BOARD OF SUPERVISORS
District 1 | **Stacey Walker**
District 2 | **Ben Rogers**
District 3 | **Louis J. Zumbach**

JEAN OXLEY LINN COUNTY PUBLIC SERVICE CENTER
935 2ND ST. SW
CEDAR RAPIDS, IA 52404
PH: 319-892-5000 | FAX: 319-892-5009
LinnCounty.org

LINN COUNTY BOARD OF SUPERVISORS
MEETING AGENDA

Monday, May 17, 2021
11 a.m.
Formal Board Room—Jean Oxley Public Service Center
935 2nd St. SW, Cedar Rapids, IA

Call to Order

Public Comment: Five Minute Limit per Speaker
This comment period is for the public to address topics on today's agenda.

Minutes
Discuss and decide on meeting minutes.

Discuss a Communications Systems Maintenance Agreement between Linn County and RACOM.

Discuss and decide on authorizing Linn County to be a registered Make It OK Workplace.

Discuss Temporary Use Permit, Case JTU21-0003, from Bill & Donna Warhover, owners and petitioners, requesting permission to hold seasonal outdoor food truck events at the Morning Glory Farm & CSA operation located at 681 Hwy 1 South, Mount Vernon, Iowa.

Discuss Wellmark Blue Cross Blue Shield Insurance FY22 Renewal effective July 1, 2021

Discuss Delta Dental Insurance FY22 Renewal effective July 1, 2021

Discuss Madison National Life Short Term Disability Insurance Proposal

Discuss Promotions and Transfers Policy and Layoffs and Furloughs Policy effective July 1, 2021.

Discuss and decide lifting the mask mandate for Linn County.

Discuss necessary measures and timeline for reopening Linn County buildings to the public.

Public Comment: Five Minute Limit per Speaker
This is an opportunity for the public to address the board on any subject pertaining to board business.

Payroll Authorizations
Discuss and decide on Employment Change Roster (payroll authorizations).

Claims
Discuss and decide on claims.

Legislative Update
Discuss and decide on action related to proposed legislation

Correspondence

Appointments

Adjournment

To adhere to social distancing requirements, Linn County employees and the public may participate in this meeting as follows:

1) Conference call—telephone number 1-800-945-0974, access code 501116
2) Email questions or comments prior to or during the meeting to: bd-supervisors@linncounty.org

For questions about meeting accessibility or to request accommodations to attend or to participate in a meeting due to a disability, please contact the Board of Supervisors office at 319-892-5000 or at bd-supervisors@linncounty.org.

COMMUNICATION SYSTEMS MAINTENANCE AGREEMENT FOR
Linn County, IA
07/01/21 - 06/30/22

We hereby propose the following comprehensive maintenance services and pricing for the services as described below:

1. RACOM will assume all maintenance service and support responsibilities that have been provided by L3Harris as outlined in Exhibit G of Linn County, IA Communications Project dated April 28, 2011 ("Contract")
2. RACOM will furthermore assume all maintenance service and support responsibilities that have been provided by L3Harris in Change Order # 8, Modifications to Exhibit G – System Maintenance Agreement May 21, 2014
3. During the term of this agreement, RACOM will also develop a more comprehensive proposal for the communication system to address the needs for long-term compatibility with SARA and upgrades of subsystems and components to extend the life of the system

Contract Term

The contract term is one year from July 1, 2021 to June 30, 2022. This contract may be extended, upgraded or replaced with the mutual consent of both parties.

Service Response

Standard service is provided M-F, 8 AM to 5 PM, excluding RACOM and customer holidays. Local calls during normal business hours are answered live at our local office to provide immediate response.

Emergency Services are also included. After-hours calls are answered immediately at RACOM's Network Control Center (NCC) which is staffed 24 x 7 x 365. All calls are answered live by RACOM employees. No calls are answered by a third-party or answering service.

Technicians are dispatched immediately for any emergency service required. Non-critical issues will be logged for response during normal business hours.

