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### 3. ENROLLMENT AND ASSIGNMENT

#### A. Enrollment and Eligibility

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**APPLIES TO:**

A. This policy applies to all IEHP Medi-Cal Members.

**POLICY:**

A. DHCS Health Care Options (HCO) Unit is responsible for enrolling and disenrolling Medi-Cal Members into IEHP.

**PROCEDURES:**

A. Medi-Cal Members Only:

1. A Medi-Cal recipient wishing to join IEHP completes an enrollment form, which is then submitted to the State for confirmation of eligibility.
2. Eligible Medi-Cal recipients are enrolled into IEHP through the DHCS enrollment contractor (Maximus) and the DHCS HCO unit.
3. HCO staff is located throughout Riverside and San Bernardino Counties at the major County Department of Public Social Services (DPSS) sites. An HCO Representative is available at these locations to explain to Medi-Cal recipients their various options for health care benefits.
4. HCO is the only entity that determines the enrollment and disenrollment of Medi-Cal recipients under the Two-Plan model. Enrollment forms are available through HCO and at each DPSS location and may not be copied for use in a physician's office. The Enrollment form varies for each county.

| INLAND EMPIRE HEALTH PLAN                       |                        |                   |
|---|------------------------|-------------------|
| <b>Chief Approval:</b> <i>Signature on file</i> | <b>Effective date:</b> | September 1, 1996 |
| <b>Chief Title:</b> Chief Executive Officer     | <b>Revised date:</b>   | January 1, 2008   |

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### 3. ENROLLMENT AND ASSIGNMENT

#### B. Medi-Cal Enrollment Process

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**APPLIES TO:**

A. This policy applies to IEHP Medi-Cal Members.

**POLICY:**

A. Health Care Options (HCO) is responsible for enrolling Medi-Cal Members into managed care plans.

**PROCEDURE:**

- A. Approximately 55 days prior to an individual's effective (eligibility) date for Medi-Cal benefits, HCO/Maximus mails pre-enrollment packets to the following individuals:
- New recipients whose Medi-Cal health benefits are scheduled to begin within 60 days.
  - Current Medi-Cal recipients who are fee-for-service (FFS) whose eligibility is up for annual review of recertification. These individuals are referred to as "Re-determinates."
- B. The pre-enrollment packet contains, among other information, an HCO Medi-Cal enrollment form (see Attachment 3-1, 3-2 in Section 3, "Attachments") and IEHP's Provider Directory. The enrollment form varies per county and there is an English and Spanish version for each county. Physicians are encouraged to assist Medi-Cal recipients who are their patients in completing the HCO Medi-Cal enrollment form and ensuring it is mailed back to HCO.
- C. Medi-Cal recipients, if not assigned to a Managed Medi-Cal Plan, must complete and return the signed enrollment form to HCO. Any recipient not returning a signed enrollment form who receives a pre-enrollment packet is assigned by the State to a Managed Medi-Cal Plan. The recipient has 45 days to select a Health Plan.
- D. 15 days prior to the month of eligibility, the Medi-Cal recipient is sent a confirmation letter informing the recipient that the State has accepted their selection of a PCP and Health Plan or that they have been assigned to a particular Health Plan. The recipient receives no other mailings after this point.

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### 3. ENROLLMENT AND ASSIGNMENT

#### C. Eligible Members

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**APPLIES TO:**

- A. This policy applies to all IEHP Medi-Cal Members.

**POLICY:**

- A. DHCS determines Member eligibility based on select criteria.
- B. DHCS determines aid codes for Medi-Cal Members.

**PROCEDURES:**

- A. IEHP currently serves the following Aid Categories and Aid Codes under its Medi-Cal contract with the State:

1. MEDI-CAL MANDATORY AID CODES

| <u>Aid Category</u> | <u>Aid Code</u>  |
|---------------------|--|
| Family              | 0A, 01, 02, 08, 3A, 3C, 3E, 3G, 3H, 3L, 3M, 3N, 3P, 3R, 3U,<br>3W, 30, 32, 33, 34, 35, 38, 39, 47, 54, 59, 7A, 7X, 72,<br>8P, 8R, 82 |
| Aged*               | 1E, 1H, 10, 14, 16   |
| Disabled*           | 2E, 2H, 20, 24, 26, 36, 6A, 6C, 6E, 6G, 6H, 6J, 6N, 6P, 6V, 60,<br>64, 66  |

- a. Medi-Cal recipients residing in the Two-Plan Model area, (see Policy 3D, “IEHP Service Area”) must enroll with IEHP or the Mainstream Plan. If Medi-Cal recipients in these Aid Codes are concurrently enrolled with another Prepaid Health Plan (*non* Medi-Cal) they may request disenrollment from IEHP.

\*Mandatory for Non-Duals, Non-Mandatory for Dual-Eligible members.

2. MEDI-CAL NON-MANDATORY AID CODES

| <u>Aid Category</u> | <u>Aid Code</u>  |
|---------------------|--|
| Family              | 03, 04, 06, 4A, 4F, 4G, 4H, 4K, 4L, 4M, 4T, 40, 42, 45,46, 5K,<br>7J |
| Disabled            | 6R, 68, 0M, 0N, 0P   |
| Adult               | 86   |

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### 3. ENROLLMENT AND ASSIGNMENT

#### C. Eligible Members

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- a. Non-mandatory means these Medi-Cal recipients may elect to join IEHP, but are not required by the State to enroll.

#### 3. MEDI-CAL NEWBORNS

- a. State regulations dictate that newborns are automatically covered at the time of birth, and **must** be paid under the mother's Medi-Cal eligibility for the month of birth and the following month. Newborns may be individually enrolled into IEHP once they have been assigned their own Medi-Cal number.
- b. IEHP strongly encourages practitioners to assist parents in applying for Medi-Cal benefits for the newborn by initiating the enrollment process.
- B. Recipients assigned an Aid Code or Aid Category not listed above remain under the State's fee-for-service system and cannot select IEHP as their health plan.
- C. See Attachment 3-4 in Section 3, "Attachments" for more specific information regarding Aid Codes.

| INLAND EMPIRE HEALTH PLAN                       |                        |                   |
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| <b>Chief Title:</b> Chief Executive Officer     | <b>Revised date:</b>   | January 1, 2012   |

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### 3. ENROLLMENT

#### D. IEHP Service Area

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**APPLIES TO:**

- A. This policy applies to all Medi-Cal IEHP Members.

**POLICY:**

- A. IEHP provides health care coverage to eligible Medi-Cal enrollees in those areas of San Bernardino and Riverside Counties for which it is licensed as an HMO.

**PROCEDURES:**

- A. Medi-Cal Enrollment Area

IEHP is licensed to serve Medi-Cal Managed Care Members for all zip codes within Riverside and San Bernardino Counties, excluding the following listed areas. These excluded areas are comprised of rural and/or mountainous areas not yet approved by regulatory agencies for service by IEHP:

1. **Riverside County Excluded Zip Codes**

- 92225 Blythe
- 92226 Blythe
- 92239 Desert Center/Eagle Mountain

**San Bernardino County Excluded Zip Codes**

- |                      |                     |
|----------------------|---------------------|
| 92242 Big River/Earp | 92364 Nipton/Baker  |
| 92267 Parker Dam     | 92366 Mountain Pass |
| 92280 Vidal/Blythe   | 93558 Red Mountain  |
| 92323 Cima           | 93562 Trona/Argus   |
| 92332 Essex          | 93592 Trona         |
| 92363 Needles        |                     |

- B. To be eligible to enroll in IEHP Programs, enrollees must reside within the covered zip codes for Riverside or San Bernardino County.

| INLAND EMPIRE HEALTH PLAN                       |                        |                   |
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| <b>Chief Approval:</b> <i>Signature on File</i> | <b>Effective Date:</b> | September 1, 1996 |
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### **3. ENROLLMENT AND ASSIGNMENT**

#### **E. Primary Care Physician (PCP) Assignment**

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##### **APPLIES TO:**

- A. This policy applies to all IEHP Medi-Cal Members.

##### **POLICY:**

- A. Each Member enrolled in IEHP is assigned directly to a PCP and Hospital by the first day of becoming eligible based on Member choice, family relationships or random assignment utilizing an auto-assignment algorithm.
- B. In rural areas where PCP coverage is limited, Members may be assigned to a Nurse Practitioner (hereinafter all references made to PCPs shall include Nurse Practitioners in rural areas) and Hospital, based on the Member choice, family relationships or random assignment utilizing an auto-assignment algorithm.
- C. A Member may request to transfer to another PCP at anytime by calling an IEHP Member Services Representative (MSR) at (800) 440-4347, in accordance to Policy 17A1 “PCP Transfers, Voluntary.”

##### **PROCEDURE:**

- A. IEHP receives data files directly from the designated enrollment contractor, which controls eligibility and demographic information. On a monthly and daily basis, IEHP receives an eligibility file from DHCS containing newly enrolled and updated IEHP Medi-Cal member information.
- B. IEHP processes this information and assigns a PCP to each Member based on the following:
1. Member Choice/Enrollment Forms - IEHP assigns Members to those PCPs that Members have selected as reported by the designated enrollment contractor.
  2. Member Choice/IEHP Contact – IEHP assigns members to those PCPs that they have requested through contact with an IEHP representative.
  3. Family Links - For Members received from the enrollment contractor that have not selected a PCP, the IEHP data system looks to see if any family member of the Member is currently assigned to a PCP. If a relationship is identified, the IEHP data system assigns the new Member to the same PCP as the family member(s) provided the specialty type is appropriate to the age and gender of the member.
  4. Auto Assignment - Members who have not been assigned a PCP through the above mechanism are assigned a PCP using the IEHP Auto Assignment Process. The Auto Assignment process is a computer generated program that assigns Members to PCPs by comparing PCP and member demographics:
    - residence/geography

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### 3. ENROLLMENT AND ASSIGNMENT

#### E. Primary Care Physician (PCP) Assignment

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- age
  - gender
  - language
  - enrollment limits
- C. Members are allowed to change PCPs each month. IEHP Members can call IEHP Member Services to facilitate a PCP change. See Section 17, “Member Transfers and Disenrollment,” for more information.

| INLAND EMPIRE HEALTH PLAN                       |                        |                   |
|---|------------------------|-------------------|
| <b>Chief Approval:</b> <i>Signature on file</i> | <b>Effective date:</b> | September 1, 1996 |
| <b>Chief Title:</b> Chief Executive Officer     | <b>Revised date:</b>   | January 1, 2010   |

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### 3. ENROLLMENT AND ASSIGNMENT

#### F. Member Identification Cards

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**APPLIES TO:**

- A. This policy applies to all IEHP Medi-Cal Members.

**POLICY:**

- A. All Members receive an IEHP identification card within seven days of enrollment.

**PROCEDURES:**

A. IEHP ID Card:

1. Each Member receives an IEHP identification (ID) card within seven days of the effective date of coverage. The card contains the PCP name, office telephone number, after hours telephone number, assigned Hospital and general co-payment information (see Attachment 3-5 in Section 3, “Attachments”).
  - a. IEHP Member Identification Cards are yellow.
  - b. Medi-Cal Open Access Identification Cards are titled “Open Access.”
  - c. IEHP Medicare-Medi-Cal Identification Cards are titled “Medi-Cal/Medicare.”
2. The IEHP ID card does not guarantee eligibility; therefore it is important that Providers verify eligibility as outlined in Policy 4B, “Eligibility Verification Methods.”
3. Temporary IEHP ID Card:
  - a. A temporary IEHP Member ID Card is available for practitioners to print through the IEHP website at [www.IEHP.org](http://www.IEHP.org).
  - b. Temporary IEHP ID Cards are printed with an expiration date of the last day of the current month.
  - c. The IEHP ID card does not guarantee eligibility; therefore it is important that Providers verify eligibility as outlined in Policy 4B, “Eligibility Verification Methods.”

B. Medi-Cal BIC Card:

1. In addition to the IEHP ID Card, Medi-Cal Members continue to receive a Benefit Identification Card (BIC) from the State. The BIC only contains beneficiary identification information and does not guarantee eligibility (see Attachment 3-6 in Section 3, “Attachments”), Members should carry both IEHP and Medi-Cal ID cards.

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### 3. ENROLLMENT AND ASSIGNMENT

#### F. Member Identification Cards

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- C. Practitioners are encouraged to verify Member's identification through a secondary means, such as a Driver License or state identification card with both a picture and signature, when presented with an IEHP ID Card. This should be used as a precautionary measure to protect against fraud and abuse of the Member's ID card.

| INLAND EMPIRE HEALTH PLAN                       |                        |                   |
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| <b>Chief Title:</b> Chief Executive Officer     | <b>Revised date:</b>   | January 1, 2011   |

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### 3. ENROLLMENT AND ASSIGNMENT

#### G. Identifying IPA and Hospital Affiliation

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**APPLIES TO:**

- A. This policy applies to all IEHP Medi-Cal Members.

**POLICY:**

- A. In order for Providers to easily recognize a Member's PCP, IPA and Hospital affiliation, IEHP has developed unique IEHP assigned PCP numbers.

**PROCEDURE:**

- A. A PCP's IPA and Hospital affiliation is identified by a seven-character number assigned to that PCP by IEHP.
- B. Each character in the PCP's assigned identification number is coded to represent the following:
- 1<sup>st</sup> character identifies the IPA that the PCP is affiliated with
  - 2<sup>nd</sup> & 3<sup>rd</sup> characters identify the assigned Hospital that the PCP is affiliated with
  - 4<sup>th</sup> - 7<sup>th</sup> characters are unique to the PCP
- C. If a PCP has two different IPA affiliations or two Hospital affiliations, the last four characters of the PCP's assigned identification number are identical.
- D. It is very important for all Providers to train contracted PCPs and staff so they understand this coding mechanism to ensure referrals are made for the right Member to the correct Hospital.
- E. Attachment 3-7 in Section 3, "Attachments," is a list of contracted IEHP Providers with the code assigned to each. Provider staff should be aware of this system; IEHP uses these codes in correspondence with Providers.

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### 3. ENROLLMENT AND ASSIGNMENT

#### H. Post Enrollment Kit

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**APPLIES TO:**

- A. This policy applies to all IEHP Medi-Cal Members.

**POLICY:**

- A. All Members receive a Post Enrollment Kit.

**PROCEDURES:**

- A. An IEHP Post Enrollment Kit is sent to all Members within seven days of the effective date of coverage with IEHP.
- B. One Post Enrollment Kit is sent per Member household.
- C. The IEHP Post Enrollment Kit contains at a minimum the following materials:
1. Cover Letter
  2. The Member Handbook
  3. Privacy Notice
- D. The IEHP Post Enrollment Kit, from time to time contains other information such as special health promotions or program information.

