# NOTICE OF MEETING OF THE WOODBURY COUNTY BOARD OF SUPERVISORS
## (NOVEMBER 24, 2026) (WEEK48 OF 2026)

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

Agenda and Minutes available at:
www.woodburycountyiowa.gov


| Daniel A. Bittinger II | Kent T. Carper | David L. Dietrich | Mark E. Nelson | Matthew A. Ung |
|---|---|---|---|---|
| 389-4405 | 570-7681 | 870-9224 | 540-1259 | 490-7852 |
| dbittinger@woodburycountyiowa.gov | kcarper@woodburycountyiowa.gov | ddietrich@woodburycountyiowa.gov | mnelson@woodburycountyiowa.gov | matthewung@woodburycountyiowa.gov |


You are hereby notified a meeting of the Woodbury County Board of Supervisors will be held November 24, 2026, 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 will recognize the agenda item presenter before asking for public comments or board discussion.
3. Members of the public will approach the microphone one at a time and give their name and city of residence before their statement.
4. Members of the public who comment 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

**3:30 p.m.** Closed Session {Iowa Code Section (21.5 (1) (c)}
**Dennis Butler Meeting Room**

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

1. Approval of agenda — Action

**Consent Agenda**

**Items 2 through 6 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 November 17, 2026, meeting

3. Approval of claims

4. County Treasurer – Tina Bertrand
   Request for refund for parcel #864221400004 in the amount of $842.00

5. Planning/Zoning – Daniel Priestley
   a. Approve resolution setting a public hearing for December 15, 2026, at 4:42 p.m. on the proposed quitclaim of Woodbury County interest, if any, in certain vacated alley and street property in the original plat of the Town of Luton (Section 20, T87N, R46W) to Sandra Kay Lau only, pursuant to Iowa Code section 331.361(2), for $1.00 plus recording fees. The proposed quitclaim transfers any such interest in the north 8 feet of the vacated east-west alley south of Lots 1-6, Block 7, and related vacated First Street area (approx. 5,568 sq ft)to Sandra Kay Lau only
   b. Approve resolution setting a public hearing for December 15, 2026, at 4:44 p.m. on the proposed quitclaim of Woodbury County interest, if any, in certain vacated alley and street property in the original plat of the Town of Luton (Section 20, T87N, R46W) to the Joint Revocable Trust of Richard F. Mercer and Barbara J. Mercer only, pursuant to Iowa Code section 331.361(2), for $1.00 plus recording fees. he proposed quitclaim transfers any such interest in the south 8 feet of the vacated east-west alley north of Lots 16 and 17 in Block 4, related vacated alleys and Second Street areas, and a triangular area (approx. 21,516 sq ft) to the Joint Revocable Trust of Richard F. Mercer and Barbara J. Mercer only
   c. Approve resolution setting a public hearing for December 15, 2026, at 4:46 p.m. on the proposed quitclaim of Woodbury County interest, if any, in certain vacated alley property in the original plat of the Town of Luton (Section 20, T87N, R46W) to Prairie Valley Farm Service, L.L.C. only, pursuant to Iowa Code section 331.361(2), for $1.00 plus recording fees. The proposed quitclaim transfers any such interest in the north 8 feet of the vacated east-west alley south of and adjacent to Lots 3 to 10 in Block 4 (approx. 1,600 sq ft) to Prairie Valley Farm Service, L.L.C. only
   d. Approve resolution setting a public hearing for December 15, 2026, at 4:48 p.m. on the proposed quitclaim of Woodbury County interest, if any, in certain vacated alley property in the original plat of the Town of Luton (Section 20, T87N, R46W) to Arnold R. Wittmaack only, pursuant to Iowa Code section 331.361(2), for $1.00 plus recording fees. The proposed quitclaim transfers any such interest in the north 8 feet of the vacated east-west alley south of Lots 1 and 2 in Block 3, the vacated east-west alley between Lots 11-13 in Block 4, and the south 8 feet of the vacated east-west alley north of Lots 14 and 15 in Block 4 (approx. 2,000 sq ft) to Arnold R. Wittmaack only

6. Human Resources – Melissa Thomas
   a. Approval of Memorandum of Personnel Transactions
   b. Approval of the 2027 Delta Dental Renewal
   c. Approval of the 2027 Wellmark Health Plan Renewal Rates
   d. Approval of a Lieutenant position overlap within the Sheriff's Office

**End of Consent Agenda**

7. Board Administration – Ryan Ericson
   a. Approval for signature a Memorandum of Understanding between Sky Ranch Behavioral Services and Woodbury County — Action
   b. Approve funding request of $25,000 to The Siouxland Initiative out of L.O.S.T. funds. — Action

8. Reports on Committee Meetings — Information

9. Citizen Concerns — Information

10. Board Concerns — Information

**ADJOURNMENT**

*Subject to Additions/Deletions*

# CALENDAR OF EVENTS

| | | |
|---|---|---|
| **MON., NOV 23** | **5:00 p.m.** | Zoning Commission Meeting, Courthouse Basement Boardroom |
| **THU., NOV 26** | **11:00 a.m.** | Siouxland Regional Transit Systems (SRTS) Board Meeting, 6401 Gordon Dr. |
| **WED., DEC 2** | **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 4** | **12:00 p.m.** | SIMPCO Regional Policy and Legislative Committee, 6401 Gordon Drive |
| **MON., DEC 7** | **5:00 p.m.** | Board of Adjustment meeting, Courthouse Basement Boardroom |
| **WED., DEC 9** | **7:30 a.m.** | SIMPCO Executive Finance Committee Meeting, 6401 Gordon Drive |
| | **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 10** | **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 16** | **12:00 p.m.** | Siouxland Economic Development Corporation Meeting, 617 Pierce St., Ste. 202 |
| **THU., DEC 17** | **4:30 p.m.** | Community Action Agency of Siouxland Board Meeting, 2700 Leech Avenue |
| **FRI., DEC 18** | **12:00 p.m.** | Siouxland Human Investment Partnership Board Meeting, 2540 Glenn Ave. |
| **MON., DEC 28** | **5:00 p.m.** | Zoning Commission Meeting, Courthouse Basement Boardroom |
| **TUE., DEC 22** | **1:00 p.m.** | Region IV Hazardous Materials Response Commission, 6401 Gordon |

**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 17, 2026, FORTY-SEVENTH MEETING OF THE WOODBURY COUNTY BOARD OF SUPERVISORS**

The Board of Supervisors met on Tuesday, November 17, 2026, at 4:30 p.m. Board members present were Nelson, Dietrich, Ung, Bittinger II, and Carper (by phone). Staff members present were Karen James, Board Administrative Assistant, Joshua Widman, Assistant County Attorney, Ryan Ericson, Budget and Finance Director, Melissa Thomas, HR Director and Michelle Skaff, Auditor/Clerk to the Board.

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

1. Motion by Nelson second by Dietrich to approve the November 17, 2026, agenda. Carried 5-0. Copy filed.

Motion by Nelson second by Dietrich to approve the following items by consent.

2. To approve minutes of the November 10, 2026 meeting. Copy filed.

3. To approve the claims totaling $1,084,213.30. Copy filed.

4. To approve the permit to work in right of way for Bollmeyer. Copy filed.

5a. To receive for signatures a Resolution Inter-Fund Operating Transfer from Debt Services Fund to Law Enforcement Authority for $4,015,012.

**RESOLUTION FOR INTERFUND OPERATING TRANSFERS**
**RESOLUTION #14,138**

Whereas, it is desired to authorize the Auditor to periodically transfer sums from the Debt Services Fund to the Law Enforcement Center Authority Fund during the Fiscal Year 2026-27 budget year, and

Whereas, said transfers must be in accordance with Section 331.429 Code of Iowa,
Whereas, the purpose of the transfers are to fund bond payments and maintenance fund
Now, therefore be it resolved by the Board of Supervisors of Woodbury County, Iowa, as follows:

The total maximum transfers from the Debt Services Fund to the Law Enforcement Center Authority Fund for the fiscal year beginning July 1, 2026, shall not exceed the sum of $4,015,012

The Auditor is directed to correct her books when said operating transfers are made and to notify the Treasurer of the amounts of said transfers.

The above and foregoing resolution was adopted by the Board of Supervisors of Woodbury County Iowa, on Nov 17th, 2026
WOODBURY COUNTY BOARD OF SUPERVISORS
Copy filed.

5b. To receive for signatures a Resolution Inter-Fund Operating Transfer from General Basic Fund to Local Sales Tax Fund for $87,756.43.

**RESOLUTION FOR INTERFUND OPERATING TRANSFERS**
**RESOLUTION #14,139**

Whereas, it is desired to authorize the Auditor to periodically transfer sums from the General Basic Fund to the Local Sales Tax Fund during the Fiscal Year 2026-27 budget year, and

Whereas, said transfers must be in accordance with Section 331.429 Code of Iowa,

Whereas, the purpose of the transfers are to fund Union Bridge Trail and Little Sioux Boat Ramp Now, therefore be it resolved by the Board of Supervisors of Woodbury County, Iowa, as

follows:
The total maximum transfers from the General Basic Fund to the Local Option Sales Tax Fund Authority Fund for the fiscal year beginning July 1, 2026, shall not exceed the sum of $ 87.756.43.

The Auditor is directed to correct her books when said operating transfers are made and to notify the Treasurer of the amounts of said transfers.

The above and foregoing resolution was adopted by the Board of Supervisors of Woodbury County Iowa, on Nov 17th, 2026
WOODBURY COUNTY BOARD OF SUPERVISORS
Copy filed.

5c. To receive for signatures a Resolution Inter-Fund Operating Transfer from Southbridge Fund to Debt Service Fund for $139,180.56.

**RESOLUTION FOR INTERFUND OPERATING TRANSFERS**
**RESOLUTION #14,140**

Whereas, it is desired to authorize the Auditor to periodically transfer sums from the Southbridge Fund to the Debt Service Fund during the Fiscal Year 2026-27 budget year, and

Whereas, said transfers must be in accordance with Section 331.429 Code of Iowa,
Whereas, the purpose of the transfers are to fund bond interest payment
Now, therefore be it resolved by the Board of Supervisors of Woodbury County, Iowa, as follows:

The total maximum transfers from the Southbridge Fund to the Debt Services Fund for the fiscal year beginning July 1, 2026, shall not exceed the sum of $ 139,180.56

The Auditor is directed to correct her books when said operating transfers are made and to notify the Treasurer of the amounts of said transfers.

The above and foregoing resolution was adopted by the Board of Supervisors of Woodbury County Iowa, on Nov 17th, 2026
WOODBURY COUNTY BOARD OF SUPERVISORS
Copy filed.

Carried 5-0.

6a. Motion by Nelson second by Dietrich to approve the Woodbury County Health Fund Contribution rates effective January 1, 2027. Carried 5-0. Copy filed.