Contract Exclusions

This contract does not cover acts of God, equipment abuse, or services beyond the scope of the previously mentioned contracts it replaces. RACOM reserves the right to determine if equipment is no longer repairable or has reached end-of-life and will make recommendations for replacement or upgrade options.

Contract Pricing and Payment Terms

The following annual payments are due Net 30 as follows.

$773,866 July 1, 2021

Non-Contract Services

Per the agreement, RACOM will provide other services beyond the scope of this agreement at the following 2021 hourly rates of:

- Technician $138.33
- Overtime $203.77
- Sundays/Holidays $203.77

Contract Acceptance

The above prices, specifications and conditions are satisfactory and are hereby accepted.

AGREED TO BY:

_____	Terry Brennan
Name Date	Vice President Date
Title	RACOM Corporation
City, State Zip	Marshalltown, IA 50158

Planning & Development
Linn County, Iowa

Unified Development Code Article V
Section 107-93(c)

Zoning Division

Temporary Use Application

Owner Information:		**Applicant Information:**	
Owner	Bill & Donna Warhover	Applicant	Same as Owner
Address	681 Hwy 1 South	Address	
	Mt Vernon, IA 52314		
Phone	319-202-4977 (B) 563-451-6676 (D)	Phone	
E-mail	donnawarhover@gmail.com	E-mail	

Surveying Co: _____ E-Mail _____
Engineer: _____ Phone _____

Property Information:

Property Address or Address Range (block): 681 Hwy 1 South, Mt Vernon, IA 52314

Brief legal(s) (Sec./Twp./Range): Schoff 1st Lot 1

GPN(s): 171642600200000

Rural Land Use Map Designation: Ag

Current Zoning: Ag Total Acres: 3

Submittal Requirements:
Application, Fee, Minor Site Plan Drawing
Proof of Insurance (if applicable)
Severe Weather Plan

The undersigned is/are the owner(s) of the described property on this application, located in the unincorporated area of Linn County, Iowa, assuring that the information provided herein is true and correct. I hereby give my consent for the office of Linn County Planning and Development to conduct a site visit and photograph the subject property.

This development is subject to and shall be required, as a condition of final development approval, to comply with all Unified Development Code policies, requirements, and standards that are in effect at the time of final development approval.

Owner: Donna Warhover Applicant: Donna Warhover/Morning Glory LLC

Date: 4/28/2021 Date: 4/28/21

Case #	Date Received
Receipt#	

The following information shall be provided with the application:

Is the property located within a Flood Plain? YES ☐ NO ☑

Is the Proposed Use within the Flood Plain area? YES ☐ NO ☑

Temporary use period:

Beginning June 1

Ending Nov 1

Description of Proposed Use:

Food truck events

Days & Hours of Operation

Fridays, Saturdays, and/or Sundays (special events)
7 am - 10 pm

Will a building or structure be used and what type?

No

Will there be a sign? Per Article V, section 107-94 (j) include dimension details and content.

No

Have you contacted the Building Division for review of applicable building code requirements?

YES ☐ NO ☐

Restroom Facilities:

☐ Currently provided on site.
☑ Portable will be brought to the site.
☐ None available.

Estimated increase in vehicle trips per day Possibly 100-120 visitors to come and go over course of 6-8 hr event

Type of vehicles using facility regular automobiles

Does the property have access from a state highway? YES ☐ NO ☐
(If yes, review with Iowa Department of Transportation at (319) 365-3558.

Number of parking spaces provided 35-45

The following documents shall be attached:

- **Proof of Insurance**
- **Minor Site Plan**

935 2nd Street SW
Cedar Rapids, IA 52404
Phone 319.892.5130
Fax 319.892.5155

681 IA-1


Parking
Portable Toilet/Hand Washin
EVENT AREA
Google
681 IA-1, Mt Vernon, IA 52314
Imagery ©2021 Maxar Technologies, Map data ©2021
50 ft

Prepared by and to be returned to: Mike Tertinger, Linn County Planning & Development
935 2nd Street S.W., Cedar Rapids, Iowa 52404-2100 (319) 892-5130

RESOLUTION APPROVING A TEMPORARY USE

RESOLUTION # _____

WHEREAS, Bill & Donna Warhover, owners and petitioners, Case JTU21-0003, have requested the Linn County Board of Supervisors' permission to hold seasonal outdoor food truck events at the Morning Glory Farm & CSA operation located at 681 Hwy 1 South, Mount Vernon, Iowa.

