



2370 Kerner Boulevard
 San Rafael, CA 94901
 www.mhn.com

Amendment IV

**AMENDMENT TO THE
 ADMINISTRATIVE SERVICES AGREEMENT
 BETWEEN
 MHN SERVICES
 AND
 COUNTY OF EL DORADO
 GROUP #6180**

The Administrative Services Agreement effective the 1st day of July, 2005, ("Agreement") by and between **MHN SERVICES** ("MHN"), a California corporation, and **COUNTY OF EL DORADO** ("Client") is hereby amended by both Parties.

RECITALS

WHEREAS, in order to continue their existing relationship, the Parties desire to amend the Agreement;

NOW THEREFORE, in consideration of the premises, terms, and conditions set forth herein, the Parties agree to amend the Agreement as follows:

1. Section 4, "Compensation of MHN", paragraph 4.1, shall be deleted and replaced with:

4.1 In consideration of the services to be provided hereunder, Client shall pay to MHN the following fees, due and payable on or before the first day of each month during the term hereof, amounts equal the following:

For Retirees without Dependents, Client shall pay to MHN six dollars and twenty-six cents (\$6.26) for Behavioral Healthcare Services per Subscriber per month.
For Retirees with one (1) Dependent, Client shall pay to MHN twelve dollars and fifty-three cents (\$12.53) for Behavioral Healthcare Services per Subscriber per month.
For Retirees with two (2) or more Dependents, Client shall pay to MHN eighteen dollars and twenty-three cents (\$18.23) for Behavioral Healthcare Services per Subscriber per month.

Rates are due and payable on or before the first day of each month during the term hereof. In the event that Client fails to forward the compensation payment by the due date, Client shall pay MHN a late payment penalty of one percent (1%) per month on all monies outstanding past the due date. Capitation payments are due in advance of the first day of the month to cover the services for that month. If the compensation payment is not received by MHN as set forth above, MHN may send a Written Notice of Termination effective on the last day of the month for which full payments were received. The Client may automatically reinstate the Agreement by remitting, within fifteen (15) days of the date of Written Notice of Termination, all outstanding invoiced compensation payments to MHN."

2. Section 5, "Term and Termination", paragraph 5.1 shall be deleted and replaced with:

5.1 This Agreement shall commence upon 1st day of July, 2010, (the "Effective Date"), and shall continue in effect for a period of one (1) year, following which it shall be automatically extended for periods of one (1) year thereafter, subject to 4.2, unless either party terminates this Agreement in writing at least sixty (60) days prior to the end of the term, or unless it is otherwise terminated in accordance with the provisions hereof."

3. Exhibit 1.9 "Covered Services", shall be deleted and replaced with the attached updated Exhibit 1.9.
4. All provisions of the Agreement and any written Amendment thereto, not inconsistent herewith, shall remain in full force and effect.
5. This Amendment shall be effective July 1, 2010.

IN WITNESS WHEREOF, the Parties have executed this Amendment on the dates indicated below.

"Client"
COUNTY OF EL DORADO
330 Fair Lane
Placerville, CA 95667

"MHN"
MHN SERVICES
2370 Kerner Boulevard
San Rafael, CA 94901

By: _____

Name: Norma Santiago

Title: Chairman, Board of Supervisors

Date: _____

By:  _____

Name: Juanell Hefner

Title: President

Date: 8-12-10

MHN Managed Care Benefit Plan Design

Account Name	County of El Dorado- Retirees	Plan Code	059
Account Number	006180	Plan Code Effective Date	
Client Benefit Description	Blue Shield PPO Retiree plan	Plan Code Revision Date	7/1/10
Parity Type	Federal	Out Patient OON Claims Based On	MAA
HSA Plan?	No	MAA/HIAA Standard Tier?	Standard
		MAA/HIAA Percentile	90%
Combined with Medical Benefits	Deductible; Lifetime Max; Out of Pocket Max	In Patient OON Claims based on	
CDA Applies	Yes	Episode of Care Definition	

