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Significant

Contract Cover Sheet

Note: Shaded areas are for County Executive review.

Department Administration	Contract/Addendum #: 12872																				
1. This contract, grant or addendum: <input checked="" type="checkbox"/> AWARDS <input type="checkbox"/> ACCEPTS	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%;">Contract</th> <th style="width: 50%;">Addendum</th> </tr> <tr> <td colspan="2" style="font-size: small;">If Addendum, please include original contract number</td> </tr> <tr> <td><input checked="" type="checkbox"/> POS</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Grant</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Co Lease</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Co Lessor</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Intergovernmental</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Purchase of Property</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Property Sale</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Other</td> <td><input type="checkbox"/></td> </tr> </table>	Contract	Addendum	If Addendum, please include original contract number		<input checked="" type="checkbox"/> POS	<input type="checkbox"/>	<input type="checkbox"/> Grant	<input type="checkbox"/>	<input type="checkbox"/> Co Lease	<input type="checkbox"/>	<input type="checkbox"/> Co Lessor	<input type="checkbox"/>	<input type="checkbox"/> Intergovernmental	<input type="checkbox"/>	<input type="checkbox"/> Purchase of Property	<input type="checkbox"/>	<input type="checkbox"/> Property Sale	<input type="checkbox"/>	<input type="checkbox"/> Other	<input type="checkbox"/>
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2. This contract is discretionary <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
3. Term of Contract or Addendum: 2017-2021 (5 years)																					
4. Amount of Contract or Addendum: \$211,988,732.00																					
5. Purpose: To provide Health Insurance to employees and retirees																					
6. Vendor or Funding Source: Dean Health Plan Inc.																					
7. MUNIS Vendor Code: 9024																					
8. Bid/RFP Number: 116021																					
9. If grant: Funds Positions? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will require on-going or matching funds? <input type="checkbox"/> Yes <input type="checkbox"/> No																					
10. Are funds included in the budget? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
11. Account No. & Amount, Org & Obj. _____ Amount \$ _____ Account No. & Amount, Org & Obj. _____ Amount \$ _____ Account No. & Amount, Org & Obj. _____ Amount \$ _____																					
12. If this contract awards funds, a purchase requisition is necessary. Enter requisition # & year _____																					
13. Is a resolution needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please attach a copy of the Resolution. If Resolution has already been approved by the County Board, Resolution No. & date of adoption _____																					
14. Does Domestic Partner equal benefits requirement apply? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No																					
15. Director's Approval: <i>[Signature]</i>																					

Contract Review/Approvals				Vendor	
Initials	Ftnt	Date In	Date Out	Vendor Name	
<i>MG</i> Received	_____	<u>9-19-16</u>	_____	Contact Person Phone No. E-mail Address	
<i>GA</i> Controller	_____	_____	<u>9/21/16</u>		
<i>JK</i> Corporation Counsel	_____	<u>9-21-16</u>	<u>9-21-16</u>		
<i>JA</i> Risk Management	_____	<u>9/21/16</u>	<u>9/21/16</u>		
<i>CS</i> Purchasing	_____	<u>9/21/16</u>	<u>9/21/16</u>		
_____ County Executive	_____	_____	_____		

Footnotes:

1. _____

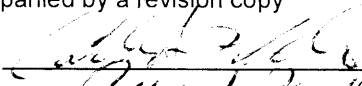
2. _____

Return to: Name/Title: Phone: E-mail Address:	Dept.: Mail Address:
--	-------------------------

Certification

The attached contract: *[check as many as apply]*

- conforms to Dane County's standard Purchase of Services Agreement form in all respects
- conforms to Dane County's standard Purchase of Services Agreement form with modifications and is accompanied by a revision copy¹
- is a non-standard contract which has been reviewed or developed by corporation counsel and which has not been changed since that review/development
- is a non-standard contract previously review or developed by corporation counsel which has been changed since that review/development; it is accompanied by a revision copy¹
- is a non-standard contract not previously reviewed by corporation counsel; it is accompanied by a revision copy
- contains non-standard/indemnification language which has been reviewed or developed by risk management and which has not been changed since that review/development
- contains non-standard insurance/indemnification language which has been changed since review/development or which has not been previously seen by risk management; it is accompanied by a revision copy
- contains non-standard affirmative action/equal opportunity language which has been reviewed or developed by contract compliance and which has not been changed since that review/development
- contains non-standard affirmative action/equal opportunity language which has been changed since the earlier review/development by contract compliance or which has not been previously seen by contract compliance; it is accompanied by a revision copy¹

Date: 9/14/16 Signed: 
Telephone Number 266-4519 Print Name: Carlos A Bascia

Major Contracts Review (DCO Sect. 25.20) This review applies only to contracts which both exceed \$100,000 in disbursements or receipts and which require county board review and approval.

Executive Summary (attach additional pages, if needed).

1. **Department Head** Contract is in the best interest of the County.
Describe any deviations from the standard contracting process and any changes to the standard Purchase of Services Form Agreement.

Date: _____ Signature: _____

2. **Director of Administration** Contract is in the best interest of the County.
Comments:

Date: 9/17/16 Signature: 

3. **Corporation Counsel** Contract is in the best interest of the County.
Comments:

Date: 9/21/16 Signature: 

¹ A revision copy is a copy of the contract which shows the changes from the standard contract or previously revised/developed contract by means of overstrikes (indicating deletions from the standard language) and underlining (showing additions to the standard language).

COUNTY OF DANE
Purchase of Services Agreement

Number of Pages, including schedules: 21
Agreement No. 12872
Expiration Date: 12/31/2021
Authority: Res. _____, 2016-2017
Department: Administration
Maximum Cost: \$211,988,732.00
Registered Agent: CT Corporation System
Address: 8020 Excelsior Dr, Ste 200
Madison WI 53717

THIS AGREEMENT, made and entered into, by and between the County of Dane (hereafter referred to as "COUNTY") and Dean Health Plan, Inc (hereafter, "PROVIDER"),

W I T N E S S E T H :

WHEREAS COUNTY, whose address is 210 Martin Luther King Jr. BLVD, Madison WI 53703, desires to purchase services from PROVIDER for the purpose of health insurance coverage; and

WHEREAS PROVIDER, whose address is 1277 Deming Way, Madison WI 53717, is able and willing to provide such services,

NOW, THEREFORE, in consideration of the above premises and the mutual covenants of the parties hereinafter set forth, the receipt and sufficiency of which is acknowledged by each party for itself, COUNTY and PROVIDER do agree as follows:

- I. TERM. The term of this Agreement shall commence as of the date by which all parties have executed this Agreement and shall end as of the EXPIRATION DATE set forth on page 1 hereof, unless sooner agreed to in writing by the parties. PROVIDER shall complete its obligations under this Agreement not later than the EXPIRATION DATE. Upon failure of PROVIDER to complete its obligation set forth herein by the EXPIRATION DATE, COUNTY may invoke the penalties, if any, set forth in this document and its attachments.
- II. SERVICES.
 - A. PROVIDER agrees to provide the services detailed in the bid specifications, if any; the request for proposals (RFP) and PROVIDER's response thereto, if any; and on the attached Schedule A, which is fully incorporated herein by reference. In the event of a conflict between or among the bid specifications, the RFP or responses thereto, or the terms of Schedule A or any of them, it is agreed that the terms of Schedule A, to the extent of any conflict, are controlling.
 - B. PROVIDER shall commence, carry on and complete its obligations under this Agreement with all deliberate speed and in a sound, economical and efficient manner, in accordance with this Agreement and all applicable laws. In providing services under this Agreement, PROVIDER agrees to cooperate with the various departments, agencies, employees and officers of COUNTY.

- C. PROVIDER agrees to secure at PROVIDER's own expense all personnel necessary to carry out PROVIDER's obligations under this Agreement. Such personnel shall not be deemed to be employees of COUNTY nor shall they or any of them have or be deemed to have any direct contractual relationship with COUNTY.
- III. ASSIGNMENT/TRANSFER: PROVIDER shall neither assign nor transfer any interest or obligation in this Agreement, without the prior written consent of COUNTY unless otherwise provided herein, provided that claims for money due or to become due PROVIDER from COUNTY under this Agreement may be assigned to a bank, trust company or other financial institution without such approval if and only if the instrument of assignment contains a provision substantially to the effect that it is agreed that the right of the assignee in and to any moneys due or to become due to PROVIDER shall be subject to prior claims of all persons, firms and corporations for services rendered or materials supplied for the performance of the work called for in this Agreement. PROVIDER shall promptly provide notice of any such assignment or transfer to COUNTY.
- IV. TERMINATION.
- A. Failure of PROVIDER to fulfill any of its obligations under this Agreement in a timely manner, or violation by PROVIDER of any of the covenants or stipulations of this Agreement, shall constitute grounds for COUNTY to terminate this Agreement by giving a thirty (30) day written notice to PROVIDER.
- B. The following shall constitute grounds for immediate termination:
1. violation by PROVIDER of any State, Federal or local law, or failure by PROVIDER to comply with any applicable States and Federal service standards, as expressed by applicable statutes, rules and regulations.
 2. failure by PROVIDER to carry applicable licenses or certifications as required by law.
 3. failure of PROVIDER to comply with reporting requirements contained herein.
 4. inability of PROVIDER to perform the work provided for herein.
- C. Failure of the Dane County Board of Supervisors or the State or Federal Governments to appropriate sufficient funds to carry out COUNTY's obligations hereunder, shall result in automatic termination of this Agreement as of the date funds are no longer available, without notice.
- D. In the event COUNTY terminates this Agreement as provided herein, all finished and unfinished documents, services, papers, data, products, and the like prepared, produced or made by PROVIDER under this Agreement shall at the option of COUNTY become the property of COUNTY, and PROVIDER shall be entitled to receive just and equitable compensation, subject to any penalty, for any satisfactory work completed on such documents, services, papers, data, products or the like. Notwithstanding the above, PROVIDER shall not be relieved of liability to COUNTY for damages sustained by COUNTY by virtue of any breach of this Agreement by PROVIDER, and COUNTY may withhold any payments to PROVIDER for the purpose of set-off.
- V. PAYMENT. COUNTY agrees to make such payments for services rendered under this Agreement as and in the manner specified herein and in the attached Schedule B, which is fully incorporated herein by reference. Notwithstanding any language to the contrary in this Agreement or its attachments, COUNTY shall never be required to pay more than the sum set forth on page 1 of this Agreement under the heading MAXIMUM COST, for all services rendered by PROVIDER under this Agreement.
- VI. REPORTS. PROVIDER agrees to make such reports as are required in the attached Schedule C, which is fully incorporated herein by reference. With respect to such reports it is expressly

understood that time is of the essence and that the failure of PROVIDER to comply with the time limits set forth in said Schedule C shall result in the penalties set forth herein.

VII. DELIVERY OF NOTICE. Notices, bills, invoices and reports required by this Agreement shall be deemed delivered as of the date of postmark if deposited in a United States mailbox, first class postage attached, addressed to a party's address as set forth above. It shall be the duty of a party changing its address to notify the other party in writing within a reasonable time.

VIII. INSURANCE.

A. PROVIDER shall indemnify, hold harmless and defend COUNTY, its boards, commissions, agencies, officers, employees and representatives against any and all liability, loss (including, but not limited to, property damage, bodily injury and loss of life), damages, costs or expenses which COUNTY, its officers, employees, agencies, boards, commissions and representatives may sustain, incur or be required to pay by reason of PROVIDER furnishing the services or goods required to be provided under this Agreement, provided, however, that the provisions of this paragraph shall not apply to liabilities, losses, charges, costs, or expenses caused by or resulting from the acts or omissions of COUNTY, its agencies, boards, commissions, officers, employees or representatives. The obligations of PROVIDER under this paragraph shall survive the expiration or termination of this Agreement.

B. In order to protect itself and COUNTY, its officers, boards, commissions, agencies, agents, volunteers, employees and representatives under the indemnity provisions of the subparagraph above, PROVIDER shall, at PROVIDER's own expense, obtain and at all times during the term of this Agreement keep in full force and effect the insurance coverages, limits, and endorsements listed below. When obtaining required insurance under this Agreement and otherwise, PROVIDER agrees to preserve COUNTY's subrogation rights in all such matters that may arise that are covered by PROVIDER's insurance. Neither these requirements nor the COUNTY's review or acceptance of PROVIDER's certificates of insurance is intended to limit or qualify the liabilities or obligations assumed by the PROVIDER under this Agreement. The County expressly reserves the right to require higher or lower insurance limits where County deems necessary.

Commercial General Liability.

PROVIDER agrees to maintain Commercial General Liability insurance at a limit of not less than \$1,000,000 per occurrence. Coverage shall include, but not be limited to, Bodily Injury and Property Damage to Third Parties, Contractual Liability, Personal Injury and Advertising Injury Liability, Premises-Operations, Independent PROVIDERs and Subcontractors, and Fire Legal Liability. The policy shall not exclude Explosion, Collapse, and Underground Property Damage Liability Coverage. The policy shall list DANE COUNTY as an Additional Insured.