AND WHEREAS, the Board of Supervisors makes the following Findings of Facts:

1. The outdoor events will be held on Fridays, Saturdays and/or Sundays from June 1 through November 1, 2021 at 681 Hwy 1, Mount Vernon, IA.
2. There will be approximately 20 total events held between June 1 and November, 2021.
3. The events will be open to the public between the hours of 7:00 a.m. and 10:00 p.m.
4. The events will host approximately 100-120 visitors over the course of each 6-8 hour event.
5. No building or structure will be utilized during the events.
6. No signage is proposed with the application.
7. The petitioners will provide portable toilets and handwashing stations.
8. Food trucks will be on site. Appropriate licensing, permits and insurance are required by various departments.
9. The maximum number of vehicles estimated to travel to this location for each event is approximately 50-60, not including vendors, over the course of each 6-8 hour event day.
10. Parking for all vehicles will be provided on site, and on the adjacent parcel to the north, in an area that is leased by the petitioners. The petitioners have received written permission from the owner of that property (Mount Vernon Development Group, LLC) to allow parking for events in this area; this document is on file in the Planning & Development department.
11. The subject properties include GPNs 17-16-426-002-00000 and 17-16-426-003-00000, containing a total of 19.95 acres, with approximately 3.0 acres of the two parcels allocated for the temporary use activity.
12. The subject properties are located in the AG (Agricultural) zoning district.
13. The subject parcels have a Rural Land Use Map designation of NMUSA (Non-Metro Urban Service Area).

AND WHEREAS, the Linn County Technical Review Committee has examined the application and all conditions of approval are listed as part of this Resolution;

AND WHEREAS, the Temporary Use application has been examined by the Linn County Board of Supervisors at a public meeting on May 17, 2021, all interested persons having been heard;

NOW THEREFORE, BE IT RESOLVED, that the Linn County Board of Supervisors approve the application, Case JTU21-0003, subject to the following conditions:

LINN COUNTY PLANNING & DEVELOPMENT – (Zoning Division)

1. The Temporary Use may be reviewed at any time during the duration of the permit to ensure that all conditions have been or are being met.
2. All building, electrical, mechanical, plumbing and zoning permits will be obtained as necessary.
3. Adhere to the operating hours indicated in the temporary use application.
4. The temporary use permit period will be begin June 1 and expire no later than November 1, 2021.
5. Parking for 35-45 vehicles as indicated on the application shall be provided.
6. Restrooms with handwashing stations are required to be available during the hours of operation.
7. The petitioners shall obtain and submit proof of a liability insurance policy prior to Board of Supervisors approval.
8. The petitioner shall sign an "Acceptance of Conditions" form which provides assurance that all conditions will be met prior to the Board of Supervisors Resolution of Approval, and specifically agrees to hold Linn County harmless from any and all damages or claims for damages that might arise or accrue by reason of approval of the Temporary Use permit by the Linn County Board of Supervisors. Further, by signing the "Acceptance of Conditions" form, the petitioner shall agree to allow employees of the County reasonable access to the property for inspection and for submission of documents to verify any additional information.
9. Temporary off site signs may be allowed, provided that:
    a. Temporary signs shall not exceed 32 square feet in surface area or exceed 12 feet in height or eight feet in width on a lot in any zoning district. There shall be no more than five such signs for each lot street frontage, and such signs shall be removed no later than 30 days following the accomplishment of activities indicated by such sign.
    b. Temporary signs shall not be illuminated.
    c. Temporary signs shall not be allowed on any road, street, or highway right-of-way.