6b. Motion by Nelson second by Dietrich to approve the COBRA and retiree Health Insurance rates effective January 1, 2027. Carried 5-0. Copy filed.

7. Motion by Nelson second by Bittinger to approve to pay off the Series 2024A Capital Loan early. Carried 5-0. Copy filed.

8. Motion by Nelson second by Dietrich to receive petitions for a recount for the Sgt. Bluff Luton Public Measure. Carried 5-0. Copy filed.

Motion by Nelson second by Dietrich to approve a recount request for the Sgt. Bluff Luton Public Measure. Carried 5-0. Copy filed.

9. Reports on Committee meetings were heard.

10. John Van Eldik, 6801 Correctionville Rd, expressed concerns about road conditions and dust control on Correctionville Road.

Robin Schiro expressed concerns about an investigation.

11. Board concerns were heard.

The Board adjourned the regular meeting until November 24, 2026.

Meeting sign in sheet. Copy filed.

# WOODBURY COUNTY
# AGENDA ITEM(S) REQUEST FORM

**Date:** 11/17/2026 **Weekly Agenda Date:** 11/24/2026

**Elected Official / Department Head / Citizen:** Tina Bertrand/Janet Trimpe

**Wording for Agenda Item:**

Request for refund for Carolyn Flammang

**Action Required:**

Approve Ordinance ☐ Approve Resolution ☐ Approve Motion ☒

Hold Public Hearing ☐ Informational ☐ Attachments ☒

Set Time:

**Reviewed by County Attorney's Office:** ☐

**Background & Financial Impact:**

The payment made for the September installment on parcel 864221400004 was overpaid by $842.00. The owner is requesting a refund back of this overpayment. Payment was made in error.

**Recommendation:**

Approve the request for refund.

**Attachments:**

Request for Refund-Flammang

*Approved by Board of Supervisors on March 17, 2026*

# WOODBURY COUNTY TREASURER

www.woodburycountyiowa.gov
822 Douglas St. Room 102
Sioux City, IA 51101

Mail to:
Woodbury County Treasurer
822 Douglas St., Room 102
Sioux City, Iowa 51101

## Request for Property Tax Refund

**We hereby request a refund of property tax paid for the following parcels:**

| | | | |
|---|---|---|---|
| **PARCEL #** | 864221400004 | **Amount** | $ 842.00 |
| **PARCEL #** | | **Amount** | |
| **PARCEL #** | | **Amount** | |
| **PARCEL #** | | **Amount** | |

*REASON FOR REFUND:*

☒ *Over Payment made on* 10-12-26 ☐ *Sold Property on* _____

☐ *Duplicate Payment made on* _____

☐ *Other:* _____

*REFUND REQUESTED BY:*

Name(s): _____
(Refund to be issued to name above, Please Print Clearly)

Mailing Address: 4539 Danbury Blacktop

City: Danbury State: IA Zip: 51019

Phone Number: (712) 880-1119 Email: _____

Printed Name: Carolyn Flammang Date: _____

Signature: Carolyn Flammang

**Office use Only:**
**Notes:** _____

**Clerk:** _____ **Date:** _____

**Refund issued on:** _____ **Check #:** _____

Property Tax: (712)279-6495
Fax: (712) 279-6493

# WOODBURY COUNTY
# AGENDA ITEM(S) REQUEST FORM

**Date:** 11/16/2026 **Weekly Agenda Date:** 11/24/2026

**Elected Official / Department Head / Citizen:** Daniel Priestley

**Wording for Agenda Item:**

Approve Resolution setting a public hearing for December 15, 2026 at 4:42 p.m. on the proposed quitclaim of Woodbury County interest, if any, in certain vacated alley and street property in the original plat of the Town of Luton (Section 20, T87N, R46W) to Sandra Kay Lau only, pursuant to Iowa Code section 331.361(2), for $1.00 plus recording fees. The proposed quitclaim transfers any such interest in the north 8 feet of the vacated east-west alley south of Lots 1-6, Block 7, and related vacated First Street area (approx. 5,568 sq ft) to Sandra Kay Lau only.

**Action Required:**

Approve Ordinance ☐ Approve Resolution ☒ Approve Motion ☐

Hold Public Hearing ☒ Informational ☐ Attachments ☒

Set Time: 4:42 PM

**Reviewed by County Attorney's Office:** ☐

**Background & Financial Impact:**

Woodbury County may hold residual interest in vacated streets/alleys in the original plat of the Town of Luton (Section 20, T87N, R46W). The proposed quitclaim transfers any such interest in the north 8 feet of the vacated east-west alley south of Lots 1-6, Block 7, and related vacated First Street area (approx. 5,568 sq ft) to Sandra Kay Lau only. Consideration is $1.00 plus recording fees. No warranty of title is provided. This follows prior similar transfers in Luton. Minimal financial impact (nominal consideration); clears potential cloud on title for the purchaser.

**Recommendation:**

Approve Resolution setting a public hearing for December 15, 2026 at 4:42 p.m. on the proposed quitclaim of Woodbury County interest, if any, in certain vacated alley and street property in the

original plat of the Town of Luton (Section 20, T87N, R46W) to Sandra Kay Lau only, pursuant to Iowa Code section 331.361(2), for $1.00 plus recording fees. The proposed quitclaim transfers any such interest in the north 8 feet of the vacated east-west alley south of Lots 1-6, Block 7, and related vacated First Street area (approx. 5,568 sq ft) to Sandra Kay Lau only.

**Attachments:**

Resolution

*Approved by Board of Supervisors on March 17, 2026*

**RESOLUTION # _____**

# NOTICE OF PROPERTY SALE

**WHEREAS** Woodbury County, Iowa may have an interest in a certain parcel of real estate described as:

**The north 8' of the vacated east-west 16' wide alley south of and adjacent to Lots One (1) to Six (6) in block 7 and vacated First Street lying east of block 7, bounded on the south by the centerline of the east-west alley in block 7 extended easterly to the west line of block 6, bounded on the east by the west line of block 6, and bounded on the north by the southwesterly right-of-way line of Railway Street now known as Dallas Avenue, containing 5,568 square feet, more or less, of the original plat of the Town of Luton located in Section 20, T87N, R46W, Woodbury Township of the 5th P.M. Woodbury County, Iowa.**

**NOW THEREFORE,**

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

1. That a public hearing on the herein proposal shall be held on the **15th Day of December, 2026 at 4:42 o'clock p.m.** in the meeting room of the Board of Supervisors on the first floor of the Woodbury County Courthouse.
2. That said Board proposes to sell Woodbury County's interest, if any, in the said parcel of real estate on the **15th Day of December, 2026,** immediately following the closing of the public hearing to **Sandra Kay Lau only** per Code of Iowa 331.361(2).
3. That said Board proposes to quitclaim Woodbury County's interest, if any, in said real estate to **Sandra Kay Lau only** for consideration of $1.00 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 24th Day of November, 2026.

WOODBURY COUNTY BOARD OF SUPERVISORS

_____
Mark Nelson, Chairman

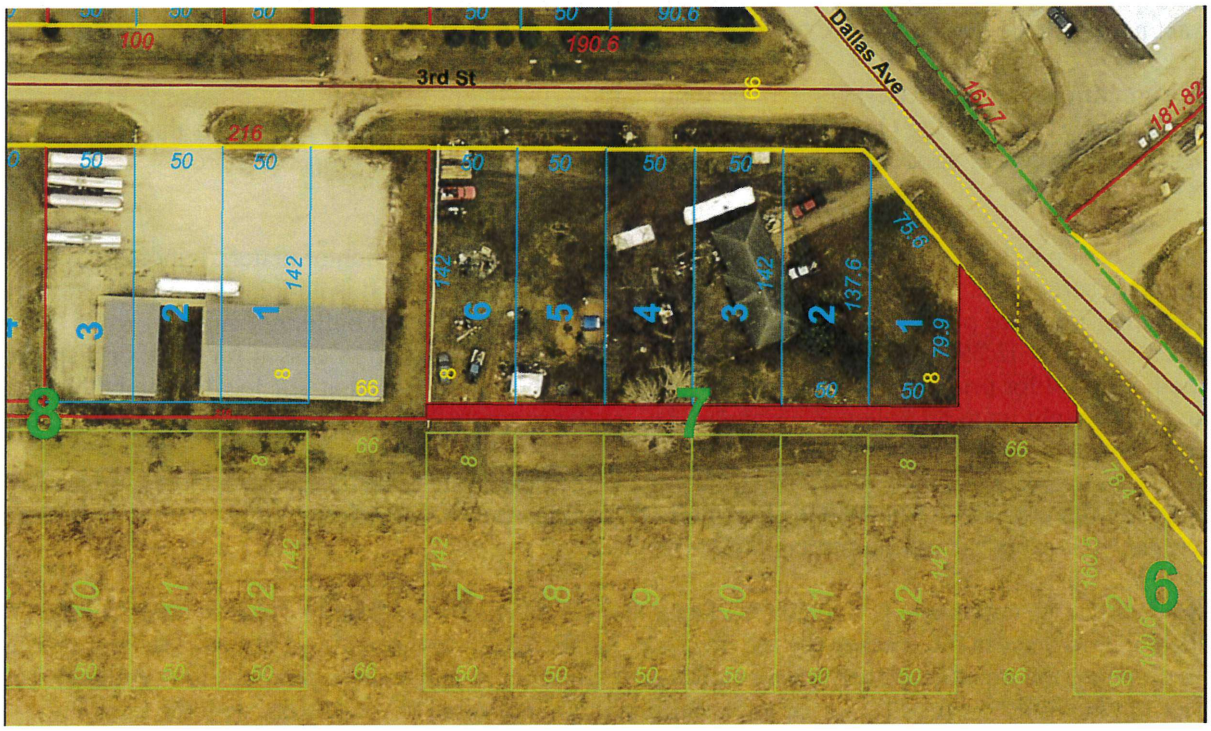
ATTEST:

_____
Michelle K. Skaff
Woodbury County Auditor and Recorder

DRAFT

**Property Description**

The north 8' of the vacated east-west 16' wide alley south of and adjacent to Lots One (1) to Six (6) in block 7 and vacated First Street lying east of block 7, bounded on the south by the centerline of the east-west alley in block 7 extended easterly to the west line of block 6, bounded on the east by the west line of block 6, and bounded on the north by the southwesterly right-of-way line of Railway Street now known as Dallas Avenue, containing 5,568 square feet, more or less, of the original plat of the Town of Luton located in Section 20, T87N, R46W, Woodbury Township of the 5th P.M. Woodbury County, Iowa.



