989-5100										
				Public Assistance						
Scan Health Plan	#205	01/01/08	12/31/12	LTC AGED	$3,288.59	5,000/ 0	$0	San Bernardino	David Schmidt	Mary Allard
dba: Senior Care				LTC BLIND/DISA	$3,288.59					916/440-7545
Action Network				Medically Needy						
(07-65712)				LTC AGED	$3,288.59					
3780 Kilroy Airport Way, Suite 100				LTC BLIND/DISA	$3,288.59					
Long Beach, CA 90806										
CONTACT: David Schmidt (562) 989-5100										
				MEDICARE PART D						
				Public Assistance						
Scan Health Plan	#205	01/01/08	12/31/12	LTC AGED	$3,288.59	5,000/ 615	$2,022,483	San Bernardino	David Schmidt	Mary Allard
dba: Senior Care				LTC BLIND/DISA	$3,288.59					916/440-7545
Action Network				Medically Needy						
(07-65712)				LTC AGED	$3,288.59					
3780 Kilroy Airport Way, Suite 100				LTC BLIND/DISA	$3,288.59					
Long Beach, CA 90806										
CONTACT: David Schmidt (562) 989-5100										
RIVERSIDE COUNTY				**SUBTOTAL**		20,000/ 1,488	$2,108,486	-		

