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ACCOUNT INFORMATION AND BINDER AGREEMENT

<u>WOODBURY COUNTY</u>	<u>1/1/2023</u>	<u>00017570</u>	<u>0000XA117</u>
Account Legal Name	Effective Date	Account Key	Group Number

Physical Address

<u>WOODBURY COUNTY COURTHOUSE</u>	<u>620 DOUGLAS ST RM 701</u>	
Address Line 1	Address Line 2	
<u>SIoux CITY</u>	<u>IA</u>	<u>51101-1254</u>
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.)

<u>WOODBURY COUNTY COURTHOUSE</u>	<u>620 DOUGLAS ST RM 701</u>	
Address Line 1	Address Line 2	
<u>SIoux CITY</u>	<u>IA</u>	<u>51101-1254</u>
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.

<u>1/1/2023</u>			
Effective Date			
Name	Title	Email	Phone
<u>Lisa Anderson</u>	<u>HR Secretary</u>	<u>LISAANDERSON@wo odburycountyiow a.gov</u>	<u>712-279-6480</u>

Authorized Health Plan Representatives (continued)

Name	Title	Email	Phone
Melissa Thomas	HR Director	melissathomas@w oodburycountyio wa.gov	712-234-2901

Producer Designation

No Producer Designated

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

Designation of Producer Effective Date

Primary Producer Name

Producer Firm Name

Producer Number

Producer Firm Address 1

City

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.

Producer Designation (continued)

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

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

<u>Kayrin Vincent</u>	<u>00000011</u>
Wellmark Account Manager	Rep ID#

<u>August</u>	<u>July</u>	<u>WCX</u>
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:

<u>11/01/2023</u>	<u>11/30/2023</u>
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.)

<u>Self Funded</u>	<u>Wellmark</u>	<u>24/12</u>
Funding Arrangement	Stop Loss Carrier	Stop Loss Terms/Lines of Business

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

General Account Information (continued)

Value Based Program elected : YES NO

Product

Health Pharmacy Dental

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

Benchmark Exception for EHB? YES NO If yes, list State _____

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

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 area, 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)


Chairman, Board of Supervisors

Title

Keith Radig

Printed Name

11/22/2022

Date

For Internal Use Only

XA Account

Renewal-No Benefit Change

Notes



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

Self-Funded FINAL Renewal Rates

Group Name: Woodbury County

Account Key: 00017570

Renewal Period: 01/01/2023 to 12/31/2023

Current Benefit Offerings	Current Enrollment	Stop Loss Terms
OBS #189438-108 / 189438-110	14 Single	Contract: 72/12
Blue Access	23 Family	Monthly Aggregate Option: No
Deductible: \$250 / \$500		Payment Terms: Actual Weekly
Coinsurance: 10%		
OPM: \$750/\$1,250	37 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	\$130.94	\$58,137
Aggregate Stop Loss	125%	\$4.86	\$2,158
Administrative Fees - Health	w/weekly settlement	\$44.67	\$19,833
Administrative Fees - PBM		\$1.10	\$488
Consultant Fee		\$0.00	\$0
Total Administrative Fees		\$181.57	\$80,617
Network Access Fee		\$9.47	\$4,205

	Single	Family	Annual Projection
Expected Claims	\$679.29	\$1,698.22	\$582,830
Admin, NAF & Stop Loss Fees	\$89.65	\$224.13	\$76,921
Estimated Suggested Rates*	\$768.94	\$1,922.35	\$659,751
Attachment Points	\$849.12	\$2,122.80	\$728,545
Admin, NAF & Stop Loss Fees	\$89.65	\$224.13	\$76,921
Estimated Max Liability to Fund*	\$938.77	\$2,346.93	\$805,466

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

Employer Signature:  Date: _____

Comments:



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Self Funded FINAL Renewal Rates

Group Name: Woodbury County

Account Key: 00017570

Renewal Period: 01/01/2023 to 12/31/2023

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 and 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. For subrogation or third-party liability cases initiated during the Rating Period, the subrogation/third-party liability 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 and third-party liability 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 or third-party liability 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 FINAL Renewal Rates

Group Name: Woodbury County

Account Key: 00017570

Renewal Period: 01/01/2023 to 12/31/2023

Current Benefit Offerings

OBS #189438-107 / 189438-109
 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

77 Single
 256 Family

 333 Total

Stop Loss Terms

Contract: 72/12
 Monthly Aggregate Option: No
 Payment Terms: Actual Weekly

	Level	Fee/Contract	Estimated Annual Premium Based on Current Enrollment
Individual Stop Loss	\$100,000	\$130.94	\$523,236
Aggregate Stop Loss	125%	\$4.86	\$19,421
Administrative Fees - Health	w/weekly settlement	\$44.67	\$178,501
Administrative Fees - PBM		\$1.10	\$4,396
Consultant Fee		\$0.00	\$0
Total Administrative Fees		\$181.57	\$725,554
Network Access Fee		\$9.47	\$37,842

	Single	Family	Annual Projection
Expected Claims	\$751.70	\$1,879.26	\$6,467,658
Admin, NAF & Stop Loss Fees	\$89.65	\$224.12	\$771,333
Estimated Suggested Rates*	\$841.35	\$2,103.38	\$7,238,991
Attachment Points	\$939.63	\$2,349.08	\$8,084,592
Admin, NAF & Stop Loss Fees	\$89.65	\$224.12	\$771,333
Estimated Max Liability to Fund*	\$1,029.28	\$2,573.20	\$8,855,925

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

Employer Signature: _____ Date: _____

Comments:



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Self Funded FINAL Renewal Rates

Group Name: Woodbury County

Account Key: 00017570

Renewal Period: 01/01/2023 to 12/31/2023

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PROFILE

Group Name: Woodbury County

Financial Arrangement: Self Funded

Account Key: 00017570

Renewal Period: 1/1/2023 to 12/31/2023

Current Benefit Offerings

OBS # 189438-107 / 189438-109

Alliance Select

Deductible \$250 / \$500

Coinsurance 10% / 20%

Out of Pocket Max \$750/\$1,250

OV Copay \$20

BlueRx Complete

Deductible \$250/\$500

Copay \$6/\$25/\$50

Coinsurance 20%/20%/20%

OBS # 189438-108 / 189438-110

Blue Access

Deductible \$250 / \$500

Coinsurance 10%

Out of Pocket Max \$750/\$1,250

OV Copay \$20

BlueRx Value Plus

Deductible \$250/\$500

Copay \$6/\$25/\$50

Coinsurance 20%/20%/20%

Current Enrollment

77 Single

256 Family

333 Total

14 Single

23 Family

37 Total

91 Total Single

279 Total Family

370 Grand Total