

STATE OF CALIFORNIA
STANDARD AGREEMENT
 STD 213 (Rev 06/03)

AGREEMENT NUMBER

18-CAE-

REGISTRATION NUMBER

1. This Agreement is entered into between the State Agency and the Contractor named below:

STATE AGENCY'S NAME

Covered California

CONTRACTOR'S NAME

San Benito County HHSA Public Health Services

2. The term of this

Agreement is: July 1, 2018 through June 30, 2023

3. The maximum amount

of this Agreement is: Non-Monetary

4. The parties agree to comply with the terms and conditions of the following exhibits which are by this reference made a part of the Agreement.

Exhibit A – Scope of Work	11 Pages
Exhibit A, Attachment I - Disclosures	3 Pages
Exhibit B – General Terms and Conditions	13 Pages
Exhibit C – Privacy Addendum	13 Pages
Exhibit D – Marketing and Branding Guidelines	6 Pages

APPROVED AS TO LEGAL FORM
 SAN BENITO COUNTY COUNSEL

 6-29-18
 DEPUTY COUNTY COUNSEL DATE

Items shown with an Asterisk (*), are hereby incorporated by reference and made part of this agreement as if attached hereto.
 These documents can be viewed at www.ols.dgs.ca.gov/Standard+Language

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

CONTRACTOR

CONTRACTOR'S NAME (if other than an individual, state whether a corporation, partnership, etc.)

San Benito County HHSA Public Health Services

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

James A. Rydingsword

Authorized Contact

ADDRESS

351 Tres Pinos Road. A -202, Hollister, CA, 95023

STATE OF CALIFORNIA

AGENCY NAME

Covered California

BY (Authorized Signature)

DATE SIGNED (Do not type)

PRINTED NAME AND TITLE OF PERSON SIGNING

LaVonne Coen, Deputy Chief Operations Officer

ADDRESS

1601 Exposition Blvd, Sacramento, CA 95815

California Department of General
 Services Use Only

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 Government Code
 Section 100505