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
SACRAMENTO COUNTY (34)										
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	$4,920.49 $4,920.49 $4,920.49	280/ 6	$29,523	Sacramento	Diane Stewart	Delmira Rosas-Pettit 916/440-7543
CONTACT: Janet Tedesco (916) 446-3100										
				MEDICARE PART D						
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#50	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	$3,563.02 $3,563.02 $3,563.02	280/ 189	$673,411	Sacramento	Diane Stewart	Delmira Rosas-Pettit 916/440-7543
CONTACT: Janet Tedesco (916) 446-3100										
SACAMENTO COUNTY				**SUBTOTAL**		560/ 195	$702,934			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
SAN BERNADINO COUNTY (36)										
				Public Assistance						
Scan Health Plan	#206	01/01/08	12/31/12	AGED	$89.80	5,000/ 0	$0	Riverside	David Schmidt	Mary Allard
dba: Senior Care				BLIND/DISABLED	$108.16					916/440-7545
Action Network				Medically Needy						
(07-65712)				AGED	$89.80					
3780 Kilroy Airport Way, Suite 100				BLIND/DISABLED	$108.16					
Long Beach, CA 90806										
CONTACT: David Schmidt (562) 989-5100										
				MEDICARE PART D						
				Public Assistance						
Scan Health Plan	#206	01/01/08	12/31/12	AGED	$89.80	5,000/ 464	$43,044	Riverside	David Schmidt	Mary Allard
dba: Senior Care				BLIND/DISABLED	$108.16					916/440-7545
Action Network				Medically Needy						
(07-65712)				AGED	$89.80					
3780 Kilroy Airport Way, Suite 100				BLIND/DISABLED	$108.16					
Long Beach, CA 90806										
CONTACT: David Schmidt (562) 989-5100										
				Public Assistance						
Scan Health Plan	#207	01/01/08	12/31/12	LTC AGED	$3,326.65	5,000/ 0	$0	San Bernardino	David Schmidt	Mary Allard
dba: Senior Care				LTC BLIND/DISA	$3,326.65					916/440-7545
Action Network				Medically Needy						
(07-65712)				LTC AGED	$3,326.65					
3780 Kilroy Airport Way, Suite 100				LTC BLIND/DISA	$3,326.65					
Long Beach, CA 90806										
CONTACT: David Schmidt (562) 989-5100										
				MEDICARE PART D						
				Public Assistance						
Scan Health Plan	#207	01/01/08	12/31/12	LTC AGED	$3,326.65	5,000/ 332	$1,104,448	San Bernardino	David Schmidt	Mary Allard
dba: Senior Care				LTC BLIND/DISA	$3,326.65					916/440-7545
Action Network				Medically Needy						
(07-65712)				LTC AGED	$3,326.65					
3780 Kilroy Airport Way, Suite 100				LTC BLIND/DISA	$3,326.65					
Long Beach, CA 90806										
CONTACT: David Schmidt (562) 989-5100										
SAN BERNADINO COUNTY				**SUBTOTAL**		20,000/ 796	$1,147,492			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
SAN DIEGO COUNTY (37)										
				Public Assistance						
Community Elder Care	#57	02/01/08	12/31/12	AGED	$4,761.40	000/ 8	$38,091	San Diego		
of San Diego				BLIND/DISABLED	$4,761.40					
(07-65711) A1				AIDS	$4,761.40					
328 Maple Street										
San Diego, CA 92103										
CONTACT: Valerie Conner (619) 239-6900										
				MEDICARE PART D						
				Public Assistance						
Community Elder Care	#57	02/01/08	12/31/12	AGED	$3,569.67	000/ 41	$146,356	San Diego		
of San Diego				BLIND/DISABLED	$3,569.67					
(07-65711) A1				AIDS	$3,569.67				Public Assistance	
328 Maple Street									AGED	
San Diego, CA 92103									BLIND/DISABLED	
									AIDS	
CONTACT: Valerie Conner (619) 239-6900										
SAN DIEGO COUNTY				**SUBTOTAL**		000/ 49	$184,447			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
SAN FRANCISCO COUNTY (38)										
OnLok Senior Health Services dba OnLok Senior Health (07-65707) 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	$6,077.65 $6,077.65 $6,077.65	1,200/ 31	$188,407	San Francisco	Robert Edmondson	DellaCabrera 916/440-7532
CONTACT: Robert Edmondson (209) 292-8883										
				MEDICARE PART D						
OnLok Senior Health Services, dba OnLok Senior Health (07-65707) 1333 Bush Street San Francisco, CA 94109	#55	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	$4,399.81 $4,399.81 $4,399.81	1,200/ 872	$3,836,634	San Francisco	Robert Edmondson	DellaCabrera 916/440-7532
CONTACT: Robert Edmondson (209) 292-8883										
San Francisco City & County Public Health dba Family Mosaic Project 07-65815 1309 Evans Avenue San Francisco, CA 94124	#601	01/01/08	12/31/12	PA-LTC MN-LTC AIDS	$1,848.75 $1,848.75 $1,848.75	500/ 135	$249,581	San Francisco	Miriam Martinez, DH Director	Sunita Kapoor 916/449-5104
CONTACT: Gary Zombalt (415) 206-7600										
				MEDICARE PART D						
San Francisco City & County Public Health dba Family Mosaic Project 07-65815 1309 Evans Avenue San Francisco, CA 94124	#601	01/01/08	12/31/12	PA-LTC MN-LTC AIDS	$1,848.75 $1,848.75 $1,848.75	500/ 0	$0	San Francisco	Miriam Martinez, DH Director	Sunita Kapoor 916/449-5104
CONTACT: Gary Zombalt (415) 206-7600										
SAN FRANCISCO COUNTY				**SUBTOTAL**		3,400/ 1,038	$4,274,622			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
SANTA CLARA COUNTY (43)										
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	#58	11/01/08	12/31/12	Public Assistance						
				AGED	5145.76	1600/ 0	$0	San Jose	Robert Edmondson	DellaCabrera 916/440-7532
				BLIND/DISABLED	5145.76					
				AIDS	5145.76					
CONTACT: Sue Wong (415) 292-8720									Robert Edmondson	DellaCabrera 916/440-7532
				MEDICARE PART D						
On Lok Senior Health Services, dba: On Lok Lifeways For PACE 07-65707, A1 1333 Bush Street San Francisco, CA 94109-5611	#58	11/01/08	12/31/12	Public Assistance				San Jose	Robert Edmondson	DellaCabrera 916/440-7532
				AGED	4028.58	1600/ 3	$12,086			
				BLIND/DISABLED	4028.58					
				AIDS	4028.58					
CONTACT: Sue Wong (415) 292-8720										
SANTA CLARA COUNTY				**SUBTOTAL**		/ 3	$12,086			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	4,920.49 4,920.49 4,920.49	280/ 0	$0	Sacramento		Delmira Rosas-Pettit 916/440-7543
CONTACT: Janet Tedesco (916) 446-3100										
				MEDICARE PART D						
Sutter Senior Care (07-65710) 1234 U Street Sacramento, CA 95818	#53	04/01/08	12/31/12	PA-LTC MN-LTC AIDS	$3,563.02 $3,563.02 $3,563.02	280/ 1	$3,563	Sacramento		Delmira Rosas-Pettit 916/440-7543
CONTACT: Janet Tedesco (916) 446-3100										
YOLO COUNTY				**SUBTOTAL**		560/ 1	$3,563			
		TOTAL SPECIAL PROJECT				69,760/ 9,358	$19,241,733			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