Commercial/Business Automobile Liability.

PROVIDER agrees to maintain Commercial/Business Automobile Liability insurance at a limit of not less than \$1,000,000 Each Occurrence. PROVIDER further agrees coverage shall include liability for Owned, Non-Owned & Hired automobiles. In the event PROVIDER does not own automobiles, PROVIDER agrees to maintain coverage for Hired & Non-Owned Auto Liability, which may be satisfied by way of endorsement to the Commercial General Liability policy or separate Business Auto Liability policy.

Environmental Impairment (Pollution) Liability

PROVIDER agrees to maintain Environmental Impairment (Pollution) Liability insurance at a limit of not less than \$1,000,000 per occurrence for bodily injury, property damage, and environmental cleanup costs caused by pollution conditions, both sudden and non-sudden. This requirement can be satisfied by either a separate environmental liability policy or through a modification to the Commercial General Liability policy. Evidence of either must be provided.

Workers' Compensation.

PROVIDER agrees to maintain Workers Compensation insurance at Wisconsin statutory limits.

Umbrella or Excess Liability.

PROVIDER may satisfy the minimum liability limits required above for Commercial General Liability and Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum Per Occurrence limit of liability under the Umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for the Commercial General Liability and Business Auto Liability. PROVIDER agrees to list DANE COUNTY as an "Additional Insured" on its Umbrella or Excess Liability policy.

- C. Upon execution of this Agreement, PROVIDER shall furnish COUNTY with a Certificate of Insurance listing COUNTY as an additional insured and, upon request, certified copies of the required insurance policies. If PROVIDER's insurance is underwritten on a Claims-Made basis, the Retroactive Date shall be prior to or coincide with the date of this Agreement, the Certificate of Insurance shall state that professional malpractice or errors and omissions coverage, if the services being provided are professional services coverage is Claims-Made and indicate the Retroactive Date, PROVIDER shall maintain coverage for the duration of this Agreement and for six (6) years following the completion of this Agreement. PROVIDER shall furnish COUNTY, annually on the policy renewal date, a Certificate of Insurance as evidence of coverage. It is further agreed that PROVIDER shall furnish the COUNTY with a 30-day notice of aggregate erosion, in advance of the Retroactive Date, cancellation, or renewal. It is also agreed that on Claims-Made policies, either PROVIDER or COUNTY may invoke the tail option on behalf of the other party and that the Extended Reporting Period premium shall be paid by PROVIDER. In the event any action, suit or other proceeding is brought against COUNTY upon any matter herein indemnified against, COUNTY shall give reasonable notice thereof to PROVIDER and shall cooperate with PROVIDER's attorneys in the defense of the action, suit or other proceeding. PROVIDER shall furnish evidence of adequate Worker's Compensation Insurance. In case of any sublet of work under this Agreement, PROVIDER shall furnish evidence that each and every subcontractor has in force and effect insurance policies providing coverage identical to that required of PROVIDER. In case of any sublet of work under this Agreement, PROVIDER shall furnish evidence that each and every subcontractor has in force and effect insurance policies providing coverage identical to that required of PROVIDER.
- D. The parties do hereby expressly agree that COUNTY, acting at its sole option and through its Risk Manager, may waive any and all requirements contained in this Agreement, such waiver to be in writing only. Such waiver may include or be limited to a reduction in the amount of coverage required above. The extent of waiver shall be determined solely by COUNTY's Risk Manager taking into account the nature of the work and other factors relevant to COUNTY's exposure, if any, under this Agreement.

- IX. NO WAIVER BY PAYMENT OR ACCEPTANCE. In no event shall the making of any payment or acceptance of any service or product required by this Agreement constitute or be construed as a waiver by COUNTY of any breach of the covenants of this Agreement or a waiver of any default of PROVIDER and the making of any such payment or acceptance of any such service or product by COUNTY while any such default or breach shall exist shall in no way impair or prejudice the right of COUNTY with respect to recovery of damages or other remedy as a result of such breach or default.
- X. NON-DISCRIMINATION. During the term of this Agreement, PROVIDER agrees not to discriminate on the basis of age, race, ethnicity, religion, color, gender, disability, marital status, sexual orientation, national origin, cultural differences, ancestry, physical appearance, arrest record or conviction record, military participation or membership in the national guard, state defense force or any other reserve component of the military forces of the United States, or political beliefs against any person, whether a recipient of services (actual or potential) or an employee or applicant for employment. Such equal opportunity shall include but not be limited to the following: employment, upgrading, demotion, transfer, recruitment, advertising, layoff, termination, training, rates of pay, and any other form of compensation or level of service(s).

PROVIDER agrees to post in conspicuous places, available to all employees, service recipients and applicants for employment and services, notices setting forth the provisions of this paragraph. The listing of prohibited bases for discrimination shall not be construed to amend in any fashion state or federal law setting forth additional bases, and exceptions shall be permitted only to the extent allowable in state or federal law.

XI. CIVIL RIGHTS COMPLIANCE.

- A. If PROVIDER has 20 or more employees and receives \$20,000 in annual contracts with COUNTY, the PROVIDER shall submit to COUNTY a current Civil Rights Compliance Plan (CRC) for Meeting Equal Opportunity Requirements under Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, Title VI and XVI of the Public Service Health Act, the Age Discrimination Act of 1975, the Omnibus Budget Reconciliation Act of 1981 and Americans with Disabilities Act (ADA) of 1990. PROVIDER shall also file an Affirmative Action (AA) Plan with COUNTY in accordance with the requirements of chapter 19 of the Dane County Code of Ordinances. PROVIDER shall submit a copy of its discrimination complaint form with its CRC/AA Plan. The CRC/AA Plan must be submitted prior to the effective date of this Agreement and failure to do so by said date shall constitute grounds for immediate termination of this Agreement by COUNTY. If an approved plan has been received during the previous CALENDAR year, a plan update is acceptable. The plan may cover a two-year period. Providers who have less than twenty employees, but who receive more than \$20,000 from the COUNTY in annual contracts, may be required to submit a CRC Action Plan to correct any problems discovered as the result of a complaint investigation or other Civil Rights Compliance monitoring efforts set forth herein below. If PROVIDER submits a CRC/AA Plan to a Department of Workforce Development Division or to a Department of Health and Family Services Division that covers the services purchased by COUNTY, a verification of acceptance by the State of PROVIDER's Plan is sufficient.
- B. PROVIDER agrees to comply with the COUNTY's civil rights compliance policies and procedures. PROVIDER agrees to comply with civil rights monitoring reviews performed by the COUNTY, including the examination of records and relevant files maintained by the PROVIDER. PROVIDER agrees to furnish all information and reports required by the COUNTY as they relate to affirmative action and non-discrimination. PROVIDER further agrees to cooperate with COUNTY in developing, implementing, and monitoring corrective action plans that result from any reviews.
- C. PROVIDER shall post the Equal Opportunity Policy, the name of PROVIDER's designated Equal Opportunity Coordinator and the discrimination complaint process in conspicuous places available to applicants and clients of services, applicants for employment and employees. The complaint process will be according to COUNTY's policies and procedures and made available in languages and formats understandable to applicants, clients and employees. PROVIDER shall supply to COUNTY's Contract Compliance Officer upon request a summary document of all client complaints related to perceived discrimination in service delivery. These documents shall include names of the involved persons, nature of the complaints, and a description of any attempts made to achieve complaint resolution.
- D. PROVIDER shall provide copies of all announcements of new employment opportunities to COUNTY's Contract Compliance Officer when such announcements are issued.
- E. If PROVIDER is a government entity having its own compliance plan, PROVIDER'S plan shall govern PROVIDER's activities.

