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12/16/25



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ACCOUNT INFORMATION AND BINDER AGREEMENT

WOODBURY COUNTY

Account Legal Name

1/1/2026

Effective Date

00017570

Account Key

0000XA117

Group Number

Physical Address

620 DOUGLAS ST RM 701

Address Line 1

Address Line 2

SIOUX CITY

City

IA

State

51101

Zip

Billing Address (if different than physical address)

☐ Alternate Location

☐ 3rd Party Billing Service (If checked, account acknowledges the Wellmark Group Statement or premium invoice, delivered periodically to any third party service provider, can be viewed by account, by registering for electronic billing at Wellmark.com.)

Address Line 1

Address Line 2

City

State

Zip

Authorized Health Plan Representatives

An authorized health plan representative is an employee of the **Account** (not the Producer) who is authorized to request and receive the minimum necessary protected health plan information about the group health plan's members in order to perform their day-to-day job functions of administering benefits for participants of the plan. The following individual employees are authorized health plan representatives.

01/01/2026

Effective Date

Name

Title

Email

Phone

LISA ANDERSON

HR SECRETARY

lisaanderson@woodburycoia

Authorized Health Plan Representatives (continued)

Name	Title	Email	Phone
MELISSA THOMAS	HR DIRECTOR	melissathomas@woodburyga	712-279-6470

Producer Designation

No Consultant Designated

Account requests that Wellmark recognize the following individual and firm as the designated employee benefits and insurance producer.

01/01/2026		
Designation of Producer Effective Date		
SETH J MAJOR	GALLAGHER BENEFIT SERVICES INC	GAB00107
Primary Producer Name	Producer Firm Name	Producer Number
2850 GOLF RD	ROLLING MEADOWS	60008
Producer Firm Address 1	City	Zip
	Illinois	
	State	
Primary Contact Name	Email	Phone

Authorization to Release Group Health Plan Information and Protected Health Information to Consultant

By signing below, the Employer hereby authorizes and directs Wellmark, Inc. to disclose to the above, designated Consultant certain group health plan information and Protected Health Information regarding participants in the employer-sponsored group health plan for the purpose of the Consultant's administration of the Employer's group health plan. The Employer authorizes Wellmark to disclose such information via secure online access through Wellmark's website, including the following website applications which contain information the Employer considers necessary to provide to the Consultant in order to conduct operations of the Employer's group health plan:

- Member Maintenance/Update Member Information
- Employer Reports
- Update Other Insurance Information/Coordination of Benefits
- Check Claims Status
- eBilling Services
- Eligibility Verification Benefits Information (EVBI)

☒ Yes, I authorize my Consultant to access this information.

Producer Designation (continued)

By signing below, the Employer authorizes Wellmark to provide the Consultant access to this information on an ongoing basis without further authorization. The Employer represents and agrees that 1) The Consultant is considered a Business Associate of the Employer, not Wellmark, Inc., 2) The information to be disclosed is considered confidential, 3) The Consultant has provided satisfactory assurance to the Employer that the Consultant will properly safeguard and not further disclose the information, 4) Wellmark shall not be liable or responsible for any misuse or wrongful disclosure of such information by the Employer or its Consultant, 5) The Employer agrees to indemnify and hold Wellmark harmless from and against any claim, cause of action, liability, damage, cost or expense, including attorney's fees and court or proceeding costs, arising out of, or in connection with, any misuse or wrongful disclosure of the information by the Employer, or its Consultant. The Employer acknowledges that the Consultant will be required to agree to Wellmark's website terms and conditions upon registering for access to such information.

☐ No, I do not authorize my Consultant to access this information.

Secondary Consultant

Secondary Consultant Name

Email Address

Phone

Jennifer Wilson

jennifer_wilson@ajg.com

712-274-8214

Authorization to Release Protected Health Information for Third-Party Explanation of Benefits