# WOODBURY COUNTY
# AGENDA ITEM(S) REQUEST FORM

**Date:** 11/16/2026 **Weekly Agenda Date:** 11/24/2026

**Elected Official / Department Head / Citizen:** Daniel Priestley

**Wording for Agenda Item:**

Approve Resolution setting a public hearing for December 15, 2026 at 4:44 p.m. on the proposed quitclaim of Woodbury County interest, if any, in certain vacated alley and street property in the original plat of the Town of Luton (Section 20, T87N, R46W) to the Joint Revocable Trust of Richard F. Mercer and Barbara J. Mercer only, pursuant to Iowa Code section 331.361(2), for $1.00 plus recording fees. he proposed quitclaim transfers any such interest in the south 8 feet of the vacated east-west alley north of Lots 16 and 17 in Block 4, related vacated alleys and Second Street areas, and a triangular area (approx. 21,516 sq ft) to the Joint Revocable Trust of Richard F. Mercer and Barbara J. Mercer only.

**Action Required:**

Approve Ordinance ☐ Approve Resolution ☒ Approve Motion ☐

Hold Public Hearing ☒ Informational ☐ Attachments ☒

Set Time: 4:44 PM

**Reviewed by County Attorney's Office:** ☐

**Background & Financial Impact:**

Woodbury County may hold residual interest in vacated streets/alleys in the original plat of the Town of Luton (Section 20, T87N, R46W). The proposed quitclaim transfers any such interest in the south 8 feet of the vacated east-west alley north of Lots 16 and 17 in Block 4, related vacated alleys and Second Street areas, and a triangular area (approx. 21,516 sq ft) to the Joint Revocable Trust of Richard F. Mercer and Barbara J. Mercer only. Consideration is $1.00 plus recording fees. No warranty of title is provided. This follows prior similar transfers in Luton. Minimal financial impact (nominal consideration); clears potential cloud on title for the purchaser.

**Recommendation:**

Approve Resolution setting a public hearing for December 15, 2026 at 4:44 p.m. on the proposed quitclaim of Woodbury County interest, if any, in certain vacated alley and street property in the original plat of the Town of Luton (Section 20, T87N, R46W) to the Joint Revocable Trust of Richard F. Mercer and Barbara J. Mercer only, pursuant to Iowa Code section 331.361(2), for $1.00 plus recording fees. he proposed quitclaim transfers any such interest in the south 8 feet of the vacated east-west alley north of Lots 16 and 17 in Block 4, related vacated alleys and Second Street areas, and a triangular area (approx. 21,516 sq ft) to the Joint Revocable Trust of Richard F. Mercer and Barbara J. Mercer only.

**Attachments:**

Resolution

*Approved by Board of Supervisors on March 17, 2026*

**RESOLUTION # _____**

# NOTICE OF PROPERTY SALE

**WHEREAS** Woodbury County, Iowa may have an interest in a certain parcel of real estate described as:

**The south 8' of the vacated east-west 16' wide alley north of and adjacent to Lots Sixteen (16) and Seventeen (17) in block 4, the vacated east-west 16' wide alley between Lots One & Two (1 & 2) and Eighteen (18) in block 4, vacated Second Street lying east of block 4 and west of block 5, bounded on the south by the south line of block 4 extended easterly along the south line of block 5 and bounded on the north by the southwesterly right-of-way line of Railway Street now known as Dallas Avenue, and the vacated triangular area bounded on the west by vacated Second Street, bounded on the south by Lots Two (2) and Three (3) in block 5 and bounded on the north by the southwesterly right-of-way line of Railway Street now known as Dallas Avenue, containing 21,516 square feet, more or less, of the original plat of the Town of Luton located in Section 20, T87N, R46W, Woodbury Township of the 5th P.M. Woodbury County, Iowa.**

**NOW THEREFORE,**

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

1. That a p3ublic hearing on the herein proposal shall be held on the **15th Day of December, 2026 at 4:44 o'clock p.m.** in the meeting room of the Board of Supervisors on the first floor of the Woodbury County Courthouse.
2. That said Board proposes to sell Woodbury County's interest, if any, in the said parcel of real estate on the **15th Day of December, 2026,** immediately following the closing of the public hearing to **Joint Revocable Trust of Richard F. Mercer and Barbara J. Mercer only** per Code of Iowa 331.361(2).
3. That said Board proposes to quitclaim Woodbury County's interest, if any, in said real estate to **Joint Revocable Trust of Richard F. Mercer and Barbara J. Mercer only** for consideration of $1.00 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 24th Day of November, 2026.

WOODBURY COUNTY BOARD OF SUPERVISORS

_____
Mark Nelson, Chairman

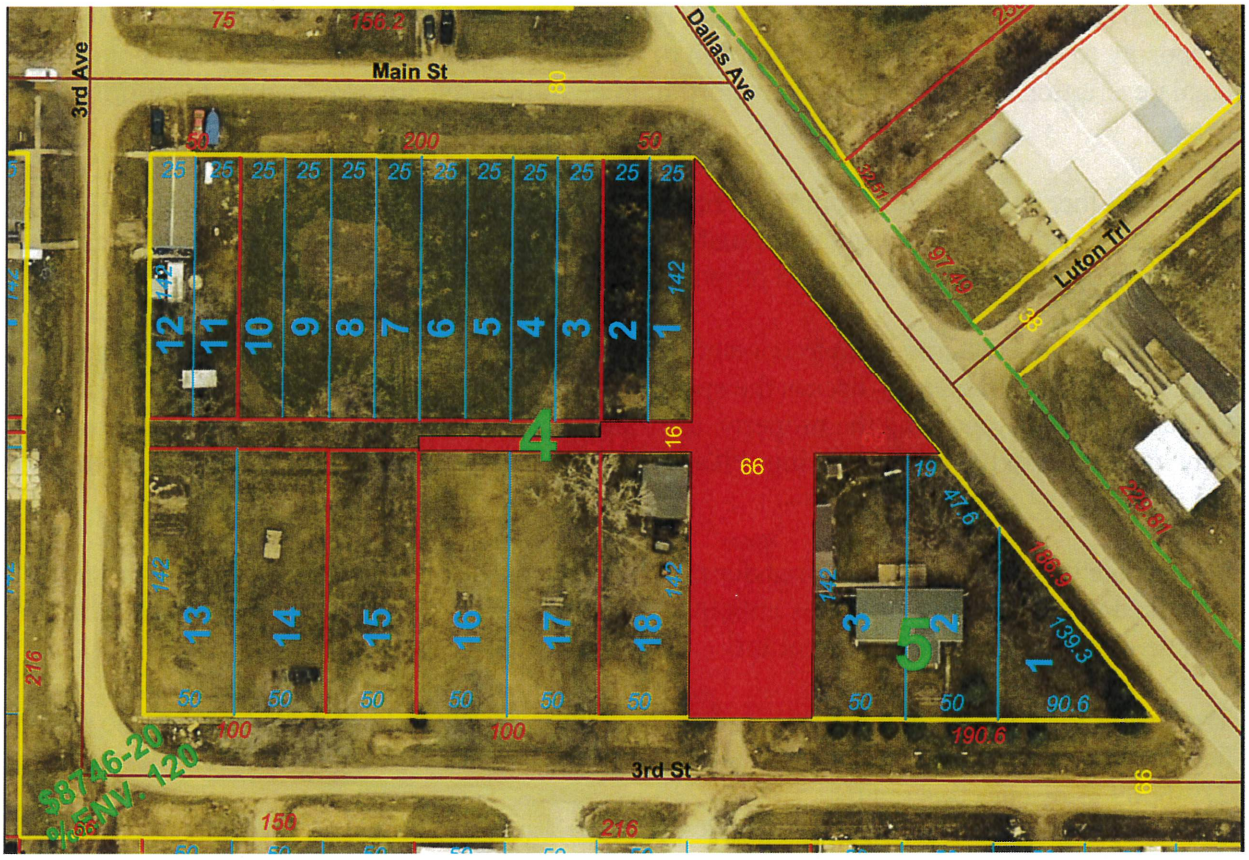
ATTEST:

_____
Michelle K. Skaff
Woodbury County Auditor and Recorder

DRAFT

**Property Description**

The south 8' of the vacated east-west 16' wide alley north of and adjacent to Lots Sixteen (16) and Seventeen (17) in block 4, the vacated east-west 16' wide alley between Lots One & Two (1 & 2) and Eighteen (18) in block 4, vacated Second Street lying east of block 4 and west of block 5, bounded on the south by the south line of block 4 extended easterly along the south line of block 5 and bounded on the north by the southwesterly right-of-way line of Railway Street now known as Dallas Avenue, and the vacated triangular area bounded on the west by vacated Second Street, bounded on the south by Lots Two (2) and Three (3) in block 5 and bounded on the north by the southwesterly right-of-way line of Railway Street now known as Dallas Avenue, containing 21,516 square feet, more or less, of the original plat of the Town of Luton located in Section 20, T87N, R46W, Woodbury Township of the 5th P.M. Woodbury County, Iowa.



# WOODBURY COUNTY
# AGENDA ITEM(S) REQUEST FORM

**Date:** 11/16/2026 **Weekly Agenda Date:** 11/24/2026

**Elected Official / Department Head / Citizen:** Daniel Priestley

**Wording for Agenda Item:**

Approve Resolution setting a public hearing for December 15, 2026 at 4:46 p.m. on the proposed quitclaim of Woodbury County interest, if any, in certain vacated alley property in the original plat of the Town of Luton (Section 20, T87N, R46W) to Prairie Valley Farm Service, L.L.C. only, pursuant to Iowa Code section 331.361(2), for $1.00 plus recording fees. The proposed quitclaim transfers any such interest in the north 8 feet of the vacated east-west alley south of and adjacent to Lots 3 to 10 in Block 4 (approx. 1,600 sq ft) to Prairie Valley Farm Service, L.L.C. only.

**Action Required:**

Approve Ordinance ☐ Approve Resolution ☒ Approve Motion ☐

Hold Public Hearing ☒ Informational ☐ Attachments ☒

Set Time: 4:46 PM

**Reviewed by County Attorney's Office:** ☐

**Background & Financial Impact:**

Woodbury County may hold residual interest in vacated streets/alleys in the original plat of the Town of Luton (Section 20, T87N, R46W). The proposed quitclaim transfers any such interest in the north 8 feet of the vacated east-west alley south of and adjacent to Lots 3 to 10 in Block 4 (approx. 1,600 sq ft) to Prairie Valley Farm Service, L.L.C. only. Consideration is $1.00 plus recording fees. No warranty of title is provided. This follows prior similar transfers in Luton. Minimal financial impact (nominal consideration); clears potential cloud on title for the purchaser.

**Recommendation:**

Approve Resolution setting a public hearing for December 15, 2026 at 4:46 p.m. on the proposed quitclaim of Woodbury County interest, if any, in certain vacated alley property in the original plat

of the Town of Luton (Section 20, T87N, R46W) to Prairie Valley Farm Service, L.L.C. only, pursuant to Iowa Code section 331.361(2), for $1.00 plus recording fees. The proposed quitclaim transfers any such interest in the north 8 feet of the vacated east-west alley south of and adjacent to Lots 3 to 10 in Block 4 (approx. 1,600 sq ft) to Prairie Valley Farm Service, L.L.C. only.

