

CONTRACT DECLARATIONS AND EXECUTION

RFP #	Contract #
N/A	MED-17-007

Title of Contract
The Dental Wellness Plan for the Iowa Wellness

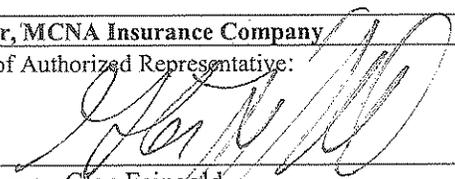
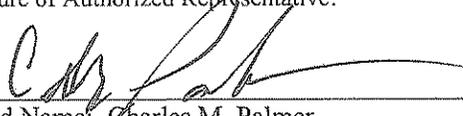
This Contract must be signed by all parties before the Contractor provides any Deliverables. The Agency is not obligated to make payment for any Deliverables provided by or on behalf of the Contractor before the Contract is signed by all parties. This Contract is entered into by the following parties:

Agency of the State (hereafter "Agency")	
Name/Principal Address of Agency: Iowa Department of Human Services 1305 E. Walnut Des Moines, IA 50319	Agency Billing Contact Name / Address: Sabrina Johnson Iowa Medicaid Enterprise 100 Army Post Road Des Moines, IA 50315 Phone: 515-256-4650
Agency Contract Manager (hereafter "Contract Manager") /Address ("Notice Address"): Sabrina Johnson Iowa Medicaid Enterprise 100 Army Post Road Des Moines, IA 50315	Agency Contract Owner (hereafter "Contract Owner") / Address: Mikki Stier Iowa Medicaid Enterprise 100 Army Post Road Des Moines, IA 50315
E-Mail: sjohns01@dhs.state.ia.us	E-Mail: mstier@dhs.state.ia.us
Phone: 515-256-4650	
Contractor: (hereafter "Plan" or "Contractor")	
Legal Name: MCNA Insurance Company	Contractor's Principal Address: 200 West Cypress Creek Road Suite 500 Fort Lauderdale, Florida 33309
Tax ID #: -420959302 522459969	Organized under the laws of: State of Iowa
Contractor's Contract Manager Name/Address ("Notice Address"): Mayre Thompson or Shannon Turner	Contractor's Billing Contact Name/Address: Edward Strongin Chief Financial Officer 200 West Cypress Creek Road Suite 500 Fort Lauderdale, Florida 33309
Phone: 800-494-6262 Ext. 164 or Ext. 252	
E-Mail: mherring@mcna.net or sturner@mcna.net	
Contract Information	
Start Date: July 1, 2016	End Date of Base Term of Contract: June 30, 2017
Contract Payments include Federal Funds? Yes	
The contractor for federal reporting purposes under this contract is a: vendor	
DUNS #: 080277476	
The Name of the Pass-Through Entity: Iowa Department of Human Services	
Possible Extension(s): The Agency shall have the option to extend this Contract up to 1 additional 2-year extension.	
Contractor a Business Associate? Yes	Contract Warranty Period (hereafter "Warranty Period"): The term of this Contract, including any extensions.
Contract Include Sharing SSA Data? No	Contract Payments include Federal Funds? Yes CFDA#: #
Contractor subject to Iowa Code Chapter 8F? No	Contract Contingent on Approval of Another Agency: Yes Which Agency? CMS
Contractor a Qualified Service Organization? 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.

Contractor, MCNA Insurance Company	Agency, Iowa Department of Human Services
Signature of Authorized Representative: 	Signature of Authorized Representative: 
Printed Name: Glen Feingold	Printed Name: Charles M. Palmer
Title: Executive Vice President and COO	Title: Director
Date: 	Date: 