

In the Matters of the Merger of  
**Care Wisconsin First, Inc.**

Stipulation and Order

with and into  
**My Choice Family Care, Inc.**

Petitioner.

Case No. **19-C43349**

WHEREAS, Care Wisconsin First, Inc. ("Care Wisconsin"), Care Wisconsin Health Plan, Inc. ("CW Health Plan"), My Choice Family Care, Inc. ("My Choice" or "the Petitioner") and Trilogy Health Insurance Inc. ("Trilogy") are subject to the Jurisdiction and control of the Office of the Commissioner of Insurance in Wisconsin (the "OCI"); and

WHEREAS, Care Wisconsin and My Choice are seeking to merge, pursuant to Wis. Stat. § 648.50 and CW Health Plan and Trilogy are seeking to merge, pursuant to Wis. Stat § 611.71;

WHEREAS, Petitioner, My Choice, on its behalf and as parent of Trilogy has filed an application for OCI approval of the proposed merger transactions; and

WHEREAS, pursuant to Wis. Stat. § 648.50(2), the Commissioner may only approve the merger of My Choice and Care Wisconsin if the transaction would not violate the law or be contrary to the interests of the public, the Department of Health Services ("the Department"), or the enrollees;

WHEREAS, it is in the interest of the Department, as the administering agency of the Family Care Program, to receive certain information and reports from Petitioner as the surviving entity of the My Choice and Care Wisconsin merger;

WHEREAS, Petitioner and OCI have agreed to certain terms and conditions in conjunction with the OCI's approval of the Petitioner's Application to enter into the merger transactions as outlined in the proposed and final decisions in Case No. 19-C43349.

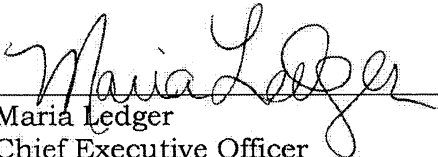
NOW, THEREFORE, the Petitioner and the OCI (together the "Parties") do agree and stipulate to the following terms and conditions:

1. Petitioner agrees to reasonably cooperate with the Department in the Department's oversight of the Petitioner and monitoring Petitioner's compliance with the Merger Plan submitted to DHS on December 16, 2019.
2. Petitioner acknowledges that it has received a list of topics that the Department may request information regarding the merger plan.
3. Petitioner acknowledges that the Department may request information, as required by law or contract, that is relevant to the Family Care Program and Petitioner agrees to comply with such requests within a reasonable time.

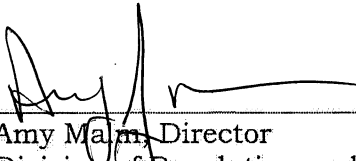
4. Petitioner agrees the Care Wisconsin Corrective Action Plan Sanction 3 remains in effect until My Choice, as successor to Care Wisconsin, has made the appropriate corrective actions required under the Corrective Action Plan.
5. Petitioner acknowledges that, pursuant to Wis Stat. § 610.64, the Commissioner may take regulatory action to enforce the terms of this stipulation and order.
6. The Petitioner agrees this Stipulation is made without reservation and constitutes a waiver of valuable rights including a hearing, confrontation and cross-examination of witnesses, production of evidence, making a motion for costs, and judicial review. The Commissioner agrees to not impose any additional administrative action for any allegation noted in this Stipulation. The Commissioner may enforce this Stipulation and Order. In addition, if the Respondent is involved in a future administrative action, this Stipulation may be considered in determining the appropriate action and penalty.

[Signature Page Follows]

12/19/19  
Date

  
Maria Ledger  
Chief Executive Officer  
My Choice Family Care, Inc.

12/20/19  
Date

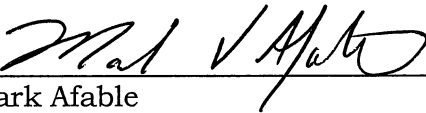
  
Amy Malm, Director  
Division of Regulation and Enforcement  
Office of the Commissioner of Insurance

ORDER

NOW THEREFORE, based upon the consideration of this Stipulation, I hereby Order, pursuant to s. 601.41 (4), Wis. Stat., that:

1. Respondent shall comply with all agreements made in this Stipulation and Order.

Dated at Madison, Wisconsin, this 20<sup>th</sup> day of December, 2019.

  
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Mark Afable  
Commissioner of Insurance