LINN COUNTY PLANNING & DEVELOPMENT – (Building Division)

1. If required, an electrical permit may be obtained by a licensed electrical contractor at Linn County Planning and Development.
2. Platforms or structures planned for this event are required to meet building code requirements.

NATURAL RESOURCES & CONSERVATION SERVICE

1. No conditions to be met.

LINN COUNTY ENGINEERING DEPARTMENT

1. No conditions to be met.

LINN COUNTY CONSERVATION DEPARTMENT

1. No conditions to be met.

IOWA DEPARTMENT OF TRANSPORTATION

1. No conditions to be met.

LINN COUNTY HEALTH DEPARTMENT

1. Below is a list of the conditions should the board of supervisors approve the event this year.
    - Addition of rules sign at the main event entrance with rules and recommendations for the event (to include social distancing of at least 6', encouraging mask usage, encouraging good personal hygiene – covering coughs/sneezes, washing hands more frequently, etc.).
    - Implement disinfection process for common touch surfaces throughout the grounds (portable toilets, sinks, tables, chairs, etc.).
    - Handwashing station(s) shall be provided along with the portable toilet facilities.
2. As a reminder, Linn County Public Health tier 4 recommendations Limit indoor/outdoor gatherings with defined borders to the lesser of 100 or 50% of room capacity. Community events without defined borders should be paused at this time. These recommendations are subject to change based upon local COVID-19 case data at the time of your event. For most up to date recommendations visit: https://covid-19-metrics-linn-county-linncounty-gis.hub.arcgis.com/.

LINN COUNTY SHERIFF'S OFFICE

1. An after hours call list shall be supplied to the Linn County Sheriffs Office for emergency situations.
2. If a traffic problem would occur, contact shall be made to the Linn County Sheriffs Office to help alleviate the problem.
3. Traffic control is to be provided by the applicant during operation. Traffic shall be maintained on Highway 1 at all times.
4. There will be no parking allowed on Highway 1 at any time.

LINN COUNTY EMERGENCY MANAGEMENT

1. A tone alert weather radio is required to be on site.
2. Procedures to provide shelter for event attendees during severe weather shall be identified in a Severe Weather Plan and this information shall be provided to each attendee.

WHEREAS, failure to submit and/or comply with any of the conditions in a timely manner will revoke this Temporary Use Permit.

NOW, THEREFORE, BE IT RESOLVED, by the Linn County Board of Supervisors that said temporary use is hereby approved.

Passed and approved this 17th day of May, 2021.

Linn County Board of Supervisors

_____
Chair

_____
Vice Chair

_____
Supervisor

Aye:

Nay:

Abstain:

Absent:

Attest:

_____
Joel Miller, Linn County Auditor

State of Iowa)
) SS
County of Linn)

I, Joel Miller, County Auditor of Linn County, Iowa hereby certify that at a regular meeting of the said Board of Supervisors the foregoing resolution was duly adopted by a vote of:

___ Aye ___ Nay ___ Abstain and ___ Absent from voting.

_____
Joel Miller

Subscribed and sworn to before me by the aforesaid Joel Miller, on this 17th day of May, 2021.

_____
Notary Public State of Iowa

ACCOUNT INFORMATION AND BINDER AGREEMENT

LINN COUNTY	7/1/2021	00017222	000070249
Account Legal Name	Effective Date	Account Key	Group Number

Physical Address

935 2ND ST SW
Address Line 1

–
Address Line 2

CEDAR RAPIDS
City

IA
State

52404-2164
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.)*

935 2ND ST SW
Address Line 1

–
Address Line 2

CEDAR RAPIDS
City

IA
State

52404-2164
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.

