THE INFORMATION IN THIS BOX IS NOT A PART OF THE CONTRACT AND IS FOR COUNTY USE ONLY

SAN BERNARDINO COUNTY

Contract Number
25-414 A-1

SAP Number

Department of Public Health

Department Contract Representative	Samantha Padilla
Telephone Number	(909) 677-3929
Contractor	Kaiser Permanente
Contractor Representative	KP–Gretchen Shanofsky
Telephone Number	(424)205-4795
Contract Term	May 20, 2025 through June 30, 2027
Original Contract Amount	$215,000
Amendment Amount	$135,905
Total Contract Amount	$350,905
Cost Center	9300291000
Grant Number (if applicable)	N/A

Briefly describe the general nature of the contract:
Approve Amendment No. 1 to Funding Agreement for the following Medi-Cal Managed Care Plans, for Kaiser Permanente, increasing the amount by $135,905, from $215,000 to $350,905, and extending the term an additional year, for a total agreement period of May 20, 2025 through June 30, 2027, with the option to extend the term two successive one-year periods

FOR COUNTY USE ONLY

Approved as to Legal Form	Reviewed for Contract Compliance	Reviewed/Approved by Department
►	►	►
Adam Ebright, Deputy County Counsel		Janki Patel, Acting Director
Date	Date	Date