**Attachments:**

Resolution

*Approved by Board of Supervisors on March 17, 2026*

**RESOLUTION # _____**

# NOTICE OF PROPERTY SALE

**WHEREAS** Woodbury County, Iowa may have an interest in a certain parcel of real estate described as:

**The north 8' of the vacated east-west 16' wide alley south of and adjacent to Lots Three (3) to Ten (10) in block 4, containing 1,600 square feet, more or less, of the original plat of the Town of Luton located in Section 20, T87N, R46W, Woodbury Township of the 5th P.M. Woodbury County, Iowa.**

**NOW THEREFORE,**

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

1. That a public hearing on the herein proposal shall be held on the **15th Day of December, 2026 at 4:46 o'clock p.m.** in the meeting room of the Board of Supervisors on the first floor of the Woodbury County Courthouse.
2. That said Board proposes to sell Woodbury County's interest, if any, in the said parcel of real estate on the **15th Day of December, 2026,** immediately following the closing of the public hearing to **Prairie Valley Farm Service, L.L.C. only** per Code of Iowa 331.361(2).
3. That said Board proposes to quitclaim Woodbury County's interest, if any, in said real estate to **Prairie Valley Farm Service, L.L.C. only** for consideration of $1.00 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 24th Day of November, 2026.

WOODBURY COUNTY BOARD OF SUPERVISORS

_____
Mark Nelson, Chairman

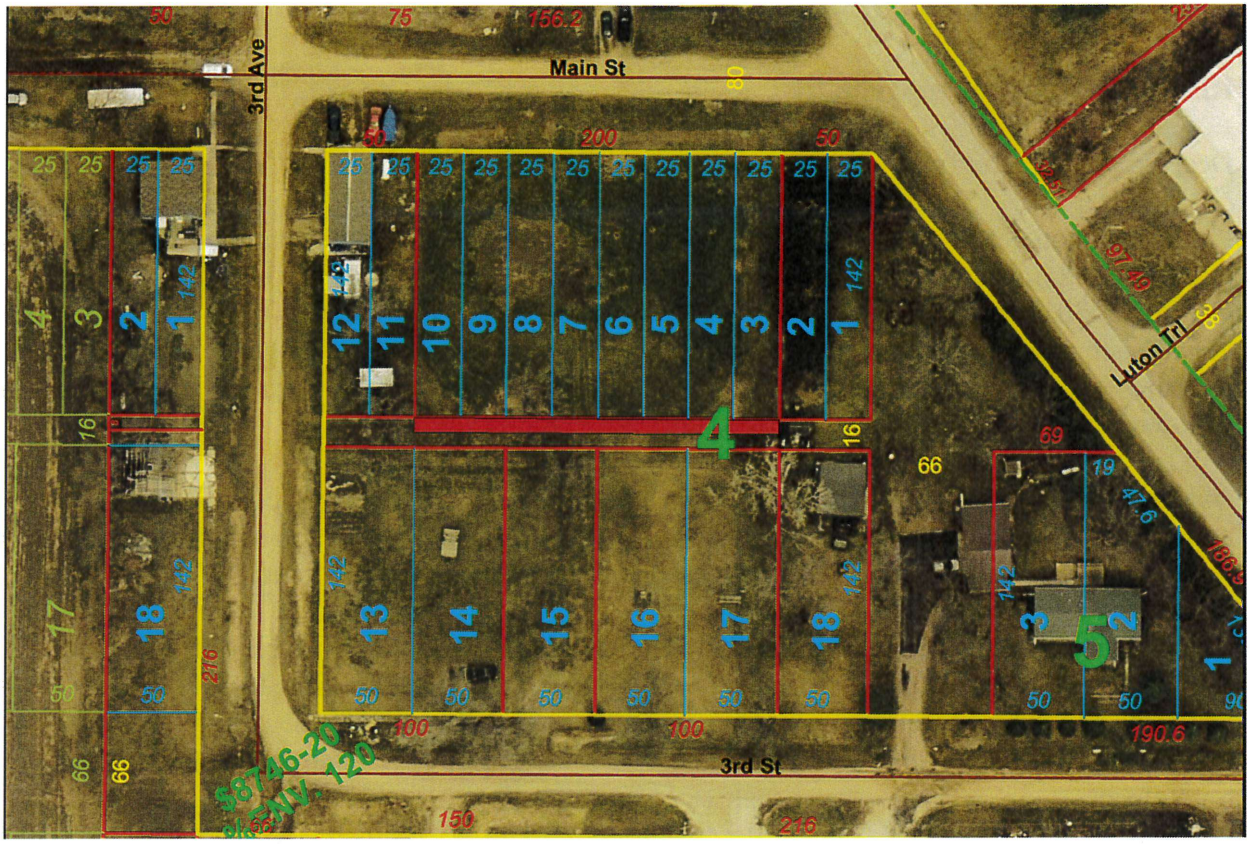
ATTEST:

_____
Michelle K. Skaff
Woodbury County Auditor and Recorder

DRAFT

**Property Description**

The north 8' of the vacated east-west 16' wide alley south of and adjacent to Lots Three (3) to Ten (10) in block 4, containing 1,600 square feet, more or less, of the original plat of the Town of Luton located in Section 20, T87N, R46W, Woodbury Township of the 5th P.M. Woodbury County, Iowa.



# WOODBURY COUNTY
# AGENDA ITEM(S) REQUEST FORM

**Date:** 11/16/2026 **Weekly Agenda Date:** 11/24/2026

**Elected Official / Department Head / Citizen:** Daniel Priestley

**Wording for Agenda Item:**

Approve Resolution setting a public hearing for December 15, 2026 at 4:48 p.m. on the proposed quitclaim of Woodbury County interest, if any, in certain vacated alley property in the original plat of the Town of Luton (Section 20, T87N, R46W) to Arnold R. Wittmaack only, pursuant to Iowa Code section 331.361(2), for $1.00 plus recording fees. The proposed quitclaim transfers any such interest in the north 8 feet of the vacated east-west alley south of Lots 1 and 2 in Block 3, the vacated east-west alley between Lots 11-13 in Block 4, and the south 8 feet of the vacated east-west alley north of Lots 14 and 15 in Block 4 (approx. 2,000 sq ft) to Arnold R. Wittmaack only.

**Action Required:**

Approve Ordinance ☐ Approve Resolution ☒ Approve Motion ☐

Hold Public Hearing ☒ Informational ☐ Attachments ☒

Set Time: 4:48 PM

**Reviewed by County Attorney's Office:** ☐

**Background & Financial Impact:**

Woodbury County may hold residual interest in vacated streets/alleys in the original plat of the Town of Luton (Section 20, T87N, R46W). The proposed quitclaim transfers any such interest in the north 8 feet of the vacated east-west alley south of Lots 1 and 2 in Block 3, the vacated east-west alley between Lots 11-13 in Block 4, and the south 8 feet of the vacated east-west alley north of Lots 14 and 15 in Block 4 (approx. 2,000 sq ft) to Arnold R. Wittmaack only. Consideration is $1.00 plus recording fees. No warranty of title is provided. This follows prior similar transfers in Luton. Minimal financial impact (nominal consideration); clears potential cloud on title for the purchaser.

**Recommendation:**

Approve Resolution setting a public hearing for December 15, 2026 at 4:48 p.m. on the proposed quitclaim of Woodbury County interest, if any, in certain vacated alley property in the original plat of the Town of Luton (Section 20, T87N, R46W) to Arnold R. Wittmaack only, pursuant to Iowa Code section 331.361(2), for $1.00 plus recording fees. The proposed quitclaim transfers any such interest in the north 8 feet of the vacated east-west alley south of Lots 1 and 2 in Block 3, the vacated east-west alley between Lots 11-13 in Block 4, and the south 8 feet of the vacated east-west alley north of Lots 14 and 15 in Block 4 (approx. 2,000 sq ft) to Arnold R. Wittmaack only.

**Attachments:**

Resolution

*Approved by Board of Supervisors on March 17, 2026*

**RESOLUTION # _____**

# NOTICE OF PROPERTY SALE

**WHEREAS** Woodbury County, Iowa may have an interest in a certain parcel of real estate described as:

**The north 8' of the vacated east-west 16' wide alley south of and adjacent to Lots One (1) and Two (2) in block 3, the vacated east-west 16' wide alley between Lots Eleven (11) to Thirteen (13) in block 4, and the south 8' of the vacated east-west 16' wide alley north of and adjacent to Lots Fourteen (14) and Fifteen (15) in block 4, containing 2,000 square feet, more or less, of the original plat of the Town of Luton located in Section 20, T87N, R46W, Woodbury Township of the 5th P.M. Woodbury County, Iowa.**

**NOW THEREFORE,**

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

1. That a public hearing on the herein proposal shall be held on the **15th Day of December, 2026 at 4:48 o'clock p.m.** in the meeting room of the Board of Supervisors on the first floor of the Woodbury County Courthouse.
2. That said Board proposes to sell Woodbury County's interest, if any, in the said parcel of real estate on the **15th Day of December, 2026,** immediately following the closing of the public hearing to **Arnold R. Wittmaack only** per Code of Iowa 331.361(2).
3. That said Board proposes to quitclaim Woodbury County's interest, if any, in said real estate to **Arnold R. Wittmaack only** for consideration of $1.00 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 24th Day of November, 2026.

WOODBURY COUNTY BOARD OF SUPERVISORS

_____
Mark Nelson, Chairman

ATTEST:

_____
Michelle K. Skaff
Woodbury County Auditor and Recorder

DRAFT

**Property Description**

The north 8' of the vacated east-west 16' wide alley south of and adjacent to Lots One (1) and Two (2) in block 3, the vacated east-west 16' wide alley between Lots Eleven (11) to Thirteen (13) in block 4, and the south 8' of the vacated east-west 16' wide alley north of and adjacent to Lots Fourteen (14) and Fifteen (15) in block 4, containing 2,000 square feet, more or less, of the original plat of the Town of Luton located in Section 20, T87N, R46W, Woodbury Township of the 5th P.M. Woodbury County, Iowa.



