



NOTICE OF MEETING OF THE WOODBURY COUNTY BOARD OF SUPERVISORS (DECEMBER 3) (WEEK 49 OF 2024)

Live streaming at:
<https://www.youtube.com/user/woodburycountyiowa>

Agenda and Minutes available at:
www.woodburycountyiowa.gov

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Mark E. Nelson
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Keith W. Radig
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Matthew A. Ung
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You are hereby notified a meeting of the Woodbury County Board of Supervisors will be held December 3 2024, at **4:30 p.m.** in the Basement of the Courthouse, 620 Douglas Street, Sioux City, Iowa for the purpose of taking official action on the agenda items shown hereinafter and for such other business that may properly come before the Board.

This is a formal meeting during which the Board may take official action on various items of business. Members of the public wishing to speak on an item must follow the participation rules adopted by the Board of Supervisors.

1. Please silence cell phones and other devices while in the Boardroom.
2. The Chair may recognize speakers on agenda items after initial discussion by the Board.
3. Speakers will approach the microphone one at a time and give their name and address before their statement.
4. Speakers will limit their remarks to three minutes on any one item and address their remarks to the Board.
5. At the beginning of discussion on any item, the Chair may request statements in favor of an action be heard first followed by statements in opposition to the action. The Chair may also request delegates provide statements on behalf of multiple speakers.
6. Any concerns or questions which do not relate to a scheduled item on the agenda will be heard under the item "Citizen Concerns." Please note the Board is legally prohibited from taking action on or engaging in deliberation on concerns not listed on the agenda, and in such cases the Chair will request further discussion take place after properly noticed.
7. Public comment by electronic or telephonic means is prohibited except for a particular agenda item when approved by the Chair 24 hours before a meeting or by a majority of the board during a meeting for a subsequent meeting.

AGENDA

3:45 p.m. Closed Session Interview {Iowa Code Section (21.5 (1) (i)}

4:30 p.m. Call Meeting to Order – Pledge of Allegiance to the Flag – Moment of Silence

1. Approval of the agenda Action

Consent Agenda

Items 2 through 5 constitute a Consent Agenda of routine action items to be considered by one motion. Items pass unanimously unless a separate vote is requested by a Board Member.

2. Approval of the minutes of the November 26, 2024 meeting
3. Approval of claims
4. Board Administration – Heather VanSickle
Approval of Notice of Property Sale Resolution for Parcel #894704127021 (aka 5201 Hamilton Blvd.) for Tuesday, December 17th at 4:35 p.m.

5. Human Resources – Melissa Thomas
 - a. Approval of Memorandum of Personnel Transactions
 - b. Authorization to Initiate Hiring Process
 - c. Approval of retiree request to remain on the County Dental Insurance with spouse
 - d. Approval of the 2025 Wellmark self-funded renewal rates

End Consent Agenda

- | | |
|----------------------------------|-------------|
| 6. Reports on Committee Meetings | Information |
| 7. Citizen Concerns | Information |
| 8. Board Concerns | Information |