7/1/2021
Effective Date

Name	Title	Email	Phone
Kirsten Nelson	HR Analyst	kirsten.nelson@linncounty.org	3198925121

Authorized Health Plan Representatives (continued)

Name	Title	Email	Phone
Denise Vander Sanden	Clerical Specialist	denise.vandersa nden@linncou	(319) 892-512
Amy Vermie	HR Analyst	amy.vermie@linncounty.org	3198925125
Lisa Powell	Human Resources Director	lisa.powell@linncounty.org	(319) 892-512

Producer Designation

Designation of Primary Producer

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

7/1/2021
Designation of Producer Effective Date

JOHN HATZ
Primary Producer Name

GALLAGHER BENEFIT SERVICES IN
Producer Firm Name

GAB00116
Producer Number

2850 Golf Rd
Producer Firm Address 1

Rolling Meadows
City

IL
State

60008
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

Producer Designation (continued)

- 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.

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

Devonne Harford	00000074
Wellmark Account Manager	Rep ID#

January	July	LNY
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:

Starting date	Ending date

Funding Arrangement

General Account Information (continued)

☐ 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	$150 ISL, 125% Agg
Funding Arrangement	Stop Loss Carrier	Stop Loss Terms/Lines of Business

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

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

Not Applicable

Representation of Grandfathered Status under the Affordable Care Act

Not Applicable

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

IA _____ Renewal-Benefit Change _____

Increasing ER copay to $150.

Standard recommended changes as follows:
Cost of blood and administration is covered
Dental treatment for accidental injury (excluding acts of chewing) is covered if initiated within 12 mos of accident and completed within 24 months
Penalty for failure to precertify removed

Notes _____

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

Self Funded FINAL Alternate Rates

Group Name: *Linn County Employment Relations*
Account Key: *00017222*
Rating Period: *07/01/2021 to 06/30/2022*

Alternate Benefit Offering	Enrollment	Stop Loss Terms
OBS #83-150 / #83-148	232 Single	Contract: 48/12
Alliance Select	532 Family	Monthly Aggregate Option: No
Deductible: $375/$750		Payment Terms: Weekly Draw
Coinsurance: 10% / 20%		
OPM: $1,075/$2,150	764 Total	
Office Visit Copay: $0		
BlueRx Complete		
Deductible: $375/$750		
Coinsurance: 30%/30%/30%		
$150 ER Copay		

	Level	Fee/Contract	Estimated Annual Premium Based on Current Enrollment
Individual Stop Loss	$150,000	$86.50	$793,032
Aggregate Stop Loss	125%	$1.65	$15,127
Administrative Fees - Health	w/weekly settlement	$40.75	$373,596
Administrative Fees - PBM		$1.10	$10,085
	Consultant Fee	$0.00	$0
	Total Administrative Fees	$130.00	$1,191,840
Network Access Fee		$7.83	$71,785

	Single	Family	Annual Projection
Expected Claims	$831.83	$1,788.44	$13,733,216
Administrative, NAF & Stop Loss Fees	$76.54	$164.56	$1,263,638
Estimated Suggested Rates*	$908.37	$1,953.00	$14,996,854
Attachment Points	$1,039.79	$2,235.55	$17,166,527
Administrative, NAF & Stop Loss Fees	$76.54	$164.56	$1,263,638
Estimated Maximum Liability to Fund*	$1,116.33	$2,400.11	$18,430,165

*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:

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

Self Funded FINAL Alternate Rates

Group Name: *Linn County Employment Relations*

Account Key: *00017222*

Rating Period: *07/01/2021 to 06/30/2022*

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.

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

Total Care Funding Estimate

Group Name:	Linn County Employment Relations
Account Key:	00017222
Rating Period:	7/1/2021 to 6/30/2022

Total Care (TC) integrates select value-based programs with Blue Cross Blue Shield Plans across the country – each distinctively local and tailored to address the unique needs of their communities – creating a comprehensive national solution for multi-state employers.

Members participate in TC through attribution. Attribution is the process of linking a Member to their personal doctor of choice. Attribution is completed by analyzing a Member's past claim data and assigning that Member to a personal doctor where a majority of their office care is received. Attribution is updated monthly.