PCCM										
LOS ANGELES COUNTY (19)										
				Public Assistance						
AIDS Healthcare Foundation (01-16349) A-9 6255 W. Sunset Blvd., 16th Floor Los Angeles, CA 90028-7403	#915	01/01/06	03/31/09	FAMILY	$103.27	2,000/ 451	$273,299	Los Angeles	Michael Weinstein	Sunita Kapoor 916/449-5104
				AGED	$466.85					
				DISABLED	$622.09					
				MI CHILD	$103.27					
				MI ADULT	$265.28					
				REFUGEES	$103.27					
				AIDS	$1,666.97					
CONTACT: Donna Stidham (323) 860-5231										
				MEDICARE PART D						
				Public Assistance						
AIDS Healthcare Foundation (01-16349) A-9 6255 W. Sunset Blvd., 16th floor Los Angeles, CA 90028-7403	#915	01/01/06	03/31/09	FAMILY	$103.27	2,000/ 373	$125,525	Los Angeles	Michael Weinstein	Sunita Kapoor 916/449-5104
				AGED	$243.89					
				DISABLED	$339.33					
				MI CHILD	$103.27					
				MI ADULT	$265.28					
				REFUGEES	$103.27					
				AIDS	$241.34					
CONTACT: Donna Stidham (323) 860-5231										
Total County Public Assistance Eligible, March 2001: 1,020,545										
LOS ANGELES COUNTY				**SUBTOTAL**		4,000/ 824	$398,824			
TOTAL PCCM						4,000/ 824	$398,824			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
2-PLAN										
ALAMEDA COUNTY (01)										
Alameda Alliance for Health (04-35399), A5, C5 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500	#300	10/01/07	12/31/09	FAMILY	$117.73	180,000/ 80,159	$12,045,289	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
				AGED	$477.67					
				DISABLED	$509.37					
				MI ADULT	$590.13					
				REFUGEES/FAMILY	$117.73					
				AIDS	$1,270.82					
				BCCTP	$935.98					
				AGNEWS	$4,919.00					
ALAMEDA COUNTY (01)				**MEDICARE PART D**						
Alameda Alliance for Health (04-35399), A5, C5 1240 South Loop Road Alameda, CA 94502 CONTACT: Ingrid Lamirault (510) 747-4500	#300	10/01/07	12/31/09	FAMILY	$117.73	180,000/ 3,651	$546,335	Alameda	David Kears	Mary Cobb, Interim (916) 449-5103
				AGED	$132.33					
				DISABLED	$166.30					
				MI ADULT	$590.13					
				REFUGEES/FAMILY	$117.73					
				AIDS	$281.08					
				BCCTP	$935.98					
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626) 405-6996	#340	10/01/07	03/31/10	FAMILY	$118.53	109,000/ 25,386	$3,781,939		California	Suchinda Noybua 916/449-5081
				AGED	$490.36					
				DISABLED	$527.35					
				MI ADULT	$607.00					
				REFUGEES/FAMILY	$118.53					
				AIDS	$1,312.45					
				BCCTP	$911.53					
				MEDICARD PART D						
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Daniel Barzman (626 405-6996	#340	10/01/07	03/31/10	FAMILY	$118.53	109,000/ 706	$108,296		California	Suchinda Noybua 916/449-5081
				AGED	$132.16					
				DISABLED	$170.13					
				MI ADULT	$607.00					
				REFUGEES/FAMILY	$118.53					
				AIDS	$285.33					
				BCCTP	$911.53					
Total County Medically Needy Eligible, March 2001: 33,363										
ALAMEDA COUNTY				**SUBTOTAL**		578,000/ 109,902	$16,481,859			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
CONTRA COSTA COUNTY (07)										
County of Contra Costa Contra Costa Hlth Plan (04-36067), A3, C4, 595 Center Avenue, Suite 100 Martinez, CA 94553	#301	10/01/07	12/31/09	FAMILY AGED DISABLED MI ADULT REFUGEES/FAMILY AIDS BCCTP	$124.35 $503.75 $522.12 $598.53 $124.35 $1,260.44 $995.81	3,516/ 47,241	$7,373,184		County of Contra Costa	Jeanne Ireland (916) 449-5110
CONTACT: Milton Camhi (925) 313-6004										
				MEDICARE PART D						
County of Contra Costa Contra Costa Hlth Plan (04-36067), A3, C4, 595 Center Avenue, Suite 100 Martinez, CA 94553	#301	10/01/07	12/31/09	FAMILY AGED DISABLED MI ADULT REFUGEES/FAMILY AIDS BCCTP	$124.35 $139.26 $165.27 $598.53 $124.35 $280.47 $995.81	59,430/ 2,030	$312,209		County of Contra Costa	Jeanne Ireland (916) 449-5110
CONTACT: Milton Camhi (925) 313-6004										
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012	#344	10/01/07	03/31/10	FAMILY AGED DISABLED MI ADULT REFUGEES/FAMILY AIDS BCCTP	$111.66 $481.96 $496.13 $589.62 $111.66 $1,263.83 $938.89	41,000/ 10,143	$1,335,043	Contra Costa	Blue Cross of California	Suchinda Noybua 916/449-5081
				MEDICARE PART D						
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012	#344	10/01/07	03/31/10	FAMILY AGED DISABLED MI ADULT REFUGEES/FAMILY AIDS BCCTP	$111.66 $132.80 $158.57 $589.62 $111.66 $264.75 $938.89	41,000/ 172	$24,611	Contra Costa	Blue Cross of California	Suchinda Noybua 916/449-5081
CONTACT: Laura Linebach (805) 384-7876										
Total County Public Assistance Eligible, March 2001: 51,066 Total County Medically Needy Eligible, March 2001: 25,799										
CONTRA COSTA COUNTY				**SUBTOTAL**		144,946/ 59,586	$9,045,047			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
FRESNO COUNTY (10)										
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6 ,C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#341	10/01/07	03/31/10	FAMILY	$112.10	180,000/ 117,432	$15,577,807	Fresno	Blue Cross of California	Suchinda Noybua 916/449-5081
				AGED	$470.10					
				DISABLED	$517.34					
				MI ADULT	$559.74					
				REFUGEES/FAMILY	$112.10					
				AIDS	$1,229.17					
				BCCTP	$916.57					
				MEDICARE PART D						
Anthem Blue Cross Partnership Plan, Inc. (03-76184,) A6 ,C5 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#341	10/01/07	03/31/10	FAMILY	$112.10	180,000/ 2,570	$384,558	Fresno	Blue Cross of California	Suchinda Noybua 916/449-5081
				AGED	$129.57					
				DISABLED	$161.81					
				MI ADULT	$559.74					
				REFUGEES/FAMILY	$112.10					
				AIDS	$256.72					
				BCCTP	$916.57					
Health Net of California (03-76182), A5, C7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#351	10/01/07	03/31/10	FAMILY	$98.80	180,000/ 65,654	$7,243,775	Fresno	Health Net	Ann Silvia 916/449-5195
				AGED	$464.96					
				DISABLED	$442.04					
				MI ADULT	$577.04					
				REFUGEES/FAMILY	$98.80					
				AIDS	$1,238.22					
				BCCTP	$908.77					
				MEDICARE PART D						
Health Net of California (03-76182), A5, C7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#351	10/01/07	03/31/10	FAMILY	$98.80	180,000/ 522	$68,563	Fresno	Health Net	Ann Silvia 916/449-5195
				AGED	$131.00					
				DISABLED	$143.14					
				MI ADULT	$577.04					
				REFUGEES/FAMILY	$98.80					
				AIDS	$273.98					
				BCCTP	$908.77					