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### **3. ENROLLMENT AND ASSIGNMENT**

#### **Attachments**

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| <u>ATTACHMENT</u> | <u>DESCRIPTION</u>                        | <u>POLICY CROSS<br/>REFERENCE</u> |
|-------------------|---|-----------------------------------|
| 3-1               | Medi-Cal Enrollment Form – San Bernardino | 3B                                |
| 3-2               | Medi-Cal Enrollment Form – Riverside      | 3B                                |
| 3-3               | State Enrollment Form Guidelines          | 3B                                |
| 3-4               | Aid Codes – Medi-Cal                      | 3C                                |
| 3-5               | IEHP ID Card - Medi-Cal                   | 3F                                |
| 3-6               | Medi-Cal BIC Card                         | 3F                                |
| 3-7               | Contracted IEHP Providers                 | 3G                                |



# MEDI-CAL CHOICE FORM

Use this form to join or change health plans. If you need help filling out this form, call 1-800-430-4263.

Mail Completed form to: California Department of Health Care Services • Health Care Options • Box 989009, W. Sacramento, CA 95798-9850.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY. COMPLETELY FILL IN THE OVALS ● TO INDICATE YOUR CHOICE. SEE BACK FOR EXAMPLE

1) Head of Household Name (First Name, Last Name)   M  F

2) Sex  3) Telephone Number --

4) Home Address (House Number, Street, Apartment Number, City, and Zip Code)

Please choose a Health Plan from the list for each member listed. The Doctor/Clinic Codes can be found in the Health Plan Provider Directory.

5) Applicant's Name (First Name, Last Name)   M  F

6) Sex / /  6a) Due Date (if pregnant) -- 6b) Social Security Number

**HEALTH PLANS**

I wish to JOIN or change my plan to:

306 Inland Empire Health Plan

356 Molina Healthcare Partner

000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

Plan Partner Name (see back of choice form)

KA  HN

Enter plan change reason code\*.

5) Applicant's Name (First Name, Last Name)   M  F

6) Sex / /  6a) Due Date (if pregnant) -- 6b) Social Security Number

**HEALTH PLANS**

I wish to JOIN or change my plan to:

306 Inland Empire Health Plan

356 Molina Healthcare Partner

000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

Plan Partner Name (see back of choice form)

KA  HN

Enter plan change reason code\*.

5) Applicant's Name (First Name, Last Name)   M  F

6) Sex / /  6a) Due Date (if pregnant) -- 6b) Social Security Number

**HEALTH PLANS**

I wish to JOIN or change my plan to:

306 Inland Empire Health Plan

356 Molina Healthcare Partner

000 Regular Medi-Cal (FFS)

Doctor/Clinic Code

Plan Partner Name (see back of choice form)

KA  HN

Enter plan change reason code\*.

INTERNAL USE ONLY

**\*PLAN CHANGE REASON CODES:**

|  |   |  |
|--|---|--|
| <b>Code 1:</b> I could not choose the doctor or dentist I wanted | <b>Code 4:</b> Too far to go              | <b>Code 7:</b> Indian Health Program Exemption |
| <b>Code 2:</b> The health/dental plan did not meet my needs      | <b>Code 5:</b> I did not choose this plan | <b>Code 8:</b> Medical/Dental Exemption        |
| <b>Code 3:</b> My doctor/dentist did not meet my needs           | <b>Code 6:</b> Moving out of the county   | <b>Code 9:</b> Other                           |

**NOTICE:** I have read the plan description. I understand that Kaiser requires the use of binding neutral arbitration to resolve certain disputes. This includes disputes about whether the right medical treatment was provided (called medical malpractice) and other disputes relating to benefits or the delivery of services. If I pick Kaiser, I give up my right to a jury or court trial for those certain disputes. I also agree to use binding neutral arbitration to resolve those certain disputes. I do not give up my right to a State hearing of any issue, which is subject to the State hearing process.

**CHOICE STATEMENT:** I/We have made written choice to receive Medi-Cal benefits through the medical plans as I/we have indicated on this form. I/We have read and understand the conditions of this agreement. I/We understand that in order to change my/our current Medi-Cal Health plan, I/we must complete this form.

Head of Household's Signature

Date

Other Adult's Signature

Date

Other Adult's Signature

Date

7254061943

Highly Confidential



# MEDI-CAL CHOICE FORM

Use this form to join or change health plans. If you need help filling out this form, call 1-800-430-4263.

Mail Completed form to: California Department of Health Care Services • Health Care Options • Box 989009, W. Sacramento, CA 95798-9850.

PLEASE PRINT CLEARLY USING BLUE OR BLACK INK ONLY. COMPLETELY FILL IN THE OVALS  TO INDICATE YOUR CHOICE. SEE BACK FOR EXAMPLE

|  |  |   |
|--|--|---|
| <input type="text"/><br>1) Head of Household Name (First Name, Last Name)                            | <input type="radio"/> M<br><input type="radio"/> F<br>2) Sex | <input type="text"/> - <input type="text"/> - <input type="text"/><br>3) Telephone Number |
| <input type="text"/><br>4) Home Address (House Number, Street, Apartment Number, City, and Zip Code) |  |   |

Please choose a Health Plan from the list for each member listed. The Doctor/Clinic Codes can be found in the Health Plan Provider Directory.

|   |  |  |  |
|---|--|--|--|
| <input type="text"/><br>5) Applicant's Name (First Name, Last Name)   | <input type="radio"/> M<br><input type="radio"/> F<br>6) Sex | <input type="text"/> / <input type="text"/> / <input type="text"/><br>6a) Due Date (if pregnant) | <input type="text"/> - <input type="text"/> - <input type="text"/><br>6b) Social Security Number |
| HEALTH PLANS<br><input type="radio"/> <u>I wish to JOIN or change my plan to:</u><br><input type="radio"/> 305 Inland Empire Health Plan<br><input type="radio"/> 355 Molina Healthcare Partner<br><input type="radio"/> 000 Regular Medi-Cal (FFS) |  |  |  |
| Doctor/Clinic Code<br><input type="text"/>  |  |  |  |
| Plan Partner Name (see back of choice form)<br><input type="radio"/> KA <input type="radio"/> HN  |  |  |  |
| Enter plan change reason code*. <input type="text"/>  |  |  |  |

|   |  |  |  |
|---|--|--|--|
| <input type="text"/><br>5) Applicant's Name (First Name, Last Name)   | <input type="radio"/> M<br><input type="radio"/> F<br>6) Sex | <input type="text"/> / <input type="text"/> / <input type="text"/><br>6a) Due Date (if pregnant) | <input type="text"/> - <input type="text"/> - <input type="text"/><br>6b) Social Security Number |
| HEALTH PLANS<br><input type="radio"/> <u>I wish to JOIN or change my plan to:</u><br><input type="radio"/> 305 Inland Empire Health Plan<br><input type="radio"/> 355 Molina Healthcare Partner<br><input type="radio"/> 000 Regular Medi-Cal (FFS) |  |  |  |
| Doctor/Clinic Code<br><input type="text"/>  |  |  |  |
| Plan Partner Name (see back of choice form)<br><input type="radio"/> KA <input type="radio"/> HN  |  |  |  |
| Enter plan change reason code*. <input type="text"/>  |  |  |  |

|   |  |  |  |
|---|--|--|--|
| <input type="text"/><br>5) Applicant's Name (First Name, Last Name)   | <input type="radio"/> M<br><input type="radio"/> F<br>6) Sex | <input type="text"/> / <input type="text"/> / <input type="text"/><br>6a) Due Date (if pregnant) | <input type="text"/> - <input type="text"/> - <input type="text"/><br>6b) Social Security Number |
| HEALTH PLANS<br><input type="radio"/> <u>I wish to JOIN or change my plan to:</u><br><input type="radio"/> 305 Inland Empire Health Plan<br><input type="radio"/> 355 Molina Healthcare Partner<br><input type="radio"/> 000 Regular Medi-Cal (FFS) |  |  |  |
| Doctor/Clinic Code<br><input type="text"/>  |  |  |  |
| Plan Partner Name (see back of choice form)<br><input type="radio"/> KA <input type="radio"/> HN  |  |  |  |
| Enter plan change reason code*. <input type="text"/>  |  |  |  |

**\*PLAN CHANGE REASON CODES:**

|   |                                    |   |
|---|------------------------------------|---|
| Code 1: I could not choose the doctor or dentist I wanted | Code 4: Too far to go              | Code 7: Indian Health Program Exemption |
| Code 2: The health/dental plan did not meet my needs      | Code 5: I did not choose this plan | Code 8: Medical/Dental Exemption        |
| Code 3: My doctor/dentist did not meet my needs           | Code 6: Moving out of the county   | Code 9: Other                           |

**NOTICE:** I have read the plan description. I understand that Kaiser requires the use of binding neutral arbitration to resolve certain disputes. This includes disputes about whether the right medical treatment was provided (called medical malpractice) and other disputes relating to benefits or the delivery of services. If I pick Kaiser, I give up my right to a jury or court trial for those certain disputes. I also agree to use binding neutral arbitration to resolve those certain disputes. I do not give up my right to a State hearing of any issue, which is subject to the State hearing process.

**CHOICE STATEMENT:** I/We have made written choice to receive Medi-Cal benefits through the medical plans as I/we have indicated on this form. I/We have read and understand the conditions of this agreement. I/We understand that in order to change my/our current Medi-Cal Health plan, I/we must complete this form.

Head of Household's Signature

Date

Other Adult's Signature

Date

Other Adult's Signature

Date

7254061943

Highly Confidential





INLAND EMPIRE HEALTH PLAN

## State Enrollment Form (9518603002) Guidelines

Attached are copies of the new State Enrollment Forms. Enrollment forms for Riverside and San Bernardino counties are different. There is an English and Spanish version for each county. DHS calls these forms **Medi-Cal Choice Enrollment/Disenrollment Forms**. The following are the key fields that must be filled out for enrollment or disenrollment for the form to be accepted by DHS.

1. As the Medi-Cal Beneficiary, you must fill out the blocks for yourself and any of your dependents.
2. As the Medi-Cal Beneficiary, you must sign the form at the bottom of the page. If it is a minor, the minor and the adult of the household must both sign the form. Infants are excluded.
3. As the Medi-Cal Beneficiary, you must fill out:
  - **Case Name** (Head of Household Information)
  - Enter your Health Plan Choice. Inland Empire Health Plan would be code 305 for Riverside County or code 306 for San Bernardino County.
  - Enter the Doctor number you want. The Doctor number can be found inside of the Provider Directory next to the Doctor's name.
  - If you or any of the dependents are pregnant, make sure **Section 6a** is filled out.
  - **Make sure you sign your signature at the bottom of the form.**

If you have questions about IEHP, call the IEHP Member Services Department at 1-800-440-4347.

## Medi-Cal Managed Care Plans Voluntary & Mandatory Enrollment Coverage by Medi-Cal Aid Codes

| AID CODE | RATE GROUP       | PROGRAM / DESCRIPTION  | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC           | TWO PLAN          |
|----------|------------------|--|---------------|----|----|----|----|----|----|----|----|----|----|---------------|-------------------|
|          |                  |  | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
|          |                  |  | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 | 34 Sacramento | 01 Alameda        |
|          |                  |  |               |    |    |    |    |    |    |    |    |    |    | 37 San Diego  | 07 Contra Costa   |
|          |                  |  |               |    |    |    |    |    |    |    |    |    |    |               | 10 Fresno         |
|          |                  |  |               |    |    |    |    |    |    |    |    |    |    |               | 15 Kern           |
|          |                  |  |               |    |    |    |    |    |    |    |    |    |    |               | 16 Kings-3/1/11   |
|          |                  |  |               |    |    |    |    |    |    |    |    |    |    |               | 19 Los Angeles    |
|          |                  |  |               |    |    |    |    |    |    |    |    |    |    |               | 20 Madera-3/1/11  |
|          |                  |  |               |    |    |    |    |    |    |    |    |    |    |               | 33 Riverside      |
|          |                  |  |               |    |    |    |    |    |    |    |    |    |    |               | 36 San Bernardino |
|          |                  |  |               |    |    |    |    |    |    |    |    |    |    |               | 38 San Francisco  |
|          |                  |  |               |    |    |    |    |    |    |    |    |    |    |               | 39 San Joaquin    |
|          |                  |  |               |    |    |    |    |    |    |    |    |    |    |               | 43 Santa Clara    |
|          |                  |  |               |    |    |    |    |    |    |    |    |    |    |               | 50 Stanislaus     |
|          |                  |  |               |    |    |    |    |    |    |    |    |    |    |               | 54 Tulare         |
|          |                  |  | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
| 0A       | Family           | Refugee Cash Assistance (RCA). Covers all eligible refugees during their first 8 months in the US, including unaccompanied children who are not subject to the 8 month limitation. This population is the same as aid code 01, except that they are exempt from grant reductions on behalf of the Assistance Payments Demonstration Project/California Work Pays Demonstration Project. Full Benefits. No Share of Cost. | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 0C       | Healthy Families | Healthy Family services only. No Medi-Cal.   |               |    |    |    |    |    |    |    |    |    |    |               |                   |
| 0D       | AIM              | AIM Subscribers with full medical benefits/ no Share of Cost FFS-Effective 10/1/11   |               |    |    |    |    |    |    |    |    |    |    |               |                   |

√ Aid Code Included in Contract - All COHS Enrollments are Mandatory  
M Mandatory Enrollment  
V Voluntary Enrollment  
shaded means not included in MC  
non-dual means eligible for Medi-Cal only

| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION   | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                  |               |                   |
|----------|------------|---|---------------|----|----|----|----|----|----|----|----|----|----|-----|---------------------------|---------------|-------------------|
|          |            |   | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |                           |               |                   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 28 Napa-PHC               |               | 10 Fresno         |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 48 Solano-PHC             |               | 36 San Bernardino |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 43 Santa Clara    |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 50 Stanislaus     |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 54 Tulare         |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 0L       | BCCTP      | Breast and Cervical Cancer Treatment Program (BCCTP) transitional coverage until the county makes a determination of Medi-Cal Eligibility. Covers: BCCTP recipients formerly in aid code 0U, w/o satisfactory immigration status, who are no longer in need of treatment, and/or have creditable health coverage and are not eligible for the State-funded BCCTP. BCCTP recipients formerly in aid code 0V, w/o satisfactory immigration status, who turned 65 years of age, have other health coverage, and/or are no longer in need of treatment and have exhausted their 18-months (breast cancer) or 24 months (cervical cancer) time limit. BCCTP recipients formerly in aid code 0X with creditable health coverage who have exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of State eligibility. BCCTP recipients formerly in aid code 0Y, age 65 or older who have exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of State eligibility. Recipients eligible only for transitional federal emergency, pregnancy-related and State-only LTC services. No Share of Cost. |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |

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M Mandatory Enrollment  
V Voluntary Enrollment  
shaded means not included in MC  
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| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION   | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN |  |  |
|----------|------------|---|---------------|----|----|----|----|----|----|----|----|----|----|-----|----------|--|--|
|          |            |   | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |          |  |  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
| 0M       | BCCTP      | BCCTP– Accelerated Enrollment (AE). Provides temporary AE for full-scope, no Share of Cost Medi-Cal for eligible females under age 65 who have been diagnosed with breast and/or cervical cancer. Limited to 2 months. Full Benefits. No Share of Cost.   | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  |     |          |  |  |
| 0N       | BCCTP      | BCCTP – AE. Provides temporary AE for full-scope, no Share of Cost Medi-Cal while an eligibility determination is made for eligible females under age 65 without creditable health coverage who have been diagnosed with breast and/or cervical cancer. Full Benefits. No Share of Cost.  | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | V   | V        |  |  |
| 0P       | BCCTP      | BCCTP. Provides full-scope, no Share of Cost Medi-Cal for eligible females under age 65 who are diagnosed with breast and/or cervical cancer and are without creditable insurance coverage. They remain eligible while still in need of treatment and meet all other eligibility requirements. Full Benefits. No Share of Cost. | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | V   | V        |  |  |

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M Mandatory Enrollment  
V Voluntary Enrollment  
shaded means not included in MC  
non-dual means eligible for Medi-Cal only

| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION  | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                  |               |                   |
|----------|------------|--|---------------|----|----|----|----|----|----|----|----|----|----|-----|---------------------------|---------------|-------------------|
|          |            |  | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |                           |               |                   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 28 Napa-PHC               |               | 10 Fresno         |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 48 Solano-PHC             |               | 36 San Bernardino |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 43 Santa Clara    |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 50 Stanislaus     |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 54 Tulare         |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 0R       | BCCTP      | BCCTP – High Cost Other Health Coverage. State-funded. Provides payment of premiums, co-payments, deductibles and coverage for non-covered cancer-related services for eligible all-age males and females, including undocumented aliens, who have been diagnosed with breast and/or cervical cancer, if premiums, co-payments and deductibles are greater than \$750. Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months. Restricted Services Benefits. No Share of Cost. | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  |     |                           |               |                   |
| 0T       | BCCTP      | BCCTP — State-funded. Provides 18 months of breast cancer treatments and 24 months of cervical cancer treatments for eligible all-age males and females 65 years of age and older, regardless of citizenship, who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with expensive, creditable insurance. Breast cancer-related services covered for 18 months. Cervical cancer-related services covered for 24 months. Restricted Services Benefits. No Share of Cost.                             | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  |     |                           |               |                   |

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| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION  | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN |  |  |
|----------|------------|--|---------------|----|----|----|----|----|----|----|----|----|----|-----|----------|--|--|
|          |            |  | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |          |  |  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |
| 0U       | BCCTP      | BCCTP – Undocumented Aliens. Provides emergency, pregnancy-related and Long Term Care (LTC) services to females under age 65 with unsatisfactory immigration status who have been diagnosed with breast and/or cervical cancer. Does not cover individuals with creditable insurance. State-funded cancer treatment services are 18 months (breast) and 24 months (cervical). Restricted Services Benefits. No Share of Cost.  | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  |     |          |  |  |
| 0V       | BCCTP      | Post – BCCTP. Provides limited-scope no Share of Cost Medi-Cal emergency, pregnancy-related, and LTC services for females under age 65 with unsatisfactory immigration status and without creditable health insurance coverage who have exhausted their 18 month (breast) or 24 month (cervical) period of cancer treatment coverage under aid code 0U. No cancer treatment. Continues as long as the woman is in need of treatment and, other than immigration, meets all other eligibility requirements. Restricted Services Benefits. No Share of Cost. |               |    |    |    |    |    |    |    |    |    |    |     |          |  |  |

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V Voluntary Enrollment  
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non-dual means eligible for Medi-Cal only

| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION   | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                  |               |                   |
|----------|------------|---|---------------|----|----|----|----|----|----|----|----|----|----|-----|---------------------------|---------------|-------------------|
|          |            |   | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |                           |               |                   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 28 Napa-PHC               |               | 10 Fresno         |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 48 Solano-PHC             |               | 36 San Bernardino |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 43 Santa Clara    |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 50 Stanislaus     |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 54 Tulare         |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 0W       | BCCTP      | BCCTP transitional coverage. Covers recipients formerly in aid code 0P who no longer meet federal BCCTP requirements due to reaching age 65, are no longer in need of treatment for breast and/or cervical cancer, or have obtained creditable health coverage. Recipients in aid code 0W will continue to receive transitional full-scope Medi-Cal services until the county completes an eligibility determination for other Medi-Cal programs. Full Benefits, No Share of Cost.  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 0X       | BCCTP      | BCCTP Transitional coverage. Covers recipients formerly in aid code 0U who do not have satisfactory immigration status, have obtained creditable health coverage, still require treatment for breast and/or cervical cancer and have not exhausted their 18 months (breast cancer) or 24 months (cervical cancer) of coverage under State funded BCCTP. Recipients eligible only for transitional emergency, pregnancy-related and State only LTC services, and co-pays, deductibles and/or non-covered breast and/or cervical cancer and related services. No Share of Cost. |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |

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V Voluntary Enrollment  
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| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION   | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                  |               |                   |
|----------|------------|---|---------------|----|----|----|----|----|----|----|----|----|----|-----|---------------------------|---------------|-------------------|
|          |            |   | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |                           |               |                   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 28 Napa-PHC               |               | 10 Fresno         |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 48 Solano-PHC             |               | 36 San Bernardino |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 43 Santa Clara    |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 50 Stanislaus     |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 54 Tulare         |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 0Y       | BCCTP      | BCCTP Transitional coverage. Covers recipients formerly in aid code 0U who do not have satisfactory immigration status, have reached 65 years of age, still require treatment for breast and/or cervical cancer and have not exhausted their 18 months (breast cancer) or 24 months (cervical cancer) State funded BCCTP. Recipients eligible only for transitional emergency, pregnancy-related and State only LTC services, and State-funded cancer treatment and related services. No share of cost. |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 01       | Family     | RCA. Covers all eligible refugees during their first 8 months in the US, including unaccompanied children who are not subject to the 8 month limitation. Full Benefits. No Share of Cost.   | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   |                           | M             | M                 |
| 02       | Family     | Refugee Medical Assistance (RMA)/Entrant Medical Assistance. Covers eligible refugees and entrants who are not eligible for Medi-Cal or Healthy Families and do not qualify for or want cash assistance. Full Scope Share of Cost and No Share of Cost.   | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   |                           | M             | M                 |

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| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION  | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN |   |   |
|----------|------------|--|---------------|----|----|----|----|----|----|----|----|----|----|-----|----------|---|---|
|          |            |  | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |          |   |   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |   |   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |   |   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |   |   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |   |   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |   |   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |   |   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |   |   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |   |   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |   |   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |   |   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |   |   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     |          |   |   |
| 03       | Family     | Adoption Assistance Program (AAP). Covers children receiving federal cash grants under Title IV-E to facilitate the adoption of hard-to-place children who would require permanent foster care placement without such assistance. Full Benefits. No Share of Cost.   | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | √        | V | V |
| 04       | Family     | AAP/Aid for Adoption of Children (AAC). Covers children receiving cash grants under the State-only AAP/AAC program. Full Benefits. No Share of Cost.   | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | √        | V | V |
| 06       | Family     | Title IV-E Funds. AAP child. Covers children receiving federal AAP cash subsidies from out of state. Provides eligibility for Continued Eligibility for Children (CEC) if for some reason the child is no longer eligible under AAP prior to his/her 18th Birthday. Full benefits. No SOC. Derivative of aid codes 03 & 04 | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | √        | V | V |
| 08       | Family     | Entrant Cash Assistance (ECA). Covers Cuban/Haitian entrants during their first 8 months in the US who are receiving ECA, including unaccompanied children who are not subject to the 8 months provision. Full Benefits. No Share of Cost.   | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | √        | M | M |

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V Voluntary Enrollment  
shaded means not included in MC  
non-dual means eligible for Medi-Cal only

| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION   | COHS COUNTIES             |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                        |                                  |
|----------|------------|---|---------------------------|----|----|----|----|----|----|----|----|----|----|-----|---------------------------------|----------------------------------|
|          |            |   | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |                                 |                                  |
|          |            |   | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    |    |     | 34 Sacramento                   | 01 Alameda                       |
|          |            |   | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    |    |     | 37 San Diego                    | 07 Contra Costa                  |
|          |            |   | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |    |     |                                 | 10 Fresno                        |
|          |            |   | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |    |     |                                 | 15 Kern                          |
|          |            |   | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |    |     |                                 | 16 Kings-3/1/11                  |
|          |            |   | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |    |     |                                 | 19 Los Angeles                   |
|          |            |   | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |    |     |                                 | 20 Madera-3/1/11                 |
|          |            |   | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |    |     |                                 | 33 Riverside                     |
|          |            |   | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |    |     |                                 | 36 San Bernardino                |
|          |            |   | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |    |     |                                 | 38 San Francisco                 |
|          |            |   | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |    |     |                                 | 39 San Joaquin                   |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |     |                                 | 43 Santa Clara                   |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |     |                                 | 50 Stanislaus                    |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |     |                                 | 54 Tulare                        |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |     |                                 |                                  |
| 1E       | Aged       | Craig v. Bonta Aged Pending SB 87 Redetermination. Covers former Supplemental Security Income/State Supplementary Payment (SSI/SSP) recipients who are aged, until the county redetermines their Medi-Cal eligibility. Full Benefits. No Share of Cost.           | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | M (non-duals)<br>V (all others) | M (non-duals)*<br>V (all others) |
| 1H       | Aged       | Federal Poverty Level – Aged (FPL-Aged). Covers the Aged in the Aged and Disabled FPL program. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | M (non-duals)<br>V (all others) | M (non-duals)<br>V (all others)  |
| 1U       | Aged       | Restricted FPL – Aged. Covers the Aged in the Aged and Disabled FPL program that do not have satisfactory immigration statuses. Benefits restricted to pregnancy and emergency services. No Share of Cost.  |                           |    |    |    |    |    |    |    |    |    |    |     |                                 |                                  |
| 1X       | Aged       | Aid to the Aged – Multipurpose Senior Services Program (MSSP). Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older. Full Benefits. No Share of Cost. |                           |    |    |    |    |    |    |    |    |    |    |     |                                 |                                  |
| 1Y       | Aged       | Aid to the Aged – MSSP. Allows special institutional deeming rules (spousal impoverishment) for MSSP transitional and non-transitional services for individuals 65 years of age or older. Full Benefits. Share of Cost.   |                           |    |    |    |    |    |    |    |    |    |    |     |                                 |                                  |

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| AID CODE | RATE GROUP             | PROGRAM / DESCRIPTION  | COHS COUNTIES             |    |    |    |    |    |    |    |    |    |    | GMC           | TWO PLAN                        |                                 |
|----------|------------------------|--|---------------------------|----|----|----|----|----|----|----|----|----|----|---------------|---------------------------------|---------------------------------|
|          |                        |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                                 |                                 |
|          |                        |  | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    |    | 34 Sacramento | 01 Alameda                      |                                 |
|          |                        |  | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    |    | 37 San Diego  | 07 Contra Costa                 |                                 |
|          |                        |  | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |    |               | 10 Fresno                       |                                 |
|          |                        |  | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |    |               | 15 Kern                         |                                 |
|          |                        |  | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |    |               | 16 Kings-3/1/11                 |                                 |
|          |                        |  | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |    |               | 19 Los Angeles                  |                                 |
|          |                        |  | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |    |               | 20 Madera-3/1/11                |                                 |
|          |                        |  | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |    |               | 33 Riverside                    |                                 |
|          |                        |  | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |    |               | 36 San Bernardino               |                                 |
|          |                        |  | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |    |               | 38 San Francisco                |                                 |
|          |                        |  | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |    |               | 39 San Joaquin                  |                                 |
|          |                        |  |                           |    |    |    |    |    |    |    |    |    |    |               | 43 Santa Clara                  |                                 |
|          |                        |  |                           |    |    |    |    |    |    |    |    |    |    |               | 50 Stanislaus                   |                                 |
|          |                        |  |                           |    |    |    |    |    |    |    |    |    |    |               | 54 Tulare                       |                                 |
|          |                        |  |                           |    |    |    |    |    |    |    |    |    |    |               |                                 |                                 |
| 10       | Aged                   | Aid to the Aged – SSI/SSP. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √             | M (non-duals)<br>V (all others) | M (non-duals)<br>V (all others) |
| 13       | Long Term Care         | Aid to the Aged – LTC. Covers persons 65 years and older who are medically needy and in LTC status. Full Benefits. Share of Cost and No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √             |                                 |                                 |
| 14       | Aged                   | Aid to the Aged – Medically Needy. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √             | M (non-duals)<br>V (all others) | M (non-duals)<br>V (all others) |
| 16       | Aged                   | Aid to the Aged – Pickle Eligibles. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √             | M (non-duals)<br>V (all others) | M (non-duals)<br>V (all others) |
| 17       | Aged                   | Aid to the Aged – Medically Needy. Full Benefits. Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √             |                                 |                                 |
| 18       | Aged                   | Aid to the Aged – In Home Supportive Services (IHSS). Full Benefits. No Share of Cost.   |                           |    |    |    |    |    |    |    |    |    |    |               |                                 |                                 |
| 2A       | Abandoned Baby Program | Abandoned Baby Program. Provides full-scope benefits to children up to 3 months old who were voluntarily surrendered within 72 hours of birth pursuant to the Safe Arms for Newborns Act. Full Benefits. No Share of Cost. |                           |    |    |    |    |    |    |    |    |    |    |               |                                 |                                 |
| 2E       | Disabled               | Craig v. Bonta Blind – Pending SB 87 redetermination. Covers former SSI/SSP recipients who are blind, until the county redetermines their Medi-Cal eligibility. Full Benefits. No Share of Cost.                           | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √             | M (non-duals)<br>V (all others) | M (non-duals)<br>V (all others) |

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| AID CODE | RATE GROUP     | PROGRAM / DESCRIPTION   | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                        |                                 |  |
|----------|----------------|---|---------------|----|----|----|----|----|----|----|----|----|----|-----|---------------------------------|---------------------------------|--|
|          |                |   | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |                                 |                                 |  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
| 2H       | Disabled       | Blind-FPL. Covers blind individuals pursuant to Title XVI who have not yet or cannot meet the Title II criteria for disability based upon blindness. This program replicates the eligibility criteria for the Aged and Disabled FPL program, except linkage is based on blindness. * Derivative of aid code 20. | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | M (non-duals)<br>V (all others) | M (non-duals)<br>V (all others) |  |
| 2V       | TCVAP          | Trafficking and Crime Victims Assistance Program (TCVAP). RMA. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes.   |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |
| 20       | Disabled       | Blind – SSI/SSP – Cash. Full Benefits. No Share of Cost.  | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | M (non-duals)<br>V (all others) | M (non-duals)<br>V (all others) |  |
| 23       | Long Term Care | Blind – LTC. Full Benefits. Share of Cost and No Share of Cost.   | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   |                                 |                                 |  |
| 24       | Disabled       | Blind – Medically Needy. Full Benefits. No Share of Cost.   | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | M (non-duals)<br>V (all others) | M (non-duals)<br>V (all others) |  |
| 26       | Disabled       | Blind – Pickle Eligibles. Full Benefits. No Share of Cost.  | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | M (non-duals)<br>V (all others) | M (non-duals)<br>V (all others) |  |
| 27       | Disabled       | Blind – Medically Needy. Full Benefits. Share of Cost.  | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   |                                 |                                 |  |
| 28       | Disabled       | Blind – IHSS. Full Benefits. No Share of Cost.  |               |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |  |