Not Applicable

General Account Information

Danielle C Dilling

00000143

Wellmark Account Manager

Rep ID#

August

January

July

WCX

Contact Month

Renewal Month

Benefit Plan Year Month

Unique Alpha Prefix

Employer Plan Type

- ☐ ERISA - "Employee welfare benefit plan" as defined under ERISA (20 U.S.C. 1002(1)). A plan, fund, or program established or maintained by an employer or an employee organization for the purpose of providing participants, through purchase of insurance or otherwise, medical, surgical, or hospital care or benefits, or benefits in the event of sickness, accident, or disability, and which is not a "Church Plan", nor a non-federal government plan.
- ☐ Church Plan - A plan, as defined in 20 U.S.C. § 1002(33), established and maintained for its employees by a church or by a convention or association of churches which is exempt from tax under section 501 of Title 26.
- ☒ Non-Federal Government Plan - A plan established or maintained for its employees by the government of any state, political subdivision, or any agency or instrumentality thereof, including city, municipality, school district, water district, conservation district, Indian tribal government, or other similar government body, the participants of which are employees of such entity whose services are in the performance of governmental functions, not in the performance of commercial activities.

Is this Account a Multiple Employer Arrangement?

☒ NO, this Account is a single employer sponsoring a group health plan for its own employees.

General Account Information (continued)

- ☐ YES, this account is a plan sponsored by or on behalf of multiple employers who are NOT under common ownership/control.

If YES, select the type of Multiple Employer Arrangement:

- ☐ Association Health Plan
☐ Taft Hartley
☐ Voluntary Employee Beneficiary Association (VEBA)
☐ Iowa Code Chapter 28E or South Dakota Code 1-24 Joint Powers Agreement
☐ Professional Employer Organization (PEO)
☐ Other type of Multiple Employer Welfare Arrangement (MEWA): Specify:

AND

If YES, specify the name of Multiple Employer Arrangement:

Form 5500 Plan Number

Wellmark IS the Exclusive Carrier

Blues Enroll; Paper

Enrollment Method

Open Enrollment Period*

**Enrollment Period is the period in which employees can enroll within a plan or plans, and/or when written application materials are provided to employees, if sooner.*

The account will hold an open enrollment: ☒ YES ☐ NO

If YES, fill in open enrollment period dates:

Starting date

Ending date

Funding Arrangement

- ☐ This self-funded account will be developing our own SBCs to distribute. (If you modify or opt out of using the standard, Wellmark-provided SBCs, please be aware that Wellmark will not be able to retain or distribute your customized SBCs to your employees.)

Self Funded

Wellmark

Actual Weekly Claims with Month-end Settlement

Funding Arrangement

Stop Loss Carrier

Self-Funded Payment Method

Terminal Rider applies: ☒ YES ☐ NO (If yes, Signed exhibit page attached.)

Value Based Program elected: ☐ YES ☒ NO

Carveout Rx Vendor

Product

☒ Health ☒ Pharmacy ☐ Dental

General Account Information (continued)

A group health plan may designate a state benchmark plan other than Iowa or South Dakota for purpose of determining compliance with essential health benefit (EHB) requirements.

Benchmark Exception for EHB? ☒ YES ☐ NO If yes, list State Utah

Guarantees

See Attached Exhibit(s)

Not Applicable

Health Care Management Services

Not Applicable

Representation of Grandfathered Status under the Affordable Care Act

Not Applicable

Plan Year Designation

Your group health plan's designated plan year is significant for the implementation of ERISA, HIPAA, and ACA-provisions and guidelines. If no Plan Year Start Date is indicated, the plan year will default to the benefit year used under the plan, typically Jan. 1.

ACA Plan Year Month

Document Source*

* Provide Document Source if Plan Year does not begin on the effective date of the annual renewal period.

Common Credible Document Sources:

* 5500 Form (5500 Form must be filed for Health Plan)

* 509 (a) Certificate filed by self-funded public bodies

* Summary Plan Document (SPD) if Plan Year is defined

* CMS Disclosure Form (if there is no contradictory Plan Year information within other Plan documents)

COBRA

Not Applicable

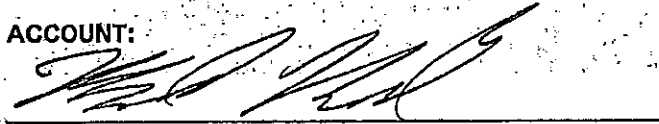
This Large Group Account Information and Binder Agreement ("Binder Agreement") serves solely as evidence of Wellmark's agreement to provide the health insurance coverage or administrative services and to provide services for any applicable stop loss insurance coverage indicated above. The Account agrees to the terms and payment obligations stated herein and agrees to pay Wellmark the applicable rates, administrative fees, and/or stop loss premium stated in the attached documentation. Execution of the Binder Agreement by the Account authorizes Wellmark to implement the administration of this coverage including the processing and settlement of claims for members of the Account's group health plan incurred within the Rating Period stated in the attached Rating Exhibit. On or about the effective date of coverage, Wellmark shall issue and execute a definitive agreement which may be a Group Insurance Policy, Administrative Services Agreement and or Stop Loss Policy, depending on the nature of the group health plan. The definitive Agreement will set forth the rights and responsibilities of Wellmark and the Account. Account's payment to Wellmark of the applicable fees as of the effective date is evidence of Account's agreement to the terms specified in the definitive agreement.