XII. LIVING WAGE.

- A. PROVIDER agrees to pay all workers employed by PROVIDER in the performance of this Agreement, whether on a full-time or part-time basis, the prevailing living wage as defined in section 25.015(1)(f), Dane County Ordinances. PROVIDER agrees to make available for COUNTY inspection PROVIDER's payroll records relating to employees providing services on or under this Agreement or subcontract.

- B. If any payroll records of PROVIDER contain any false, misleading or fraudulent information, or if PROVIDER fails to comply with the provisions of section 25.015 of the Dane County Code of Ordinances, COUNTY may withhold payments on the Agreement, terminate, cancel or suspend the Agreement in whole or in part, or, after a due process hearing, deny PROVIDER the right to participate in bidding on future county contracts for a period of one year after the first violation is found and for a period of 3 years after a second violation is found.
- C. PROVIDER agrees to submit to COUNTY a certification as required in section 25.015(7) of the Dane County Code of Ordinances.
- D. PROVIDER agrees to display COUNTY's current living wage poster in a prominent place where it can be easily seen and read by persons employed by PROVIDER.
- E. PROVIDER shall ensure that any subcontractors comply with the provisions of this section.
- F. The following are exemptions from the requirements of this section:
 1. When the Maximum Cost of the Agreement is less than \$5,000;
 2. When the provider is a school district, a municipality, or other unit of government;
 3. When the County is purchasing residential services at an established per bed rate;
 4. When employees are persons with disabilities working in employment programs and the provider holds a current sub-minimum wage certificate issued by the U.S. Department of Labor or where such a certificate could be issued but for the fact that the employer is paying a wage higher than the minimum wage;
 5. When an individual receives compensation for providing services to a family member;
 6. When employees are student interns;
 7. When the provider meets any other criteria for exemption outlined in section 25.015(1)(d) of the Dane County Code of Ordinances; and
 8. Where the contract is funded or co-funded by a government agency requiring a different living wage, the higher wage requirement shall prevail.

XIII. DOMESTIC PARTNER EQUAL BENEFITS. The PROVIDER agrees to provide the same economic benefits to all of its employees with domestic partners as it does to employees with spouses, or the cash equivalent if such a benefit cannot reasonably be provided. The PROVIDER agrees to make available for County inspection the PROVIDER's payroll records relating to employees providing services on or under this contract or subcontract. If any payroll records of a PROVIDER contain any false, misleading or fraudulent information, or if a PROVIDER fails to comply with the provisions of s. 25.016, D. C. Ords., the contract compliance officer may withhold payments on the contract; terminate, cancel or suspend the contract in whole or in part; or, after a due process hearing, deny the contractor the right to participate in bidding on future County contracts for a period of one year after the first violation is found and for a period of three years after a second or subsequent violation is found.

XIV. COMPLIANCE WITH FAIR LABOR STANDARDS.

- A. Reporting of Adverse Findings. During the term of this Agreement, PROVIDER shall report to the County Contract Compliance Officer, within ten (10) days, any allegations to, or findings by the National Labor Relations Board (NLRB) or Wisconsin Employment Relations commission (WERC) that PROVIDER has violated a statute or regulation regarding labor standards or relations. If an investigation by the Contract Compliance Officer results in a final determination that the matter adversely affects PROVIDER'S responsibilities under this Agreement, and which recommends termination, suspension or cancellation of this agreement, the County may take such action.

- B. Appeal Process. PROVIDER may appeal any adverse finding by the Contract Compliance Officer as set forth in sec. 25.015(11)(c) through (e).
- C. Notice Requirement. PROVIDER shall post the following statement in a prominent place visible to employees: "As a condition of receiving and maintaining a contract with Dane County, this employer shall comply with federal, state and all other applicable laws prohibiting retaliation for union organizing."

XV. COMPLIANCE WITH CONTRACTS FOR REPRODUCTIVE HEALTH SERVICES.

- A. PROVIDER agrees to provide all county employees with comprehensive, non-directive reproductive health care information, including but not limited to family planning, birth control, pregnancy, and post partum, as part of its provision of reproductive health services under the Agreement.
- B. PROVIDER agrees to refer County clients seeking information regarding reproductive health services to another County provider subject to sub (A) or other entities that would meet the requirements of a contracted agency under sub (A).

The requirements of sub (A) shall not limit an individual employee's choice of health care provider.

XVI. MISCELLANEOUS.

- A. Registered Agent. PROVIDER warrants that it has complied with all necessary requirements to do business in the State of Wisconsin, that the persons executing this Agreement on its behalf are authorized to do so, and, if a corporation, that the name and address of PROVIDER's registered agent is as set forth opposite the heading REGISTERED AGENT on page 1 of this Agreement. PROVIDER shall notify COUNTY immediately, in writing, of any change in its registered agent, his or her address, and PROVIDER's legal status. For a partnership, the term 'registered agent' shall mean a general partner.
- B. Controlling Law and Venue. It is expressly understood and agreed to by the parties hereto that in the event of any disagreement or controversy between the parties, Wisconsin law shall be controlling. Venue for any legal proceedings shall be in the Dane County Circuit Court.
- C. Limitation Of Agreement. This Agreement is intended to be an agreement solely between the parties hereto and for their benefit only. No part of this Agreement shall be construed to add to, supplement, amend, abridge or repeal existing duties, rights, benefits or privileges of any third party or parties, including but not limited to employees of either of the parties.
- D. Entire Agreement. The entire agreement of the parties is contained herein and this Agreement supersedes any and all oral agreements and negotiations between the parties relating to the subject matter hereof. The parties expressly agree that this Agreement shall not be amended in any fashion except in writing, executed by both parties.
- E. Counterparts. The parties may evidence their agreement to the foregoing upon one or several counterparts of this instrument, which together shall constitute a single instrument.