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| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION   | COHS COUNTIES             |    |    |    |    |    |    |    |    |    |    | GMC           | TWO PLAN          |
|----------|------------|---|---------------------------|----|----|----|----|----|----|----|----|----|----|---------------|-------------------|
|          |            |   | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
|          |            |   | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    |    | 34 Sacramento | 01 Alameda        |
|          |            |   | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    |    | 37 San Diego  | 07 Contra Costa   |
|          |            |   | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |    |               | 10 Fresno         |
|          |            |   | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |    |               | 15 Kern           |
|          |            |   | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |    |               | 16 Kings-3/1/11   |
|          |            |   | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |    |               | 19 Los Angeles    |
|          |            |   | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |    |               | 20 Madera-3/1/11  |
|          |            |   | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |    |               | 33 Riverside      |
|          |            |   | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |    |               | 36 San Bernardino |
|          |            |   | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |    |               | 38 San Francisco  |
|          |            |   | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |    |               | 39 San Joaquin    |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |               | 43 Santa Clara    |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |               | 50 Stanislaus     |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |               | 54 Tulare         |
|          |            |   | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
| 3A       | Family     | California Work Opportunity and Responsibility to Kids (CalWORKS), Timed-Out, Safety Net – All Other Families. Full Benefits. No Share of Cost. | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 3C       | Family     | CalWORKS – Timed-Out, Safety Net – Two-Parent Families. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 3D       | Family     | CalWORKS – Pending, Medi-Cal Eligible. Full Benefits. No Share of Cost. Managed Care Implementation Delayed due to AB 1653.                     |                           |    |    |    |    |    |    |    |    |    |    |               |                   |
| 3E       | Family     | CalWORKS – Legal Immigrant – Family Group. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 3G       | Family     | CalWORKS – Zero Parent Exempt. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 3H       | Family     | CalWORKS – Zero Parent Mixed. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 3L       | Family     | CalWORKS – Legal Immigrant – Aid to Families. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 3M       | Family     | CalWORKS – Legal Immigrant – Two Parent. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 3N       | Family     | Aid to Families with Dependent Children (AFDC) – 1931(b) Non CalWORKS. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 3P       | Family     | CalWORKS – All Families – Exempt. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 3R       | Family     | CalWORKS – Zero Parent – Exempt. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |

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| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION  | COHS COUNTIES             |    |    |    |    |    |    |    |    |    | GMC           | TWO PLAN          |   |
|----------|------------|--|---------------------------|----|----|----|----|----|----|----|----|----|---------------|-------------------|---|
|          |            |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57            |                   |   |
|          |            |  | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    | 34 Sacramento | 01 Alameda        |   |
|          |            |  | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    | 37 San Diego  | 07 Contra Costa   |   |
|          |            |  | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |               | 10 Fresno         |   |
|          |            |  | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |               | 15 Kern           |   |
|          |            |  | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |               | 16 Kings-3/1/11   |   |
|          |            |  | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |               | 19 Los Angeles    |   |
|          |            |  | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |               | 20 Madera-3/1/11  |   |
|          |            |  | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |               | 33 Riverside      |   |
|          |            |  | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |               | 36 San Bernardino |   |
|          |            |  | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |               | 38 San Francisco  |   |
|          |            |  | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |               | 39 San Joaquin    |   |
|          |            |  |                           |    |    |    |    |    |    |    |    |    |               | 43 Santa Clara    |   |
|          |            |  |                           |    |    |    |    |    |    |    |    |    |               | 50 Stanislaus     |   |
|          |            |  |                           |    |    |    |    |    |    |    |    |    |               | 54 Tulare         |   |
|          |            |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57            |                   |   |
| 3T       |            | Initial Transitional Medi-Cal (TMC). Provides 6 months of coverage for eligible aliens without satisfactory immigration status who have been discontinued from Section 1931(b) due to increased earnings from employment. Benefits restricted to pregnancy and emergency services. No Share of Cost. |                           |    |    |    |    |    |    |    |    |    |               |                   |   |
| 3U       | Family     | CalWORKS – Legal Immigrant – Two Parent Mixed. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √             | M                 | M |
| 3V       |            | AFDC – 1931(b) Non CalWORKS. Covers those eligible for the Section 1931(b) program who do not have satisfactory immigration status. Benefits restricted to pregnancy and emergency services. No Share of Cost.   |                           |    |    |    |    |    |    |    |    |    |               |                   |   |
| 3W       | Family     | Temporary Assistance to Needy Families (TANF) – Timed Out, Mixed Case. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √             | M                 | M |
| 30       | Family     | CalWORKS – All Families. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √             | M                 | M |
| 32       | Family     | TANF – Timed Out. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √             | M                 | M |
| 33       | Family     | CalWORKS – Zero Parent. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √             | M                 | M |
| 34       | Family     | AFDC – Medically Needy. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √             | M                 | M |
| 35       | Family     | CalWORKS – Two Parent. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √             | M                 | M |

√ Aid Code Included in Contract - All COHS Enrollments are Mandatory

M Mandatory Enrollment

V Voluntary Enrollment

shaded means not included in MC

non-dual means eligible for Medi-Cal only



| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION   | COHS COUNTIES             |    |    |    |    |    |    |    |    |    |    | GMC           | TWO PLAN          |
|----------|------------|---|---------------------------|----|----|----|----|----|----|----|----|----|----|---------------|-------------------|
|          |            |   | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
|          |            |   | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    |    | 34 Sacramento | 01 Alameda        |
|          |            |   | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    |    | 37 San Diego  | 07 Contra Costa   |
|          |            |   | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |    |               | 10 Fresno         |
|          |            |   | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |    |               | 15 Kern           |
|          |            |   | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |    |               | 16 Kings-3/1/11   |
|          |            |   | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |    |               | 19 Los Angeles    |
|          |            |   | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |    |               | 20 Madera-3/1/11  |
|          |            |   | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |    |               | 33 Riverside      |
|          |            |   | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |    |               | 36 San Bernardino |
|          |            |   | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |    |               | 38 San Francisco  |
|          |            |   | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |    |               | 39 San Joaquin    |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |               | 43 Santa Clara    |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |               | 50 Stanislaus     |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |               | 54 Tulare         |
|          |            |   | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
| 4K       | Family     | Emergency Assistance Foster Care. Covers juvenile probation cases placed in foster care. Full Benefits. No Share of Cost.                                 | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | V             | V                 |
| 4L       | Family     | Foster Care Children in 1931(b)-effective 12/1/10   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | V             | V                 |
| 4M       | Family     | Former Foster Care Children (FFCC). Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | V             | V                 |
| 4T       | Family     | Title IV-E KinGAP. Full Scope. No Share of Cost to 21 years of age w/exceptions. Managed Care Implementation Date: 1/1/2011.                              | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | V             | V                 |
| 4V       | TCVAP      | TCVAP-RMA. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes. Full Benefits. Share of Cost.                     |                           |    |    |    |    |    |    |    |    |    |    |               |                   |
| 40       | Family     | AFDC-Foster Care. Covers children on whose behalf financial assistance is provided for State only foster care placement. Full Benefits. No Share of Cost. | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | V             | V                 |
| 42       | Family     | AFDC-Foster Care. Covers children on whose behalf financial assistance is provided for federal foster care placement. Full Benefits. No Share of Cost.    | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | V             | V                 |

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M Mandatory Enrollment  
V Voluntary Enrollment  
shaded means not included in MC  
non-dual means eligible for Medi-Cal only

| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION  | COHS COUNTIES             |    |    |    |    |    |    |    |    |    | GMC           | TWO PLAN          |   |
|----------|------------|--|---------------------------|----|----|----|----|----|----|----|----|----|---------------|-------------------|---|
|          |            |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57            |                   |   |
|          |            |  | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    | 34 Sacramento | 01 Alameda        |   |
|          |            |  | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    | 37 San Diego  | 07 Contra Costa   |   |
|          |            |  | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |               | 10 Fresno         |   |
|          |            |  | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |               | 15 Kern           |   |
|          |            |  | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |               | 16 Kings-3/1/11   |   |
|          |            |  | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |               | 19 Los Angeles    |   |
|          |            |  | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |               | 20 Madera-3/1/11  |   |
|          |            |  | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |               | 33 Riverside      |   |
|          |            |  | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |               | 36 San Bernardino |   |
|          |            |  | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |               | 38 San Francisco  |   |
|          |            |  | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |               | 39 San Joaquin    |   |
|          |            |  |                           |    |    |    |    |    |    |    |    |    |               | 43 Santa Clara    |   |
|          |            |  |                           |    |    |    |    |    |    |    |    |    |               | 50 Stanislaus     |   |
|          |            |  |                           |    |    |    |    |    |    |    |    |    |               | 54 Tulare         |   |
|          |            |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57            |                   |   |
| 44       |            | 200 Percent FPL Pregnant (Income Disregard Program – Pregnant). Provides eligible pregnant women of any age with family planning, pregnancy-related, and postpartum services if family income is at or below 200 percent of the federal poverty level. Benefits restricted to pregnancy-related services. No Share of Cost.  |                           |    |    |    |    |    |    |    |    |    |               |                   |   |
| 45       | Family     | Foster Care. Covers children supported by public funds other than AFDC-FC. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √             | V                 | V |
| 46       | Family     | Title IV-E funds. Interstate Compact on the Placement of Children (ICPC) Child. Covers foster children placed in California from another state. Provides eligibility for CEC if for some reason the child is no longer eligible under foster care prior to his/her 18th birthday. Also provides eligibility for the FFCC program (aid code 4M) at age 18. Full benefits. No Share of Cost. Derivative of aid codes 40 & 42 | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √             | V                 | V |

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M Mandatory Enrollment  
V Voluntary Enrollment  
shaded means not included in MC  
non-dual means eligible for Medi-Cal only

| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION  | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN |
|----------|------------|--|---------------|----|----|----|----|----|----|----|----|----|----|-----|----------|
|          |            |  | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |          |
|          |            |  | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 | 34  | 01       |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    | 37  | 07       |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 10       |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 15       |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 16       |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 19       |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 20       |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 33       |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 36       |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 38       |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 39       |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 43       |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 50       |
|          |            |  |               |    |    |    |    |    |    |    |    |    |    |     | 54       |
|          |            |  | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |          |
| 47       | Family     | 200 Percent FPL Infant (Income Disregard Program – Infant). Provides full Medi-Cal benefits to eligible infants up to 1 year old or continues beyond 1 year when inpatient status, which began before first birthday, continues and family income is at or below 200 percent of the FPL. Full Benefits. No Share of Cost.  | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M   | M        |
| 48       | OBRA       | 200 Percent FPL Pregnant Omnibus Budget Reconciliation Act (OBRA) – Income Disregard Program – Pregnant OBRA. Provides eligible pregnant aliens of any age without satisfactory immigration status with family planning, pregnancy-related, and postpartum, if family income is at or below 200 percent of the FPL. Benefits restricted to pregnancy-related services. No Share of Cost. |               |    |    |    |    |    |    |    |    |    |    |     |          |
| 5E       |            | Healthy Families to Medi-Cal Presumptive Eligibility Program. Provides immediate, temporary, fee-for-service, full scope Medi-Cal benefits to certain children under the age of 19. No Share of Cot. <b>Note: Per MMCD on 12/12/2007, aid code 5E will not be included in any Medi-Cal managed care contracts.</b>   |               |    |    |    |    |    |    |    |    |    |    |     |          |

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V Voluntary Enrollment  
shaded means not included in MC  
non-dual means eligible for Medi-Cal only

| AID CODE         | RATE GROUP | PROGRAM / DESCRIPTION   | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                  |               |                   |  |
|------------------|------------|---|---------------|----|----|----|----|----|----|----|----|----|----|-----|---------------------------|---------------|-------------------|--|
|                  |            |   | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |                           |               |                   |  |
|                  |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |  |
|                  |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |  |
|                  |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 28 Napa-PHC               |               | 10 Fresno         |  |
|                  |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 30 Orange-CalOPTIMA       |               | 15 Kern           |  |
|                  |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |  |
|                  |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |  |
|                  |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |  |
|                  |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 44 Santa Cruz-CCAH        |               | 33 Riverside      |  |
|                  |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 48 Solano-PHC             |               | 36 San Bernardino |  |
|                  |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 49 Sonoma-PHC             |               | 38 San Francisco  |  |
|                  |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 57 Yolo-PHC               |               | 39 San Joaquin    |  |
|                  |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 43 Santa Clara    |  |
|                  |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 50 Stanislaus     |  |
|                  |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 54 Tulare         |  |
|                  |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |  |
| 5F<br>(see note) | OBRA       | OBRA Alien – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status. Benefits restricted to pregnancy and emergency services. <b>Note: See Alpha Numeric Chart Below: 5F has been changed to alpha numeric aid codes D8 and D9 per DRA.</b> |               |    | √  |    |    |    |    |    |    |    | √  | √   | √                         |               |                   |  |
| 5J               |            | SB 87 Pending Disability Program. Benefits restricted to pregnancy-related and emergency services. No Share of Cost.  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |  |
| 5K               | Family     | Emergency Assistance (EA) Foster Care. Covers child welfare cases placed in EA foster care. Full Benefits. No Share of Cost.  | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | √                         | V             | V                 |  |
| 5R               |            | SB 87 Pending Disability Program. Benefits restricted to pregnancy-related and emergency services. Share of Cost.   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |  |
| 5T               |            | Continuing TMC. Provides an additional 6 months of emergency services coverage for those beneficiaries who received 6 months of initial TMC coverage under aid code 3T. Benefits restricted to pregnancy and emergency services. No Share of Cost.  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |  |

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| AID CODE | RATE GROUP     | PROGRAM / DESCRIPTION   | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                  |               |                   |
|----------|----------------|---|---------------|----|----|----|----|----|----|----|----|----|----|-----|---------------------------|---------------|-------------------|
|          |                |   | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |                           |               |                   |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     | 28 Napa-PHC               |               | 10 Fresno         |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     | 48 Solano-PHC             |               | 36 San Bernardino |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 43 Santa Clara    |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 50 Stanislaus     |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 54 Tulare         |
|          |                |   |               |    |    |    |    |    |    |    |    |    |    |     | 24                        | 27            | 28                |
| 5V       | TCVAP          | TCVAP. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes. Restricted to pregnancy and emergency services. No Share of Cost.   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 5W       |                | Four-Month Continuing Pregnancy and Emergency Services Only. Provides 4 months of emergency services for aliens without satisfactory immigration status who are no longer eligible for Section 1931(b) due to the collection or increased collection of child/spousal support. Benefits restricted to pregnancy and emergency services. No Share of Cost. |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 50       | CMSP           | County Medical Services Program (CMSP). OBRA/Out-of-County Care. Benefits restricted to CMSP emergency services only. Share of Cost and No Share of Cost.   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 53       | Long Term Care | Medically Indigent – LTC services. Covers eligible persons age 21 or older and under 65 who are residing in a Nursing Facility Level A or B with or without Share of Cost. Benefits restricted to LTC and related services. Share of Cost and No Share of Cost.   | √             | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  |     |                           |               |                   |

