

**EXHIBIT B.2b  
MY HEALTH LA PROGRAM  
PRICING SCHEDULE**

Effective October 1, 2014 Through no later than March 31, 2015 Fee-For-Service Rate	Included Services Effective April 1, 2015* Through June 30, 2016 Monthly Grant Funding (MGF)	Included Services Effective July 1, 2016 Through November 30, 2017 MGF	Included Services Effective December 1, 2017 through June 30, 2019 MGF	Included Services Effective July 1, 2019 MGF	Dental Care Services Effective October 1, 2014 Fee-For- Service Rate
\$105 per clinic visit for: Included Services and Pharmacy Services	<u>Monthly Grant Funding:</u> \$28.00*	<u>Monthly Grant Funding:</u> \$28.56	<u>Monthly Grant Funding:</u>  \$28.56	<u>Monthly Grant Funding:</u>  \$32.00	<u>Dental Care Services:</u> Refer to Exhibit K***
	<u>Pharmacy Monthly Grant Funding:</u>  \$4**	<u>Pharmacy Monthly Grant Funding:</u>  \$4**			

\* In accordance with Section III.C.1, of the Statement of Work, in the event that the Department determines that there will be insufficient appropriation to continue to fund MHLA through the end of Fiscal Year 2014-2015, assuming enrollment of 146,000 Participants, the Department may advance the start date of the MGF upon a 30-day notice to Contractor. Effective July 1, 2016, Cost of Living increase of 2% added.

\*\* Pharmacy MGF will be added to Monthly Grant Funding during Pharmacy Phase One. Upon implementation of Pharmacy Phase Two, Pharmacy MGF will cease.

\*\*\* Paid at the State's Denti-Cal rates in effect on the date of service, but without any supplemental Denti-Cal payment amount."