

APPLICATION IS HEREBY MADE TO
Blue Shield of California
(California Physicians' Service)
FOR A GROUP HEALTH SERVICE CONTRACT

BY: City of Delano
1015 11th Ave
Delano, CA 93215

This Contract, number **W0063878-M0030010**, shall be effective **July 1, 2022**. It has been read and approved, and the terms and conditions are accepted by the Contractholder.


The Contractholder, on behalf of itself and its Subscribers, hereby expressly acknowledges its understanding that this agreement constitutes a Contract solely between the Contractholder and Blue Shield of California (hereafter referred to as "the Plan"), which is an independent corporation operating under a license from the Blue Cross and Blue Shield Association ("Association"), an Association of independent Blue Cross and Blue Shield plans, permitting the Plan to use the Blue Shield Service Mark in the State of California, and that the Plan is not contracting as the agent of the Association. The Contractholder further acknowledges and agrees that it has not entered into this agreement based upon representations by any person other than the Plan and that neither the Association nor any person, entity, or organization affiliated with the Association, shall be held accountable or liable to the Contractholder or its Subscribers for any of the Plan's obligations to the Contractholder created under this agreement. This paragraph shall not create any additional obligations whatsoever on the part of the Plan, other than those obligations created under other provisions of this agreement.

The Contractholder shall sign, date and return this original application page to **Blue Shield of California, 601 12th Street, 20th Floor, Oakland, CA 94607, Attention: Product Operations**. The Contract shall be retained by the Contractholder. Payment of Dues and acceptance of Blue Shield's performance hereunder by the Contractholder shall be deemed to constitute the Contractholder's acceptance of the terms hereof, whether or not this agreement is signed by the Contractholder.

The Contractholder is responsible for communicating any changes to Benefits as set forth in *Part IX, Contractholder Responsibility for Distribution and Notification Requirements*. Please see this section for important timelines for distribution of information.

It is agreed that this application supersedes any previous application for this Contract.

Dated at Delano, CA (City, State)
this 19th day of May 20 22

By  (Legal Name of Contractholder)
- Maribel Reyna
Title City Manager

PLEASE SIGN, DATE AND RETURN THE ORIGINAL APPLICATION PAGE TO BLUE SHIELD OF CALIFORNIA AT THE ABOVE ADDRESS. RETAIN THE CONTRACT.

Inquiries concerning any problems that may develop in the administration of this Contract should be directed to Blue Shield of California at the address provided on page GC-1.

IMPORTANT NOTE: This Trio HMO Health Plan may only be offered alongside an Access+ HMO® Health Plan, a Blue Shield PPO Health Plan, or both.

blue  of california