TC participating employers may benefit with lower claim costs for their attributed Members and the savings generated will be shared between the employer and TC providers. Based on your estimated member attribution, this is your estimated TC monthly funding:

	Range		
Estimated Monthly Member Attribution:	1,063	-	1,595
Estimated Per Attributed Member Per Month Funding:		$4.38	
Estimated Monthly Funding	$4,656	-	$6,986
Estimated Annual Funding	$55,900	-	$83,800

Employer Signature: _____ Date: _____

Comments:

The Estimated Total Care rates are an estimate based on Member attribution and Total Care rates available at the time the renewal is complete. The self-funded monthly billing statement will reflect actual Member attribution and Value-Based Program rates as a Per Attributed Member Per Month rate.

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 and Total Care funding 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.

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

Drug Rebates (if Applicable)

Wellmark Blue Cross and Blue Shield receives rebate payments from its pharmacy benefits manager for certain prescription drug claims of your plan members. The entire rebate amount received by Wellmark that is attributable to your health or prescription drug benefit plan will be paid to your group. Payments of drug rebates will be set forth in more detail in your administrative services agreement.

Explanation of Contribution Requirement

Wellmark Blue Cross and Blue Shield requires each employer to contribute 100% of the single rate or 50% of the total premium toward their employees' health care costs.

Explanation of Enrollment Fluctuation Guidelines

Wellmark Blue Cross and Blue Shield reserves the right to re-evaluate rates if enrollment fluctuates more than 10% from the enrollment assumptions. For information on change of monthly administrative fees or other fees and stop loss premiums notification, please see your administrative services agreement or stop loss policy.

Explanation of Updated Information Guidelines

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

Explanation of Medical Claims Projection

Wellmark Blue Cross and Blue Shield uses an experience rated methodology in determining the rates for your group. The rates are based primarily on prior claims experience of your group, or, if your group's relevant experience is not available, 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.

Your group's finanical 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 administrative services agreement or stop loss policy.

Explanation of Participation Requirements

Wellmark Blue Cross and Blue Shield recommends at least 75% participation of the *eligible* employees without other creditable coverage enroll in a Wellmark Blue Cross and Blue Shield health and/or dental plan. Upon renewal, Wellmark Blue Cross and Blue Shield will require at least 75% participation of the *eligible* employees without other creditable coverage to be enrolled in a Wellmark Blue Cross and Blue Shield health and/or dental plan.

Important MHPAEA and ACA Disclaimer

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

Important MHPAEA and ACA Disclaimer (cont.)

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.

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MEDICARE COMPLIANCE

The purpose of this communication is to notify employers of the mandatory reporting requirements of the Medicare, Medicaid, and SCHIP Extension Act of 2007 which were passed into law in July 2008. Your cooperation in providing the necessary employer data and data for each employee and dependent is needed in order to comply with the requirements.

The Section 111 mandates of the law help payers identify when the Centers for Medicare and Medicaid Services (CMS) should pay secondary to employer group health coverage. The goal includes reducing the amount CMS may pay as primary when they should have paid as secondary.

Under the requirements, all health plan, liability, no fault and workers compensation coverages must register with CMS as a Responsible Reporting Entity (RRE) and must report to CMS employer and member information. In order to fulfill the mandated requirements and report accurately to CMS, Wellmark, as a RRE, must gather and groups must provide the following information:

- Employer Tax Identification Number (ETIN)
- Evidence of status as a Commonly Owned/Controlled Group of Organizations, Multi/Multiple Employer Group health plan (such as an Association or Trust), Hour Bank or Union health plan
- Total number of group employees/group size
- Social Security Numbers (SSNs) or Health Insurance Claim Numbers (HICNs) of active employees, spouses, domestic partners
- SSNs or HICNs for those dependents with end stage renal disease (ESRD) or disabled
- Status of all employees and effective date of that status (i.e. active, COBRA, retired)
- Disability information begin or end dates, if known

Please take a moment to complete the Confirmation of Medicare Secondary Payer (MSP) Addendum form. This will allow us to capture your employer data for reporting to CMS. Member data is gathered through the use of the group's existing enrollment and eligibility data collection channels, which may include paper applications or electronic data exchanges and should be provided through those processes.