IN WITNESS WHEREOF, COUNTY and PROVIDER, by their respective authorized agents, have caused this Agreement and its Schedules to be executed, effective as of the date by which all parties hereto have affixed their respective signatures, as indicated below.

FOR PROVIDER:



Date Signed: _____

Frank Lucia, President & Chief Executive Officer
Dean Health Plan, Inc.

Date Signed: _____

* * *

FOR COUNTY:

Date Signed: _____

JOSEPH PARISI, County Executive

* [print name and title, below signature line of any person signing this document]

rev. 12/15

Schedule A

II. TERMS/EFFECTIVE DATE.

- A. **Effective date.** The term of this Agreement shall commence at 12:01 a.m. on January 1, 2017.
- B. **Period of Agreement.** This Agreement shall be in effect for the five-year period from January 1, 2017 through December 31, 2021. "Contract year" is defined as the period from January 1 through December 31.

III. COVERAGE.

Coverage shall be provided to all "Eligible Employees" as that term is defined by COUNTY and to other individuals as identified in sec. 1.2 of the RFP #116021. Domestic partners shall be covered pursuant to COUNTY's policy regarding the definition of "domestic partner." Retirees are eligible for the insurance coverage they had at the time of retirement. If a retiree's spouse or domestic partner is not on the plan at the time of retirement, they cannot be added. The only qualifying events for a retiree are marriage or a new child.

IV. LATE ENROLLEES.

Individuals who did not enroll when initially eligible for coverage and who are not eligible for a special enrollment period are considered late enrollees.

V. COVERAGE PERIOD.

The effective date of coverage for new employees who enroll within the initial 30 day enrollment period is the first day of the month following the first 30 days of employment. Example: Date of Hire- November 2nd, insurance begins January 1st.

VI. RATES.

Base Rates for the Contract Year 2017 are as follows:

	HMO	POS
SINGLE	\$ 652.53	\$ 694.33
FAMILY	\$1533.44	\$1631.68
Rates below for retirees only		
E + S	\$1305.06	\$1385.72
1 over AGE 65	\$ 466.36	\$ 495.19
2 over AGE 65	\$ 932.72	\$ 990.37
1 over AGE 65 2 under AGE 65	\$1358.37	\$1442.33
2 over AGE 65 & Family	\$ 1170.63	\$1242.99
1 over AGE 65 1 under AGE 65	\$ 1118.89	\$1188.05

Base Rates/Premiums are defined as rates/premiums available to eligible COUNTY enrollees, which includes domestic partners, on January 1, 2017.

A retiree and spouse have a special employee + spouse rate of the cost of two single plans. This rate is not available to regular employees.

See Attachment 1: Final Rate Sheets with agreed upon 2017 benefits.

VII. RATE GUARANTEES.

Dean may not increase base rates for subsequent years for the HMO and POS plan on the following scale:

HMO

contract year 2018- not to exceed 5.9%

2019- not to exceed 7.9%

2020- not to exceed 8.9%

2021- not to exceed 9.9%

POS

contract year 2018- not to exceed 7.9%

2019- not to exceed 9.9%

2020- not to exceed 10.9%

2021- not to exceed 11.9%

Pricing includes agent commissions.

See Attachment 2: Rate Cap Confirmation Letter

VIII. SERVICES/SCHEDULE OF BENEFITS.

Dean Health Plan shall provide services and benefits as described in their response to RFP #116021.

Summary of benefits: See attachment

During the term of this agreement Dane County reserves the right to make plan design changes.

Prescription Coverage: Dean will offer a 34 day script for one co-pay

Wellness program:

Dean will fund \$50,000 per year for wellness initiatives.

Dean will offer their Living Health Program to Dane County up to \$150.00 per member 18 years or older per year.

A Prevention & Health Promotion Coordinator will be assigned to Dane County to assist in designing and implementing employer-based wellness programs.

Flu shots will be offered on site and will not be charged to the wellness fund.

Dean will provide two lunch n learns free of charge.

Member cost estimator: Dane County employees will have access to online tools that provide an estimate based on average market medical costs in an effort to be better health care consumers. Members can also contact Dean Health Plan's Customer Care Center to obtain estimates.

COBRA: Dane County will administer COBRA.

Termination: See section IV of contract.

Network: Dane County employees will be guaranteed the same network access throughout the term of this contract. This includes access to physician's and specialists as stated in response to RFP #116021 as well as any additional networks that may be added during the term of the contract.

Schedule B

Payments will be based upon the County's payroll register and any manual changes made by the County. The County will not reconcile with the vendor's paper register. The County will work with the vendor to attempt electronic reconciliations as needed.

Schedule C

Vendor must provide data for compliance with GASB 45 in electronic format within 30 days of County's request.

Vendor will provide regular explanation of benefits forms to subscribers.

**Dane County
Dean Health Plan
Rate Sheet
Final Rates Effective: January 1, 2017 - December 31, 2017
Non-Guarantee Issue**

HMO Plans

Plan 1-1
HMO Active
 \$5 OV Copay
 \$100 Ded
 0% Coins
 \$10/\$20/\$40 Rx
 \$100 / \$200 MOOP

	<u>Subscribers</u>	<u>Members</u>
Enrollment		
Subscriber Only	617	617
Subscriber + One	534	1,068
Subscriber + Family	1,167	4,549
Subtotal Active	2,318	6,234

Medicare Eligible Enrollment

Subscriber Only, Medicare	225	225
Subscriber + One, 2 w/ Medicare	75	150
Subscriber + One, 1 w/ Medicare	33	66
Subscriber + Family, 1 w/ Medicare	3	9
Subscriber + Family, 2 or more w/ Medicare	1	3
Subtotal Medicare Eligible	337	453

Group Totals	2,655	6,687
Monthly Premium		\$3,228,047
Annual Premium		\$38,736,559
Annual Premium due to ACA taxes and fees		\$16,049
Percent of Premium due to ACA fees & taxes		0.04%
Medical code:		43144

Pharmacy Code:
 Quote ID 0199087-27
 Product Type Notes: Only product types noted as "HRA" are auto-linked to a HRA plan administrator. All Product types noted as "Focus" contain only DHP Dane County providers as in-network.
To assure ID cards are available to members by the effective date, all required enrollment info and the 1st month's premium must be received by Dean Health Plan no later than 15 days prior to the effective date.