Total County Public Assistance Eligible, March 2001: 132,504
Total County Medically Needy Eligible, March 2001: 70,961

FRESNO COUNTY	**SUBTOTAL**	720,000/ 186,178	$23,274,703	

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
KERN COUNTY (15)										
HEALTH NET OF CA (03-76182) A5, C7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#360	10/01/07	03/31/10	FAMILY	$107.22	73,000/ 28,106	$3,575,776	Kern	Health Net	Ann Silvia 916/449-5195
				AGED	$474.55					
				DISABLED	$464.09					
				MI ADULT	$587.55					
				REFUGEES/FAMILY	$107.22					
				AIDS	$1,287.23					
				BCCTP	$890.63					
CONTACT: Sean O'Brien (626) 683-6246										
				MEDICARE PART D						
HEALTH NET OF CA (03-76182) A5, C7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#360	10/01/07	03/31/10	FAMILY	$107.22	73,000/ 624	$89,122	Kern	Health Net	Ann Silvia 916/449-5195
				AGED	$126.74					
				DISABLED	$157.18					
				MI ADULT	$587.55					
				REFUGEES/FAMILY	$107.22					
				AIDS	$269.53					
				BCCTP	$890.63					
CONTACT: Sean O'Brien (626) 683-6246										
Kern Health Systems dba Kern Family Health Care 03-76165, A5, C6 9700 Stockdale Highway Bakersfield, CA 93311-3617	#303	10/01/07	12/31/09	FAMILY	$105.27	115,000/ 95,268	$11,893,217	Kern	Kern Health Systems	Sandra Woods 916/449-5092
				AGED	$448.32					
				DISABLED	$476.94					
				MI ADULT	$553.06					
				REFUGEES/FAMILY	$105.27					
				AIDS	$1,173.98					
				BCCTP	$852.08					
CONTACT: Carol Sorrell (661) 391-4006										
				MEDICARE PART D						
Kern Health Systems dba Kern Family Health Care 03-76165, A5, C6 9700 Stockdale Highway Bakersfield, CA 93311-3617	#303	10/01/07	12/31/09	FAMILY	$105.27	115,000/ 1,725	$236,482	Kern	Kern Health Systems	Sandra Woods 916/449-5092
				AGED	$121.08					
				DISABLED	$148.74					
				MI ADULT	$553.06					
				REFUGEES/FAMILY	$105.27					
				AIDS	$261.66					
				BCCTP	$852.08					
CONTACT: Carol Sorrell (661) 391-4006										
Total County Public Assistance Eligible, March 2001: 79,101 Total County Medically Needy Eligible, March 2001: 51,622										
KERN COUNTY				**SUBTOTAL**		376,000/ 125,723	$15,794,597			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
LOS ANGELES COUNTY (19)										
Health Net of California (03-76182), A5, C7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#352	10/01/07	03/31/10	FAMILY	$97.09	710,000/ 420,316	$45,942,560	Los Angeles	Health Net	Ann Silvia 916/449-5195
				AGED	$454.11					
				DISABLED	$440.65					
				MI ADULT	$593.39					
				REFUGEES/FAMILY	$97.09					
				AIDS	$1,177.87					
				BCCTP	$898.17					
CONTACT: Sean O'Brien (626) 683-6246										
LOS ANGELES COUNTY (19)				**MEDICARE PART D**						
Health Net of California (03-76182), A5, C7 3400 Data Drive, 1st Floor West Rancho Cordova, CA 95670	#352	10/01/07	03/31/10	FAMILY	$97.09	710,000/ 5,288	$699,113	Los Angeles	Health Net	Ann Silvia 916/449-5195
				AGED	$126.23					
				DISABLED	$147.60					
				MI ADULT	$593.39					
				REFUGEES/FAMILY	$97.09					
				AIDS	$287.07					
				BCCTP	$898.17					
CONTACT: Sean O'Brien (626) 683-6246										
LA Care Health Plan (04-36069), A2, C4 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036	#304	10/01/07	12/31/09	FAMILY	$110.52	1,150,000/ 736,733	$91,821,321	Los Angeles	LA Care Health Plan	Darnielle Chin 916/449-5097
				AGED	$497.87					
				DISABLED	$490.36					
				MI ADULT	$593.91					
				REFUGEES/FAMILY	$110.52					
				AIDS	$1,229.42					
				BCCTP	$941.65					
CONTACT: Howard Kahn (213) 694 -1250										
				MEDICARE PART D						
LA Care Health Plan (04-36069), A2, C4 555 W. Fifth Street, 19th Floor Los Angeles, CA 90013-3036	#304	10/01/07	12/31/09	FAMILY	$110.52	1,150,000/ 10,629	$1,534,387	Los Angeles	LA Care Health Plan	Darnielle Chin 916/449-5097
				AGED	$134.70					
				DISABLED	$161.80					
				MI ADULT	$593.91					
				REFUGEES/FAMILY	$110.52					
				AIDS	$286.49					
				BCCTP	$941.65					
CONTACT: Howard Kahn (213) 694 -1250										
Total County Public Assistance Eligible, March 2001: 1,020,545										
Total County Medically Needy Eligible, March 2001: 655,175										
LOS ANGELES COUNTY				**SUBTOTAL**		3,720,000/ 1,172,966	$139,997,381			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
RIVERSIDE COUNTY (33)										
Inland Empire Health Plan (04-35765), A4, C5 PO BOX 19026 San Bernardino, CA 92423-9026	#305	10/01/07	12/31/09	FAMILY	$101.63	272,000/ 150,522	$17,625,932	Riverside	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	$457.44					
				DISABLED	$461.97					
				MI ADULT	$557.19					
				REFUGEES/FAMILY	$101.63					
				AIDS	$1,154.91					
				BCCTP	$939.78					
CONTACT: Richard Bruno, CEO (909) 890-2000										
				MEDICARE PART D						
Inland Empire Health Plan (04-35765), A4, C5 PO BOX 19026 San Bernardino, CA 92423-9026	#305	10/01/07	12/31/09	FAMILY	$101.63	272,000/ 2,626	$348,701	Riverside	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	$128.85					
				DISABLED	$143.85					
				MI ADULT	$557.19					
				REFUGEES/FAMILY	$101.63					
				AIDS	$262.88					
				BCCTP	$939.78					
CONTACT: Richard Bruno, CEO (909) 890-2000										
Molina Healthcare of California (06-55498), A3, C2 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317	#355	10/01/07	03/31/11	FAMILY	$101.54	83,038/ 34,834	$3,870,465	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra 916/449-5057
				AGED	$447.20					
				DISABLED	$459.82					
				MI ADULT	$558.48					
				REFUGEES/FAMILY	$101.54					
				AIDS	$1,086.95					
				BCCTP	$935.80					
CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028										
				MEDICARE PART D						
Molina Healthcare of California (06-55498), A3, C2 200 Oceangate Ste. 100 Long Beach, CA 90802-4317	#355	10/01/07	03/31/11	FAMILY	$101.54	83,038/ 305	$39,433	Riverside	Stephen T. O'Dell Molina, M.D.	Mike Dutra 916/449-5057
				AGED	$120.39					
				DISABLED	$148.18					
				MI ADULT	$558.48					
				REFUGEES/FAMILY	$101.54					
				AIDS	$264.14					
				BCCTP	$935.80					
CONTACT: Greg Hamblin, CF (562) 435-3666 ext. 127028										
Total County Public Assistance Eligible, March 2001: 114,189										
Total County Medically Needy Eligible, March 2001: 63,115										
RIVERSIDE COUNTY				**SUBTOTAL**		710,076/ 188,287	$21,884,531			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
SAN BERNARDINO COUNTY (36)										
Inland Empire Health Plan (04-35765), A4, C5 PO BOX 19026 San Bernardino, CA 92423-9026	#306	10/01/07	12/31/09	FAMILY	$103.05	272,000/ 166,842	$19,760,579	San Bernardino	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	$448.02					
				DISABLED	$460.89					
				MI ADULT	$550.26					
				REFUGEES/FAMILY	$103.05					
				AIDS	$1,179.73					
				BCCTP	$837.51					
CONTACT: Richard Bruno, CEO (909) 890-2000										
				MEDICARE PART D						
Inland Empire Health Plan (04-35765), A4, C5 PO BOX 19026 San Bernardino, CA 92423-9026	#306	10/01/07	12/31/09	FAMILY	$103.05	272,000/ 2,762	$404,405	San Bernardino	Inland Empire Health Plan	Linda McCaul (916) 449-5104
				AGED	$129.75					
				DISABLED	$163.24					
				MI ADULT	$550.26					
				REFUGEES/FAMILY	$103.05					
				AIDS	$257.04					
				BCCTP	$837.51					
CONTACT: Richard Bruno, CEO (909) 890-2000										
Molina Healthcare of California (06-55498), A3, C2 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	#356	10/01/07	03/31/11	FAMILY	$102.72	136,332/ 51,547	$5,852,395	San Bernardino	Joann Zarza-Garrido Molina, M.D.	Mike Dutra 916/449-5057
				AGED	$477.65					
				DISABLED	$452.97					
				MI ADULT	$566.92					
				REFUGEES/FAMILY	$102.72					
				AIDS	$1,098.94					
				BCCTP	$848.08					
CONTACT: George Goldstein (562) 435-3666										
				MEDICARE PART D						
Molina Healthcare of California (06-55498), A3, C2 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	#356	10/01/07	03/31/11	FAMILY	$102.72	136,332/ 347	$45,623	San Bernardino	Joann Zarza-Garrido Molina, M.D.	Mike Dutra 916/449-5057
				AGED	$133.37					
				DISABLED	$144.88					
				MI ADULT	$566.92					
				REFUGEES/FAMILY	$102.72					
				AIDS	$263.39					
				BCCTP	$848.08					
CONTACT: George Goldstein (562) 435-3666										
SAN BERNARDINO COUNTY				**SUBTOTAL**		816,664/ 221,498	$26,063,002			