ADJOURNMENT

Subject to Additions/Deletions

CALENDAR OF EVENTS

MON., DEC 2	10:00 a.m.	Loess Hills Alliance Economic Development Committee Meeting, Pisgah, Iowa
	6:00 p.m.	Board of Adjustment meeting, Courthouse Basement Boardroom
WED., DEC 4	7:30 a.m.	SIMPCO Executive/Finance Committee, 6401 Gordon Drive
	10:00 a.m.	Loess Hills Alliance Stewardship Meeting, Pisgah, Iowa
	11:00 a.m.	Loess Hills Alliance Executive Meeting
	1:00 p.m.	Loess Hills Alliance Full Board Meeting
	4:45 p.m.	Veteran Affairs Meeting, Veteran Affairs Office, 1211 Tri-View Ave.
FRI., DEC 6	8:30 a.m.	SIMPCO Tri-State Legislative Forum, 6401 Gordon Drive, Sioux City
WED., DEC 11	8:05 a.m.	Woodbury County Information Communication Commission, First Floor Boardroom
	12:00 p.m.	District Board of Health Meeting, 1014 Nebraska St.
THU., DEC 12	12:00 p.m.	SIMPCO Board of Directors, 6401 Gordon Drive.
	4:00 p.m.	Conservation Board Meeting, Dorothy Pecaut Nature Center, Stone Park
WED., DEC 18	12:00 p.m.	Siouxland Economic Development Corporation Meeting, 617 Pierce St., Ste. 202
THU., DEC 19	4:30 p.m.	Community Action Agency of Siouxland Board Meeting, 2700 Leech Avenue
FRI., DEC 20	12:00 p.m.	Siouxland Human Investment Partnership Board Meeting, 2540 Glenn Ave.
FRI., JAN 3	9:00 a.m.	Hungry Canyons Alliance - TBD
MON., JAN 6	6:00 p.m.	Board of Adjustment meeting, Courthouse Basement Boardroom
WED., JAN 8	6:30 p.m.	911 Service Board Meeting, Public Safety Center, Climbing Hill

Woodbury County is an Equal Opportunity Employer. In compliance with the Americans with Disabilities Act, the County will consider reasonable accommodations for qualified individuals with disabilities and encourages prospective employees and incumbents to discuss potential accommodations with the Employer.

Federal and state laws prohibit employment and/or public accommodation discrimination on the basis of age, color, creed, disability, gender identity, national origin, pregnancy, race, religion, sex, sexual orientation or veteran's status. If you believe you have been discriminated against, please contact the Iowa Civil Rights Commission at 800-457-4416 or Iowa Department of Transportation's civil rights coordinator. If you need accommodations because of a disability to access the Iowa Department of Transportation's services, contact the agency's affirmative action officer at 800-262-0003.

NOVEMBER 26, 2024, FORTY-EIGHTH MEETING OF THE WOODBURY COUNTY BOARD OF SUPERVISORS

The Board of Supervisors met on Tuesday, November 26, 2024, at 3:15 p.m. Board members present were Ung, Radig, Nelson, and Taylor; Bitteringer II was absent. Staff members present were Karen James, Board Administrative Assistant, Melissa Thomas, Human Resources Director, and Michelle Skaff, Deputy Auditor/Clerk to the Board.

Motion by Ung second by Nelson to go into closed session per Iowa Code Section 21.5(1)(i). Carried 3-0 on roll-call vote.

Motion by Ung second by Nelson to go out of closed session per Iowa Code Section 21.5(1)(i). Carried 3-0 on roll-call vote.

Motion by Ung second by Taylor to go into closed session per Iowa Code Section 21.5(1)(i). Carried on 3-0 roll-call vote.

Motion by Ung second by Nelson to go out of closed session per Iowa Codes Section 21.5(1)(i). Carried 3-0 on roll-call vote.

Supervisor Radig entered the 4:30 board meeting.

The regular meeting was called to order with the Pledge of Allegiance to the Flag and a Moment of Silence.

1. Motion by Ung second by Radig to approve the agenda for November 26, 2024. Carried 4-0. Copy filed.

Motion by Radig second by Taylor to approve the following items by consent:

2. To approve minutes of the November 19, 2024, meeting. Copy filed.
- 4a. To approve the reclassification of Kenny Schmitz, Building Services Director, Building Services Dept., effective 11-25-2024, \$125.000/annually, \$4,807.69/bi-weekly, 8%. Per BOS recommendation 11/19/2024.; and the appointment of Scott Fox, Equipment Operator, Secondary Roads Dept., effective 11-27-2024, \$27.04/hour. Job Vacancy Posted 10/3/2024. Entry Level Salary: \$27.04/hr. Copy filed.
- 4b. To approve and authorize the Chairperson to sign the Authorization to initiate the hiring process for Clerk II, County Treasurer Dept. AFSCME Courthouse: \$19.24/hour.; Clerk III, County Auditor Dept., AFSCME Courthouse: \$25.06/hour.; Secretary – PT, Human Resources Dept., AFSCME Courthouse: \$30.72/hour.; and District Foreman, Secondary Roads Dept. Wage Plan: \$2,945.31 - \$3,148.36/bi-weekly. Copy filed.
- 5a. To approve the property tax refund request for Cindy Speed, parcel #884726201004, in the amount of \$2,115.00. Copy filed.
- 5b. To approve the property tax refund request for Rent Sux, parcel #894720428007, in the amount of \$1,923.00. Copy filed.
- 5c. To approve the property tax refund request for Lereta LLC, parcel #894532405017, in the amount of \$2,039.00. Copy filed.
- 5d. To approve the property tax refund request for Forrest Holdings Inc., parcel #894728254007, in the amount of \$1,381.00. Copy filed.
6. To approve the underground utility permit for FiberComm. Copy filed.
7. To approve the Amendment 1 to Contract 22-HQJP-016 with Ag Processing, Inc. and Iowa Economic Development Authority. Copy filed.

Carried 4-0.

3. Motion by Ung second by Taylor approve the claims totaling \$975,981.14. Carried 4-0. Copy filed.

Motion by Ung second by Radig to approve the claim in the amount of \$200,000 to the Law Enforcement Authority for the semi-annual rent payment. Carried 3-1, Taylor opposed. Copy filed.

- 8a. Motion by Nelson second by Ung to approve the plans for project #BROS-6012(602)—5F-97. Carried 4-0. Copy filed.
- 8b. Motion by Ung second by Nelson to approve the project agreement for project #BRS-C097(151)—60-97. Carried 4-0. Copy filed.
- 9. Information was presented by Jeremy Taylor, Board Supervisor, concerning plaque for Dennis D. Butler Boardroom. Copy filed.
- 10. Discussion of appointment of a Woodbury County representative to the Northwest Iowa Regional Housing Authority. Copy filed.
- 11. Motion by Radig second by Ung to approve the Annual Urban Renewal Report for FY23-24. Carried 4-0. Copy filed.

Motion Radig second by Nelson to receive for signature the FY26 Tax Increment Request for the Secondary Roads Gravel Project. Carried 4-0. Copy filed.
- 12. Reports on committee meetings were heard.
- 13. There were no citizen concerns.
- 14. Board Concerns were heard.

The Board adjourned the regular meeting until December 3, 2024.

Meeting sign in sheet. Copy filed.

RESOLUTION

NOTICE OF PROPERTY SALE

Parcels #894704127021

WHEREAS Woodbury County, Iowa was the owner under a tax deed of a certain parcel of real estate described as:

Lot Sixty (60) Buckwalter Manor Second Addition to Sioux City, Woodbury County, Iowa (5201 Hamilton Blvd.)

NOW THEREFORE,

BE IT RESOLVED by the Board of Supervisors of Woodbury County, Iowa as follows:

1. That a public hearing on the aforesaid proposal shall be held on
The **17th Day of December, 2024 at 4:35 o'clock p.m.** in the basement of the Woodbury County Courthouse.
2. That said Board proposes to sell the said parcel of real estate at a public auction to be held on the **17th Day of December, 2024**, immediately following the closing of the public hearing.
3. That said Board proposes to sell the said real estate to the highest bidder at or above a **total minimum bid of \$234.00** plus recording fees.
4. That this resolution, preceded by the caption "Notice of Property Sale" and except for this subparagraph 4 be published as notice of the aforesaid proposal, hearing and sale.

Dated this 3rd Day of December, 2024.