GROUP RATE ACCEPTANCE
 Please circle above the plan you would like.

Please return this page to:
 Colleen Gransee
 Dean Health Plan
 Direct: 608-827-4322
 Fax: 608-252-0834
 E-Mail: colleen.gransee@deancare.com

Please provide your group's renewal contact information.

Name: Amy Utzig
 Title: Human Resources Director
 E-mail/Phone: utzig@countyofdane.com 608 266-9253
 Signature: Amy Utzig
 Date: 9/16/16

To view your SBC information please visit our website at <http://www.deancare.com/sbc-employergroup>

**Dane County
Dean Health Plan
Rate Sheet**

**Final Rates Effective: January 1, 2017 - December 31, 2017
Non-Guarantee Issue**

HMO Plans

Plan 2 - 1

HMO Retiree	
\$5 OV Copay	
\$100 Ded	
0% Coins	
\$10/\$20/\$40 Rx	
\$100 / \$200 MOOP	

<u>Enrollment</u>	<u>Subscribers</u>	<u>Members</u>
Subscriber Only	617	617
Subscriber + One	534	1,068
Subscriber + Family	1,167	4,549
Subtotal Active	<u>2,318</u>	<u>6,234</u>

Medicare Eligible Enrollment

Subscriber Only, Medicare	225	225
Subscriber + One, 2 w/ Medicare	75	150
Subscriber + One, 1 w/ Medicare	33	66
Subscriber + Family, 1 w/ Medicare	3	9
Subscriber + Family, 2 or more w/ Medicare	1	3
Subtotal Medicare Eligible	<u>337</u>	<u>453</u>

Group Totals

Monthly Premium	2,655	6,687
Annual Premium		\$3,106,092
Annual Premium due to ACA taxes and fees		\$37,273,100
Percent of Premium due to ACA fees & taxes		\$16,049
Medical code:		0.04%
Pharmacy Code:		43144

Quote ID 0199087-27

9/15/16 10:24 AM

Product Type Notes: Only product types noted as "HRA" are auto-linked to a HRA plan administrator. All Product types noted as "Focus" contain only DHP Dane County providers as in-network.

To assure ID cards are available to members by the effective date, all required enrollment info and the 1st month's premium must be received by Dean Health Plan no later than 15 days prior to the effective date.

GROUP RATE ACCEPTANCE

Please circle above the plan you would like.

Please return this page to:

Colleen Gransee
Dean Health Plan
Direct: 608-827-4322
Fax: 608-252-0834
E-Mail: colleen.gransee@deancare.com

Please provide your group's renewal contact information.

Name: Amy Utzig Title: Human Resources Director
 Email/Phone: utzig@countyofdane.com 608 266-9253
 Signature: Amy Utzig Date: 9/16/16

To view your SBC information please visit our website at <http://www.deancare.com/sbc-employergroup>

**Dane County
Dean Health Plan
Rate Sheet**
Final Rates Effective: January 1, 2017 - December 31, 2017
Non-Guarantee Issue

POS Plans

Plan 3-1

POS Active	
\$5 OV Copay	
\$100 Ded	
0% Coins	
\$10/\$20/\$40 Rx	
\$100 / \$200 MOOP	

	<u>Subscribers</u>	<u>Members</u>
Subscriber Only	617	617
Subscriber + One	534	1,068
Subscriber + Family	1,167	4,549
Subtotal Active	2,318	6,234

Medicare Eligible Enrollment

Subscriber Only, Medicare	225	225
Subscriber + One, 2 w/ Medicare	75	150
Subscriber + One, 1 w/ Medicare	33	66
Subscriber + Family, 1 w/ Medicare	3	9
Subscriber + Family, 2 or more w/ Medicare	1	3
Subtotal Medicare Eligible	337	453

Group Totals

Monthly Premium	2,655	6,687
Annual Premium		\$3,434,850
Annual Premium due to ACA taxes and fees		\$41,218,199
Percent of Premium due to ACA fees & taxes		\$16,049
Medical code:		0.04%
Pharmacy Code:		43145

Quote ID 0195087-27

9/15/16 10:24 AM

Product Type Notes: Only product types noted as "HRA" are auto-linked to a HRA plan administrator. All Product types noted as "Focus" contain only DHP Dane County providers as in-network.
To assure ID cards are available to members by the effective date, all required enrollment info and the 1st month's premium must be received by Dean Health Plan no later than 15 days prior to the effective date.

GROUP RATE ACCEPTANCE

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Dean Health Plan
Direct: 608-827-4322
Fax: 608-252-0834
E-Mail: colleen.gransee@deancare.com

Please provide your group's renewal contact information.

Name: Amy Utzig
Title: Human Resources Director
Email/Phone: utzig@countyofdane.com 608 266-9253
Signature: Amy Utzig
Date: 9/16/16

To view your SBC information please visit our website at <http://www.deancare.com/sbc-employergroup>

Dane County
Dean Health Plan
Rate Sheet

Final Rates Effective: January 1, 2017 - December 31, 2017
Non-Guarantee Issue

POS Plans

Plan 4-1
POS Retiree
\$5 OV Copay
\$100 Ded
0% Coins
\$10/\$20/\$40 Rx
\$100 / \$200 MOOP

	Subscribers	Members
Subscriber Only	617	617
Subscriber + One	534	1,068
Subscriber + Family	1,167	4,549
Subtotal Active	2,318	6,234

Medicare Eligible Enrollment

Subscriber Only, Medicare
Subscriber + One, 2 w/ Medicare
Subscriber + One, 1 w/ Medicare
Subscriber + Family, 1 w/ Medicare
Subscriber + Family, 2 or more w/ Medicare
Subtotal Medicare Eligible

225	225	\$495.19
75	150	\$990.37
33	66	\$1,188.05
3	9	\$1,442.33
1	3	\$1,242.99
337	453	

Group Totals

Monthly Premium 2,655 6,687
Annual Premium \$3,298,073
Annual Premium due to ACA taxes and fees \$39,576,876
Percent of Premium due to ACA fees & taxes \$16,049
Medical code: 0.04%
Pharmacy Code: 43146

Quote ID 0199087-27

9/15/16 10:24 AM

Product Type Notes: Only product types noted as "HRA" are auto-linked to a HRA plan administrator. All Product types noted as "Focus" contain only DHP. Dane County providers as in-network.