Total County Public Assistance Eligible, March 2001: 176,035
Total County Medically Needy Eligible, March 2001: 71,935

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
SAN FRANCISCO COUNTY (38)										
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6 ,C5 5151-A Camino Ruiz Camarillo, CA 93012	#343	10/01/07	03/31/10	FAMILY	$100.02	63,000/ 11,105	$1,376,874	San Francisco	Blue Cross of California	Suchinda Noybua 916/449-5081
				AGED	$471.17					
				DISABLED	$443.77					
				MI ADULT	$561.54					
				REFUGEES/FAMILY	$100.02					
				AIDS	$1,238.62					
				BCCTP	$852.21					
CONTACT: Cindy Metcho (805) 384-7662										
				MEDICARE PART D						
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6 ,C5 5151-A Camino Ruiz Camarillo, CA 93012	#343	10/01/07	03/31/10	FAMILY	$100.02	63,000/ 416	$57,501	San Francisco	Blue Cross of California	Suchinda Noybua 916/449-5081
				AGED	$123.09					
				DISABLED	$153.97					
				MI ADULT	$561.54					
				REFUGEES/FAMILY	$100.02					
				AIDS	$259.97					
				BCCTP	$852.21					
CONTACT: Cindy Metcho (805) 384-7662										
San Francisco Hlth Authority dba San Francisco Health Plan (04-35400), A4, C5 201 Third Street, 7th Floor San Francisco, CA 94103	#307	10/01/07	12/31/09	FAMILY	$129.69	55,000/ 31,676	$4,899,716	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
				AGED	$524.74					
				DISABLED	$556.18					
				MI ADULT	$625.38					
				REFUGEES/FAMILY	$129.69					
				AIDS	$1,237.06					
				BCCTP	$982.52					
CONTACT: Jean S. Fraser (415) 615-4202										
				MEDICARE PART D						
San Francisco Hlth Authority dba San Francisco Health Plan (04-35400), A4, C5 201 Third Street, 7th Floor San Francisco, CA 94103	#307	10/01/07	12/31/09	FAMILY	$129.69	55,000/ 1,430	$222,494	San Francisco	San Francisco Health Authority dba San Francisco Health Plan	Mary Cobb (916) 449-5103
				AGED	$144.03					
				DISABLED	$169.53					
				MI ADULT	$625.38					
				REFUGEES/FAMILY	$129.69					
				AIDS	$275.43					
				BCCTP	$982.52					
CONTACT: Jean S. Fraser (415) 615-4202										

