



Contract By Authorized Board

Commodity or Service: Administrative Services for the State of Wisconsin
Standard Plan

Request for Bid/Proposal No: ETE0003

Authorized Board: Group Insurance Board

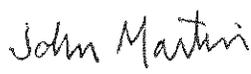
Contract Period: 01/01/2011 thru 12/31/2011 with no options for renewal

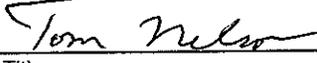
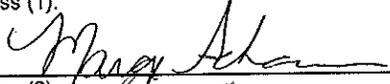
1. This contract is entered into by and between the State of Wisconsin, Department of Employee Trust Funds (Department), the State of Wisconsin Group Insurance Board (Board) and the contractor whose name, address, and principal officer appears on page 2. The Department is the sole point of contact for Board contracting;
2. Whereby the Department of Employee Trust Funds agrees to direct the purchase and the contractor agrees to supply the contract requirements cited above in accordance with the terms and conditions of the request for bid cited above, and in accordance with the contractor's bid submitted on this request for bid which request for bid is hereby made a part of this contract;
3. In connection with the performance of work under this contract, the contractor agrees not to discriminate against any employees or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability as defined in s.51.01(5), Wis. Stats., sexual orientation as defined in s.111.32(13m), Wis. Stats., or national origin. This provision shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Except with respect to sexual orientation, the contractor further agrees to take affirmative action to ensure equal employment opportunities. The contractor agrees to post in conspicuous places, available for employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the nondiscrimination clause.
4. Contracts estimated to be over twenty-five thousand dollars (\$25,000) require the submission of a written affirmative action plan. Contractors with an annual work force of less than twenty-five (25) employees are exempted from this requirement.

Within fifteen (15) working days after the award of the contract, the plan shall be submitted for approval to the Department. Technical assistance regarding this clause is provided by the Purchasing Agent, Department of Employee Trust Funds, P.O. Box 7931, Madison, WI 53707-7931, (608) 266-8989, mark.blank@etf.state.wi.us.

5. For purposes of administering this contract, or in the event of any conflict, ambiguity, or inconsistency among the terms of this Contract and the documents incorporated within, the Order of Precedence to resolve any inconsistencies is:
 - 1) This contract;
 - 2) The contract documents including the Professional Administrative Services Agreement (PASA), Health Benefit Plan and Stop Loss Policy effective January 1 of 2011, 2010, 2009, 2008, 2007;
 - 3) Initial contract effective January 1, 2006
 - 4) Business Associate Agreement;
 - 5) The Uniform Benefits provisions found in the "TERMS AND CONDITIONS FOR COMPREHENSIVE MEDICAL PLAN PARTICIPATION IN THE STATE OF WISCONSIN GROUP HEALTH BENEFIT PROGRAM AND UNIFORM BENEFITS FOR THE CONTRACTED YEAR (ET-1136-xx)" as related to benefits to be provided through the contractor under the express provisions of the Uniform Benefits Guidelines and Standard Plan and terms and conditions of the specific contracts between the Board and the contractor as amended by the Board from time to time for 2006 through 2011 or for subsequent years;
 - 6) Any applicable federal or State statute and rule or regulation;
 - 7) RFP ETE0003 dated December 15, 2004, including all appendices, attachments and amendments;
 - 8) The technical and cost proposals for the RFP ETE0003 submitted by WPS Health Insurance dated February 4, 2005, including all appendices, attachments and amendments;

Contract Number & Service: ETE0003; Administrative Services as the State of Wisconsin Standard Plan

State of Wisconsin Department of Employee Trust Funds
By Authorized Board (Name) Group Insurance Board
By (Name) Cindy O'Donnell
Signature 
Title Chair, Group Insurance Board
Phone 608-261-7940 (Robert J. Conlin, Deputy Secretary)
Date (MMDD/CCYY) 02/22/2011
Witness (1): 
Witness (2): 

To be Completed by Contractor
Legal Company Name Wisconsin Physicians Service Insurance Corporation
Trade Name WPS Health Insurance
Taxpayer Identification Number 39-1268299
Company Address (City, State, Zip) 1717 West Broadway, P.O. Box 8190, Madison, WI 53708
By (Name) Tom Nelson
Signature 
Title Senior Vice President Commercial Business
Phone 608-221-6881
Date (MMDD/CCYY) 2/15/2011
Witness (1): 
Witness (2): 