# HUMAN RESOURCES DEPARTMENT

# MEMORANDUM OF PERSONNEL TRANSACTIONS

**DATE: November 24, 2026**

*** 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 |
|---|---|---|---|---|---|---|---|
| Tadlock, Troy | Sheriff's Office | 11-23-2026 | Deputy Lieutenant | $152,462.60/year | 52%= $51,915.40/year | P | Promoted |
| Doscher, Andrew | Secondary Roads | 11-23-2026 | Motor Grader Operator | $29.68/hour | 3%=$0.89/hr | R | End of Probationary Period |
| Nunez-Diaz, Roxana | Juvenile Detention | 11-30-2026 | Youth Worker - PT | $23.40/hour | | A | Job Vacancy Posted on 7/1/26. Entry Level Salary: $23.40/hr |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

**APPROVED BY BOARD DATE:** _____

**MELISSA THOMAS, HR DIRECTOR:** Melissa Thomas, HR Director

# WOODBURY COUNTY
# AGENDA ITEM(S) REQUEST FORM

**Date:** 11/19/2026 **Weekly Agenda Date:** 11/24/2026

**Elected Official / Department Head / Citizen:** Melissa Thomas, Human Resources Director

**Wording for Agenda Item:**

Approval of the 2027 Delta Dental Renewal

**Action Required:**

Approve Ordinance ☐ Approve Resolution ☐ Approve Motion ☐

Hold Public Hearing ☐ Informational ☐ Attachments ☒

Set Time:

**Reviewed by County Attorney's Office:** ☐

**Background & Financial Impact:**

The paperwork for the renewal of Woodbury County's dental plan is being submitted. This renewal outlines the administrative fees for the 2027 plan year. Delta Dental renews the plan annually on January 1. Administrative fees have increased slightly, by $0.15 per contract. Woodbury County continues to provide single dental coverage at no cost to all eligible employees.

**Recommendation:**

Motion to accept the 2027 Delta Dental renewal for signature.

**Attachments:**

Attachment 1

*Approved by Board of Supervisors on March 17, 2026*

DELTA DENTAL®

Thank you for this opportunity to continue our relationship with Woodbury County. You made the right choice for you and your employees.

Below is a summary of your savings and utilization with Delta Dental of Iowa. Enclosed you will find supporting information for your renewal.

## YOUR GREATEST SAVINGS

With Delta Dental, your employees have access to the largest network of dentists in the U.S. That means they can receive affordable, quality dental care no matter where they are located.

+ 97.54% of your employees and their families go to a network dentist.
+ You and your employees saved $202,671.
+ You and your employees receive the industry's best discounts on care with Delta Dental's PPO Plus Premier™ network.

## YOUR DENTAL EXPERT

You and your employees deserve to work with a company that is easy and flexible. That is what we are known for — we are the dental experts.

+ In-house dental expertise (including a dentist) provides science-based consultation on custom plan designs to make sure your employees get the coverage they need.
+ Best-in-class service backed by data and experience to provide you peace of mind.
+ Focus on prevention to improve your teams' overall health and wellness.

## MOVING FORWARD TOGETHER

Delta Dental values our partnership as the dental carrier for Woodbury County and we look forward to continuing this relationship.

Your employees are your most valuable asset, thank you for allowing us to help you protect them.

## YOUR SAVINGS

**$202,671**
**Your savings** with Delta Dental

>>

**33.62% or $44.23 PEPM***
**Your discount** with Delta Dental

**$24.99**
**Claims paid** PMPM**

## YOUR DENTAL EXPERT

**97.54%**
of your employees go to a **network dentist.**

>>

**100%**
of **employees have access** to one Delta Dental dentist within 20 miles.

## OUR EXPERIENCE



85 million members in U.S.



157,000 businesses



4 in 5 dentists are in the Delta Dental Network

**60+** years of improving the health & smiles of our customers

* Per employee per month
** Per member per month

DELTA DENTAL®

Renewal Financial Exhibit
Self-Funded

Woodbury County
Group Number: 33541
Network: Delta Dental PPO Plus Premier™
Contract Period: 1/1/27 to 12/31/27

| Employee Enrollment | Current | Previous |
|---|---|---|
| Single | 177 | 189 |
| Employee / Spouse | 55 | 66 |
| Employee / Child | 41 | 39 |
| Family | 101 | 103 |
| **Total** | **374** | **397** |

## Your Savings

Claims Period: 8/1/25 to 7/31/26

| Submitted Claims | Paid Claims |
|---|---|
| $602,814 | $247,165 |

>>>

**Delta Dental Savings:** $202,671

**Delta Dental Discount:** 33.62 %

## Projected Annual Expense

**Monthly Amounts Per Employee**

| | Administrative Fee | Broker Fee |
|---|---|---|
| **Current** | $6.21 | $0.00 |
| **Renewal** | $6.36 | $0.00 |

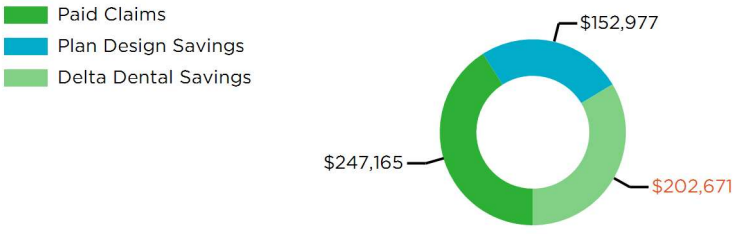
**Annual Renewal Amounts***

| | |
|---|---|
| Administrative Fee | $28,544 |
| Broker Fee | $0 |
| Projected Claims | $259,438 |
| **Projected Dental Expense** | $287,982 |

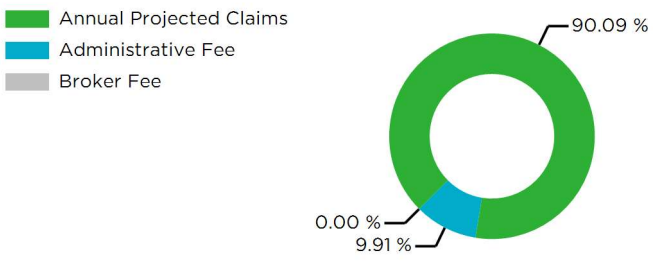
| | Projected Claims | Suggested Rates | Employee Rates** | Contribution Amount | Retir |
|---|---|---|---|---|---|
| Single | $28.21 | $31.31 | | | $30.84 |
| Employee / Spouse | $59.49 | $66.03 | | | $65.02 |
| Employee / Child | $71.87 | $79.78 | | | $78.28 |
| Family | $103.05 | $114.37 | | | $112.81 |

## Delta Dental Advantage

**Claims Period Savings**




**Projected Dental Expense: $287,982**




## Signature

I acknowledge acceptance of this renewal at the rates shown above. Please provide contribution amounts above.

Total Employees Eligible: _____

Name: _____

Email Address: _____

X _____ _____
Signature Date

* (Administrative Fee + Broker Fee + Projected Claims) x Current Enrollment x 12 months.
** List rates if different than suggested rates.

DELTA DENTAL®

Woodbury County
Group Number: 33541
Benefits Effective: 1/1/2027 to 12/31/2027

| SUMMARY OF COVERAGE | Delta Dental PPO™ Dentist | Delta Dental Premier® Dentist | Out-of-Network Dentist |
|---|---|---|---|
| Deductible | | | |
| Individual | $15* | $25* | $25* |
| Family | $45* | $75* | $75* |
| Annual Benefit Maximum | $1,500 | $1,500 | $1,500 |

| BENEFIT CATEGORIES | Coinsurance paid by member | | |
|---|---|---|---|
| Diagnostic & Preventive Services<br>routine check-ups, teeth cleaning, bitewing x-rays, full mouth x-rays, fluoride, sealants, space maintainers | 0% | 0% | 0% |
| Routine & Restorative Services<br>cavity repair, tooth extractions, general anesthesia/sedation, routine oral surgery, emergency treatment | 10% | 20% | 20% |
| Posterior Composites<br>silver filling on back teeth** | 10% | 20% | 20% |
| Endodontic Services<br>root canals and therapy | 20% | 20% | 20% |
| Periodontal Services<br>non-surgical procedures, gum and bone diseases, surgical procedures<br>perio maintenance therapy | 50%<br>0% | 50%<br>0% | 50%<br>0% |
| High Cost Restorations<br>repair crowns, crowns | 50% | 50% | 50% |
| Prosthetics<br>bridges, dentures | 50% | 50% | 50% |
| Implants | 50% | 50% | 50% |

*Deductible is waived for diagnostic and preventive care.
Deductible does not apply to Periodontal Maintenance Therapy.
Percentages shown are what the member pays. Eligible children to age 26. Full-time (unmarried) students eligible to age 99.
**If you choose a tooth-colored filling for your back (posterior) teeth, benefits are limited to the amount paid for a silver filling. You are responsible for paying the difference.
The information on this page summarizes your benefits. This is a general description of your benefits. If you do not see a service listed, please see your benefits document for a full description of coverage.

# WOODBURY COUNTY
# AGENDA ITEM(S) REQUEST FORM

**Date:** 11/19/2026 **Weekly Agenda Date:** 11/24/2026

**Elected Official / Department Head / Citizen:** Melissa Thomas, Human Resources Director

**Wording for Agenda Item:**

Approval of the 2027 Wellmark Health Plan Renewal Rates

**Action Required:**

Approve Ordinance ☐ Approve Resolution ☐ Approve Motion ☐

Hold Public Hearing ☐ Informational ☐ Attachments ☒

Set Time:

**Reviewed by County Attorney's Office:** ☐

**Background & Financial Impact:**

Renewal of the medical plan is an annual process effective January 1. The attached documentation outlines the rates, benefits, and plan design changes for the upcoming calendar year. As part of this year's renewal, a new High-Deductible Health Plan (HDHP) option has been added to the County's benefit offerings. Fixed costs have increased by $79.15 per contract, with the majority of the increase attributable to stop-loss premiums, which increased by $70.97 per contract.

