

## CONTRACT DECLARATIONS AND EXECUTION

<b>RFP #</b>	<b>Contract #</b>
N/A	MED-14-011

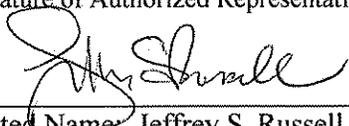
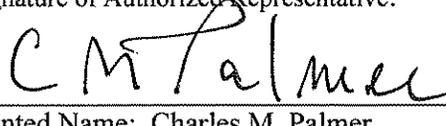
<b>Title of Contract</b>
The Dental Wellness Plan for the Iowa Wellness

This Contract must be signed by all parties before the Contractor provides any Deliverables. The Agency is not obligated to make payment for any Deliverables provided by or on behalf of the Contractor before the Contract is signed by all parties. This Contract is entered into by the following parties:

<b>Agency of the State (hereafter "Agency")</b>	
<b>Name/Principal Address of Agency:</b> Iowa Department of Human Services 1305 E. Walnut Des Moines, IA 50319	<b>Agency Billing Contact Name / Address:</b> Sabrina Johnson Iowa Medicaid Enterprise 100 Army Post Road Des Moines, IA 50315 <b>Phone:</b> 515-256-4650
<b>Agency Contract Manager (hereafter "Contract Manager") /Address ("Notice Address"):</b> Sabrina Johnson Iowa Medicaid Enterprise 100 Army Post Road Des Moines, IA 50315 <b>E-Mail:</b> sjohnsol@dhs.state.ia.us <b>Phone:</b> 515-256-4650	<b>Agency Contract Owner (hereafter "Contract Owner") / Address:</b> Mikki Stier Iowa Medicaid Enterprise 100 Army Post Road Des Moines, IA 50315 <b>E-Mail:</b> mstier@dhs.state.ia.us
<b>Contractor: (hereafter "Plan" or "Contractor")</b>	
<b>Legal Name:</b> Delta Dental of Iowa	<b>Contractor's Principal Address:</b> 9000 Northpark Drive Johnston, IA 50131
<b>Tax ID #:</b> 420959302	<b>Organized under the laws of:</b> State of Iowa
<b>Contractor's Contract Manager Name/Address ("Notice Address"):</b> Gretchen Hageman Delta Dental of Iowa 9000 Northpark Drive Johnston, IA 50131 <b>Phone:</b> 515-261-5595 <b>E-Mail:</b> ghageman@deltadentalia.com	<b>Contractor's Billing Contact Name/Address:</b> Gretchen Hageman Delta Dental of Iowa 9000 Northpark Drive Johnston, IA 50131 <b>Phone:</b> 515-261-5595
<b>Contract Information</b>	
<b>Start Date:</b> May 1, 2014	<b>End Date of Base Term of Contract:</b> June 30, 2017
<b>Contract Payments include Federal Funds?</b> Yes <b>The contractor for federal reporting purposes under this contract is a:</b> vendor <b>DUNS #:</b> 847610995 <b>The Name of the Pass-Through Entity:</b> Iowa Department of Human Services	
<b>Possible Extension(s):</b> The Agency shall have the option to extend this Contract up to five additional one-year extensions.	
<b>Contractor a Business Associate?</b> Yes	<b>Contract Warranty Period (hereafter "Warranty Period"):</b> The term of this Contract, including any extensions.
<b>Contract Include Sharing SSA Data?</b> No	<b>Contract Payments include Federal Funds?</b> Yes <b>CFDA#:</b> #
<b>Contractor subject to Iowa Code Chapter 8F?</b> No	<b>Contract Contingent on Approval of Another Agency:</b> Yes Which Agency? CMS
<b>Contractor a Qualified Service Organization?</b> No	

**Contract Execution**

This Contract consists of this Contract Declarations and Execution Section, the attached General Terms for Services Contracts, Special Terms, and all Special Contract Attachments. In consideration of the mutual covenants in this Contract and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into this Contract and have caused their duly authorized representatives to execute this Contract.

<b>Contractor, Delta Dental of Iowa</b>	<b>Agency, Iowa Department of Human Services</b>
Signature of Authorized Representative: 	Signature of Authorized Representative: 
Printed Name: Jeffrey S. Russell	Printed Name: Charles M. Palmer
Title: President and CEO	Title: Director
Date: 7/6/16	Date: 7-15-16