To assure ID cards are available to members by the effective date, all required enrollment info and the 1st month's premium must be received by Dean Health Plan no later than 15 days prior to the effective date.

GROUP RATE ACCEPTANCE

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Title: Human Resources Director
E-mail/Phone: utzig@countyofdane.com 608 266-9253
Signature: Amy Utzig
Date: 9/16/16

To view your SBC information please visit our website at <http://www.deancare.com/sbc-employergroup>

Dean Health Plan

Dane County
Effective Date: 01/01/2017

Plan 1 - 1
Product Type: HMO
Plan Code: 43144/

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$100 single / \$200 family	N/A
Coinsurance	0% coinsurance after deductible	N/A
Office Visit Charge (Primary/Specialist)	\$5 copay ; Waived for dependents through age 18 / \$5 copay ; Waived for dependents through age 18	Not Covered / Not Covered
Office Visit and Related Services	0% coinsurance after deductible	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible and coinsurance Limit	\$100 single / \$200 family	N/A
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$250 single / \$500 family	N/A
Prescription Drugs, Insulin & Disposable Diabetic Supplies	Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier)	
Tier 1	\$10 copay	Not Covered
Tier 2	\$20 copay	Not Covered
Tier 3	\$40 copay	Not Covered
Diagnostic Services		
Diagnostic Services	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered
Hospital & Surgical Center		
Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered
Emergency Services		
Urgent Care	\$10 copay ; Waived for dependents through age 18 and/or 0% coinsurance after deductible	\$10 copay ; Waived for dependents through age 18 and/or 0% coinsurance after deductible
Emergency Room Services (Copay is waived if admitted)	\$50 copay and 0% coinsurance after deductible	\$50 copay and 0% coinsurance after deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after deductible
Other Services		
Mental Health Inpatient	0% coinsurance after deductible	Not Covered
Mental Health Day Treatment Programs	0% coinsurance after deductible	Not Covered
Mental Health Outpatient	\$5 copay ; Waived for dependents through age 18	Not Covered
Durable Medical Equipment	0% coinsurance after deductible	Not Covered
Physical, Speech & Occupational Therapy	\$5 copay per therapy type per day, Waived for dependents through age 18	Not Covered
Plan Special Features		

This plan is NOT auto-linked to an HRA administrator

Unless otherwise noted, all benefits are based on a Contract Year
This benefit summary is a highlight of your benefits and should not be relied upon to fully disclose your coverage.
Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at www.deancare.com.

Dean Health Plan

Dane County
Effective Date: 01/01/2017

Plan 2 - 1
Product Type: HMO
Plan Code: 43144/

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$100 single / \$200 family	N/A
Coinsurance	0% coinsurance after deductible	N/A
Office Visit Charge (Primary/Specialist)	\$5 copay ; Waived for dependents through age 18 / \$5 copay ; Waived for dependents through age 18	Not Covered / Not Covered
Office Visit and Related Services	0% coinsurance after deductible	Not Covered
Preventive Services	\$0 copay	Not Covered
Deductible and coinsurance Limit	\$100 single / \$200 family	N/A
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$250 single / \$500 family	N/A
Prescription Drugs, Insulin & Disposable Diabetic Supplies	Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier)	
Tier 1	\$10 copay	Not Covered
Tier 2	\$20 copay	Not Covered
Tier 3	\$40 copay	Not Covered
Diagnostic Services		
Diagnostic Services	0% coinsurance after deductible	Not Covered
CAT Scans/MRI/MRA	0% coinsurance after deductible	Not Covered
Hospital & Surgical Center		
Inpatient Hospital	0% coinsurance after deductible	Not Covered
Outpatient Hospital	0% coinsurance after deductible	Not Covered
Emergency Services		
Urgent Care	\$10 copay ; Waived for dependents through age 18 and/or 0% coinsurance after deductible	\$10 copay ; Waived for dependents through age 18 and/or 0% coinsurance after deductible
Emergency Room Services (Copay is waived if admitted)	\$50 copay and 0% coinsurance after deductible	\$50 copay and 0% coinsurance after deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after deductible
Other Services		
Mental Health Inpatient	0% coinsurance after deductible	Not Covered
Mental Health Day Treatment Programs	0% coinsurance after deductible	Not Covered
Mental Health Outpatient	\$5 copay ; Waived for dependents through age 18	Not Covered
Durable Medical Equipment	0% coinsurance after deductible	Not Covered
Physical, Speech & Occupational Therapy	\$5 copay per therapy type per day; Waived for dependents through age 18	Not Covered
Plan Special Features		

This plan is NOT auto-linked to an HRA administrator

Unless otherwise noted, all benefits are based on a Contract Year.
This benefit summary is a highlight of your benefits and should not be relied upon to fully disclose your coverage. Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at www.deancare.com.

Dean Health Plan

Dane County
Effective Date: 01/01/2017

Plan 3 - 1
Product Type: POS
Plan Code: 43145/

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$100 single / \$200 family	\$200 single / \$400 family
Coinsurance	0% coinsurance after deductible	0% coinsurance after deductible
Office Visit Charge (Primary/Specialist)	\$5 copay ; Waived for dependents through age 18 / \$5 copay ; Waived for dependents through age 18	\$10 copay ; Waived for dependents through age 18 / \$10 copay ; Waived for dependents through age 18
Office Visit and Related Services	0% coinsurance after deductible	0% coinsurance after deductible
Preventive Services	\$0 copay	0% coinsurance after deductible
Deductible and coinsurance Limit	\$100 single / \$200 family	\$200 single / \$400 family
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$250 single / \$500 family	\$500 single / \$1000 family
Prescription Drugs, Insulin & Disposable Diabetic Supplies	Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier)	
Tier 1	\$10 copay	50% coinsurance
Tier 2	\$20 copay	50% coinsurance
Tier 3	\$40 copay	Not Covered
Diagnostic Services		
Diagnostic Services	0% coinsurance after deductible	0% coinsurance after deductible
CAT Scans/MRI/MRA	0% coinsurance after deductible	0% coinsurance after deductible
Hospital & Surgical Center		
Inpatient Hospital	0% coinsurance after deductible	0% coinsurance after deductible
Outpatient Hospital	0% coinsurance after deductible	0% coinsurance after deductible
Emergency Services		
Urgent Care	\$10 copay ; Waived for dependents through age 18 and/or 0% coinsurance after deductible	\$10 copay ; Waived for dependents through age 18 and/or 0% coinsurance after in-network deductible
Emergency Room Services (Copay is waived if admitted)	\$50 copay and 0% coinsurance after deductible	\$50 copay and 0% coinsurance after in-network deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after in-network deductible
Other Services		
Mental Health Inpatient	0% coinsurance after deductible	0% coinsurance after deductible
Mental Health Day Treatment Programs	0% coinsurance after deductible	0% coinsurance after deductible
Mental Health Outpatient	\$5 copay ; Waived for dependents through age 18	\$10 copay
Durable Medical Equipment	0% coinsurance after deductible	50% coinsurance after deductible
Physical, Speech & Occupational Therapy	\$5 copay per therapy type per day; Waived for dependents through age 18	\$10 copay per therapy type per day; Waived for dependents through age 18
Plan Special Features		

This plan is NOT auto-linked to an HRA administrator

Unless otherwise noted, all benefits are based on a Contract Year
This benefit summary is a highlight of your benefits and should not be relied upon to fully disclose your coverage. Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at www.deancare.com.