Total County Public Assistance Eligible, March 2001: 70,588
Total County Medically Needy Eligible, March 2001: 27,854

SAN FRANCISCO COUNTY	**SUBTOTAL**	236,000/ 44,627	$6,556,585

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
SAN JOAQUIN COUNTY (39)										
Health Plan of San Joaquin (04-35401), A4, C5 7751 S. Manthey Road French Camp, CA 95231	#308	10/01/07	12/31/09	FAMILY	$101.54	87,000/ 63,791	$7,924,348	San Joaquin		Jeanne Ireland (916) 449-5110
				AGED	$477.06					
				DISABLED	$446.92					
				MI ADULT	$559.46					
				REFUGEES/FAMILY	$101.54					
				AIDS	$1,145.12					
				BCCTP	$860.25					
CONTACT: Terry Mack (209) 939-3500										
				MEDICARE PART D						
Health Plan of San Joaquin (04-35401), A4, C5 7751 S. Manthey Road French Camp, CA 95231	#308	10/01/07	12/31/09	FAMILY	$101.54	87,000/ 1,437	$204,861	San Joaquin		Jeanne Ireland (916) 449-5110
				AGED	$133.05					
				DISABLED	$156.17					
				MI ADULT	$559.46					
				REFUGEES/FAMILY	$101.54					
				AIDS	$266.22					
				BCCTP	$860.25					
CONTACT: Terry Mack (209) 939-3500										
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6 ,C5 5151– A Camino Ruiz Camarillo, CA 93012	#358	10/01/07	03/31/10	FAMILY	$101.12	87,000/ 26,317	$3,144,199	San Joaquin	Blue Cross of California	Suchinda Noybua 916/449-5081
				AGED	$464.44					
				DISABLED	$459.23					
				MI ADULT	$559.24					
				REFUGEES/FAMILY	$101.12					
				AIDS	$1,157.24					
				BCCTP	$839.92					
CONTACT: Cindy Metcho (805) 384-7662										
				MEDICARE PART D						
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6 ,C5 5151– A Camino Ruiz Camarillo, CA 93012	#358	10/01/07	03/31/10	FAMILY	$101.12	87,000/ 552	$78,738	San Joaquin	Blue Cross of California	Suchinda Noybua 916/449-5081
				AGED	$123.63					
				DISABLED	$161.29					
				MI ADULT	$559.24					
				REFUGEES/FAMILY	$101.12					
				AIDS	$262.24					
				BCCTP	$839.92					
CONTACT: Cindy Metcho (805) 384-7662										
Total County Public Assistance Eligible, March 2001: 67,655										
Total County Medically Needy Eligible, March 2001: 27,470										
SAN JOAQUIN COUNTY				**SUBTOTAL**		348,000/ 92,097	$11,352,146			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
SANTA CLARA COUNTY (43)										
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012	#345	10/01/07	03/31/10	FAMILY	$98.23	95,000/ 30,585	$3,632,088	Santa Clara	Blue Cross of California	Suchinda Noybua 916/449-5081
				AGED	$488.85					
				DISABLED	$468.67					
				MI ADULT	$562.35					
				REFUGEES/FAMILY	$98.23					
				AIDS	$1,355.01					
				BCCTP	$889.38					
CONTACT: Cindy Metcho (805) 384-7662										
				MEDICARE PART D						
Anthem Blue Cross Partnership Plan, Inc. (03-76184), A6, C5 5151-A Camino Ruiz Camarillo, CA 93012	#345	10/01/07	03/31/10	FAMILY	$98.23	95,000/ 795	$108,339	Santa Clara	Blue Cross of California	Suchinda Noybua 916/449-5081
				AGED	$131.25					
				DISABLED	$153.61					
				MI ADULT	$562.35					
				REFUGEES/FAMILY	$98.23					
				AIDS	$282.43					
				BCCTP	$889.38					
CONTACT: Cindy Metcho (805) 384-7662										
Santa Clara Family Health Plan (04-35398), A5, C5 210 E. Hacienda Avenue Campbell, CA 95008-6617	#309	10/01/07	12/31/09	FAMILY	$124.16	123,000/ 80,237	$11,741,717	Santa Clara	Santa Clara Family Health Plan	Jeanne Ireland (916) 449-5110
				AGED	$528.90					
				DISABLED	$538.12					
				MI ADULT	$604.65					
				REFUGEES/FAMILY	$124.16					
				AIDS	$1,203.28					
				BCCTP	$941.79					
				AGNEWS	$4,919.00					
CONTACT: Leona Butler (408) 874-1901										
				MEDICARE PART D						
Santa Clara Family Health Plan (04-35398), A5, C5 210 E. Hacienda Avenue Campbell, CA 95008-6617	#309	10/01/07	12/31/09	FAMILY	$124.16	123,000/ 5,178	$761,114	Santa Clara	Santa Clara Family Health Plan	Jeanne Ireland (916) 449-5110
				AGED	$140.40					
				DISABLED	$158.06					
				MI ADULT	$604.65					
				REFUGEES/FAMILY	$124.16					
				AIDS	$274.27					
				BCCTP	$941.79					
				AGNEWS	$4,919.00					
CONTACT: Leona Butler (408) 874-1901 Total County Public Assistance Eligible, March 2001: 73,739 Total County Medically Needy Eligible, March 2001: 54,612										
SANTA CLARA COUNTY				**SUBTOTAL**		436,000/ 116,795	$16,243,258			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
STANISLAUS COUNTY (50)										
Anthem Blue Cross Partnership Plan, Inc. (04-35797), A5, C4 5151-A Camino Ruiz Camarillo, CA 93012	#310	10/01/07	12/31/09	FAMILY	$122.16	48,100/ 45,543	$6,618,897	Stanislaus	Blue Cross of California	Suchinda Noybua 916/449-5081
				AGED	$495.06					
				DISABLED	$525.66					
				MI ADULT	$605.70					
				REFUGEES/FAMILY	$122.16					
				AIDS	$1,253.45					
				BCCTP	$955.99					
CONTACT: Cindy Metcho (805) 384-7662										
				MEDICARE PART D						
Anthem Blue Cross Partnership Plan, Inc. (04-35797), A5, C4 5151-A Camino Ruiz Camarillo, CA 93012	#310	10/01/07	12/31/09	FAMILY	$122.16	48,100/ 1,154	$174,768	Stanislaus	Blue Cross of California	Suchinda Noybua 916/449-5081
				AGED	$139.21					
				DISABLED	$161.54					
				MI ADULT	$605.70					
				REFUGEES/FAMILY	$122.16					
				AIDS	$275.54					
				BCCTP	$955.99					
CONTACT: Cindy Metcho (805) 384-7662										
Health Net Community (03-76182), A5, C7 11971 Foundation Place Rancho Cordova, CA 95670	#361	10/01/07	03/31/10	FAMILY	$126.70	Unlimited/ 16,861	$2,377,145	Stanislaus	Health Net	Ann Silvia 916/449-5195
				AGED	$565.45					
				DISABLED	$552.86					
				MI ADULT	$622.09					
				REFUGEES/FAMILY	$126.70					
				AIDS	$1,431.51					
				BCCTP	$1,093.27					
CONTACT: Sean O'Brien (626) 683-6246										
				MEDICARE PART D						
Health Net Community (03-76182), A5, C7 11971 Foundation Place Rancho Cordova, CA 95670	#361	10/01/07	03/31/10	FAMILY	$126.70	Unlimited/ 231	$36,380	Stanislaus	Health Net	Ann Silvia 916/449-5195
				AGED	$147.10					
				DISABLED	$177.80					
				MI ADULT	$622.09					
				REFUGEES/FAMILY	$126.70					
				AIDS	$316.44					
				BCCTP	$1,093.27					
CONTACT: Sean O'Brien (626) 683-6246										
Total County Public Assistance Eligible, March 2001: 45,874 Total County Medically Needy Eligible, March 2001: 33,966										
STANISLAUS COUNTY				**SUBTOTAL**		96,200/ 63,789	$9,207,190			

