



Innovative  
Business  
Consultants

412 Water Street  
Sioux City, IA 51103  
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5C  
12/16/25

## COBRA GROUP ADMINISTRATION INFORMATION

### Company Information

Legal Company Name	Effective Date of COBRA Administration
Woodbury County	01/01/26
Company name as it should appear on participant communications	
Woodbury County	
Mailing Address	
620 Douglas Street	
Phone Number	Fax Number
712-279-6480	N/A
Federal Tax ID	
42-6005221	

### Company Contact Information

Contact	
Name: Melissa Thomas	
Phone: 712-279-6480	Email: melissathomas@woodburylowa.gov
Secondary Contact	
Name:	
Phone:	Email:

### COBRA Plan Information

Active Coverage Termination	
X	End of the month in which Qualifying Event (QE) occurs. COBRA is effective the first of the following month following the event date.
	Day Qualifying Event (QE) occurs. COBRA is effective the day following QE, and premiums are pro-rated for first and last partial months.
New Hire and Termination Reporting	
X	Client will send email to IBC at <a href="mailto:benefitsadmin@ibcins.biz">benefitsadmin@ibcins.biz</a>
	Client will send Excel file to IBC
COBRA Eligibility	
X	IBC will provide notice of the COBRA elections directly to the carriers. Will need email or log in access.
X	IBC will provide notice of the COBRA elections/terminations to the group.
COBRA Notification for Active Cobra Participants	
X	IBC will contact current cobra participants with new plan information for enrollment
	Client will contact current cobra participants with new plan information for enrollment

**Remittance**

Who should COBRA payments (checks) be made payable to

	Client	X	IBC		Carrier
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Who should COBRA payments (checks) be sent to

	Client	X	IBC		Carrier
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**Plan and Premium Rate Information**

	Alliance Select PPO	Blue Access HMO	Dental	Superior Vision	VSP Vision
Insurance Carrier Name	Wellmark	Wellmark	Delta Dental	Superior	VSP
Is the Plan "Fully-Insured" or "Self-Funded?"	Self-Insured	Self-Insured	Self-Insured	Fully Insured	Fully Insured
Plan's Renewal Date (mm/dd)	7/1 – New Rates for 1/1	7/1 – New Rates for 1/1	7/1	7/1	7/1
Plan Description / Type of Plan	Medical	Medical	Dental	Vision	Vision
Is this plan bundled with any other plan?	No	No	No	No	No
Age Banded Rates? "Yes" or "No"	No	No	No	No	No
If Age Banded, how is age determined? A – on Birthday B – Birthday as of Enrollment C – Birthday as of Plan Premium Start Date or renewal	C	C	C	C	C

**Contractual Rates:** These do not include the 2% administration fee

COBRA coverage class	Alliance Select PPO	Blue Access HMO	Dental	Superior Vision	VSP Vision
Employee only	\$976.59	\$883.60	\$30.84	\$11.38	\$16.41
Employee & Spouse	\$2,000.06	\$1,809.61	\$65.01	\$22.50	\$26.25
Employee & Children	\$1,848.68	\$1,672.65	\$78.27	\$22.06	\$26.80
Family	\$2,997.15	\$2,711.77	\$112.81	\$33.54	\$43.21

**Carrier Contacts**

Carrier #1	Policy #
Wellmark	
<b>COBRA Plans Covered</b>	
Health Insurance	
Contact Name	
Paula Baker	
<b>Cobra Elections/Termination Send to:</b> Paula Baker bakerp@wellmark.com	
Carrier #2	Policy #
Delta Dental	
<b>COBRA Plans Covered</b>	
Dental Plans	
Carrier #3	Policy #
Superior Vision	
<b>COBRA Plans Covered</b>	
Vision Plan	
<b>COBRA Elections/Termination:</b> Process on online portal	
Carrier #4	Policy #
VSP Vision	
<b>COBRA Plans Covered</b>	
Vision Plan	

**Innovative Business Consultants Administration Fees**

Annual Renewal Fee	\$100
Cobra Election Per Month Fee	2% (collecting from member)
Per Cobra Specifics Rights Letter	\$15.00
Per Open Enrollment Packet	\$15.00

I certify that I am legally authorized to sign this Cobra Employer Application on behalf of the employer named herein.

Authorized Plan Rep Signature:

By: 

Date: 12/16/2025

Title: Chairman, Board of Supervisors