ATTEST:

WOODBURY COUNTY BOARD OF SUPERVISORS

Patrick F. Gill
Woodbury County Auditor
and Recorder

Matthew A. Ung, Chairman

REQUEST FOR MINIMUM BID

Name: Paul Ribbey Date: 11/23/20
Address: 4035 Monroe St. Phone: 389-6990

Address or approximate address/location of property interested in:

5201 Hamilton Blvd

GIS PIN # 894704127021

**This portion to be completed by Board Administration **

Legal Description:

Lot 60 Buchwalter Manor 2nd

Tax Sale #/Date: #1090 6/15/2009 Parcel # 84227

Tax Deeded to Woodbury County on: 9/16/24

Current Assessed Value: Land \$10,100 Building 0 Total \$10,100

Approximate Delinquent Real Estate Taxes: \$8,309-

Approximate Delinquent Special Assessment Taxes: \$28,051

*Cost of Services: \$134-

Inspection to: Matthew Wray Date: 11/23/20

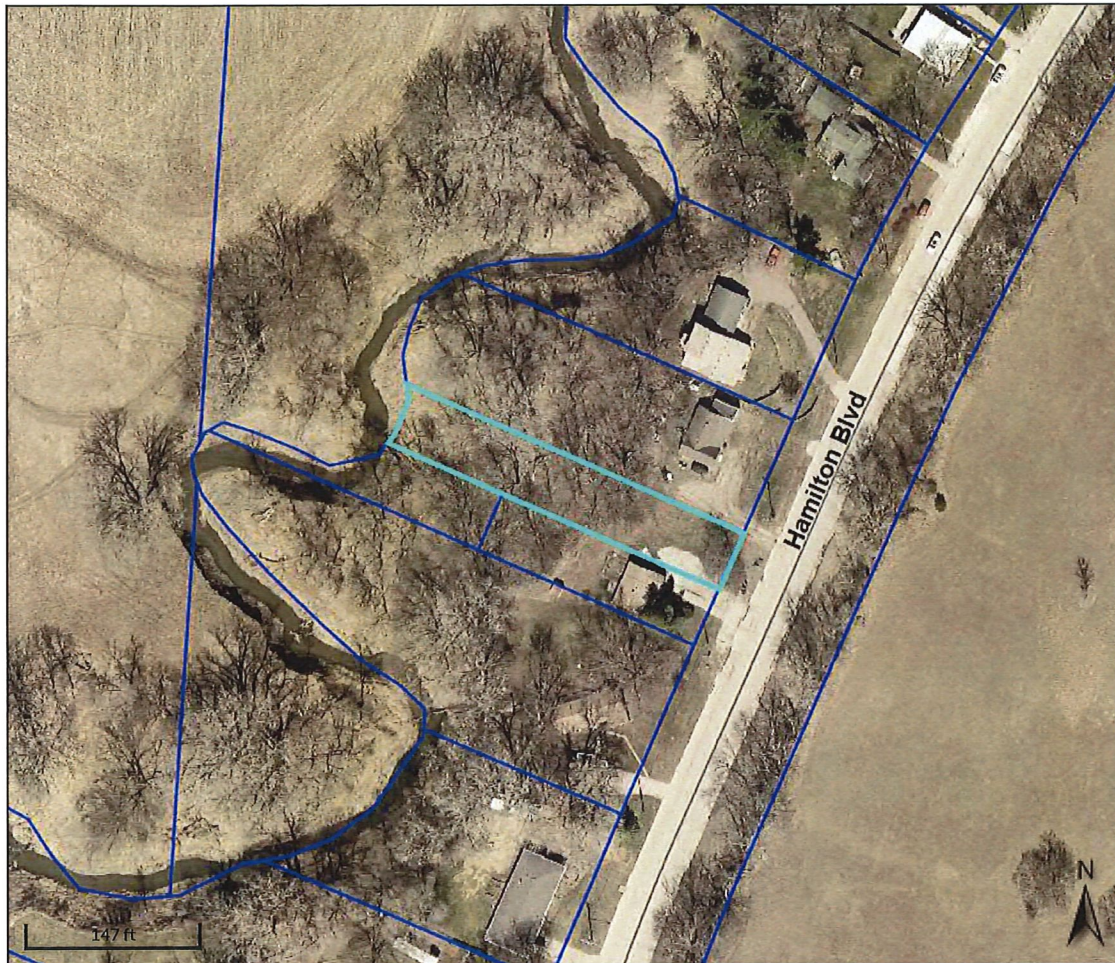
Minimum Bid Set by Supervisor: \$100 plus cost of services of \$134 Total: \$234-

Date and Time Set for Auction: Tuesday December 17th @ 4:35

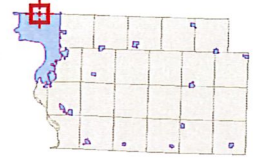
* Includes: Abstractors costs; Sheriff's costs; publishing costs; and mailing costs.



Beacon™ Woodbury County, IA / Sioux City



Overview



Legend

- Roads
- Corp Boundaries
- Townships
- Parcels

Parcel ID	894704127021	Alternate ID	84227	Owner Address	WOODBURY COUNTY
Sec/Twp/Rng	n/a	Class	R		620 DOUGLAS ST
Property Address	5201 HAMILTON BLVD	Acreage	n/a		SIOUX CITY, 51101
	SIOUX CITY				
District	0087				
Brief Tax Description	BUCKWALTER MANOR 2ND LOT 60				
	(Note: Not to be used on legal documents)				

Date created: 11/25/2024
Last Data Uploaded: 11/22/2024 11:53:08 PM

Developed by  **SCHNEIDER**
GEOSPATIAL

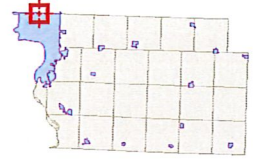


Beacon™

Woodbury County, IA / Sioux City



Overview



Legend

- Roads
- Corp Boundaries
- Townships
- Parcels

Parcel ID 894704127021
Sec/Twp/Rng n/a
Property Address 5201 HAMILTON BLVD
SIOUX CITY

Alternate ID 84227
Class R
Acreage n/a

Owner Address WOODBURY COUNTY
620 DOUGLAS ST
SIOUX CITY, 51101

District 0087
Brief Tax Description BUCKWALTER MANOR 2ND LOT 60
(Note: Not to be used on legal documents)

Date created: 11/25/2024
Last Data Uploaded: 11/22/2024 11:53:08 PM

Developed by SCHNEIDER
GEOSPATIAL

HUMAN RESOURCES DEPARTMENT

MEMORANDUM OF PERSONNEL TRANSACTIONS

DATE: December 3rd, 2024

*** PERSONNEL ACTION CODE:**

A - Appointment

T - Transfer

P - Promotion

D - Demotion

R-Reclassification

E- End of Probation

S - Separation

O – Other

TO: WOODBURY COUNTY BOARD OF SUPERVISORS

NAME	DEPARTMENT	EFFECTIVE DATE	JOB TITLE	SALARY REQUESTED	% INCREASE	*	REMARKS
Hinrickson, Kelsey	Treasurer	11-22-2024	Clerk II			S	Resignation
Hill, Faye	Secondary Roads	12-31-2024	Clerk II			S	Retired
Martindale, Isaac	Secondary Roads	01-10-2025	District Foreman			S	Resignation

APPROVED BY BOARD DATE: _____

MELISSA THOMAS, HR DIRECTOR: _____

HUMAN RESOURCES DEPARTMENT
WOODBURY COUNTY, IOWA

DATE: December 3, 2024

AUTHORIZATION TO INITIATE HIRING PROCESS

DEPARTMENT	POSITION	ENTRY LEVEL	APPROVED	DISAPPROVED
Secondary Roads	Clerk II	AFSCME Courthouse: \$19.24/hour		

Chairman, Board of Supervisors

FW: Remain on Woodbury County dental plan after retirement

From Lisa Anderson <lisaanderson@woodburycountyiowa.gov>

Date Tue 11/26/2024 11:33 AM

To Katie Parker <kparker@woodburycountyiowa.gov>; Melissa Thomas
<melissathomas@woodburycountyiowa.gov>

FYI

From: Faye Hill <fhill@woodburycountyiowa.gov>

Sent: Tuesday, November 26, 2024 11:32 AM

To: Lisa Anderson <lisaanderson@woodburycountyiowa.gov>

Subject: Remain on Woodbury County dental plan after retirement

Please consider this email my request to remain on the Delta Dental insurance for myself and my husband offered by Woodbury County after my retirement.

Thank you.

Faye Hill

Faye Hill

Woodbury County Engineer's Office

759 E. Frontage Road

Moville, IA 51039

712.873.3215

fhill@woodburycountyiowa.gov

WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORM

Date: 11/26/2024 Weekly Agenda Date: 12/03/2024

ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN: Melissa Thomas HR Director

WORDING FOR AGENDA ITEM:

Approval of the 2025 Wellmark Self Funded Renewal Rates

ACTION REQUIRED:

Approve Ordinance ☐

Approve Resolution ☐

Approve Motion ☒

Public Hearing ☐

Other: Informational ☐

Attachments ☒

EXECUTIVE SUMMARY:

The paperwork for renewal of our medical plan is being submitted for signature.

BACKGROUND:

Renewal of the medical plan is an annual event (January 1). The attached paperwork lays out the rates and benefits for the upcoming calendar year.

FINANCIAL IMPACT:

The 2025 administrative fees have increased approximately \$286,568.00, mainly attributed to an increase in stop loss insurance rates.

IF THERE IS A CONTRACT INVOLVED IN THE AGENDA ITEM, HAS THE CONTRACT BEEN SUBMITTED AT LEAST ONE WEEK PRIOR AND ANSWERED WITH A REVIEW BY THE COUNTY ATTORNEY'S OFFICE?

Yes ☐ No ☒

RECOMMENDATION:

Accept the renewal paperwork and provide the necessary signatures

ACTION REQUIRED / PROPOSED MOTION:

Motion to approve Woodbury County's medical plan renewal



Wellmark Blue Cross and Blue Shield is an Independent
Licensee of the Blue Cross and Blue Shield Association.

Self Funded FINAL Renewal Rates

Group Name: Woodbury County

Account Key: 00017570

Renewal Period: 01/01/2025 to 12/31/2025

Current Benefit Offerings	Current Enrollment	Stop Loss Terms
OBS #189438-127 / 189438-128 (MV3)	19 Single	Contract: 96/12
Wellmark Blue HMO	22 Family	Monthly Aggregate Option: No
Deductible: \$250 / \$500		Payment Terms: Actual Weekly
Coinsurance: 10%		
OPM: \$750/\$1,250		
Office Visit Copay: See OBS	41 Total	
BlueRx Value Plus		
Deductible: \$250/\$500		
Copay: \$6/\$25/\$50		
Coinsurance: 20%/20%/20%		

	Level	Fee/Contract	Estimated Annual Premium Based on Current Enrollment
Individual Stop Loss	\$100,000	\$226.51	\$111,443
Aggregate Stop Loss	125%	\$4.86	\$2,391
Administrative Fees - Health	w/weekly settlement	\$49.69	\$24,447
Administrative Fees - PBM		\$1.10	\$541
Consultant Fee		\$0.00	\$0
Total Administrative Fees		\$282.16	\$138,823
Network Access Fee		\$11.26	\$5,540

	Single	Family	Annual Projection
Expected Claims	\$777.86	\$1,944.65	\$690,740
Admin, NAF & Stop Loss Fees	<u>\$140.37</u>	<u>\$350.93</u>	<u>\$124,650</u>
Estimated Suggested Rates*	\$918.23	\$2,295.58	\$815,390
Attachment Points	\$972.32	\$2,430.80	\$863,420
Admin, NAF & Stop Loss Fees	<u>\$140.37</u>	<u>\$350.93</u>	<u>\$124,650</u>
Estimated Max Liability to Fund*	\$1,112.69	\$2,781.73	\$988,070