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates		Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
TULARE COUNTY (54)										
Health Net Community (03-76182), A5 C7 3400 Data Drive, 1th Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/07	03/31/10	FAMILY AGED DISABLED MI ADULT REFUGEES/FAMILY AIDS BCCTP	$98.76 $458.76 $452.17 $583.02 $98.76 $1,226.76 $860.61	42,000/ 21,479	$2,332,776	Tulare	Health Net	Ann Silvia 916/449-5195
				MEDICARE PART D						
Health Net Community (03-76182), A5, C7 3400 Data Drive, 1th Floor West Rancho Cordova, CA 95670 CONTACT: Sean O'Brien (626) 683-6246	#353	10/01/07	03/31/10	FAMILY AGED DISABLED MI ADULT REFUGEES/FAMILY AIDS BCCTP	$98.76 $124.35 $149.53 $583.02 $98.76 $280.69 $860.61	42,000/ 210	$27,881	Tulare	Health Net	Ann Silvia 916/449-5195
Anthem Blue Cross Partnership Plan, Inc. (04-36068), A4, C4 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/07	12/31/09	FAMILY AGED DISABLED MI ADULT REFUGEES/FAMILY AIDS BCCTP	$110.67 $466.74 $505.51 $552.19 $110.67 $1,113.30 $928.12	90,000/ 72,454	$9,098,401	Tulare	Blue Cross of California	Suchinda Noybua 916/449-5081
				MEDICARE PART D						
Anthem Blue Cross Partnership Plan, Inc. (04-36068), A4, C4 5151-A Camino Ruiz Camarillo, CA 93012 CONTACT: Cindy Metcho (805) 384-7662	#311	10/01/07	12/31/09	FAMILY AGED DISABLED MI ADULT REFUGEES/FAMILY AIDS BCCTP	$110.67 $125.01 $152.96 $552.19 $110.67 $254.98 $928.12	90,000/ 1,371	$190,729	Tulare	Blue Cross of California	Suchinda Noybua 916/449-5081

Total County Public Assistance Eligible, March 2001: 53,768
Total County Medically Needy Eligible, March 2001: 41,351