	In Network	Out of Network
Concurrent Review IS required	Yes	Yes
Discharge Planning IS required	Yes	Yes
Post Service Review Required Component	All	
Post Service Review Required LOC	In Patient; Residential; Day Treatment; Partial Hospitalization; IOP	
Flexing Type		
Exclusions	MHN Standard - SF Library	
Managed Care Protocols		

Mental Health

Out Patient

Out Patient MH/SUD Benefits ARE Combined No
 Out Patient IN & ON Benefits ARE combined
 Out Patient Ind & Group Max Combined

	In Network	Out of Network
Out Patient Copay Individual		
Out Patient Copay Group		
Out Patient Co-Pay IS Tiered	No	No
Out Patient Individual Coinsurance	20%	50%
Out Patient Group Coinsurance	20%	50%
Out Patient Coinsurance Is Tiered		No
Out Patient Individual Visit Max		
Out Patient Group Max Sessions		

In-Patient

In Patient MH/SUD Benefits ARE combined No
 In Patient IN & ON Benefits are Combined

	In Network	Out of Network
In Patient Benefit Basis	Per Day	Per Day
In Patient Co-Pay		
In Patient Co-Pay Max		
In Patient Co-Pay Max # of Days		
In Patient Coinsurance	20%	50%
In Patient Admit /Episode \$ Max		
In Patient Day Max		
In Patient Days per EPISODE Max		
In Patient Episodes per Lifetime		

Mental Health Alternate Level of Care

In Patient Acute Care & ALC Max Combined

	In Network	Out of Network
ALC Type	All	All
ALC Applies To	In Patient	Inpatient
ALC Co-Pay		
ALC Coinsurance	20%	50%
ALC Co-Pay/Coinsurance Per		
ALC Day Max		

Mental Health ALC Notes

Lifetime Maximums

Lifetime Max In & Out of Net Combined	Yes	In Network All Services	Out of Network All Services
Lifetime Max Includes Lifetime Max			
Lifetime Max Notes	LTM = \$2 million In-net/OON combined		

Prior Authorization

Prior Authorization Required	In Network Yes	Out of Network Yes
Prior Auth Out Patient Penalty	Pay at non-panel	none
Prior Auth Out Patient Max		
Prior Auth In Patient Penalty	\$500	\$500
Prior Auth In Patient Max		

Prior Authorization Notes

Pre-auth required - \$500 penalty for no pre-auth on IP services (In-net or OON) Pay at non-panel for OP services

Mental Health Benefit Notes

Federal Parity = unlimited visits

Substance Use Disorder

Out Patient

Out Patient IN & ON Benefits Combined		
Out Patient Ind & Group Max Combined		
Penalty for not completing SA		
	In Network	Out of Network
Out Patient Copay Individual		
Out Patient Copay Group		
Out Patient Co-Pay IS Tiered	No	No
Out Patient Individual Coinsurance	20%	50%
Out Patient Group Coinsurance	20%	50%
Out Patient Coinsurance IS Tiered	No	No
Out Patient Individual Visit Max		
Out Patient Group Max Sessions		

In-Patient

In Patient Rehab & Detox are combined	No	
In Patient IN & ON Benefits Combined		
	In Network	Out of Network
In Patient Benefit Basis	Per Day	Per Day
In Patient Co-Pay		
In Patient Co-Pay Max		
In Patient Co-Pay Max # of Days		
In Patient Coinsurance	20%	50%
In Patient Admit / Episode \$ Max		
In Patient Day Max		
In Patient Days per EPISODE Max		
In Patient Episodes per Lifetime		

Substance Use Disorder

Alternate

Level of Care

In Patient Acute Care & ALC Max Combined		
	In Network	Out of Network
ALC Type	All	All
ALC Applies To	In Patient	Inpatient
ALC Co-Pay		
ALC Coinsurance	20%	50%
ALC Co-Pay/Coinsurance Per		
ALC Day Max		

Substance Use Disorder ALC Notes

Lifetime Maximums

Lifetime Max In & Out of Net Combined	Yes	In Network All Services	Out of Network All Services
Lifetime Max Includes Lifetime Max			