Signatures on this Binder Agreement confirm that the Binder Agreement and the subsequent definitive agreement are issued for delivery in either Iowa or South Dakota, as applicable. Account understands and agrees that Wellmark defines a National Account as any company headquartered in Wellmark's service area of Iowa or South Dakota but which also has employees working at locations in other states whose claims are processed through the Blue Cross and Blue Shield Association's Blue Card program. If the Account is not headquartered in Wellmark's service area, coverage may be limited to employees associated with Account locations in Wellmark's service, and coverage will be void for any persons associated with Account locations outside Wellmark's Service Area unless express consent is obtained from the local Blue Cross or Blue Shield licensee.

Account acknowledges and agrees that it has reviewed and approved this Binder Agreement and all attachments. Account acknowledges Wellmark will rely on the information contained in this Binder Agreement, and all of the attachments hereto, including but not limited to the SBC Employer Data Form, Medicare Secondary Payer Addendum, Rate Exhibits, Health and Care Management rates, Online Benefit Summary (OBS), COBRA Agreements, representations of grandfathered status and any performance guarantee information. Account represents to Wellmark that the information contained herein is correct.

This Binder Agreement shall expire upon Wellmark's issuance and execution of the definitive agreement (either the Group Insurance Policy, or Administrative Services Agreement and Stop Loss Policy, if applicable), EXCEPT that any COBRA Agreements, Health and Care Management Programs/Services Rating Exhibit, will remain in effect and become a part of the definitive agreement. It is understood that the Wellmark may continue to rely on the designations of individuals and authorizations made herein until the Account withdraws such designations or authorizations or provides updated designations and authorizations. It is understood and agreed that the terms and conditions of the definitive agreement and benefits document(s) issued by Wellmark to the Account, and the terms and conditions of the definitive stop loss policy issued by stop loss carrier, if any, shall govern and control the terms stated in this Binder. Any inconsistency between this Binder Agreement, including attachments, and any subsequently issued definitive agreement(s) shall be construed in favor of the subsequently issued definitive agreement. This Binder Agreement shall be governed in accordance with Iowa Law.

ACCOUNT:



By (sign here)

Mark Nelson

Daniel Bittinger, Chairman

Printed Name

Chairman, Board of Supervisors

Title

12/16/2025

Date

For Internal Use Only

Renewal-Benefit Change

Notes



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FOR ADMINISTRATIVE USE ONLY

New Group: Group #

Coverage Effective Date: / /

CONFIRMATION OF MSP ADDENDUM

ALL NEW AND RENEWAL GROUPS ARE REQUIRED TO SUBMIT A COMPLETED FORM. FAILURE TO SUBMIT A COMPLETED FORM WILL DELAY THE INITIAL ENROLLMENT OR RENEWAL PROCESS UNTIL THIS FORM IS SUBMITTED.

Part A - Employer Information

Please complete a separate confirmation form for each Employer Tax Identification Number you use to report employee earnings to the Internal Revenue Service (IRS). See the Medicare Secondary Payer Definitions page (M-1756) for more information on terms shown in *italics*.