**Recommendation:**

Motion to approve Woodbury County's 2027 medical plan renewal

**Attachments:**

Rates

Binder

*Approved by Board of Supervisors on March 17, 2026*

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

## Package – Plan Summary – Self Funded

Account Name: WOODBURY COUNTY
Parent Group ID: 00017570
Status: Renewal - Final

Effective Date: 01/01/2027 to 12/31/2027
Funding Arrangement: Self Funded

| Package Information | | | |
|---|---|---|---|
| **Package Name** | WOODBURY COUNTY HEALTH PLAN HMO/WOODBURY COUNTY - CARVE OUT RX | WOODBURY COUNTY HEALTH PLAN PPO/WOODBURY COUNTY - CARVE OUT RX | WOODBURY COUNTY HDHP PPO/WOODBURY COUNTY - CARVE OUT RX |
| **Plan ID – Med/Rx** | 75535-1 / 75533-1 | 75536-1 / 75533-1 | 75540-1 / 75533-1 |
| **Product – Med/Rx** | Wellmark Blue HMO / No Wellmark Retail RX | Alliance Select / No Wellmark Retail RX | Alliance Select / No Wellmark Retail RX |
| **Minimum Value Evaluation** | Outside Certification | Outside Certification | Outside Certification |

| Plan Description | | | |
|---|---|---|---|
| **Medical Benefits:** | | | |
| Deductible | $500/$1,000 (IN) | $500/$1,000 (IN) | $2,000/$4,000 (IN) |
| Coinsurance | 20% (IN) | 20% (IN) | N/A |
| OPM | $1,500/$3,000 (IN) | $1,500/$3,000 (IN) | $2,000/$4,000 (IN) |
| OV Copay | $25/$25/$50 (IN) | $25/$50 (IN) | N/A |
| **Rx Benefits:** | | | |
| Deductible | N/A | N/A | N/A |
| Coinsurance | N/A | N/A | N/A |
| OPM | N/A | N/A | N/A |
| Copay | N/A | N/A | N/A |

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

## Rate Page – Self Funded

Account Name: WOODBURY COUNTY
Parent Group ID: 00017570
Status: Renewal - Final

Effective Date: 01/01/2027 to 12/31/2027
Funding Arrangement: Self Funded

### Package & Contract Information

| | |
|---|---|
| **Package Name** | WOODBURY COUNTY HEALTH PLAN HMO/WOODBURY COUNTY - CARVE OUT RX |
| **Plan ID – Med/Rx** | 75535-1 / 75533-1 |
| **Product – Med/Rx** | Wellmark Blue HMO / No Wellmark Retail RX |
| **Minimum Value Evaluation** | Outside Certification |

### Plan Description

| **Medical Benefits:** | | **Rx Benefits:** | |
|---|---|---|---|
| Deductible | $500/$1,000 (IN) | Deductible | N/A |
| Coinsurance | 20% (IN) | Coinsurance | N/A |
| OPM | $1,500/$3,000 (IN) | OPM | N/A |
| Copay | $25/$25/$50 (IN) | Copay | N/A |

### Fixed Fees – PCPM

| Claims Payment Terms | | | Actual Weekly |
|---|---|---|---|
| Fee Category | | | Renewal |
| Administrative Fees | | | $53.72 |
| PBM Vendor Coordination Fees | | | $5.00 |
| Network Access Fees | | | $14.90 |
| Consultant Fees* | | | $0.00 |
| | Level | Terms | |
| Individual Stop Loss Fees | $100,000 | 99/12 | $342.22 |
| Aggregate Stop Loss Fees | 125% | | $4.86 |
| Total Fixed Fees | | | $420.70 |

### Rate Information – PCPM

| | Enrolled | Fixed Fees | Expected Claims | **Estimated Suggested Rates | Attachment Points | **Estimated Max Liability to Fund |
|---|---|---|---|---|---|---|
| Single | 128 | $199.87 | $745.17 | $945.04 | $931.46 | $1,131.34 |
| Family | 160 | $613.40 | $2,286.93 | $2,900.33 | $2,858.65 | $3,472.08 |
| EE+Spouse | 66 | $409.33 | $1,526.11 | $1,935.44 | $1,907.63 | $2,316.98 |
| EE+Children | 43 | $378.35 | $1,410.61 | $1,788.96 | $1,763.25 | $2,141.63 |
| | Annual: | $2,004,146 | $7,472,041 | $9,476,187 | $9,340,011 | $11,344,261 |

Employer Signature: _____ Date: _____

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

Rate Page – Self Funded

Account Name: WOODBURY COUNTY
Parent Group ID: 00017570
Status: Renewal - Final

Effective Date: 01/01/2027 to 12/31/2027
Funding Arrangement: Self Funded

## Terms & Conditions

Plan rates shown are based on the total number of contracts at the time of rating = 397.

*Consultant Fees are fees charged by Account's benefits consultant pursuant to a services Agreement between Consultant and Account. They are not required to obtain Wellmark services. Consultant Fees are not Wellmark fees, but may be collected by Wellmark and passed to Consultant at the request of the Account, pursuant to a Consultant Fee Collection Agreement between Wellmark, Account, and Consultant. For questions about your Consultant Fees, please contact your benefits consultant.

**Actual results may vary. Also, rates provided include administrative costs based on the entire group population.

Plan information shown is an abbreviated summary, please refer to the benefit summary of the Plan IDs listed above for full details.

Terms of this proposal/renewal are strictly confidential.

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 or group health plan is solely responsible for establishing employee compensation and employee health plan contribution amounts. When Minimum Value Assessment does not meet requirements or cannot be certified, the employer or group health plan must offer an alternative plan option to its eligible employees which meets minimum value requirements. Failure to offer a plan option that meets minimum value may result in penalties under 26 U.S.C. §4980H of the Internal Revenue Code. The Employer or group health plan is solely responsible for any penalties arising from the failure to offer minimum essential coverage that meets both minimum value and affordability requirements. Wellmark makes no representations regarding plan affordability or the eligibility of employees or related individuals for premium tax credits under 26 C.F.R. § 1.36B-2.

The third party liability recovery vendor(s) retain a service fee calculated as a percentage of the recovered amount after deductions for attorneys' fees and costs. The recovery vendor's service fee is not more than 17% of the recovered amount, except that the service fee for recoveries under the recovery vendor's mass tort recovery program is not more than 20% of the recovered amount. These fees are subject to change. The final amount recovered as a result of the actions of the vendor (less the vendor's service fee) is credited to Account. Wellmark's agreement with the recovery vendor may from time to time allow for the application of no vendor service fees to amounts recovered during that period of time. Any recovery amount obtained by the vendor on behalf of the Account during such time period will be provided to Account without application of the vendor service fee.

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

## Rate Page – Self Funded

Account Name: WOODBURY COUNTY
Parent Group ID: 00017570
Status: Renewal - Final

Effective Date: 01/01/2027 to 12/31/2027
Funding Arrangement: Self Funded

### Package & Contract Information

| | |
|---|---|
| **Package Name** | WOODBURY COUNTY HEALTH PLAN PPO/WOODBURY COUNTY - CARVE OUT RX |
| **Plan ID – Med/Rx** | 75536-1 / 75533-1 |
| **Product – Med/Rx** | Alliance Select / No Wellmark Retail RX |
| **Minimum Value Evaluation** | Outside Certification |

### Plan Description

| **Medical Benefits:** | | **Rx Benefits:** | |
|---|---|---|---|
| Deductible | $500/$1,000 (IN) | Deductible | N/A |
| Coinsurance | 20% (IN) | Coinsurance | N/A |
| OPM | $1,500/$3,000 (IN) | OPM | N/A |
| Copay | $25/$50 (IN) | Copay | N/A |

### Fixed Fees – PCPM

| Claims Payment Terms | | | Actual Weekly |
|---|---|---|---|
| Fee Category | | | Renewal |
| Administrative Fees | | | $53.72 |
| PBM Vendor Coordination Fees | | | $5.00 |
| Network Access Fees | | | $14.90 |
| Consultant Fees* | | | $0.00 |
| | Level | Terms | |
| Individual Stop Loss Fees | $100,000 | 99/12 | $342.22 |
| Aggregate Stop Loss Fees | 125% | | $4.86 |
| Total Fixed Fees | | | $420.70 |

### Rate Information – PCPM

| | Enrolled | Fixed Fees | Expected Claims | **Estimated Suggested Rates | Attachment Points | **Estimated Max Liability to Fund |
|---|---|---|---|---|---|---|
| Single | 128 | $199.87 | $838.90 | $1,038.77 | $1,048.62 | $1,248.49 |
| Family | 160 | $613.40 | $2,574.58 | $3,187.99 | $3,218.21 | $3,831.62 |
| EE+Spouse | 66 | $409.33 | $1,718.07 | $2,127.40 | $2,147.57 | $2,556.91 |
| EE+Children | 43 | $378.35 | $1,588.04 | $1,966.39 | $1,985.04 | $2,363.39 |
| | Annual: | $2,004,146 | $8,411,884 | $10,416,050 | $10,514,800 | $12,518,973 |

Employer Signature: _____ Date: _____

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

Rate Page – Self Funded

Account Name: WOODBURY COUNTY
Parent Group ID: 00017570
Status: Renewal - Final

Effective Date: 01/01/2027 to 12/31/2027
Funding Arrangement: Self Funded

## Terms & Conditions

Plan rates shown are based on the total number of contracts at the time of rating = 397.

*Consultant Fees are fees charged by Account's benefits consultant pursuant to a services Agreement between Consultant and Account. They are not required to obtain Wellmark services. Consultant Fees are not Wellmark fees, but may be collected by Wellmark and passed to Consultant at the request of the Account, pursuant to a Consultant Fee Collection Agreement between Wellmark, Account, and Consultant. For questions about your Consultant Fees, please contact your benefits consultant.

**Actual results may vary. Also, rates provided include administrative costs based on the entire group population.

Plan information shown is an abbreviated summary, please refer to the benefit summary of the Plan IDs listed above for full details.

Terms of this proposal/renewal are strictly confidential.

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 or group health plan is solely responsible for establishing employee compensation and employee health plan contribution amounts. When Minimum Value Assessment does not meet requirements or cannot be certified, the employer or group health plan must offer an alternative plan option to its eligible employees which meets minimum value requirements. Failure to offer a plan option that meets minimum value may result in penalties under 26 U.S.C. §4980H of the Internal Revenue Code. The Employer or group health plan is solely responsible for any penalties arising from the failure to offer minimum essential coverage that meets both minimum value and affordability requirements. Wellmark makes no representations regarding plan affordability or the eligibility of employees or related individuals for premium tax credits under 26 C.F.R. § 1.36B-2.

The third party liability recovery vendor(s) retain a service fee calculated as a percentage of the recovered amount after deductions for attorneys' fees and costs. The recovery vendor's service fee is not more than 17% of the recovered amount, except that the service fee for recoveries under the recovery vendor's mass tort recovery program is not more than 20% of the recovered amount. These fees are subject to change. The final amount recovered as a result of the actions of the vendor (less the vendor's service fee) is credited to Account. Wellmark's agreement with the recovery vendor may from time to time allow for the application of no vendor service fees to amounts recovered during that period of time. Any recovery amount obtained by the vendor on behalf of the Account during such time period will be provided to Account without application of the vendor service fee.

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

## Rate Page – Self Funded

Account Name: WOODBURY COUNTY
Parent Group ID: 00017570
Status: Renewal - Final

Effective Date: 01/01/2027 to 12/31/2027
Funding Arrangement: Self Funded

### Package & Contract Information

| | |
|---|---|
| **Package Name** | WOODBURY COUNTY HDHP PPO/WOODBURY COUNTY - CARVE OUT RX |
| **Plan ID – Med/Rx** | 75540-1 / 75533-1 |
| **Product – Med/Rx** | Alliance Select / No Wellmark Retail RX |
| **Minimum Value Evaluation** | Outside Certification |

### Plan Description

| **Medical Benefits:** | | **Rx Benefits:** | |
|---|---|---|---|
| Deductible | $2,000/$4,000 (IN) | Deductible | N/A |
| Coinsurance | N/A | Coinsurance | N/A |
| OPM | $2,000/$4,000 (IN) | OPM | N/A |
| Copay | N/A | Copay | N/A |

### Fixed Fees – PCPM

| Claims Payment Terms | | | Actual Weekly |
|---|---|---|---|
| Fee Category | | | Renewal |
| Administrative Fees | | | $53.72 |
| PBM Vendor Coordination Fees | | | $5.00 |
| Network Access Fees | | | $14.90 |
| Consultant Fees* | | | $0.00 |
| | Level | Terms | |
| Individual Stop Loss Fees | $100,000 | 99/12 | $342.22 |
| Aggregate Stop Loss Fees | 125% | | $4.86 |
| Total Fixed Fees | | | $420.70 |

### Rate Information – PCPM

| | Enrolled | Fixed Fees | Expected Claims | **Estimated Suggested Rates | Attachment Points | **Estimated Max Liability to Fund |
|---|---|---|---|---|---|---|
| Single | 128 | $199.87 | $695.21 | $895.09 | $869.02 | $1,068.89 |
| Family | 160 | $613.40 | $2,133.60 | $2,747.03 | $2,667.02 | $3,280.42 |
| EE+Spouse | 66 | $409.33 | $1,423.79 | $1,833.14 | $1,779.75 | $2,189.09 |
| EE+Children | 43 | $378.35 | $1,316.03 | $1,694.41 | $1,645.05 | $2,023.41 |
| | Annual: | $2,004,146 | $6,971,068 | $8,975,318 | $8,713,901 | $10,718,060 |

Employer Signature: _____ Date: _____

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

Rate Page – Self Funded

Account Name: WOODBURY COUNTY
Parent Group ID: 00017570
Status: Renewal - Final

Effective Date: 01/01/2027 to 12/31/2027
Funding Arrangement: Self Funded

## Terms & Conditions

Plan rates shown are based on the total number of contracts at the time of rating = 397.

*Consultant Fees are fees charged by Account's benefits consultant pursuant to a services Agreement between Consultant and Account. They are not required to obtain Wellmark services. Consultant Fees are not Wellmark fees, but may be collected by Wellmark and passed to Consultant at the request of the Account, pursuant to a Consultant Fee Collection Agreement between Wellmark, Account, and Consultant. For questions about your Consultant Fees, please contact your benefits consultant.

**Actual results may vary. Also, rates provided include administrative costs based on the entire group population.

Plan information shown is an abbreviated summary, please refer to the benefit summary of the Plan IDs listed above for full details.

Terms of this proposal/renewal are strictly confidential.

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 or group health plan is solely responsible for establishing employee compensation and employee health plan contribution amounts. When Minimum Value Assessment does not meet requirements or cannot be certified, the employer or group health plan must offer an alternative plan option to its eligible employees which meets minimum value requirements. Failure to offer a plan option that meets minimum value may result in penalties under 26 U.S.C. §4980H of the Internal Revenue Code. The Employer or group health plan is solely responsible for any penalties arising from the failure to offer minimum essential coverage that meets both minimum value and affordability requirements. Wellmark makes no representations regarding plan affordability or the eligibility of employees or related individuals for premium tax credits under 26 C.F.R. § 1.36B-2.

The third party liability recovery vendor(s) retain a service fee calculated as a percentage of the recovered amount after deductions for attorneys' fees and costs. The recovery vendor's service fee is not more than 17% of the recovered amount, except that the service fee for recoveries under the recovery vendor's mass tort recovery program is not more than 20% of the recovered amount. These fees are subject to change. The final amount recovered as a result of the actions of the vendor (less the vendor's service fee) is credited to Account. Wellmark's agreement with the recovery vendor may from time to time allow for the application of no vendor service fees to amounts recovered during that period of time. Any recovery amount obtained by the vendor on behalf of the Account during such time period will be provided to Account without application of the vendor service fee.

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## Disclosure

Account Name: WOODBURY COUNTY
Parent Group ID: 00017570
Status: Renewal - Final

Effective Date: 01/01/2027 to 12/31/2027
Funding Arrangement: Self Funded

The proposal/renewal offer is valid for up to 10 days after the effective date, unless otherwise noted within this proposal.

Wellmark recommends an account contribute a minimum of 50% of an employee's total monthly premium for health coverage, or 100% of the single monthly premium.

Wellmark Blue Cross and Blue Shield recommends at least 75% of the eligible employees without other minimum essential coverage enroll in a Wellmark Blue Cross and Blue Shield plan.

If an account offers two or more plan options, at least 10% of the total enrolled employees must enroll in each plan option.

The terms of coverage are only applicable to individuals eligible and enrolled in the plan according to the plan's eligibility criteria.

Wellmark must be the exclusive carrier for all eligible classes.

Rates are calculated based on the total number of contracts noted on the exhibit. Wellmark reserves the right to adjust rates from the review date back to the effective date of coverage for any of the following changes: total contracts (+/- 10%), total members (+/- 10%), changes in state or federal regulations, or material changes to benefit plan.

All quotations are subject to change based on updated claims experience, health conditions, or rate information received prior to the effective date.

Consultant fees are not a contingency of obtaining insurance coverage. Consultant fees, if applicable, are determined by the consultant and employer, and included on rate pages for the convenience of the employer to understand the total cost of services from Wellmark and the consultant.

Fully Insured or Minimum Premium:
At your option, Wellmark will collect a consultant fee on your Monthly Premiums Statement agreed to by you and your consultant/service provider and administer payment to your consultant pursuant to a Consultant Fee Collection Agreement.

Self-Funded:
If applicable, the consultant fee will be invoiced by Wellmark pursuant to agreement between Wellmark, Employer and Consultant.

All rates for HSA and HRA compatible plan options do not include the employer/employee account funding or the cost of the administration of these plans/accounts.

All HRA plan options require a minimum of 10% of the total enrollment to be sold.

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## Disclosure

Account Name: WOODBURY COUNTY
Parent Group ID: 00017570
Status: Renewal - Final

Effective Date: 01/01/2027 to 12/31/2027
Funding Arrangement: Self Funded

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 affects 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.

We consider much of the information contained in the proposal to be proprietary or otherwise confidential, and are releasing this renewal to you on the understanding that you and your representatives will only use it, and any data included in the renewal for the specific purpose of evaluating its content. If this is not consistent with your understanding, please notify us before reviewing the proposal. In addition, by accepting and reviewing the contents of this renewal, you and your agents or other designees agree, to the extent permitted by law, that certain information contained herein, or other information provided to you in connection with this renewal response is proprietary and/or confidential to Wellmark and its related entities, and may not be copied, used, distributed or disclosed without prior written consent from an authorized representative of Wellmark, other than is necessary to evaluate this renewal.

Wellmark Blue Cross and Blue Shield uses an experience rated methodology in determining the rates for your group. A portion of the rates are based on prior claims experience of your group, or, if your group's relevant experience is not reliable, prior experience of groups of similar demographics. This experience will assist in indicating the providers your group's covered members are likely to use and the amount of claims expected to be incurred. This information is adjusted to reflect changes expected to occur for your group's contract period. The rates for your group reflect the provider contracts in place or anticipated to be in place for the new contract period.

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## Disclosure

Account Name: WOODBURY COUNTY
Parent Group ID: 00017570
Status: Renewal - Final

Effective Date: 01/01/2027 to 12/31/2027
Funding Arrangement: Self Funded

Minimum Premium (MP) and Self-Funded (SF) arrangements:

Your group's financial agreement allows for payment of your group's claims on a monthly basis up to maximums set forth in your financial agreement. The actual amount your group will be charged for claims and the amount of savings your group will receive will be calculated on a claim-by-claim basis during the contract period. Your charges and savings will be based on the payment arrangements Wellmark has in effect with the provider at the time a covered member receives services. Payment arrangements may change, therefore, claims payment and savings amount are subject to change during the contract period. For further information on how provider savings are calculated, please see your group insurance policy (MP), or your administrative services agreement / stop loss policy (SF).

Self-Funded arrangements:

Wellmark Blue Cross and Blue Shield receives rebate payments from its pharmacy benefits manager and other rebating entities in connection with prescription drug claims for your plan members. You have elected to receive prescription drug rebates based on your plan members' actual utilization. Payment of such rebates will be described in more detail in your administrative services agreement.

Dear Valued Customer,

Thank you for selecting Wellmark Blue Cross and Blue Shield for your health care coverage. We are committed to providing solutions that improve the delivery of health care while keeping it affordable for employers and members. Below is a summary of the products you have selected through Wellmark, with coverage starting on 1/1/2027

Products:

| | |
|---|---|
| **Medical**: | WOODBURY COUNTY HEALTH PLAN PPO<br>WOODBURY COUNTY HEALTH PLAN HMO<br>WOODBURY COUNTY HDHP PPO |
| **Pharmacy**: | No |
| **Dental:** | No |
| **Wellbeing**: | No |
| **Stop loss**: | YES ☒ NO ☐<br>Contract term: 99/12<br>Individual stop loss level: $100,000<br>Aggregate level information: 125% |
| **COBRA**: | Not Applicable |
| **Terminal rider:** | Yes |
| **Other buy up options**: | No |

This document summarizes your Wellmark purchase. Please review and sign to acknowledge your agreement. If you have questions or need help, please contact your Wellmark representative. We are here to assist you.

Thank you again for your business and trust in Wellmark.

**Sincerely,**

Danielle C Dilling

© 2019 Wellmark Inc. All rights reserved. Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Blue Cross and Blue Shield of South Dakota, Wellmark Value Health Plan, Inc., and Wellmark Administrators, Inc. are independent licensees of the Blue Cross and Blue Shield Association.

# ACCOUNT INFORMATION AND BINDER AGREEMENT

| WOODBURY COUNTY | 1/1/2027 | 00017570 | 0000XA117 |
|---|---|---|---|
| Account Legal Name | Effective Date | Account Key | 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.

01/01/2027
Effective Date

| Name | Title | Email | Phone |
|---|---|---|---|
| Melissa Thomas | HR Director | melissathomas@woodburyco | 712-279-6480 |

## Authorized Health Plan Representatives (continued)

| Name | Title | Email | Phone |
|---|---|---|---|
| Lisa Anderson | HR Secretary | lisaanderson@woodburycoun | 712-279-6480 |
| | | | |

## Producer Designation

**No Consultant Designated**

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

01/01/2027
Designation of Producer Effective Date

| Primary Producer Name | Producer Firm Name | Producer Number |
|---|---|---|
| SETH J MAJOR | GALLAGHER BENEFIT SERVICES INC | GAB00107 |

| Producer Firm Address 1 | City | Zip |
|---|---|---|
| 2850 GOLF RD | ROLLING MEADOWS | 60008 |

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 |
|---|---|---|
| | | |

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

Not Applicable

## General Account Information

| Wellmark Account Manager | Rep ID# |
|---|---|
| Danielle C Dilling | 00000143 |

| Contact Month | Renewal Month | Benefit Plan Year Month | Unique Alpha Prefix |
|---|---|---|---|
| August | January | July | WCX |

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:

11/01/2027 — Starting date

11/30/2027 — 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 — Funding Arrangement

Wellmark — Stop Loss Carrier

Actual Weekly Claims with Month-end Settlement — Self-Funded Payment Method

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

Stem Cell Procedure - Direct Contracting ☐ 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.

| July 1 | Summary Plan Document |
|---|---|
| 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)

Printed Name

Title

Date

**For Internal Use Only**

Renewal-Benefit Change

Notes

Wellmark

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

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<br>Wellmark, Inc.<br>PO Box 9232 – Mail Station 3W396<br>Des Moines, IA 50306-9232 | Send this completed MSP form to:<br>Wellmark, Inc.<br>PO Box 5023 – Station 338<br>Sioux Falls, SD 57117-5023 |

# WOODBURY COUNTY
# AGENDA ITEM(S) REQUEST FORM

**Date:** 11/20/2026 **Weekly Agenda Date:** 11/24/2026

**Elected Official / Department Head / Citizen:** Capt. Pat Hinrichsen

**Wording for Agenda Item:**

Approval of a Lieutenant position overlap within the Sheriff's Office

**Action Required:**

Approve Ordinance ☐ Approve Resolution ☐ Approve Motion ☐

Hold Public Hearing ☐ Informational ☐ Attachments ☒

Set Time:

**Reviewed by County Attorney's Office:** ☐

**Background & Financial Impact:**

The promotion of Sgt. Tadlock to Lieutenant will require an approximately six-week overlap period to facilitate training and ensure a smooth transition into the role.

**Recommendation:**

Motion to approve a Lieutenant position overlap within the Sheriff's Office

**Attachments:**

Rates

*Approved by Board of Supervisors on March 17, 2026*

# Woodbury County Sheriff's Office

LAW ENFORCEMENT CENTER
P. O. BOX 3715 SIOUX CITY, IOWA 51102

Chad Sheehan, SHERIFF

PHONE: 712.279.6010
E-MAIL csheehan@woodburycountyiowa.gov
FAX: 712.279.6522


November 3, 2026

To the Woodbury County Board of Supervisors & Human Resources Department,

The Woodbury County Sheriff's Office respectfully requests discussion and action on the authorization to promote Sgt Troy Tadlock. With an upcoming retirement in January, this affords time for training. This also creates an overlap in Lieutenant wages for approx. 6 weeks to accommodate training. We would like to promote Sgt Tadlock to position of Lieutenant with a wage of $152,462.60 annually. This would be an 80%, percentage deputy of the Sheriff. This promotion will be effective November 23, 2026.

Sincerely,

Chad Sheehan, Sheriff

Cc: file

# WOODBURY COUNTY
# AGENDA ITEM(S) REQUEST FORM

**Date:** 11/18/2026 **Weekly Agenda Date:** 11/24/2026

**Elected Official / Department Head / Citizen:** Ryan Ericson

**Wording for Agenda Item:**

Approval for signature a Memorandum of Understanding between Sky Ranch Behavioral Services and Woodbury County

**Action Required:**

Approve Ordinance ☐ Approve Resolution ☐ Approve Motion ☒

Hold Public Hearing ☐ Informational ☐ Attachments ☒

Set Time:

**Reviewed by County Attorney's Office:** ☒

**Background & Financial Impact:**

This agreement is effective until June 20, 2027. Woodbury County will serve as the legal applicant with signatory authority and fiscal agent to apply for stopgap funding provided under the Skip Program with oversight by Dennis Wiggens, via the Iowa Department of Public Safety. Sky Ranch will serve as the subcontractor and sole service provider for Juvenile Delinquency Prevention under this grant. The grant is a pass-through grant. Woodbury County will receive the funds and pass on to Sky Ranch.

**Recommendation:**

Approve and sign the Memorandum of Understanding

**Attachments:**

Attachment 1 PDF

Sky Ranch Behavioral Services
712.277.2007

505 5th St. Frances Building #100
Sioux City, Iowa 51101

# MEMORANDUM OF UNDERSTANDING

between

Sky Ranch Behavioral Services (SRBS) & Woodbury County Board of Supervisors

## Purpose of Memo of Understanding

Sky Ranch Behavioral Services and Woodbury County Board of Supervisors agree to enter into a collaborative agreement in which Woodbury County Board of Supervisors will serve as the local unit of government for stopgap grant funding provided through Iowa Department of Public Safety.

## Duration of Memo

This agreement is effective as of October 20, 2026. This agreement shall remain in effect until June 30, 2027. This agreement may be renewed or extended by the mutual written agreement of the parties in the form of a renewal or a renewal/amendment specifying the new agreement period. All terms of the agreement shall remain in effect unless otherwise specifically amended.

## Responsibility of Woodbury County Board of Supervisors

1. Serve as the legal applicant with signatory authority and fiscal agent to apply for stopgap funding provided under the Skip Program with oversight by Dennis Wiggens, via the Iowa Department of Public Safety.
2. Utilize IowaGrants.gov website to apply for the grant and submission of quarterly performance reporting.

## Responsibilities of SRBS

1. Serve as the subcontractor and sole service provider for Juvenile Delinquency Prevention under this grant.
2. Collect and provide data for quarterly performance reporting.

## Billing

Billing and reporting shall be submitted to:

**Mindy Baylor**

**Finance Director**

**mbaylor@siouxlandship.org**

## General Provisions

1. Agreement Amendment – The agreement shall be amended only upon written agreement of all parties.
2. Renegotiation Clause – In the event there is a revision of federal regulations, state laws, or administrative rules and this agreement no longer conforms to those regulations, laws, or rules, all parties will review the agreement and renegotiate those terms necessary to conform to the new regulations, laws, or rules.

3. Termination of Agreement
    a. For Cause – Causes for termination during the period of the agreement are:
        i. Failure of either party to abide by the terms of this agreement.

    If the above occurs, the non-breaching party shall provide written notice requesting that the noncompliance be remedied immediately. In the event that noncompliance continues fifteen (15) days beyond the date of the written notice, the non-breaching party may either immediately terminate the agreement without additional notice or enforce the terms and conditions of the agreement without additional notice or enforce the terms and conditions of the agreement and seek any legal or equitable remedies.
    b. Funding reductions – Should SRBS determine that funding reductions will affect this agreement, any funds allocated to the project will be adjusted pursuant to the reduction. SRBS shall provide reasonable written notice before any reduction is put in place.
    c. Upon notice – Either party may terminate this agreement by providing thirty (30) days written notice to the other party.
4. Confidentiality
   Both parties shall comply with all applicable federal and state laws and regulations on confidentiality.
5. Statement Regarding Meeting All Federal and State Requirements
   Both parties shall follow all applicable federal state laws, rules and regulations.
6. Retention of Records
   SRBS shall maintain records that document the validity of reports submitted. SRBS shall retain all books, records, and other documents relevant to this agreement for a period of five (5) years after this agreement is no longer in effect after final payment, or until final audit findings have been resolved, whichever is later.
7. Review of Contract Related Documentation
   Upon request, Woodbury County Board of Supervisors shall allow authorized representatives of SRBS or state or federal agencies to have access to the records as is necessary to confirm compliance with the specifications of this agreement. Review may include on-site visits to the offices of Woodbury County Board of Supervisors and/or Woodbury County Board of Supervisors' central accounting office, or by mutual decision, to other locations.

Sky Ranch Behavioral Services
712.277.2007

505 5th St. Frances Building #100
Sioux City, Iowa 51101

**Signatures:**

**Woodbury County Board of Supervisors**

By: _____ Date: November 24, 2026

Name:

Title:

**Sky Ranch Behavioral Services**

By: _____ Date: November 24, 2026

Name: Anna Bertrand

Title: Executive Director

# WOODBURY COUNTY
# AGENDA ITEM(S) REQUEST FORM

**Date:** 11/16/2026 **Weekly Agenda Date:** 11/24/2026

**Elected Official / Department Head / Citizen:** Ryan Ericson

**Wording for Agenda Item:**

Funding request for The Siouxland Initiative (TSI)

**Action Required:**

Approve Ordinance ☐ Approve Resolution ☐ Approve Motion ☒

Hold Public Hearing ☐ Informational ☐ Attachments ☒

Set Time:

**Reviewed by County Attorney's Office:** ☐

**Background & Financial Impact:**

On 3-25-25, the Board tabled the request from The Siouxland Initiative of $25,000 from L.O.S.T. No impact to the FY27 operating budget as L.O.S.T. funds separate from General and Rural Basic funds and are restricted to specific uses. Economic development is one of the approved uses.

**Recommendation:**

Approve funding request of $25,000 to The Siouxland Initiative out of L.O.S.T. funds.

**Attachments:**

Attachment 1

*Approved by Board of Supervisors on March 17, 2026*

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

Date: 03/21/2025 Weekly Agenda Date: 03/25/2025

**ELECTED OFFICIAL / DEPARTMENT HEAD / CITIZEN**: Supervisor Daniel Bittinger

**WORDING FOR AGENDA ITEM**:

Funding request from The Siouxland Initiative (TSI) for FY26

**ACTION REQUIRED**:

Approve Ordinance ☐ Approve Resolution ☐ Approve Motion ☑

Public Hearing ☐ Other: Informational ☐ Attachments ☑

**EXECUTIVE SUMMARY**:

Funding request from TSI for FY26.

**BACKGROUND**:

See attached request letter from The Siouxland Initative(TSI).

**FINANCIAL IMPACT:**

$25,000 from L.O.S.T. Funds.

**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**:

Motion ot approve funding request from The Siouxand Initiative(TSI) out of L.O.S.T. Funds for FY 26.

**ACTION REQUIRED / PROPOSED MOTION**:

Motion ot approve funding request from The Siouxand Initiative(TSI) out of L.O.S.T. Funds for FY 26.

*Approved by Board of Supervisors April 5, 2016.*

The Siouxland Initiative

101 PIERCE STREET
SIOUX CITY, IOWA 51101-1485
T 712.255.7903
W siouxlandchamber.com
E chamber@siouxlandchamber.com

March 21, 2025

Mr. Daniel Bittinger
Chair
Woodbury County Board of Supervisors
Woodbury County Courthouse
620 Douglas St.
Sioux City, IA 51101

Dear Chairman Bittinger:

First and foremost, congratulations on your recent elevation, by your peers, to serve in the important role as County Board Chair. I wish you every success as you embark on this significant responsibility.

Secondly, allow me to extend my condolences on the passing of Mr. Dennis Butler. Over the years, I worked with Dennis on a number of important projects, none more significant than CF Industries, and I know he is missed by many.

Finally, in the wake of Mr. Butler's passing, and per our recent conversation, *The Siouxland Initiative (TSI)* has been remiss in renewing our annual request for funding to support our shared interests in economic development. Per the long-standing relationship between our respective organizations, would you please consider TSI's annual funding of $25,000 to support economic development efforts in Woodbury County?

Thank you for your consideration.

Sincerely,

Christopher J. McGowan
President

cc: Karen James