Lifetime Max Notes LTM = \$2 million In-net/OON combined

Prior Authorization

Prior Authorization Required	In Network Yes	Out of Network Yes
Prior Auth Out Patient Penalty	Pay at non-panel	
Prior Auth Out Patient Max		
Prior Auth In Patient Penalty	\$500	\$500
Prior Auth In Patient Max		

Prior Authorization Notes Pre-auth required -\$500 penalty for no pre-auth on IP services (In-net or OON) Pay at non-panel for OP services

Substance Use Disorder Benefit Notes Federal Parity = unlimited visits

Detox**Out Patient**

Out Patient IN & ON Benefits Combined		
Out Patient Ind & Group Max Combined		
Penalty for not completing SUD		
	In Network	Out of Network
Out Patient Copay Individual		
Out Patient Copay Group		
Out Patient Co-Pay Is Tiered	No	No
Out Patient Individual Coinsurance	20%	50%
Out Patient Group Coinsurance		
Out Patient Coinsurance Is Tiered	No	No
Out Patient Individual Visit Max		
Out Patient Group Max Sessions		

In-Patient

In Patient Rehab & Detox area combined	No	
In Patient IN & ON Benefits Combined		
	In Network	Out of Network
In Patient Benefit Basis	Per Day	Per Day
In Patient Co-Pay		
In Patient Co-Pay Max		
In Patient Co-Pay Max # of Days		
In Patient Coinsurance	20%	50%
In Patient Admit / Episode \$ Max		
In Patient Day Max		
In Patient Days per EPISODE Max		
In Patient Episodes per Lifetime		

Lifetime Max In & Out of Net Combined	Yes	In Network All Services	Out of Network All Services
Lifetime Max Includes Lifetime Max			

Lifetime Max Notes LTM = \$2 million In-net/OON combined

Prior Authorization

Prior Authorization Required	In Network Yes	Out of Network Yes
Prior Auth Out Patient Penalty	Pay at non-panel	
Prior Auth Out Patient Max		
Prior Auth In Patient Penalty	\$500	\$500
Prior Auth In Patient Max		

Prior Authorization Notes

Pre-auth required -\$500 penalty for no pre-auth on IP services (In-net or OON) Pay at non-panel for OP services

Detox Benefit Notes

Federal Parity = unlimited visits

Deductible

Deductible In & Out of Network Combined
Deductible based on

Yes
Calendar Year

	In Network	Out of Network
Deductible applies to	All Services	All Services
Deductible Component	All	All
Deductible Individual Amount	\$1,000	\$1,000
Deductible Individual +1 Amount		
Deductible Family Amount	\$2,000	\$2,000

Deductible Notes

Out of Pocket Maximums

OOP In & Out of Network Combined

Yes

	In Network	Out of Network
OOP Max Applies to	Inpatient; Outpatient; Coinsurance	Inpatient; Outpatient; Coinsurance
OOP Component	All	All
OOP Individual Amount	\$3,000	\$3,000
OOP Individual +1 Amount		
OOP Family Amount	\$6,000	\$6,000

OOP Max Notes

Excludes deductible

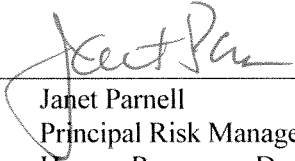
Pass Through Sessions

Pass Thru Sessions Available
Pass Thru Session Component
Pass Thru Sessions Per
Pass Thru Session #

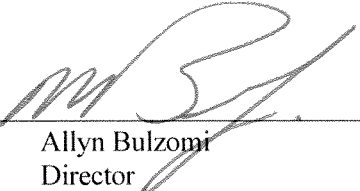
Administrator: The County Officer or employee with responsibility for administering this Agreement is Janet Parnell, Principal Risk Management Analyst, Human Resources, Risk Management Division, or successor.

Entire Agreement: This document and the documents referred to herein or exhibits hereto are the entire Agreement between the parties and they incorporate or supersede all prior written or oral Agreements or understandings.

Requesting Contract Administrator Concurrence:

By:  _____ Dated: 8/16/10
Janet Parnell
Principal Risk Management Analyst
Human Resources Department, Risk Management Division

Requesting Department Head Concurrence:

By:  _____ Dated: 8/18/10
Allyn Bulzomi
Director
Human Resources Department