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M Mandatory Enrollment  
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| AID CODE         | RATE GROUP | PROGRAM / DESCRIPTION  | COHS COUNTIES             |    |    |    |    |    |    |    |    |    |    | GMC           | TWO PLAN          |
|------------------|------------|--|---------------------------|----|----|----|----|----|----|----|----|----|----|---------------|-------------------|
|                  |            |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
|                  |            |  | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    |    | 34 Sacramento | 01 Alameda        |
|                  |            |  | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    |    | 37 San Diego  | 07 Contra Costa   |
|                  |            |  | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |    |               | 10 Fresno         |
|                  |            |  | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |    |               | 15 Kern           |
|                  |            |  | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |    |               | 16 Kings-3/1/11   |
|                  |            |  | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |    |               | 19 Los Angeles    |
|                  |            |  | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |    |               | 20 Madera-3/1/11  |
|                  |            |  | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |    |               | 33 Riverside      |
|                  |            |  | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |    |               | 36 San Bernardino |
|                  |            |  | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |    |               | 38 San Francisco  |
|                  |            |  | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |    |               | 39 San Joaquin    |
|                  |            |  |                           |    |    |    |    |    |    |    |    |    |    |               | 43 Santa Clara    |
|                  |            |  |                           |    |    |    |    |    |    |    |    |    |    |               | 50 Stanislaus     |
|                  |            |  |                           |    |    |    |    |    |    |    |    |    |    |               | 54 Tulare         |
|                  |            |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
| 54               | Family     | Four-Month Continuing Eligibility. Covers persons discontinued from CalWORKS or Section 1931(b) due to the increased collection of child/spousal support. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 55<br>(see note) | OBRA       | OBRA Not Protected Under the Color of Law (PRUCOL) – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL. Recipients will remain in this aid code even if they leave LTC. Benefits restricted to pregnancy and emergency services. No Share of Cost. <b>Note: See Alpha Numeric Chart Below: 55 has been changed to alpha numeric aid codes D2, D3, D4, D5, D6 and D7 per DRA.</b> |                           |    | √  |    |    |    |    |    |    | √  | √  |               |                   |
| 58<br>(see note) | OBRA       | OBRA Aliens. Covers eligible aliens who do not have satisfactory immigration status. Benefits restricted to pregnancy and emergency services. Share of Cost and No Share of Cost. <b>Note: See Alpha Numeric Chart Below: 58 has been changed to alpha numeric aid codes C1, C2, C3, C4, C5, C6, C7, C8, C9 and D1 per DRA.</b>  |                           |    | √  |    |    |    |    |    |    | √  | √  |               |                   |
| 59               | Family     | Continuing TMC – 6 months. Provides an additional 6 months of TMC for beneficiaries who had 6 months of initial TMC coverage under aid code 39. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |

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V Voluntary Enrollment  
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non-dual means eligible for Medi-Cal only



| AID CODE | RATE GROUP     | PROGRAM / DESCRIPTION   | COHS COUNTIES             |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                        |                                 |
|----------|----------------|---|---------------------------|----|----|----|----|----|----|----|----|----|----|-----|---------------------------------|---------------------------------|
|          |                |   | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |                                 |                                 |
|          |                |   | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    |    |     | 34 Sacramento                   | 01 Alameda                      |
|          |                |   | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    |    |     | 37 San Diego                    | 07 Contra Costa                 |
|          |                |   | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |    |     |                                 | 10 Fresno                       |
|          |                |   | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |    |     |                                 | 15 Kern                         |
|          |                |   | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |    |     |                                 | 16 Kings-3/1/11                 |
|          |                |   | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |    |     |                                 | 19 Los Angeles                  |
|          |                |   | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |    |     |                                 | 20 Madera-3/1/11                |
|          |                |   | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |    |     |                                 | 33 Riverside                    |
|          |                |   | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |    |     |                                 | 36 San Bernardino               |
|          |                |   | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |    |     |                                 | 38 San Francisco                |
|          |                |   | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |    |     |                                 | 39 San Joaquin                  |
|          |                |   |                           |    |    |    |    |    |    |    |    |    |    |     |                                 | 43 Santa Clara                  |
|          |                |   |                           |    |    |    |    |    |    |    |    |    |    |     |                                 | 50 Stanislaus                   |
|          |                |   |                           |    |    |    |    |    |    |    |    |    |    |     |                                 | 54 Tulare                       |
|          |                |   |                           | 24 | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57  |                                 |                                 |
| 6R       | Disabled       | SB 87 Pending Disability. Covers beneficiaries ages 21 to 65 who have lost their non-disability linkage to Medi-Cal and are claiming disability. Full Benefits. Share of Cost.                                  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   |                                 |                                 |
| 6U       |                | Restricted FPL – Disabled. Covers the disabled in the Aged and Disabled FPL program who do not have satisfactory immigration status. Benefits restricted to pregnancy and emergency services. No Share of Cost. |                           |    |    |    |    |    |    |    |    |    |    |     |                                 |                                 |
| 6V       | Disabled       | Department of Developmental Services (DDS) Waivers. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | M (non-duals)<br>V (all others) | M (non-duals)<br>V (all others) |
| 6W       | Disabled       | DDS Waivers. Full Benefits. Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   |                                 |                                 |
| 6X       | Disabled       | Medi-Cal In-Home Operations (IHO) Waiver. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   |                                 |                                 |
| 6Y       | Disabled       | Medi-Cal IHO Waiver. Full Benefits. Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   |                                 |                                 |
| 60       | Disabled       | Disabled –SSI/SSP – Cash. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | M (non-duals)<br>V (all others) | M (non-duals)<br>V (all others) |
| 63       | Long Term Care | Disabled – LTC. Full Benefits. Share of Cost and No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   |                                 |                                 |
| 64       | Disabled       | Disabled – Medically Needy. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | M (non-duals)<br>V (all others) | M (non-duals)<br>V (all others) |
| 66       | Disabled       | Disabled – Pickle Eligibles. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | M (non-duals)<br>V (all others) | M (non-duals)<br>V (all others) |
| 67       | Disabled       | Disabled – Medically Needy. Full Benefits. Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   |                                 |                                 |

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| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION   | COHS COUNTIES             |    |    |    |    |    |    |    |    |    |    | GMC           | TWO PLAN          |
|----------|------------|---|---------------------------|----|----|----|----|----|----|----|----|----|----|---------------|-------------------|
|          |            |   | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
|          |            |   | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    |    | 34 Sacramento | 01 Alameda        |
|          |            |   | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    |    | 37 San Diego  | 07 Contra Costa   |
|          |            |   | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |    |               | 10 Fresno         |
|          |            |   | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |    |               | 15 Kern           |
|          |            |   | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |    |               | 16 Kings-3/1/11   |
|          |            |   | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |    |               | 19 Los Angeles    |
|          |            |   | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |    |               | 20 Madera-3/1/11  |
|          |            |   | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |    |               | 33 Riverside      |
|          |            |   | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |    |               | 36 San Bernardino |
|          |            |   | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |    |               | 38 San Francisco  |
|          |            |   | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |    |               | 39 San Joaquin    |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |               | 43 Santa Clara    |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |               | 50 Stanislaus     |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |               | 54 Tulare         |
|          |            |   | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
| 68       | Disabled   | Disabled – IHSS. Full Benefits. No Share of Cost.   |                           |    |    |    |    |    |    |    |    |    |    |               |                   |
| 69       | OBRA       | 200 Percent Infant OBRA. Provides emergency services only for eligible infants without satisfactory immigration status who are under 1 year old or over 1 year when inpatient status, which began before 1st birthday, continues and family income is at or below 200 percent of the FPL. Benefits restricted to emergency services. No Share of Cost.                          |                           |    |    |    |    |    |    |    |    |    |    |               |                   |
| 7A       | Family     | 100 Percent Child. Provides full benefits to otherwise eligible children, ages 6 to 19 years or over 19 when inpatient status began before the 19th birthday and family income is at or below 100 percent of the FPL. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 7C       | OBRA       | 100 Percent OBRA Child. Covers emergency and pregnancy-related services to otherwise eligible children, without satisfactory immigration status who are ages 6 to 19 years or over 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the FPL. Benefits restricted to pregnancy and emergency services. No Share of Cost. |                           |    |    |    |    |    |    |    |    |    |    |               |                   |

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| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION   | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                  |               |                   |
|----------|------------|---|---------------|----|----|----|----|----|----|----|----|----|----|-----|---------------------------|---------------|-------------------|
|          |            |   | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |                           |               |                   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 28 Napa-PHC               |               | 10 Fresno         |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 48 Solano-PHC             |               | 36 San Bernardino |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 43 Santa Clara    |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 50 Stanislaus     |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 54 Tulare         |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 7F       |            | Presumptive Eligibility (PE) – Pregnancy Verification. This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7F is valid for pregnancy test, initial visit, and services associated with the initial visit. Persons placed in 7F have a negative pregnancy test result. Benefits: valid for pregnancy verification office visit. No Share of Cost. |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 7G       |            | PE – Ambulatory Prenatal Care. This option allows the Qualified Provider to make a determination of PE for outpatient prenatal care services based on preliminary income information. 7G is valid for Ambulatory Prenatal Care Services. Persons placed in 7G have a positive pregnancy test result. Qualified Provider issues paper PE ID Card. Benefits: valid only for ambulatory prenatal care services. No Share of Cost.                      |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 7H       | TB Program | Tuberculosis (TB) Program. Covers eligible individuals who are TB-infected for TB-related outpatient services only. Benefits: valid only for TB-related outpatient services. No Share of Cost.  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |

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| AID CODE | RATE GROUP            | PROGRAM / DESCRIPTION  | COHS COUNTIES             |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN      |                   |
|----------|-----------------------|--|---------------------------|----|----|----|----|----|----|----|----|----|----|-----|---------------|-------------------|
|          |                       |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |               |                   |
|          |                       |  | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    |    |     | 34 Sacramento | 01 Alameda        |
|          |                       |  | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    |    |     | 37 San Diego  | 07 Contra Costa   |
|          |                       |  | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |    |     |               | 10 Fresno         |
|          |                       |  | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |    |     |               | 15 Kern           |
|          |                       |  | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |    |     |               | 16 Kings-3/1/11   |
|          |                       |  | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |    |     |               | 19 Los Angeles    |
|          |                       |  | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |    |     |               | 20 Madera-3/1/11  |
|          |                       |  | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |    |     |               | 33 Riverside      |
|          |                       |  | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |    |     |               | 36 San Bernardino |
|          |                       |  | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |    |     |               | 38 San Francisco  |
|          |                       |  | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |    |     |               | 39 San Joaquin    |
|          |                       |  |                           |    |    |    |    |    |    |    |    |    |    |     |               | 43 Santa Clara    |
|          |                       |  |                           |    |    |    |    |    |    |    |    |    |    |     |               | 50 Stanislaus     |
|          |                       |  |                           |    |    |    |    |    |    |    |    |    |    |     |               | 54 Tulare         |
|          |                       |  |                           |    |    |    |    |    |    |    |    |    |    |     |               |                   |
| 7J       | Family                | CEC. Provides full-scope benefits to children up to 19 years old who would otherwise lose their no Share of Cost Medi-Cal. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | √   | V             | V                 |
| 7K       |                       | CEC. Provides emergency and pregnancy-related benefits to children without satisfactory immigration status who are up to 19 years old who would otherwise lose their no Share of Cost Medi-Cal. Benefits restricted to pregnancy and emergency services. No Share of Cost.   |                           |    |    |    |    |    |    |    |    |    |    |     |               |                   |
| 7M       | Minor Consent Program | Minor Consent Program. Covers eligible minors between the ages of 12 and 21. Limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, and family planning. Paper Medi-Cal ID card issued. Benefits: valid for minor consent services. Share of Cost and No Share of Cost. |                           |    |    |    |    |    |    |    |    |    |    |     |               |                   |
| 7N       | Minor Consent Program | Minor Consent Program. Covers eligible pregnant minors under the age of 21. Limited to services related to pregnancy and family planning. Paper Medi-Cal ID Card issued. Benefits: valid for minor consent services. No Share of Cost.   |                           |    |    |    |    |    |    |    |    |    |    |     |               |                   |

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|----------|-----------------------|---|---------------------------|----|----|----|----|----|----|----|----|----|----|---------------|-------------------|
|          |                       |   | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
|          |                       |   | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    |    | 34 Sacramento | 01 Alameda        |
|          |                       |   | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    |    | 37 San Diego  | 07 Contra Costa   |
|          |                       |   | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |    |               | 10 Fresno         |
|          |                       |   | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |    |               | 15 Kern           |
|          |                       |   | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |    |               | 16 Kings-3/1/11   |
|          |                       |   | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |    |               | 19 Los Angeles    |
|          |                       |   | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |    |               | 20 Madera-3/1/11  |
|          |                       |   | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |    |               | 33 Riverside      |
|          |                       |   | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |    |               | 36 San Bernardino |
|          |                       |   | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |    |               | 38 San Francisco  |
|          |                       |   | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |    |               | 39 San Joaquin    |
|          |                       |   |                           |    |    |    |    |    |    |    |    |    |    |               | 43 Santa Clara    |
|          |                       |   |                           |    |    |    |    |    |    |    |    |    |    |               | 50 Stanislaus     |
|          |                       |   |                           |    |    |    |    |    |    |    |    |    |    |               | 54 Tulare         |
|          |                       |   | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
| 7P       | Minor Consent Program | Minor Consent Program. Covers eligible minors between the ages of 12 and 21. Limited to services related to sexually transmitted diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health treatment. Paper Medi-Cal ID Card issued. Benefits: valid for minor consent services. Share of Cost and No Share of Cost |                           |    |    |    |    |    |    |    |    |    |    |               |                   |
| 7R       | Minor Consent Program | Minor Consent Program. Covers eligible minors under age 12. Limited to services related to family planning and sexual assault. Paper Medi-Cal ID Card issued. Benefits: valid for minor consent services. Share of Cost and No Share of Cost.   |                           |    |    |    |    |    |    |    |    |    |    |               |                   |
| 7T       |                       | Express Enrollment – National School Lunch Program. Full Benefits. No Share of Cost.  |                           |    |    |    |    |    |    |    |    |    |    |               |                   |
| 7V       | TCVAP                 | TCVAP. Covers non-citizen victims of human trafficking, domestic violence and other serious crimes. Full Benefits. Share of Cost.   |                           |    |    |    |    |    |    |    |    |    |    |               |                   |
| 7X       | Family                | One Month Medi-Cal to Healthy Families Bridge. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |

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| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION   | COHS COUNTIES             |    |    |    |    |    |    |    |    |    |    | GMC           | TWO PLAN          |
|----------|------------|---|---------------------------|----|----|----|----|----|----|----|----|----|----|---------------|-------------------|
|          |            |   | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
|          |            |   | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    |    | 34 Sacramento | 01 Alameda        |
|          |            |   | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    |    | 37 San Diego  | 07 Contra Costa   |
|          |            |   | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |    |               | 10 Fresno         |
|          |            |   | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |    |               | 15 Kern           |
|          |            |   | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |    |               | 16 Kings-3/1/11   |
|          |            |   | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |    |               | 19 Los Angeles    |
|          |            |   | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |    |               | 20 Madera-3/1/11  |
|          |            |   | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |    |               | 33 Riverside      |
|          |            |   | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |    |               | 36 San Bernardino |
|          |            |   | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |    |               | 38 San Francisco  |
|          |            |   | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |    |               | 39 San Joaquin    |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |               | 43 Santa Clara    |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |               | 50 Stanislaus     |
|          |            |   |                           |    |    |    |    |    |    |    |    |    |    |               | 54 Tulare         |
|          |            |   | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
| 71       | DP/DSP     | Medi-Cal Dialysis Only Program/Medi-Cal Dialysis Supplement Program (DP/DSP). Covers eligible persons of any age who are eligible only for dialysis and related services. Benefits are restricted to dialysis and supplemental dialysis-related services. Share of Cost and No Share of Cost.   |                           |    |    |    |    |    |    |    |    |    |    |               |                   |
| 72       | Family     | 133 Percent Program. Provides full Medi-Cal benefits to eligible children ages 1 to 6 years or over 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the FPL. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 73       |            | Total Parenteral Nutrition. Covers eligible persons of any age who are eligible for parenteral hyperalimentation and related services and persons of any age who are eligible under the Medically Needy or Medically Indigent Programs. Benefits restricted to parenteral hyperalimentation-related expenses. Share of Cost and No Share of Cost. |                           |    |    |    |    |    |    |    |    |    |    |               |                   |

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M Mandatory Enrollment  
V Voluntary Enrollment  
shaded means not included in MC  
non-dual means eligible for Medi-Cal only

| AID CODE         | RATE GROUP         | PROGRAM / DESCRIPTION  | COHS COUNTIES             |    |    |    |    |    |    |    |    |    |    | GMC           | TWO PLAN          |
|------------------|--------------------|--|---------------------------|----|----|----|----|----|----|----|----|----|----|---------------|-------------------|
|                  |                    |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
|                  |                    |  | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    |    | 34 Sacramento | 01 Alameda        |
|                  |                    |  | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    |    | 37 San Diego  | 07 Contra Costa   |
|                  |                    |  | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |    |               | 10 Fresno         |
|                  |                    |  | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |    |               | 15 Kern           |
|                  |                    |  | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |    |               | 16 Kings-3/1/11   |
|                  |                    |  | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |    |               | 19 Los Angeles    |
|                  |                    |  | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |    |               | 20 Madera-3/1/11  |
|                  |                    |  | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |    |               | 33 Riverside      |
|                  |                    |  | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |    |               | 36 San Bernardino |
|                  |                    |  | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |    |               | 38 San Francisco  |
|                  |                    |  | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |    |               | 39 San Joaquin    |
|                  |                    |  |                           |    |    |    |    |    |    |    |    |    |    |               | 43 Santa Clara    |
|                  |                    |  |                           |    |    |    |    |    |    |    |    |    |    |               | 50 Stanislaus     |
|                  |                    |  |                           |    |    |    |    |    |    |    |    |    |    |               | 54 Tulare         |
|                  |                    |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
| 74               | OBRA               | 133 Percent Program (OBRA). Provides emergency services only for eligible children without satisfactory immigration status ages 1 to 6 years or over 6 years when inpatient status, which began before 6th birthday, continues and family income is at or below 133 percent of the FPL. Benefits restricted to emergency services. No Share of Cost.   |                           |    |    |    |    |    |    |    |    |    |    |               |                   |
| 76               | Postpartum Program | 60-Day Postpartum Program. Provides Medi-Cal to women who, while pregnant, were eligible for, applied for, and received Medi-Cal benefits. They may be eligible for all postpartum services and family planning. This coverage begins on the last day of pregnancy and ends the last day of the month in which the 60th day occurs. Benefits restricted to 60-day postpartum services. No Share of Cost. |                           |    |    |    |    |    |    |    |    |    |    |               |                   |
| 77               |                    | Organ Transplants: anti-rejection medication. Limited to anti-rejection medication only.   |                           |    |    |    |    |    |    |    |    |    |    |               |                   |
| 8E<br>(see note) |                    | Accelerated Enrollment. Provides immediate, temporary, fee-for-service Medi-Cal benefits to certain children under the age of 19. Full Benefits. No Share of Cost. <b>Note: aid code 8E changed to 5E on July 1, 2008</b>  |                           |    |    |    |    |    |    |    |    |    |    |               |                   |

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| AID CODE | RATE GROUP  | PROGRAM / DESCRIPTION  | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                  |               |                   |
|----------|-------------|--|---------------|----|----|----|----|----|----|----|----|----|----|-----|---------------------------|---------------|-------------------|
|          |             |  | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |                           |               |                   |
|          |             |  |               |    |    |    |    |    |    |    |    |    |    |     | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |             |  |               |    |    |    |    |    |    |    |    |    |    |     | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |             |  |               |    |    |    |    |    |    |    |    |    |    |     | 28 Napa-PHC               |               | 10 Fresno         |
|          |             |  |               |    |    |    |    |    |    |    |    |    |    |     | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |             |  |               |    |    |    |    |    |    |    |    |    |    |     | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |             |  |               |    |    |    |    |    |    |    |    |    |    |     | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |             |  |               |    |    |    |    |    |    |    |    |    |    |     | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |             |  |               |    |    |    |    |    |    |    |    |    |    |     | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |             |  |               |    |    |    |    |    |    |    |    |    |    |     | 48 Solano-PHC             |               | 36 San Bernardino |
|          |             |  |               |    |    |    |    |    |    |    |    |    |    |     | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |             |  |               |    |    |    |    |    |    |    |    |    |    |     | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |             |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 43 Santa Clara    |
|          |             |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 50 Stanislaus     |
|          |             |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 54 Tulare         |
|          |             |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 8F       | CMSP        | CMSP Companion Aid Code. Used in conjunction with Medi-Cal aid code 53. Aid Code 8F will appear as a special aid code and will entitle the eligible client to acute inpatient services only while residing in a Nursing Facility Level A or B. Benefits: CMSP acute inpatient services only. Share of Cost and No Share of Cost.   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 8G       |             | Severely Impaired Working Individual. Full Benefits. No Share of Cost.   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 8H       | Family PACT | Family PACT. Comprehensive family planning services for low income residents of California with no other source of health care coverage. HAP card issued. Benefits: Family Planning. N/A Share of Cost.  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 8N       |             | 133 Percent Excess Property Child – Emergency Services Only. Provides emergency services only for eligible children without satisfactory immigration status who are between 1 and 6 years old or over 6 when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the FPL. Benefits restricted to emergency services. No Share of Cost. |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |

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| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION  | COHS COUNTIES             |    |    |    |    |    |    |    |    |    |    | GMC           | TWO PLAN          |
|----------|------------|--|---------------------------|----|----|----|----|----|----|----|----|----|----|---------------|-------------------|
|          |            |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
|          |            |  | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    |    | 34 Sacramento | 01 Alameda        |
|          |            |  | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    |    | 37 San Diego  | 07 Contra Costa   |
|          |            |  | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |    |               | 10 Fresno         |
|          |            |  | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |    |               | 15 Kern           |
|          |            |  | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |    |               | 16 Kings-3/1/11   |
|          |            |  | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |    |               | 19 Los Angeles    |
|          |            |  | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |    |               | 20 Madera-3/1/11  |
|          |            |  | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |    |               | 33 Riverside      |
|          |            |  | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |    |               | 36 San Bernardino |
|          |            |  | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |    |               | 38 San Francisco  |
|          |            |  | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |    |               | 39 San Joaquin    |
|          |            |  |                           |    |    |    |    |    |    |    |    |    |    |               | 43 Santa Clara    |
|          |            |  |                           |    |    |    |    |    |    |    |    |    |    |               | 50 Stanislaus     |
|          |            |  |                           |    |    |    |    |    |    |    |    |    |    |               | 54 Tulare         |
|          |            |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
| 8P       | Family     | 133 Percent Excess Property Child. Provides full-scope Medi-Cal benefits to eligible children between 1 and 6 years old or over 6 when inpatient status, which began before 6th birthday, continues, and family income is at or below 133 percent of the FPL. Full Benefits. No Share of Cost.   | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 8R       | Family     | 100 Percent Excess Property Child. Provides full-scope benefits to otherwise eligible children, between 6 and 19 years old or over 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the FPL. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 8T       |            | 100 Percent Excess Property Child – Pregnancy and Emergency Services Only. Covers emergency and pregnancy-related services only to otherwise eligible children without satisfactory immigration status who are between 6 and 19 years old or over 19 when inpatient status begins before the 19th birthday and family income is at or below 100 percent of the FPL. Benefits restricted to pregnancy and emergency services. No Share of Cost. |                           |    |    |    |    |    |    |    |    |    |    |               |                   |

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| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION  | COHS COUNTIES |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                  |               |                   |
|----------|------------|--|---------------|----|----|----|----|----|----|----|----|----|-----|---------------------------|---------------|-------------------|
|          |            |  | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57  |                           |               |                   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |     | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |            |  |               |    |    |    |    |    |    |    |    |    |     | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |     | 28 Napa-PHC               |               | 10 Fresno         |
|          |            |  |               |    |    |    |    |    |    |    |    |    |     | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |            |  |               |    |    |    |    |    |    |    |    |    |     | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |            |  |               |    |    |    |    |    |    |    |    |    |     | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |            |  |               |    |    |    |    |    |    |    |    |    |     | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |     | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |            |  |               |    |    |    |    |    |    |    |    |    |     | 48 Solano-PHC             |               | 36 San Bernardino |
|          |            |  |               |    |    |    |    |    |    |    |    |    |     | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |            |  |               |    |    |    |    |    |    |    |    |    |     | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |            |  |               |    |    |    |    |    |    |    |    |    |     |                           |               | 43 Santa Clara    |
|          |            |  |               |    |    |    |    |    |    |    |    |    |     |                           |               | 50 Stanislaus     |
|          |            |  |               |    |    |    |    |    |    |    |    |    |     |                           |               | 54 Tulare         |
|          |            |  |               |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 8U       | CHDP       | CHDP Gateway Deemed Infant. Provides Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with no Share of Cost in the month of the infant's birth. Full Benefits. No Share of Cost.                                |               |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 8V       | CHDP       | CHDP Gateway Deemed Infant. Provides Medi-Cal benefits for infants born to mothers who were enrolled in Medi-Cal with a Share of Cost in the month of the infant's birth and Share of Cost was met. Full Benefits. Share of Cost.          |               |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 8W       | CHDP       | CHDP Gateway Medi-Cal. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Medi-Cal eligibility. Provides temporary Medi-Cal benefits. Full Benefits. No Share of Cost.                 |               |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 8X       | CHDP       | CHDP Gateway Healthy Families. Provides for the pre-enrollment of children into the Medi-Cal program who are screened as probable for Healthy Families eligibility. Provides temporary Medi-Cal benefits. Full Benefits. No Share of Cost. |               |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 8Y       | CHDP       | CHDP. Covers CHDP eligible children who are also eligible for Medi-Cal emergency, pregnancy-related, and LTC services. Benefits: CHDP services only. No Share of Cost.   |               |    |    |    |    |    |    |    |    |    |     |                           |               |                   |

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| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION  | COHS COUNTIES             |    |    |    |    |    |    |    |    |    |    | GMC           | TWO PLAN          |
|----------|------------|--|---------------------------|----|----|----|----|----|----|----|----|----|----|---------------|-------------------|
|          |            |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
|          |            |  | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    |    | 34 Sacramento | 01 Alameda        |
|          |            |  | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    |    | 37 San Diego  | 07 Contra Costa   |
|          |            |  | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |    |               | 10 Fresno         |
|          |            |  | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |    |               | 15 Kern           |
|          |            |  | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |    |               | 16 Kings-3/1/11   |
|          |            |  | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |    |               | 19 Los Angeles    |
|          |            |  | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |    |               | 20 Madera-3/1/11  |
|          |            |  | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |    |               | 33 Riverside      |
|          |            |  | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |    |               | 36 San Bernardino |
|          |            |  | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |    |               | 38 San Francisco  |
|          |            |  | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |    |               | 39 San Joaquin    |
|          |            |  |                           |    |    |    |    |    |    |    |    |    |    |               | 43 Santa Clara    |
|          |            |  |                           |    |    |    |    |    |    |    |    |    |    |               | 50 Stanislaus     |
|          |            |  |                           |    |    |    |    |    |    |    |    |    |    |               | 54 Tulare         |
|          |            |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
| 80       |            | Qualified Medicare Beneficiary. Provides payment of Medicare Part A premium and Part A and B coinsurance and deductibles for eligible low income aged, blind, or disabled individuals. Benefits restricted to Medicare expenses. No Share of Cost.   |                           |    |    |    |    |    |    |    |    |    |    |               |                   |
| 81       | Adult      | Medically Indigent (MI)—Adults Aid Paid Pending. Full Benefits. Share of Cost and No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  |               |                   |
| 82       | Family     | MI – Child. Covers medically indigent persons under age 21 who meet the eligibility requirements of medical indigence. Covers persons until the age of 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing. Full Benefits. No Share of Cost. | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | M             | M                 |
| 83       | Family     | MI – Child. Covers medically indigent persons under age 21 who meet the eligibility requirements of medically indigent. Full Benefits. Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  |               |                   |
| 84       | CMSP       | MI – Adult. Covers medically indigent adults age 21 and over but under age 65 who meet the eligibility requirements of medically indigent. Benefits: CMSP services only – no Medi-Cal. No Share of Cost.   |                           |    |    |    |    |    |    |    |    |    |    |               |                   |

