



Contract Number

19-487A1

SAP Number

Human Resources

Department Contract Representative	<u>Sandra Wakcher</u>
Telephone Number	<u>(909) 387-5787</u>
Contractor	<u>Kaiser Foundation Health Plan, Inc.</u>
Contractor Representative	<u>Nivalda Pinguet, Senior Account Manager</u>
Telephone Number	<u>(818) 525-2209</u>
Contract Term	<u>07/20/2019-07/31/2024</u>
Original Contract Amount	<u>N/A</u>
Amendment Amount	<u>N/A</u>
Total Contract Amount	<u>N/A</u>
Cost Center	<u></u>

IT IS HEREBY AGREED AS FOLLOWS:

This Amendment No. 1 to Contract No. 19-487, entered into as of May 24, 2022, hereby amends the terms of the Contract between San Bernardino County (County) and Kaiser Foundation Health Plan, Inc. (Kaiser) as follows:

- 1) Section A is hereby amended by deleting the first paragraph of said subsection in its entirety and inserting the following in lieu thereof:

The term of this Contract, to include Attachments A-E is for a five (5) year period beginning on July 20, 2019 through July 31, 2024 with coverage for active employees from July 20, 2019 through July 26, 2024 and coverage for COBRA participants from August 1, 2019 through July 31, 2024, unless terminated earlier as provided in this section. Notwithstanding that once effective, the Group Health Service Contract will terminate according to their own termination provisions.

- 2) This Amendment may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Amendment. The parties shall be entitled to sign and transmit an electronic signature of this Amendment (whether by facsimile, PDF or other email transmission), which signature shall be binding on the party whose name is contained therein. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Amendment upon request.

3) All other terms and conditions of the Contract remain unchanged.

SAN BERNARDINO COUNTY

►

Curt Hagman, Chairman, Board of Supervisors

Dated: _____

SIGNED AND CERTIFIED THAT A COPY OF THIS DOCUMENT HAS BEEN DELIVERED TO THE CHAIRMAN OF THE BOARD

Lynna Monell
Clerk of the Board of Supervisors
San Bernardino County

By _____
Deputy

KAISER FOUNDATION HEALTH PLAN, INC.

(Print or type name of corporation, company, contractor, etc.)

By ► _____
(Authorized signature - sign in blue ink)
Kate E. Ferrante

Name _____
(Print or type name of person signing contract)

Title Vice President, Strategic Accounts

(Print or Type)

Dated: _____

Address:
8954 Rio San Diego Dr _____
San Diego CA, 92108

FOR COUNTY USE ONLY

Approved as to Legal Form
► _____
Jose Mendoza, Deputy County Counsel

Date _____

Reviewed for Contract Compliance
► _____
Gina King, Human Resources Deputy Director

Date _____

Reviewed/Approved by Department
► _____
Diane Rundles, Human Resources Director

Date _____