Dean Health Plan

Dane County
Effective Date: 01/01/2017

Plan 4 - 1
Product Type: POS
Plan Code: 43146/

Plan Overview	Plan Providers - You Pay	Non-Plan Providers - You Pay
Deductible	\$100 single / \$200 family	\$400 single / \$800 family
Coinsurance	0% coinsurance after deductible	0% coinsurance after deductible
Office Visit Charge (Primary/Specialist)	\$5 copay ; Waived for dependents through age 18 / \$5 copay ; Waived for dependents through age 18	\$10 copay ; Waived for dependents through age 18 / \$10 copay ; Waived for dependents through age 18
Office Visit and Related Services	0% coinsurance after deductible	0% coinsurance after deductible
Preventive Services	\$0 copay	0% coinsurance after deductible
Deductible and coinsurance Limit	\$100 single / \$200 family	\$400 single / \$800 family
Maximum Out-of-Pocket (Deductible and Coinsurance Limit plus Medical and Prescription Copays unless otherwise noted)	\$250 single / \$500 family	\$400 single / \$800 family
Prescription Drugs, Insulin & Disposable Diabetic Supplies	Unless otherwise indicated, generic or brand name drugs can be found in any formulary tier)	
Tier 1	\$10 copay	50% coinsurance
Tier 2	\$20 copay	50% coinsurance
Tier 3	\$40 copay	Not Covered
Diagnostic Services		
Diagnostic Services	0% coinsurance after deductible	0% coinsurance after deductible
CAT Scans/MRI/MRA	0% coinsurance after deductible	0% coinsurance after deductible
Hospital & Surgical Center		
Inpatient Hospital	0% coinsurance after deductible	0% coinsurance after deductible
Outpatient Hospital	0% coinsurance after deductible	0% coinsurance after deductible
Emergency Services		
Urgent Care	\$10 copay ; Waived for dependents through age 18 and/or 0% coinsurance after deductible	\$10 copay ; Waived for dependents through age 18 and/or 0% coinsurance after in-network deductible
Emergency Room Services (Copay is waived if admitted)	\$50 copay and 0% coinsurance after deductible	\$50 copay and 0% coinsurance after in-network deductible
Ambulance	0% coinsurance after deductible	0% coinsurance after in-network deductible
Other Services		
Mental Health Inpatient	0% coinsurance after deductible	0% coinsurance after deductible
Mental Health Day Treatment Programs	0% coinsurance after deductible	0% coinsurance after deductible
Mental Health Outpatient	\$5 copay ; Waived for dependents through age 18	\$10 copay
Durable Medical Equipment	0% coinsurance after deductible	50% coinsurance after deductible
Physical, Speech & Occupational Therapy	\$5 copay per therapy type per day; Waived for dependents through age 18	\$10 copay per therapy type per day; Waived for dependents through age 18
Plan Special Features	Retiree Plan Only	

This plan is NOT auto-linked to an HRA administrator

Unless otherwise noted, all benefits are based on a Contract Year. This benefit summary is a highlight of your benefits and should not be relied upon to fully disclose your coverage. Please review your Member Certificate of Coverage for an exact description of the services and supplies that are covered, excluded, or limited and other terms and conditions of coverage. Your Member Certificate is available at www.deancare.com.

Date Prepared: 09/15/16

Attachment 2: Rate Cap Confirmation Letter



1277 Deming Way | Madison, Wisconsin 53717

June 2, 2016

Mr. Jerry Brown, Partner/Sr. Account Executive
M3 Insurance Solutions
828 John Nolan Drive
Madison, WI 53713

RE: Proposed Rate Caps for Dane County

Dear Jerry,

Dean Health Plan is pleased to provide the following renewal guarantees on our fully-insured proposal for Dane County:

- January 2018 renewal will not exceed 5.9% for the HMO plan; will not exceed 7.9% for the POS plan and 8.9% for the PPO plan.
- January 2019 renewal will not exceed 7.9% for the HMO plan; will not exceed 9.9% for the POS plan and 9.9% for the PPO plan.
- January 2020 renewal will not exceed 8.9% for the HMO plan; will not exceed 10.9% for the POS plan and 10.9% for the PPO plan.
- January 2021 renewal will not exceed 9.9% for the HMO plan; will not exceed 11.9% for the POS plan and 11.9% for the PPO plan.
- Benefit buy downs may reduce the overall renewal.
- Dean Health Plan has the right to implement federal or state-mandated community-wide benefit changes and adjust premiums accordingly in the renewal year. Language pertaining to this stipulation must be included in the official written communication to the group.
- Dean Health Plan has the right to implement non-mandated community wide benefit upgrades. If there is a premium cost to the upgrade, we will offer the upgrade and implement if the group agrees to accept a premium adjustment. If the group does not want to pay for the upgrade, we will evaluate the option to upgrade at no additional charge.
- Any new ACA/Regulatory fee increases would be in addition to annual renewal caps. Renewal caps include PCORI Fee, Reinsurance Fee, and Health Insurance Tax as currently prescribed by law.

Dean Health Plan, Inc. a subsidiary of Dean Health Insurance, Inc.
(800) 279-1301 | TTY: (877) 733-6456 | Medicare: (888) 422-3326 | deanplan.com



1777 Deming Way | Madison, Wisconsin 53717

The goal of this proposal is to partner with Dane County to provide a stable foundation for the future by offering renewal guarantees.

If you have any questions please call me at (608)827-4005. Thank you again for considering Dean Health Insurance.

Sincerely,

Michelle Wright
Director of Sales

Cc: Colleen Gransee - Account Executive
Mike Weber - Executive Director of Sales and Client Services