Employer Tax Identification Number: 4 2 6 0 0 5 2 2 1

Group Number (Renewing Groups Only): 0000XA117-0003;0000XA117-0011;0000XA117-0013;+Various

Employer Name: WOODBURY COUNTY

Employer Address: 620 DOUGLAS ST RM 701

City: SIOUX CITY State: IA Zip: 51101

Contact Person: Melissa Thomas

Telephone Number: 712-279-6470

E-mail Address (optional): _____

1. Did your organization make contributions on behalf of any employee who was covered under a *collectively bargained Health and Welfare Fund* (i.e., union plan) during the previous calendar year? ☐ Yes ☐ No

2. Did you have 20 or more *employees* for 20 or more calendar weeks (this includes all full-time, *part-time*, intermittent, *leased* and/or seasonal employees, not just those eligible or enrolled employees) during the previous or current calendar year? If no, in the event you experience a change, you must notify Wellmark when this change occurs. ☐ Yes ☐ No

3. Did you have 100 or more *employees* during 50 percent of your business days (this includes all full-time, *part-time*, intermittent, *leased* and/or seasonal employees, not just those eligible or enrolled employees) during the previous calendar year? ☐ Yes ☐ No

4. Did your organization participate in a *multi* or *multiple employer group health plan* (more than one employer in group, i.e., Multiple Employer Welfare Association) during the previous calendar year? ☐ Yes ☐ No
If yes, what is the name and address of the *multi* or *multiple employer plan*?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

5. Was your organization part of a commonly owned or commonly controlled group of organizations during the previous calendar year? ☐ Yes ☐ No

If yes, what is the name and address of the *commonly owned/controlled entity*?

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Part B - Employer Certification

I certify that the information provided is accurate and truthful. All information will be used to identify the Medicare Secondary Payer status of Medicare-enrolled employees.

Signature _____

Date 12/16/2025

Send completed MSP form based on following:

IA & SD Large Groups (new or renewal)

Submit this completed MSP form with group's health plan new or renewal paperwork

IA & SD Small Groups (new or renewing with benefit changes)

Submit this completed MSP form with group's health plan new or renewal paperwork

IA Small Groups renewing with no benefit change - send this form to:

Fax: (515) 376-9044 or
Wellmark, Inc.
PO Box 9232 - Mail Station 3W396
Des Moines, IA 50306-9232

SD Small Groups renewing with no benefit change

Send this completed MSP form to:
Wellmark, Inc.
PO Box 5023 - Station 338
Sioux Falls, SD 57117-5023



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TERMINAL RIDER OPTION

Group Name: Woodbury County
Account Key: 00017570
Renewal Period: 1/1/2026 through 12/31/2026

Contractual Terms

125%

Settled 12 Months Following Termination Date

Terminal Rider Option

Total Annual Attachment Point For Terminal Rider to be Adjusted For Average Enrollment During the Contract Period	\$1,800,585
Total Monthly Contracts Terminal Rider Is Based Upon	401
One Time Aggregate Premium Charge Due At Time of Termination	\$29,200

For Illustrative Purposes Only

		Illustrative Maximum
		Claims Expense
189438-168 / 189438-152	Single	\$163.65
	Family	\$501.95
	Emp/Spouse	\$334.98
	Emp/Child(ren)	\$309.61
189438-157 / 189438-154	Single	\$175.88
	Family	\$539.17
	Emp/Spouse	\$359.80
	Emp/Child(ren)	\$332.56
189438-158 / 189438-150	Single	\$155.70
	Family	\$477.84
	Emp/Spouse	\$318.87
	Emp/Child(ren)	\$294.74

Wellmark is not providing any legal or professional advice with regard to compliance of any federal or state law, regulations, or guidance. Law, regulations and guidance on specific provisions has been and will continue to be provided by the appropriate federal and state agencies and regulators. The information provided reflects Wellmark's understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments, and rating impact calculations are subject to change and may be revised during a plan's rating period based on guidance and regulations issued by the appropriate federal and state agencies and regulators. Wellmark makes no representation as to the impact of plan changes on a plan's grandfathered status or interpretation or implementation of any other provisions of law or regulation.

Wellmark will not determine whether coverage is discriminatory or otherwise in violation of Internal Revenue Code Section 105(h). Wellmark also will not provide any testing for compliance with Internal Revenue Code Section 105(h). Wellmark will not be held liable for any penalties or other losses resulting from any employer offering coverage in violation of section 105(h). Wellmark will not determine whether any change in an Employer Administered Funding Arrangement effects a health plan's grandfathered health plan status under ACA or otherwise complies with ACA. Wellmark will not be held liable for any penalties or other losses resulting from any Employer Administered Funding Arrangement. For purposes of this paragraph, an "Employer Administered Funding Arrangement" is an arrangement administered by an employer in which the employer contributes toward the member's share of benefit costs (such as the member's deductible, coinsurance, or copayments) in the absence of which the member would be financially responsible. An Employer Administrative Funding Arrangement does not include the employer's contribution to health insurance premiums or rates.