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|----------|------------|--|---------------------------|----|----|----|----|----|----|----|----|----|----|---------------|-------------------|
|          |            |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
|          |            |  | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    |    | 34 Sacramento | 01 Alameda        |
|          |            |  | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    |    | 37 San Diego  | 07 Contra Costa   |
|          |            |  | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |    |               | 10 Fresno         |
|          |            |  | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |    |               | 15 Kern           |
|          |            |  | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |    |               | 16 Kings-3/1/11   |
|          |            |  | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |    |               | 19 Los Angeles    |
|          |            |  | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |    |               | 20 Madera-3/1/11  |
|          |            |  | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |    |               | 33 Riverside      |
|          |            |  | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |    |               | 36 San Bernardino |
|          |            |  | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |    |               | 38 San Francisco  |
|          |            |  | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |    |               | 39 San Joaquin    |
|          |            |  |                           |    |    |    |    |    |    |    |    |    |    |               | 43 Santa Clara    |
|          |            |  |                           |    |    |    |    |    |    |    |    |    |    |               | 50 Stanislaus     |
|          |            |  |                           |    |    |    |    |    |    |    |    |    |    |               | 54 Tulare         |
|          |            |  | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |               |                   |
| 85       | CMSP       | MI – Adult. Covers medically indigent adults age 21 and over but under age 65 who meet the eligibility requirements of medically indigent. Benefits: CMSP services only – no Medi-Cal. Share of Cost.  |                           |    |    |    |    |    |    |    |    |    |    |               |                   |
| 86       | Adult      | MI – Confirmed Pregnancy. Covers persons age 21 and over with confirmed pregnancy who meet the eligibility requirements of medically indigent. Full Benefits. No Share of Cost.  | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  | V             | V                 |
| 87       | Adult      | MI – Confirmed Pregnancy. Covers persons age 21 and over with confirmed pregnancy who meet the eligibility requirements of medically indigent but are not eligible for 185/200 percent of poverty or the Medically Needy programs. Full Benefits. Share of Cost.                 | √                         | √  | √  | √  | √  | √  | √  | √  | √  | √  | √  |               |                   |
| 88       | Adult      | MI – Adult – Disability Pending. Covers medically indigent adults age 21 and over but under age 65 who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. Benefits: CMSP services only – no Medi-Cal. No Share of Cost. |                           |    |    |    |    |    |    |    |    |    |    |               |                   |

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M Mandatory Enrollment  
V Voluntary Enrollment  
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| AID CODE | RATE GROUP               | PROGRAM / DESCRIPTION  | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                  |               |                   |
|----------|--------------------------|--|---------------|----|----|----|----|----|----|----|----|----|----|-----|---------------------------|---------------|-------------------|
|          |                          |  | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |                           |               |                   |
|          |                          |  |               |    |    |    |    |    |    |    |    |    |    |     | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |                          |  |               |    |    |    |    |    |    |    |    |    |    |     | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |                          |  |               |    |    |    |    |    |    |    |    |    |    |     | 28 Napa-PHC               |               | 10 Fresno         |
|          |                          |  |               |    |    |    |    |    |    |    |    |    |    |     | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |                          |  |               |    |    |    |    |    |    |    |    |    |    |     | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |                          |  |               |    |    |    |    |    |    |    |    |    |    |     | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |                          |  |               |    |    |    |    |    |    |    |    |    |    |     | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |                          |  |               |    |    |    |    |    |    |    |    |    |    |     | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |                          |  |               |    |    |    |    |    |    |    |    |    |    |     | 48 Solano-PHC             |               | 36 San Bernardino |
|          |                          |  |               |    |    |    |    |    |    |    |    |    |    |     | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |                          |  |               |    |    |    |    |    |    |    |    |    |    |     | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |                          |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 43 Santa Clara    |
|          |                          |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 50 Stanislaus     |
|          |                          |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 54 Tulare         |
|          |                          |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 89       | Adult                    | MI – Adult – Disability Pending. Covers medically indigent adults age 21 and over but under age 65 who meet the eligibility requirements of medically indigent and have a pending Medi-Cal disability application. Benefits: CMSP services only – no Medi-Cal. Share of Cost.  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 9A       | Cancer Detection Program | The Cancer Detection Programs: Every Woman Counts recipient identifier. Cancer Detection Programs: Every Woman Counts offers benefits to uninsured and underinsured women, 25 years and older, whose household income is at or below 200 percent of the FPL. Cancer Detection Programs: Every Woman Counts offers reimbursement for screening, diagnostic, and case management services. <b>Cancer Detection Programs:</b> Every Woman Counts and Medi-Cal are separate programs; however, Cancer Detection Programs: Every Woman Counts relies on the Medi-Cal billing process (with few exceptions). Cancer detection programs: Every Woman Counts only. No Share of Cost. |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |

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| AID CODE | RATE GROUP       | PROGRAM / DESCRIPTION   | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                  |               |                   |
|----------|------------------|---|---------------|----|----|----|----|----|----|----|----|----|----|-----|---------------------------|---------------|-------------------|
|          |                  |   | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |                           |               |                   |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |    |     | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |    |     | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |    |     | 28 Napa-PHC               |               | 10 Fresno         |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |    |     | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |    |     | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |    |     | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |    |     | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |    |     | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |    |     | 48 Solano-PHC             |               | 36 San Bernardino |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |    |     | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |    |     | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 43 Santa Clara    |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 50 Stanislaus     |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 54 Tulare         |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 9H       | Healthy Families | Healthy Families Child. Provides a comprehensive health insurance plan for uninsured children between ages 1 and 19 years of age whose family's income is at or below 200 percent of the FPL. Healthy Families covers medical, dental, and vision services to enrolled children. Benefits: Healthy Families services only; no Medi-Cal. No Share of Cost.           |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 9J       | GHPP             | Genetically Handicapped Persons Program (GHPP)-eligible. Eligible for GHPP benefits and case management. Benefits: GHPP. No Share of Cost.  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 9K       | CCS              | California Children Services (CCS)-eligible. Eligible for all CCS benefits (i.e., diagnosis, treatment, therapy, and case management). Benefits: CCS. No Share of Cost.   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 9L       | PPCW             | New institutionally deemed Medi-Cal aid code to be assigned as follows to children under 21 years of age who are enrolled in the Pediatric Palliative Care Waiver (PPCW). Children who qualify for full scope Medi-Cal under institutional deeming without a SOC; who have completed requirements to participate in the waiver, who are eligible for Title XIX FFP. |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |

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| AID CODE | RATE GROUP | PROGRAM / DESCRIPTION   | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                  |               |                   |
|----------|------------|---|---------------|----|----|----|----|----|----|----|----|----|----|-----|---------------------------|---------------|-------------------|
|          |            |   | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |                           |               |                   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 28 Napa-PHC               |               | 10 Fresno         |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 48 Solano-PHC             |               | 36 San Bernardino |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 43 Santa Clara    |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 50 Stanislaus     |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 54 Tulare         |
|          |            |   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 9M       | CCS        | Eligible for CCS Medical Therapy Program services only. Benefits: CCS Medical Therapy Program only. No Share of Cost.   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 9N       | CCS        | Eligible for CCS only if concurrently eligible for full-scope, no Share of Cost Medi-Cal. CCS authorization required. Benefits: CCS Case Management. No Share of Cost.  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 9P       | PPCW       | New institutionally deemed Medi-Cal aid code to be assigned as follows to children under 21 years of age with a CCS eligible condition. Children who qualify for full scope Medi-Cal under institutional deeming with a SOC, who have completed requirements to participate in waiver, who are eligible for Title XIX FFP (if SOC is met) |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| 9R       | CCS        | CCS-eligible Healthy Families Child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy, and case management). Benefits: CCS. No Share of Cost.   |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |

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| AID CODE | RATE GROUP                     | PROGRAM / DESCRIPTION   | COHS COUNTIES             |    |    |    |    |    |    |    |    |    | GMC           | TWO PLAN          |  |
|----------|--------------------------------|---|---------------------------|----|----|----|----|----|----|----|----|----|---------------|-------------------|--|
|          |                                |   | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57            |                   |  |
|          |                                |   | 24 Merced-CCAH            |    |    |    |    |    |    |    |    |    | 34 Sacramento | 01 Alameda        |  |
|          |                                |   | 27 Monterey-CCAH          |    |    |    |    |    |    |    |    |    | 37 San Diego  | 07 Contra Costa   |  |
|          |                                |   | 28 Napa-PHC               |    |    |    |    |    |    |    |    |    |               | 10 Fresno         |  |
|          |                                |   | 30 Orange-CalOPTIMA       |    |    |    |    |    |    |    |    |    |               | 15 Kern           |  |
|          |                                |   | 41 San Mateo-HPSM         |    |    |    |    |    |    |    |    |    |               | 16 Kings-3/1/11   |  |
|          |                                |   | 40 San Luis Obispo-CenCal |    |    |    |    |    |    |    |    |    |               | 19 Los Angeles    |  |
|          |                                |   | 42 Santa Barbara-CenCal   |    |    |    |    |    |    |    |    |    |               | 20 Madera-3/1/11  |  |
|          |                                |   | 44 Santa Cruz-CCAH        |    |    |    |    |    |    |    |    |    |               | 33 Riverside      |  |
|          |                                |   | 48 Solano-PHC             |    |    |    |    |    |    |    |    |    |               | 36 San Bernardino |  |
|          |                                |   | 49 Sonoma-PHC             |    |    |    |    |    |    |    |    |    |               | 38 San Francisco  |  |
|          |                                |   | 57 Yolo-PHC               |    |    |    |    |    |    |    |    |    |               | 39 San Joaquin    |  |
|          |                                |   |                           |    |    |    |    |    |    |    |    |    |               | 43 Santa Clara    |  |
|          |                                |   |                           |    |    |    |    |    |    |    |    |    |               | 50 Stanislaus     |  |
|          |                                |   |                           |    |    |    |    |    |    |    |    |    |               | 54 Tulare         |  |
|          |                                |   | 24                        | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57            |                   |  |
| 9U       | CCS                            | CCS-eligible Healthy Families Child. A child in this program is enrolled in a Healthy Families plan and is eligible for all CCS benefits (i.e., diagnosis, treatment, therapy, and case management). The child's county of residence has county cost sharing for the child's CCS services. Benefits: CCS. No Share of Cost. |                           |    |    |    |    |    |    |    |    |    |               |                   |  |
| 9V       | Health Access Program          | New Health Access Program aid code to be assigned as follows to children under 21 years of age with CCS eligible medical condition that qualifies them for the PPCW. Children who have been found not to be financially eligible for the CCS program, and who have completed requirements for participation in the PPCW.    |                           |    |    |    |    |    |    |    |    |    |               |                   |  |
| C1       | OBRA Aged Medically Needy (MN) | OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Aid to the Aged-Medically Needy. Benefits restricted to pregnancy and emergency services. No Share of Cost.  |                           |    | √  |    |    |    |    |    | √  | √  | √             |                   |  |
| C2       | OBRA Aged MN                   | OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Aid to the Aged-Medically Needy. Benefits restricted to pregnancy and emergency services. Share of Cost.   |                           |    | √  |    |    |    |    |    | √  | √  | √             |                   |  |

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| AID CODE | RATE GROUP       | PROGRAM / DESCRIPTION   | COHS COUNTIES |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN |                           |               |                   |
|----------|------------------|---|---------------|----|----|----|----|----|----|----|----|----|-----|----------|---------------------------|---------------|-------------------|
|          |                  |   | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57  |          |                           |               |                   |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 28 Napa-PHC               |               | 10 Fresno         |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 48 Solano-PHC             |               | 36 San Bernardino |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               | 43 Santa Clara    |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               | 50 Stanislaus     |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               | 54 Tulare         |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               |                   |
| C3       | OBRA<br>Blind MN | OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status an unverified citizens. Blind-Medically Needy. Benefits restricted to pregnancy and emergency services. No Share of Cost. |               |    | √  |    |    |    |    |    |    |    | √   | √        | √                         |               |                   |
| C4       | OBRA<br>Blind MN | OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Blind-Medically Needy. Benefits restricted to pregnancy and emergency services. Share of Cost.   |               |    | √  |    |    |    |    |    |    |    | √   | √        | √                         |               |                   |
| C5       | OBRA<br>AFDC MN  | OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. AFDC-Medically Needy. Benefits restricted to pregnancy and emergency services. No Share of Cost. |               |    | √  |    |    |    |    |    |    |    | √   | √        | √                         |               |                   |

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| AID CODE | RATE GROUP       | PROGRAM / DESCRIPTION   | COHS COUNTIES |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN |                           |               |                   |
|----------|------------------|---|---------------|----|----|----|----|----|----|----|----|----|-----|----------|---------------------------|---------------|-------------------|
|          |                  |   | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57  |          |                           |               |                   |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 28 Napa-PHC               |               | 10 Fresno         |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 48 Solano-PHC             |               | 36 San Bernardino |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               | 43 Santa Clara    |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               | 50 Stanislaus     |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               | 54 Tulare         |
|          |                  |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               |                   |
| C6       | OBRA AFDC MN     | OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. AFDC-Medically Needy. Benefits restricted to pregnancy and emergency services. Share of Cost.        |               |    | √  |    |    |    |    |    |    |    | √   | √        | √                         |               |                   |
| C7       | OBRA Disabled MN | OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Disabled-Medically Needy. Benefits restricted to pregnancy and emergency services. No Share of Cost. |               |    | √  |    |    |    |    |    |    |    | √   | √        | √                         |               |                   |
| C8       | OBRA Disabled MN | OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Disabled-Medically Needy. Benefits restricted to pregnancy and emergency services. Share of Cost.    |               |    | √  |    |    |    |    |    |    |    | √   | √        | √                         |               |                   |

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| AID CODE | RATE GROUP                         | PROGRAM / DESCRIPTION  | COHS COUNTIES |    |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN                  |               |                   |
|----------|------------------------------------|--|---------------|----|----|----|----|----|----|----|----|----|----|-----|---------------------------|---------------|-------------------|
|          |                                    |  | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57 |     |                           |               |                   |
|          |                                    |  |               |    |    |    |    |    |    |    |    |    |    |     | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |                                    |  |               |    |    |    |    |    |    |    |    |    |    |     | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |                                    |  |               |    |    |    |    |    |    |    |    |    |    |     | 28 Napa-PHC               |               | 10 Fresno         |
|          |                                    |  |               |    |    |    |    |    |    |    |    |    |    |     | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |                                    |  |               |    |    |    |    |    |    |    |    |    |    |     | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |                                    |  |               |    |    |    |    |    |    |    |    |    |    |     | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |                                    |  |               |    |    |    |    |    |    |    |    |    |    |     | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |                                    |  |               |    |    |    |    |    |    |    |    |    |    |     | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |                                    |  |               |    |    |    |    |    |    |    |    |    |    |     | 48 Solano-PHC             |               | 36 San Bernardino |
|          |                                    |  |               |    |    |    |    |    |    |    |    |    |    |     | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |                                    |  |               |    |    |    |    |    |    |    |    |    |    |     | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |                                    |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 43 Santa Clara    |
|          |                                    |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 50 Stanislaus     |
|          |                                    |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               | 54 Tulare         |
|          |                                    |  |               |    |    |    |    |    |    |    |    |    |    |     |                           |               |                   |
| C9       | OBRA Medically Indigent (MI) Child | OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Medically Indigent Child. Covers medically indigent persons under 21 who meet the eligibility requirements of medical indigence. Covers persons until age 22 who were in an institution for mental disease before age 21. Persons may continue to be eligible under aid code 82 until age 22 if they have filed for a State hearing. Benefits restricted to pregnancy and emergency services. No Share of Cost. |               |    | √  |    |    |    |    |    |    |    | √  | √   | √                         |               |                   |
| D1       | OBRA MI Child                      | OBRA Aliens and Unverified Citizens. Covers eligible aliens who do not have satisfactory immigration status and unverified citizens. Medically Indigent Child. Covers medically indigent persons under 21 who meet the eligibility requirements of medically indigent. Benefits restricted to pregnancy and emergency services. Share of Cost.   |               |    | √  |    |    |    |    |    |    |    | √  | √   | √                         |               |                   |