*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: _____

Comments:



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Self Funded FINAL Renewal Rates

Group Name: Woodbury County

Account Key: 00017570

Renewal Period: 01/01/2025 to 12/31/2025

Current Benefit Offerings	Current Enrollment	Stop Loss Terms
OBS #189438-125 / 189438-126 (MV3)	87 Single	Contract: 96/12
Alliance Select	260 Family	Monthly Aggregate Option: No
Deductible: \$250 / \$500		Payment Terms: Actual Weekly
Coinsurance: 10% / 20%		
OPM: \$750/\$1,250	347 Total	
Office Visit Copay: \$20		
BlueRx Complete		
Deductible: \$250/\$500		
Copay: \$6/\$25/\$50		
Coinsurance: 20%/20%/20%		

	Level	Fee/Contract	Estimated Annual Premium Based on Current Enrollment
Individual Stop Loss	\$100,000	\$226.51	\$943,188
Aggregate Stop Loss	125%	\$4.86	\$20,237
Administrative Fees - Health	w/weekly settlement	\$49.69	\$206,909
Administrative Fees - PBM		\$1.10	\$4,580
Consultant Fee		\$0.00	\$0
Total Administrative Fees		\$282.16	\$1,174,914
Network Access Fee		\$11.26	\$46,887

	Single	Family	Annual Projection
Expected Claims	\$880.43	\$2,201.08	\$7,786,539
Admin, NAF & Stop Loss Fees	<u>\$140.38</u>	<u>\$350.95</u>	<u>\$1,241,520</u>
Estimated Suggested Rates*	\$1,020.81	\$2,552.03	\$9,028,059
Attachment Points	\$1,100.54	\$2,751.35	\$9,733,176
Admin, NAF & Stop Loss Fees	<u>\$140.38</u>	<u>\$350.95</u>	<u>\$1,241,520</u>
Estimated Max Liability to Fund*	\$1,240.92	\$3,102.30	\$10,974,696

*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: _____

Comments:



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ACCOUNT INFORMATION AND BINDER AGREEMENT

WOODBURY COUNTY

Account Legal Name

1/1/2025

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.

1/1/25

Effective Date

Name

Title

Email

Phone

LISA ANDERSON

HR SECRETARY

lisaanderson@woodburycoia.com

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.

Designation of Producer Effective Date

Primary Producer Name

Producer Firm Name

Producer Number

Producer Firm Address 1

City

Zip

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.

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.

Producer Designation (continued)

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

Secondary Consultant

Secondary Consultant Name

Email Address

Phone

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

Not Applicable

General Account Information

MICHELLE L MOON

00000146

Wellmark Account Manager

Rep ID#

August

July

WCX

Contact Month

Plan Year Month

Unique Alpha Prefix

Employer Plan Type

☐ ERISA

☐ Church Plan

☐ Non-Federal Government Plan

Association

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:

11/01/2025

11/30/2025

Starting date

Ending date

General Account Information (continued)

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

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.

Plan Year Designation (continued)

ACA Plan Year Start Date

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)

Printed Name

Title

Date

For Internal Use Only

Renewal-No Benefit Change

Notes



Wellmark Blue Cross and Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association.

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
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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: _____

Telephone Number: _____ 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: _____

Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

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 _____

Send completed MSP form based on following:

IA & SD Large Groups (new or renewal)	IA & SD Small Groups (new or renewing with benefit changes)	IA Small Groups renewing with no benefit change - send this form to:	SD Small Groups renewing with no benefit change
Submit this completed MSP form with group's health plan new or renewal paperwork	Submit this completed MSP form with group's health plan new or renewal paperwork	Fax: (515) 376-9044 or Wellmark, Inc. PO Box 9232 - Mail Station 3W396 Des Moines, IA 50306-9232	Send this completed MSP form to: Wellmark, Inc. PO Box 5023 - Station 338 Sioux Falls, SD 57117-5023