**SCHEDULE 6.1**

**SCHEDULE OF ADMINISTRATIVE FEES**

90114 - 0 - 07102023

To be attached to, and made part of, the Third-Party Administrative Agreement, Article VI – Administrative Fees.

IT IS HEREBY AGREED, that the Administrative Fees, payable on a monthly basis from Milwaukee Public Schools to Delta Dental of Wisconsin, shall be the following, and shall be valid starting on January 1, 2024, and ending on December 31, 2026 with an option for two one-year extensions.

Monthly Administrative Fee:

| | |
|---|---|
| Per Employee | $2.30 |

Contract Requisition Number: CR061999
Contract Number: C031822
Vendor Number: V025357

### COBRA Rate Establishment

Milwaukee Public Schools
90114 - 0 - 06262023

As a service to you, Delta Dental has calculated rates that can be used for your Plan's COBRA enrollees.

These rates reflect only the anticipated claims expenses for those enrollees and Delta Dental's administrative fees. No other administrative fees have been included:

| | |
|---|---|
| Single Coverage (employee, 1 Party) | $27.00 |
| Family Coverage (employee and spouse, 2 Party) | $94.01 |
| Family Coverage (employee and child(ren)) | $94.01 |
| Family Coverage (full family, 3+ Party) | $94.01 |

**(ATTACHMENT 5) ACTION ON REQUESTS TO WAIVE ADMINISTRATIVE POLICY 3.09(9)(e) RELATIVE TO PURCHASE ORDERS AND CONTRACTS**

CONTRACTOR (Vendor #: V025357 )

MILWAUKEE BOARD OF SCHOOL DIRECTORS

By: _____
    Authorized Representative

By: _____
    *Janine Adamczyk, Director*
    *Procurement & Risk Management*

Date: _____

Date: _____

Delta Dental of Wisconsin, Inc.
P.O. Box 828
Stevens Point, WI 54481
(715) 344-6087

By: _____
    *Keith P. Posley, Ed.D.*
    *Superintendent of Schools*

Date: _____

SSN / FEIN: ███████

Budget Code: DWC-00-EMB-DW-EDNI ($290,200)

By: _____
    *Marva Herndon, President*
    *Milwaukee Board of School Directors*

Date: _____

*Reviewed by Insurance Compliance:*

By: _____

Date: _____

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