In order for the Terminal Rider Option to be purchased and applied, the Terminal Rider Option Exhibit Page must be signed and provided with post sale paperwork and included in the Administrative Services Agreement effective with the rating period stated above.

Employer Signature: 

Date: 12/14/2025



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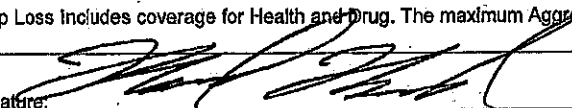
Self Funded FINAL Alternate Rates

Group Name: Woodbury County
 Account Key: 00017570
 Rating Period: 01/01/2026 to 12/31/2026

Alternate Benefit Offering	Enrollment	Stop Loss Terms
OBS #189438-158 / #189438-152 (MV3)	127 Single	Contract: 99/12
Wellmark Blue HMO	175 Family	Monthly Aggregate Option: No
Deductible: \$250 / \$500	61 Ee/Spouse	Payment Terms: Actual Weekly
Coinsurance: 20%	38 Ee/Child(ren)	
OPM: \$750/\$1,250	401 Total	
Office Visit Copay: See OBS		
BlueRx Value Plus		
Deductible: \$250/\$500		
Copay: \$0/\$25/\$50		
Coinsurance: 20%/20%/20%		

	Level	Fee/Contract	Estimated Annual Premium Based on Current Enrollment		
Individual Stop Loss	\$100,000	\$271.25	\$1,305,255		
Aggregate Stop Loss	125%	\$4.86	\$23,386		
Administrative Fees - Health w/weekly settlement		\$51.39	\$247,289		
Administrative Fees - PBM		\$1.10	\$5,293		
Consultant Fee		\$10.00	\$48,120		
Total Administrative Fees		\$338.60	\$1,629,343		
Network Access Fee		\$12.95	\$62,315		
	<u>Single</u>	<u>Family</u>	<u>Ee/Spouse</u>	<u>Ee/Child(ren)</u>	<u>Annual Projection</u>
Expected Claims	\$761.07	\$2,335.72	\$1,558.67	\$1,440.70	\$7,862,789
Administrative, NAF & Stop Loss Fees	<u>\$163.75</u>	<u>\$502.55</u>	<u>\$335.36</u>	<u>\$309.98</u>	<u>\$1,691,744</u>
Estimated Suggested Rates*	\$924.82	\$2,838.27	\$1,894.03	\$1,750.68	\$9,554,533
Attachment Points	\$951.34	\$2,919.66	\$1,948.34	\$1,800.89	\$9,828,519
Administrative, NAF & Stop Loss Fees	<u>\$163.75</u>	<u>\$502.55</u>	<u>\$335.36</u>	<u>\$309.98</u>	<u>\$1,691,744</u>
Estimated Maximum Liability to Fund*	\$1,115.09	\$3,422.21	\$2,283.70	\$2,110.87	\$11,520,263

*Actual results may vary. Also, rates provided include administrative costs based on the entire group population.
 Individual Stop Loss Includes coverage for Health and Drug and is based on a lifetime maximum of unlimited.
 Aggregate Stop Loss Includes coverage for Health and Drug. The maximum Aggregate reimbursement is unlimited.

Employer Signature:  Date: 12/16/2025

Comments:



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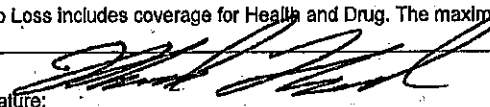
Self Funded FINAL Alternate Rates

Group Name: Woodbury County
 Account Key: 00017570
 Rating Period: 01/01/2026 to 12/31/2026

Alternate Benefit Offering	Enrollment	Stop Loss Terms
OBS #189438-156 / #189438-150 (MV3)	127 Single	Contract: 99/12
Wellmark Blue HMO	175 Family	Monthly Aggregate Option: No
Deductible: \$500 / \$1,000	61 Ee/Spouse	Payment Terms: Actual Weekly
Coinsurance: 20%	38 Ee/Child(ren)	
OPM: \$1,500 / \$3,000	401 Total	
Office Visit Copay: See OBS		
BlueRx Value Plus		
Deductible: \$500/\$1,000		
Copay: \$6/\$25/\$50		
Coinsurance: 20%/20%/20%		

