

ADDENDUM A

ELIGIBILITY AND BENEFITS

Name: Dunn County Employees
Number: 00128279

Employer (Affiliated companies must be listed below to be included for coverage):

SECTION I – ELIGIBILITY

Every Subscriber within any of the classifications set forth below shall be eligible for coverage. Family members of Subscribers shall be eligible for coverage if they meet the definition of “Dependent” contained in the Certificate applicable to the Subscriber under whom the family member claims coverage.

All active full-time hourly and salaried Employees working at least 0 hours per week and who work in states in which Anthem provides coverage shall be eligible for coverage under this Contract.

Coverage for eligible new Employees shall be effective on: the first of the month following 30 days of employment as long as the application form is received within 30 days of the effective date of the coverage.

SECTION II – BENEFITS

Anthem shall provide or cause to be provided, through a Participating Plan or otherwise, the benefits evidenced in the applicable Certificates, including any amendments to such benefits hereafter agreed to by the Employer and Anthem, and provided by the administrative practices and procedures of Anthem and/or a Participating Plan. “Participating Plan means any Blue Cross and/or Blue Shield Plan other than Anthem that has agreed, either by written document, oral understanding, or course of dealing or conduct, to participate in providing any services to Anthem, administrative or otherwise, in connection with the provision of payment for Covered Services under this Contract.

The health care benefits to be provided by Anthem are fully described in the Certificate(s) identified by the following product identification codes:

Dental Program Benefits

Product Identification Codes: DNGW0094, DNAW0133

SECTION III – EFFECTIVE DATE AND ANNIVERSARY DATE AND OPEN ENROLLMENT

The Effective Date of the Contract shall be 1/1/15.

The Anniversary Date of the Contract shall be 1/1.

Initial Open Enrollment Period and Open Enrollment Period. The initial Open Enrollment period will commence 10/1 and end with an Effective Date of 10/31 for Subscribers and their eligible dependents enrolled during this initial Open Enrollment period. After the initial Open Enrollment, there shall be an open enrollment period at least every 12 consecutive months. During the open enrollment period Employees may transfer their membership from another existing health benefit program. The effective date of transfer shall be the anniversary date of this Contract.

ADDENDUM B

PREMIUM RATES

The Employer shall pay Anthem the following rates per Subscriber per month for the Contract Period from 1/1/15 through 12/31/15:

Non-Medicare rates

<u>Coverage</u>	<u>Individual</u>	<u>Employee/Spouse</u>	<u>Employee w/1 Child</u>	<u>Employee w/ Family</u>
Dental	\$121.80	\$121.80	\$121.80	\$121.80
Dental	\$151.80	\$151.80	\$151.80	\$151.80

TOTAL

Medicare rates:

<u>Coverage</u>	<u>Individual</u>	<u>Employee/Spouse</u>	<u>Employee w/1 Child</u>	<u>Employee w/ Family</u>
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TOTAL

Premium shall be payable and received by Anthem on or before the due date indicated on the invoice.

Anthem shall provide the Employer with the premium rates applicable to the next Contract Period at least thirty (30) days prior to the expiration of this Contract Period (or sixty (60) days prior, if the new rates will involve an increase of 25% or more over the current rates).

ANTHEM BLUE CROSS AND BLUE SHIELD



Lawrence G. Schreiber, President