√ Aid Code Included in Contract - All COHS Enrollments are Mandatory  
M Mandatory Enrollment  
V Voluntary Enrollment  
shaded means not included in MC  
non-dual means eligible for Medi-Cal only

| AID CODE | RATE GROUP     | PROGRAM / DESCRIPTION   | COHS COUNTIES |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN |                           |               |                   |
|----------|----------------|---|---------------|----|----|----|----|----|----|----|----|----|-----|----------|---------------------------|---------------|-------------------|
|          |                |   | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57  |          |                           |               |                   |
|          |                |   |               |    |    |    |    |    |    |    |    |    |     |          | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |                |   |               |    |    |    |    |    |    |    |    |    |     |          | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |                |   |               |    |    |    |    |    |    |    |    |    |     |          | 28 Napa-PHC               |               | 10 Fresno         |
|          |                |   |               |    |    |    |    |    |    |    |    |    |     |          | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |                |   |               |    |    |    |    |    |    |    |    |    |     |          | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |                |   |               |    |    |    |    |    |    |    |    |    |     |          | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |                |   |               |    |    |    |    |    |    |    |    |    |     |          | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |     |          | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |                |   |               |    |    |    |    |    |    |    |    |    |     |          | 48 Solano-PHC             |               | 36 San Bernardino |
|          |                |   |               |    |    |    |    |    |    |    |    |    |     |          | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |                |   |               |    |    |    |    |    |    |    |    |    |     |          | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |                |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               | 43 Santa Clara    |
|          |                |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               | 50 Stanislaus     |
|          |                |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               | 54 Tulare         |
|          |                |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               |                   |
| D2       | OBRA AGED LTC  | OBRA Aliens not Protected Under the Color of Law (PRUCOL) and unverified citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. Aid to the Aged-LTC. Covers persons 65 years of age or older who are medically needy and in LTC status. Benefits restricted to pregnancy and emergency services. No Share of Cost. |               |    | √  |    |    |    |    |    |    |    | √   | √        | √                         |               |                   |
| D3       | OBRA AGED LTC  | OBRA Aliens Not PRUCOL and unverified citizens – LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. Aid to the Aged-LTC. Covers persons 65 years of age or older who are medically needy and in LTC status. Benefits restricted to pregnancy and emergency services. Share of Cost.                                       |               |    | √  |    |    |    |    |    |    |    | √   | √        | √                         |               |                   |
| D4       | OBRA Blind LTC | OBRA Aliens Not PRUCOL and Unverified Citizens– LTC services. Covers eligible undocumented aliens in LTC who are not PRUCOL and unverified citizens. Recipients will remain in this aid code even if they leave LTC. Blind-LTC. Benefits restricted to pregnancy and emergency services. No Share of Cost.  |               |    | √  |    |    |    |    |    |    |    | √   | √        | √                         |               |                   |

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M Mandatory Enrollment  
V Voluntary Enrollment  
shaded means not included in MC  
non-dual means eligible for Medi-Cal only




| AID CODE | RATE GROUP        | PROGRAM / DESCRIPTION   | COHS COUNTIES |    |    |    |    |    |    |    |    |    | GMC | TWO PLAN |                           |               |                   |
|----------|-------------------|---|---------------|----|----|----|----|----|----|----|----|----|-----|----------|---------------------------|---------------|-------------------|
|          |                   |   | 24            | 27 | 28 | 30 | 41 | 40 | 42 | 44 | 48 | 49 | 57  |          |                           |               |                   |
|          |                   |   |               |    |    |    |    |    |    |    |    |    |     |          | 24 Merced-CCAH            | 34 Sacramento | 01 Alameda        |
|          |                   |   |               |    |    |    |    |    |    |    |    |    |     |          | 27 Monterey-CCAH          | 37 San Diego  | 07 Contra Costa   |
|          |                   |   |               |    |    |    |    |    |    |    |    |    |     |          | 28 Napa-PHC               |               | 10 Fresno         |
|          |                   |   |               |    |    |    |    |    |    |    |    |    |     |          | 30 Orange-CalOPTIMA       |               | 15 Kern           |
|          |                   |   |               |    |    |    |    |    |    |    |    |    |     |          | 41 San Mateo-HPSM         |               | 16 Kings-3/1/11   |
|          |                   |   |               |    |    |    |    |    |    |    |    |    |     |          | 40 San Luis Obispo-CenCal |               | 19 Los Angeles    |
|          |                   |   |               |    |    |    |    |    |    |    |    |    |     |          | 42 Santa Barbara-CenCal   |               | 20 Madera-3/1/11  |
|          |                   |   |               |    |    |    |    |    |    |    |    |    |     |          | 44 Santa Cruz-CCAH        |               | 33 Riverside      |
|          |                   |   |               |    |    |    |    |    |    |    |    |    |     |          | 48 Solano-PHC             |               | 36 San Bernardino |
|          |                   |   |               |    |    |    |    |    |    |    |    |    |     |          | 49 Sonoma-PHC             |               | 38 San Francisco  |
|          |                   |   |               |    |    |    |    |    |    |    |    |    |     |          | 57 Yolo-PHC               |               | 39 San Joaquin    |
|          |                   |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               | 43 Santa Clara    |
|          |                   |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               | 50 Stanislaus     |
|          |                   |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               | 54 Tulare         |
|          |                   |   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               |                   |
| D8       | OBRA MI Pregnancy | OBRA Aliens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status and unverified citizens. Medically Indigent-Confirmed Pregnancy. Covers persons aged 21 years or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent. Benefits restricted to pregnancy and emergency services. No Share of Cost   |               |    | √  |    |    |    |    |    |    |    | √   | √        | √                         |               |                   |
| D9       | OBRA MI Pregnancy | OBRA Aliens and Unverified Citizens – Pregnant Woman. Covers eligible pregnant alien women who do not have satisfactory immigration status and unverified citizens. Medically Indigent-Confirmed Pregnancy. Covers persons aged 21 or older, with confirmed pregnancy, which meet the eligibility requirements of medically indigent but are not eligible for 185%/200% of poverty or the Medically Needy programs. Benefits restricted to pregnancy and emergency services. Share of Cost. |               |    | √  |    |    |    |    |    |    |    | √   | √        | √                         |               |                   |
| E1       |                   | Unverified Citizens. Covers eligible unverified citizen children. One month Medi-Cal to Healthy Families Bridge. Pregnancy and Emergency Services only for eligible children ages 0 to 19, who are unverified citizens. No Share of Cost.   |               |    |    |    |    |    |    |    |    |    |     |          |                           |               |                   |

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V Voluntary Enrollment  
shaded means not included in MC  
non-dual means eligible for Medi-Cal only



### IEHP ID Card – Medi-Cal

|   |                        |
|---|------------------------|
|  <b>MEDI-CAL / MEDICARE<br/>MEDICARE PRIMARY</b> | Printed:<br>05/24/2011 |
| Name/Nombre: <b>ALFRED ALFREDSON</b>  | DOB: 09/19/1998        |
| ID#: 00000000000101   | 0000006                |
| Doctor: Dr. Sample PCP  |                        |
| Hospital: NETWORK ACCESS  |                        |
| Doctor: (123)456-7891   |                        |
| After Hours Nurse Advice Line: 1-888-244-IEHP (4347)<br>Línea de Consejo de Enfermera Después del Horario Normal                  |                        |
| Copays: RX: \$10 MD: \$11 ER: \$12 HOSP: \$13   |                        |

**Notice to Members/Aviso a Miembros:**

- For routine or urgent care, or questions for your Doctor, call the number on the front of this card.
- In case of an Emergency go to the hospital on the front of this card or the nearest Emergency Room.
- Para atención rutinaria o de urgencia, o si tiene preguntas para su Doctor, llame al número que se indica al frente de ésta tarjeta.
- En caso de una emergencia que pelagra la vida, vaya al hospital que se indica al frente de ésta tarjeta o a la sala de emergencias mas cercana.


**For Member Information:** 1-800-440-4347  
**Información Para Miembros:** (M-F/L-V 8 am to 5 pm PST)  
TTY 1-800-718-4347

Possession of this card does not guarantee eligibility, to verify current eligibility call (909) 890-3800 24 hours/7 days per week or visit [www.iehp.org](http://www.iehp.org).

**To Emergency Medical Provider:** Emergency Services for life threatening conditions requiring immediate intervention do not require prior authorization, all other services require prior authorization.

1. Member Name – Last Name, First Name
2. Member ID # - Unique IEHP Assigned #
3. DOB – Birthdate – 00/00/0000
4. Doctor Name – Last Name, First Name of assigned PCP
5. Doctor # - 7 digit – A011000
  - a. 1<sup>st</sup> digit -IPA Affiliation
  - b. 2<sup>nd</sup> and 3<sup>rd</sup> digit -Hospital Affiliation
  - c. 4<sup>th</sup> – 7<sup>th</sup> digits -Unique PCP #
6. Hospital – Primary Hospital assigned to Member
7. Phone – PCP’s phone number
8. After Hours – Doctor’s After Hours phone number
9. Co-pay amounts: Medi-Cal Members have zero (\$0) co-pay.
10. 800 Number for IEHP Member Services
11. 24 hour IVR number to verify eligibility

### FRONT OF IEHP ID CARD

 **PRINTED:**  
**01/01/YYYY**

Name/Nombre: Jane Doe **1**

ID# XXXXXXXXXXXXX01 **2**      DOB: 01/01/YYYY **3**

Doctor: Selected Doctor **4**      XXXXXXX **5**

Hospital: Selected Hospital **6**

Doctor: (XXX) XXX-XXXX **7**  
After Hours/Despues del Hora Normal: (XXX) XXX-XXXX **8**

Copays: **9**      RX: \$X      MD: \$X      ER: \$X      Hosp: \$X

1. Member Name – Last Name, First Name
2. Member Member # - Unique IEHP Assigned #
3. DOB – Birthdate – 00/00/0000
4. Doctor Name – Last Name, First Name of assigned PCP
5. Doctor # - 7 digit – A 01-1000.  
1<sup>st</sup> digit = IPA Affiliation  
2<sup>nd</sup> and 3<sup>rd</sup> digit = Hospital Affiliation  
4<sup>th</sup> – 7<sup>th</sup> digits = unique PCP #
6. Hospital – Primary Hospital assigned to Member
7. Phone – PCP’s phone number
8. After Hours – Doctor’s After Hours phone number
9. Co-pay amounts: Medi-Cal Members have a Zero (\$0.00) co-pay. Refer to section 4C for more information.

### BACK OF CARD

#### Notice to Members/Aviso a los Miembros:

- For routine or urgent care, or questions for your doctor, call the number on the front of this card.
- In case of an Emergency go to the hospital on the front of this card or the nearest Emergency Room.
- Para atención rutinaria o de urgencia, o si tiene preguntas para su Doctor, llame al número que se indica al frente de ésta tarjeta.
- En caso de una emergencia que pelagra la vida, vaya al hospital que se indica al frente de ésta tarjeta o a la sala de emergencia mas cercana.

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#### For Member Information:

**1-800-440-4347** **10**  
(M-F/L-V 8 am to 5 pm PST)  
TTY (909) 890-0731

#### Infomación Para Miembros:

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**To Emergency Medical Provider:** Emergency Service for life threatening conditions requiring immediate intervention do not require prior authorization, all other services require prior authorization. Possession of this card does not guarantee eligibility, to verify current eligibility call (909) 890-3800 24 hours/7days per week or visit [www.iehp.org](http://www.iehp.org).

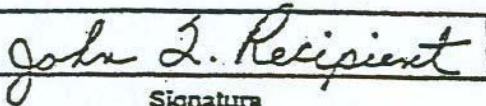
- 11**
10. 800 Number for IEHP Member Services
  11. 24 hour IVR number to verify eligibility



**INLAND EMPIRE HEALTH PLAN**

**Plastic Benefits  
Identification Card (BIC)**

|   |                                    |
|---|------------------------------------|
|  | State of<br>California             |
|   | Benefits<br>Identification<br>Card |
| ID No. 0123456789N012   |                                    |
| JOHN Q. RECIPIENT   |                                    |
| M   | 05 20 1961                         |
| Issue Date  | 03 01 94                           |
| Gender  | Date of Birth                      |

|   |
|---|
|                             |
| Signature   |
| This card is for identification only.<br>It does not guarantee eligibility.<br>Misuse of this card is unlawful. |

Sample Benefits Identification Card (BIC).  
White Card with Blue Letters on Front, Black Letters on Back.



**INLAND EMPIRE HEALTH PLAN**

| <b>IPA NAME</b>                       | <b>IPA CODE</b> |
|---------------------------------------|-----------------|
| Alpha Care Medical Group              | A               |
| Inland Healthcare Group               | B               |
| Vantage Medical Group                 | C               |
| LaSalle Medical Associates            | E               |
| Inland Faculty Medical Group          | F               |
| Inland Valleys                        | I               |
| IEHP Direct                           | J               |
| McKinley Medical Group                | K               |
| Physicians Health Network             | N               |
| Physicians Healthways                 | P               |
| Riverside Family Health Medical Group | Q               |
| Kaiser - Fontana & Riverside          | X               |

| <b>HOSPITAL NAME</b>                      | <b>HOSP CODE</b> |
|---|------------------|
| Community Hospital of San Bernardino      | 02               |
| Corona Regional Medical Center            | 03               |
| Desert Regional Medical Center            | 04               |
| Hemet Valley Medical Center               | 06               |
| John F. Kennedy Memorial Hospital         | 07               |
| Loma Linda University Medical Center      | 08               |
| Menifee Valley Medical Center             | 09               |
| Redlands Community Hospital               | 11               |
| Riverside County Regional Medical Center  | 12               |
| Arrowhead Regional Medical Center         | 14               |
| San Gorgonio Memorial Hospital            | 15               |
| Rancho Springs Medical Center             | 16               |
| St. Bernardine Medical Center             | 17               |
| St. Mary Medical Center                   | 18               |
| Victor Valley Community Hospital          | 20               |
| Kaiser Fontana/Riverside                  | 22               |
| Pomona Valley Hospital Medical Center     | 23               |
| Parkview Community Hospital Med. Center   | 24               |
| Riverside Community Hospital              | 25               |
| Montclair Hospital Medical Center         | 26               |
| Barstow Community Hospital                | 27               |
| Inland Valley Regional Medical Center     | 28               |
| Mountains Community Hospital              | 29               |
| Eisenhower Medical Center                 | 31               |
| CHSB (IEHP-Direct/LaSalle)                | 33               |
| Kaiser Foundation Hosp MVH                | 39               |
| Network Access as Directed by your Doctor | 88               |