	Level	Fee/Contract	Estimated Annual Premium Based on Current Enrollment		
Individual Stop Loss	\$100,000	\$271.25	\$1,305,255		
Aggregate Stop Loss	125%	\$4.86	\$23,386		
Administrative Fees - Health w/weekly settlement		\$51.39	\$247,289		
Administrative Fees - PBM		\$1.10	\$5,293		
Consultant Fee		\$10.00	\$48,120		
Total Administrative Fees		\$338.60	\$1,629,343		
Network Access Fee		\$12.95	\$62,315		
	Single	Family	Ee/Spouse	Ee/Child(ren)	Annual Projection
Expected Claims	\$724.51	\$2,223.52	\$1,483.79	\$1,371.50	\$7,485,084
Administrative, NAF & Stop Loss Fees	\$163.74	\$502.52	\$335.34	\$309.96	\$1,691,642
Estimated Suggested Rates*	\$888.25	\$2,726.04	\$1,819.13	\$1,681.46	\$9,176,726
Attachment Points	\$905.64	\$2,779.41	\$1,854.75	\$1,714.38	\$9,356,391
Administrative, NAF & Stop Loss Fees	\$163.74	\$502.52	\$335.34	\$309.96	\$1,691,642
Estimated Maximum Liability to Fund*	\$1,069.38	\$3,281.93	\$2,190.09	\$2,024.34	\$11,048,033

*Actual results may vary. Also, rates provided include administrative costs based on the entire group population.
 Individual Stop Loss includes coverage for Health and Drug and is based on a lifetime maximum of unlimited.
 Aggregate Stop Loss includes coverage for Health and Drug. The maximum Aggregate reimbursement is unlimited.

Employer Signature:  Date: 12/14/2025

Comments:



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Self Funded FINAL Alternate Rates

Group Name: Woodbury County
Account Key: 00017570
Rating Period: 01/01/2026 to 12/31/2026

Alternate Benefit Offering

OBS #189438-157 / #189438-154 (MV3)
Alliance Select
Deductible: \$500 / \$1,000
Coinsurance: 20% / 30%
OPM: \$1,500 / \$3,000
Office Visit Copay: See OBS
BlueRx Complete
Deductible: \$500/\$1,000
Copay: \$6/\$25/\$50
Coinsurance: 20%/20%/20%

Enrollment

127 Single
175 Family
61 Ee/Spouse
38 Ee/Child(ren)
401 Total

Stop Loss Terms

Contract: 99/12
Monthly Aggregate Option: No
Payment Terms: Actual Weekly

	Level	Fee/Contract	Estimated Annual Premium Based on Current Enrollment
Individual Stop Loss	\$100,000	\$271.25	\$1,305,255
Aggregate Stop Loss	125%	\$4.86	\$23,386
Administrative Fees - Health w/weekly settlement		\$51.39	\$247,289
Administrative Fees - PBM		\$1.10	\$5,293
Consultant Fee		\$10.00	\$48,120
Total Administrative Fees		\$338.60	\$1,629,343
Network Access Fee		\$12.95	\$62,315

	Single	Family	Ee/Spouse	Ee/Child(ren)	Annual Projection
Expected Claims	\$817.51	\$2,508.93	\$1,874.26	\$1,547.54	\$8,445,875
Administrative, NAF & Stop Loss Fees	\$163.74	\$502.52	\$335.34	\$309.96	\$1,691,642
Estimated Suggested Rates*	\$981.25	\$3,011.45	\$2,009.60	\$1,857.50	\$10,137,517
Attachment Points	\$1,021.88	\$3,136.15	\$2,092.81	\$1,934.42	\$10,557,293
Administrative, NAF & Stop Loss Fees	\$163.74	\$502.52	\$335.34	\$309.96	\$1,691,642
Estimated Maximum Liability to Fund*	\$1,185.62	\$3,638.67	\$2,428.15	\$2,244.38	\$12,248,935

*Actual results may vary. Also, rates provided include administrative costs based on the entire group population.
Individual Stop Loss includes coverage for Health and Drug and is based on a lifetime maximum of unlimited.
Aggregate Stop Loss includes coverage for Health and Drug. The maximum Aggregate reimbursement is unlimited.

Employer Signature: _____

Date: 12/16/2025

Comments: