



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

11-21-17
60

Self Funded FINAL Renewal Rates

Group Name: Woodbury County

Account Key: 00017570

Renewal Period: 01/01/2018 to 12/31/2018

Current Benefit Offerings

OBS #189438-54 / 189438-55
Alliance Select
Deductible: \$250 / \$500
Coinsurance: 10% / 20%
OPM: \$750/\$1,250
Office Visit Copay: \$20
BlueRx Complete
Deductible: \$250/\$500
Copay: \$6/\$25/\$50
Coinsurance: 20%/20%/20%

Current Enrollment

93 Single
280 Family

373 Total

Stop Loss Terms

24/12 Contract

Actual Weekly Claims

	Level	Fee/Contract
Individual Stop Loss	\$100,000	\$57.93
Aggregate Stop Loss	125%	\$4.86
Administrative Fees - Health	w/weekly settlement	\$37.78
Administrative Fees - PBM		\$1.10
Consultant Fee		\$0.00
Total Administrative Fees		\$101.67
Network Access Fee		\$10.13

Estimated Annual Premium
Based on Current Enrollment

2017 DEC 15 PM 11 25
 AUDITOR
 WOODBURY COUNTY
 COMMISSIONERS
 PATRICK F. GILL

\$259,295
\$21,753
\$169,103
\$4,924
\$0
\$455,075
\$45,342

	Single	Family	Annual Projection
Expected Claims	\$603.73	\$1,509.33	\$5,745,112
Admin, NAF & Stop Loss Fees	\$52.59	\$131.47	\$500,429
Estimated Suggested Rates*	\$656.32	\$1,640.80	\$6,245,541
Attachment Points	\$754.67	\$1,886.68	\$7,181,457
Admin, NAF & Stop Loss Fees	\$52.59	\$131.47	\$500,429
Estimated Max Liability to Fund*	\$807.26	\$2,018.15	\$7,681,886

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

Employer Signature: *[Signature]* Date: 11-20-17

Comments:



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Consultant fee, if applicable, is an amount determined by the consultant and employer, and included here for the convenience of the employer to understand the total cost of services from Wellmark and the consultant. The consultant fee will be invoiced by Wellmark pursuant to agreement between Wellmark, Employer and Consultant.

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.

The subrogation recovery vendor(s) retain a service fee calculated as a percentage of the recovered amount after deductions for attorneys' fees and costs. For subrogation cases initiated prior to July 1, 2016, the subrogation recovery vendor's service fee is 12 ¾% of the recovered amount. For subrogation cases initiated on or after July 1, 2016, the subrogation recovery vendor's service fee is 19.5% of the recovered amount. This fee is subject to change. The final recovered amount received from the vendor is credited to Account. Wellmark's agreement with the subrogation 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 subrogation recovery amount obtained by the vendor on behalf of the Account during that time period will be provided to Account without application of the vendor service fee.



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Self Funded INITIAL Alternate Rates

Group Name: Woodbury County
 Account Key: 00017570
 Rating Period: 01/01/2018 to 12/31/2018

Alternate Benefit Offering	Enrollment	Stop Loss Terms
OBS #189438-68 / #189438-64	93 Single	24/12 Contract
Blue Access	280 Family	
Deductible: \$250 / \$500		No Monthly Aggregate
Coinsurance: 10%		Actual Weekly Claims
OPM: \$750/\$1,250	373 Total	
Office Visit Copay: \$20		
BlueRx Value Plus		
Deductible: \$250/\$500		
Copay: \$6/\$25/\$50		
Coinsurance: 20%/20%/20%		

	Level	Fee/Contract	Estimated Annual Premium Based on Current Enrollment
Individual Stop Loss	\$100,000	\$57.93	\$259,295
Aggregate Stop Loss	125%	\$4.86	\$21,753
Administrative Fees - Health w/weekly settlement		\$37.78	\$169,103
Administrative Fees - PBM		\$1.10	\$4,924
Consultant Fee		\$0.00	\$0
Total Administrative Fees		\$101.67	\$455,075
Network Access Fee		\$10.13	\$45,342
	<u>Single</u>	<u>Family</u>	<u>Annual Projection</u>
Expected Claims	\$544.97	\$1,362.43	\$5,185,951
Administrative, NAF & Stop Loss Fees	<u>\$52.59</u>	<u>\$131.47</u>	<u>\$500,430</u>
Estimated Suggested Rates*	\$597.56	\$1,493.90	\$5,686,381
Attachment Points	\$681.21	\$1,703.03	\$6,482,411
Administrative, NAF & Stop Loss Fees	<u>\$52.59</u>	<u>\$131.47</u>	<u>\$500,430</u>
Estimated Maximum Liability to Fund*	\$733.80	\$1,834.50	\$6,982,841

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

Comments:



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Group Name: Woodbury County
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The subrogation recovery vendor(s) retain a service fee calculated as a percentage of the recovered amount after deductions for attorneys' fees and costs. For subrogation cases initiated prior to July 1, 2016, the subrogation recovery vendor's service fee is 12 3/4% of the recovered amount. For subrogation cases initiated on or after July 1, 2016, the subrogation recovery vendor's service fee is 19.5% of the recovered amount. This fee is subject to change. The final recovered amount received from the vendor is credited to Account. Wellmark's agreement with the subrogation 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 subrogation recovery amount obtained by the vendor on behalf of the Account during that time period will be provided to Account without application of the vendor service fee.



Wellmark Blue Cross and Blue Shield of Iowa, Wellmark Health Plan of Iowa, Inc., Wellmark Synergy Health, Inc., Wellmark Value Health Plan, Inc. and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

ACCOUNT INFORMATION AND BINDER AGREEMENT

WOODBURY COUNTY	1/1/2018	00017570
Account Legal Name	Effective Date	Account Key

Physical Address

620 DOUGLAS ST RM 701	WOODBURY COUNTY COURTHOUSE	
Address Line 1	Address Line 2	
SIOUX CITY	IA	51101-1254
City	State	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.)*

620 DOUGLAS ST RM 701	WOODBURY COUNTY COURTHOUSE	
Address Line 1	Address Line 2	
SIOUX CITY	IA	51101-1254
City	State	Zip

Authorized Health Plan Representatives

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

1/1/2018		
Effective Date		
Name	Email	Phone
Ed Gilliland	egilliland@woodburycoutyiowa.gov	(712) 279-6470
Lisa Anderson	LISAANDERSON@woodburycountyiowa.gov	712-279-6480

Authorized Health Plan Representatives (continued)

Name	Email	Phone
Melissa Thomas	melissathomas@woodburycountyiowa.gov	712-234-2901

Consultant Designation

No Consultant Designated

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

Designation of Consultant Effective Date

Primary Consultant Name

Consulting Firm Name

Consultant Number

Consulting Firm Address 1

City

State

Zip

Primary Contact Name

Email

Phone

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

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

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

Yes, I authorize my Consultant to access this information.

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

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

Consultant Designation (continued)

Secondary Consultant

There is no secondary consultant on file. You may add one below.

Secondary Consultant Name

Email Address

Phone

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

Not Applicable

General Account Information

Kayrin Vincent

00000011

Wellmark Account Manager

Rep ID#

August

July

WCX

Contact Month

Plan Year Month

Unique Alpha Prefix

Wellmark **IS** the Exclusive Carrier

Blues Enroll

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:

11/1/2017

11/30/2017

Starting date

Ending date

Funding Arrangement

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

Self Funded

Wellmark

Funding Arrangement

Stop Loss Carrier

Stop Loss Terms/Lines of Business

Terminal Rider does not apply.

Value Based Program NOT Elected

Product

General Account Information (continued)

Health Pharmacy Dental

Guarantees

Not Applicable

Health Care Management Services

Self Funded

See Attached Rate Exhibit

Representation of Grandfathered Status under the Affordable Care Act

Grandfathered status may be maintained if changes to benefits and/or employer contributions do not significantly increase member's cost share. Grandfathered status may be maintained if the employer contribution does not decrease more than 5 percentage points for any contract type (i.e. Single/Family) within a plan (per OBS#), as compared to 3/23/2010 contribution level. Decreasing the employer contribution to a "grandfathered" group plan by more than 5% below the contribution rate on 3/23/2010 will result in a loss of grandfathered status. This applies for any contract type within any benefit plan. Account agrees to provide Wellmark at least 60 days advance, written notice of any change in the employer contribution that exceeds 5%. Account represents to Wellmark that the information contained in the below chart, which will be used in determining grandfathered status, is accurate for each of the plans listed. If the account Partial Self Funds, the group also attests that the grandfathered status is accurate for each of the plans listed in regard to both benefits and contribution levels.

Yes No

Grandfathered Benefit Plan(s)	OBS #: Health Rx	Single Contract Contribution Level (or One person, if applicable)		Family Contract Contribution Level (or One person, if applicable)		Emp/Spouse Contract Contribution Level (or One person, if applicable)		Emp/Child(ren) Contract Contribution Level (or One person, if applicable)	
		Renewal or plan year:	3/23/2010	Renewal or plan year:	3/23/10	Renewal or plan year:	3/23/10	Renewal or plan year:	3/23/10

COBRA

Standard COBRA Administration - see attached Addendum

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)

Matthew Uly
Printed Name

Chairman
Title

11-21-17
Date

For Internal Use Only

XA Account

Renewal-Benefit Change

Adding MHP changes, telehealth for both Medical and Mental Health with a \$20 copay, adding Blue Access plan together with several new billing units.

Notes