TULARE COUNTY	**SUBTOTAL**	264,000/ 95,514	$11,649,787
TOTAL 2-PLAN		8,445886/ 2,476,962	$307,550,086

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates	Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)									
SACRAMENTO COUNTY (34)									
Molina Health Care of California (07-65851) A0-a 200 Oceangate Ste. 100. Long Beach, CA 90802-4317	#130	01/01/08	12/31/12		168,600/ 21,727		Sacramento		Nate Nelson 916/449-5112
CONTACT: Greg Hamblin, CFO (562) 435-3666 EXT 127028									
Western Health Advantage (07-65853) A2 1331 Garden Highway, Suite 100 Sacramento, CA 95833-9754	#140	01/01/08	12/31/12		15,750/ 15,554		Sacramento		Leanne O'Dell 916/324-0278
CONTACT: Rhonda West-Peters (916) 614-6002									
Health Net (07-65847) A01-a 11971 Foundation Place, Bldg D Rancho Cordova, CA 95670	#150	04/01/08	12/31/12		168,600/ 32,096		Sacramento		Leanne O'Dell 916/324-0278
CONTACT: Lori Hill (916) 935-1447									
Molina Healthcare, Inc. (04-36100) A5 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 (expired 12/31/07)	#166	01/01/07	12/31/07		168,600/ 0		Sacramento		Nate Nelson 916/449-5112
CONTACT: Greg Hamblin, CFO (562) 435-3666 ext. 127028									
KP CAL,LLC (07-65849) A0-a 1800 Harrison Street, 25th Floor Oakland, CA 94512	#170	01/01/08	12/31/12		20,000/ 22,199		Sacramento	Charles S. Koch	Brad Bittinger 916/341-7031
CONTACT: Cathy Lurty (818) 557-7955									
Anthem Blue Cross Partnership Plan, Inc. (07-65845) A1 5151 - A Camino Ruiz Camarillo, CA 93012	#190	01/01/08	12/31/12		168,600/ 83,700		Sacramento	John P. Monahan General Manager	Nathan Nau 916/558-1797
CONTACT: Cindy Metcho (805) 384-7662									
TOTAL GMC-MEDICAL (Sacramento)					710,150/ 175,276				

**Rates do not reflect
Hyde abortion rates.
Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates	Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
GEOGRAPHIC MANAGED CARE (GMC-MEDICAL)									
SAN DIEGO COUNTY (37)									
Blue Cross of California (05-46126), A3 5151-A Camino Ruiz Camarillo, CA 93012 (expired 12/31/07) CONTACT: Cindy Metcho (805) 384-7662	#48	07/01/06	12/31/07		202,000/ 0		San Diego	John P. Monahan General Manager	Nathan Nau 916/558-1797
Community Health Group (05-46127), A4 740 Bay Blvd Chula Vista, CA 91910 CONTACT: Francisca Chavez (619) 498-6589	#29	07/01/07	12/31/09		207,000/ 83,429		San Diego	Ann Warren Chief Member& Govt Relations Officer	Nathan Nau 916/558-1797
Health Net Community (05-46128), A4 11971 Foundation Place Bldg D Rancho Cordova, CA 95670 CONTACT: Lori Hill (916) 935-1447	#68	01/01/08	03/31/09		180,000/ 27,739		San Diego	David Friedman	Leanne O'Dell 916/324-0278
KP CAL, LLC (05-46129), A6 393 East Walnut Street, 7th Floor Pasadena, CA 91188 CONTACT: Cathy Lurty (818) 557-7955	#79	07/01/06	06/30/09		10,000/ 12,372		San Diego	William Caswell	Brad Bittinger 916/341-7031
Molina Healthcare of California (05-46130) A3 200 Oceangate, Ste. 100 Long Beach, CA 90802-4317 CONTACT: Greg Hamblin, CFO (562) 435-3666 EXT 127028	#131	07/01/07	06/30/09		100,000/ 50,749		San Diego	Stephen T. O'Dell President & CEO	Nate Nelson 916/449-5112
Care 1st Health Plan (05-46131), A5 1000 S Fremont Ave., Bldg. A-11, Unit 22 Alhambra, CA 91803 CONTACT: Denise Spannicendro (619) 498-8230	#167	07/01/07	12/31/09		207,000/ 8,681		San Diego	Anna Tran Chief Operating Officer	Raquel Vansickle 916/449-5105
TOTAL GMC-MEDICAL (SAN DIEGO)					906,000/ 182,970				
TOTAL ENROLLMENT (PHP, PHP-DENTAL, COHS, SP, PCCM, 2-PLAN, GMC-MEDICAL-(SAC), GMC-MEDICAL (SD))					10,920,112/ 3,732,703				

**Rates do not reflect Hyde abortion rates. Effective August 2003

Plan Name and Contract Number	Code No.	Effective Date	Term Date	Rates	Maximum/ Current Enrollment	Capitation Due	Area	Contractor	Contract Manager
GEOGRAPHIC MANAGED CARE (GMC-DENTAL)									
SACRAMENTO COUNTY (34)									
Western Dental Srvs., Inc. (07-65806) A1 530 South Main Street Orange, CA 92863	#424	05/01/08	12/31/12		160,000/ 81,506		Sacramento	Charles S. Koch Vice President	Brian Nanoo 916-464-3784
CONTACT: Kelly Duniven (714) 571-3488									
Access Dental Plan, Inc. (07-65802) 8890 Cal Center Drive Sacramento, CA 95826	#421	05/01/08	12/31/12		100,000/ 51,359		Sacramento	Reza Abbaszadeh Chief Executive Offic	Shalan Rahul 916-464-0383
CONTACT: Corina Lena (916) 563-6044									
Liberty Dental Plan (07-65805) 3200 El Camino Real, Ste. 290 Irvine, CA 92602	#425	05/01/08	12/31/12		100,000/ 26,730		Sacramento	Dr. Amir Neshat Chief Executive Offic	Pam Bettencourt 916-464-0390
CONTACT: Dr. Amir Nehat (949)-223-8929									
Community Dental Services (07-65803) 2 MacArthur Place, Suite 700 Santa Ana, CA 92707	#426	05/01/08	12/31/12		90,000/ 12,923		Sacramento	Susan Klarner	Brian Nanoo
CONTACT: Carolyn Miller (714)-708-5360									
Health Net of CA dba: CA Children Svcs. (07-65804)	#427	07/01/08	12/31/12		0/ 9,513		Sacramento		
CONTACT:									
TOTAL GMC-DENTAL					450,000/ 182,031				

Capitation report updated by Susan Carey-Myers (916) 449-5045.

**Rates do not reflect
Hyde abortion rates.
Effective August 2003