



Contract By Authorized Board

Commodity or Service: Administrative Services as the State of Wisconsin
Pharmacy Benefit Manager

Request for Bid/Proposal No: ETJ0007

Authorized Board: Group Insurance Board

Contract Period: 01/01/2011 thru 12/31/2013 with option for two (2) additional two year periods or one (1) four year period

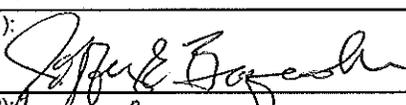
1. This contract is entered into by and between the State of Wisconsin, Department of Employee Trust Funds (Department), the State of Wisconsin Group Insurance Board (Board) and the contractor whose name, address, and principal officer appears on page 2. The Department is the sole point of contact for 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) Amendment 1 dated December 8, 2010;
 - 3) Business Associate Agreement;
 - 4) 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 pharmacy benefits to be provided through the pharmacy benefit manager under the express provisions of the Uniform Benefits Guidelines and Standard Plan and terms and conditions of the specific contracts between the Board and individual HMOs as amended by the Board from time to time for 2011 or for subsequent years;
 - 5) RFP ETJ0007 dated January 28, 2010, including all appendices, attachments and amendments;
 - 6) The technical and cost proposals for the RFP ETJ0007 submitted by Navitus Health Solutions, LLC dated March 3, 2010, including all appendices, attachments and amendments;

Contract Number & Service: ETJ0007; Administrative Services as the State of Wisconsin Pharmacy Benefit Manager

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 (MM/DD/YYYY) 12/20/2010
Witness (1): 
Witness (2): 

To be Completed by Contractor
Legal Company Name Navitus Health Solutions, LLC
Trade Name Navitus Health Solutions
Taxpayer Identification Number 43-608530
Company Address (City, State, Zip) 2601 West Beltline Highway, Suite 600 Madison, WI 53713 Peter J. Beste
By (Name)
Signature 
Title CEO
Phone (608) 729-1541
Date (MM/DD/YYYY) 12-16-10
Witness (1): 
Witness (2): 