Failure to provide the group information requested on the attached Confirmation of MSP Addendum can result in penalties being assessed to the group including, but not limited to, $1,000 per day per member for not accurately reporting to CMS and/or an excise tax equivalent to 25 percent of the employer's group health plan expenses for the relevant year.

Clear Form

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 4 3 3 8

Group Number (Renewing Groups Only): 70249

Employer Name: Linn County

Employer Address: 935 2nd St. SW

City: Cedar Rapids State: IA Zip: 52404

Contact Person: Lisa Powell

Telephone Number: 319-892-5120 E-mail Address (optional): _____

1. Did your organization make contributions on behalf of any employee who was covered under a *collectively bargained Health and Welfare Fund* (i.e., union plan) during the previous calendar year? ☐ Yes ☒ No
2. Did you have 20 or more *employees* for 20 or more calendar weeks (this includes all full-time, *part-time,* intermittent, *leased* and/or seasonal employees, not just those eligible or enrolled employees) during the previous or current calendar year? If no, in the event you experience a change, you must notify Wellmark when this change occurs. ☒ Yes ☐ No
3. Did you have 100 or more *employees* during 50 percent of your business days (this includes all full-time, *part-time,* intermittent, *leased* and/or seasonal employees, not just those eligible or enrolled employees) during the previous calendar year? ☒ Yes ☐ No
4. Did your organization participate in a *multi* or *multiple employer group health plan* (more than one employer in group, i.e., Multiple Employer Welfare Association) during the previous calendar year? ☐ Yes ☒ No
   If yes, what is the name and address of the *multi* or *multiple employer plan?*
   Name: _____
   Address: _____
   City: _____ State: _____ Zip: _____
5. Was your organization part of a commonly owned or commonly controlled group of organizations during the previous calendar year? ☐ Yes ☒ No
   If yes, what is the name and address of the *commonly owned/controlled entity?*

Name: _____ Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____

Part B - Employer Certification

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

_____ ____/____/____
Signature Date

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

Note: This is a summary of benefits under this plan, not a statement of contract. The actual terms and conditions of coverage will be specified in the Group Insurance Policy issued by Wellmark or the Administrative Services Agreement between Wellmark and the entity below, as well as the Benefits Certificate and any amendments thereto.

Benefit Summary - LINN COUNTY
Group Number/BU: 70249- Group Product Summary ID: 83-150 Coverage Code:
Prefix: LNY Benefit Dates: 7/1/2021 - 6/30/2022 Summary Status: **Rating Completed**
Account Manager: Harford, DeVonne
LINN COUNTY PPO

Group Information
Group Street Address 1: 935 Second Street SW
Group Street Address 2:
City/State/ZIP: Cedar Rapids , IA 52404
Product/Version: Alliance Select (201009)

Account Signature_____ Date _____

General

Renewing group

Self-funded arrangement

Non-ERISA group plan

Group is a government entity

Union group

Plan year begins on: 07/01

Healthcare Reform Non-Grandfathered Plan

Benefit period is calendar year

BlueCard PPO - In states with no PPO or PPO specialty, providers are treated as PPO as determined by Wellmark and the local Blue plan

Eligibility

An eligible child is married or unmarried and is under 26 years of age.

An eligible child is an unmarried dependent full-time student regardless of age.

An eligible child is disabled before age 26 and remains unmarried after age 26.

An eligible child is unmarried and disabled while a full-time student after age 26.

Dependent coverage terminates at the end of the month

Two-way rate (single/family)

Unmarried domestic partners are NOT covered

Certificate coverage ends at the end of the month

Subrogation applies

Standard administration of coordination of benefits (COB)

Routine maternity benefits apply to employee/spouse/dependent

Do not include ERISA Information Requirements language

Coordination of benefits rules apply to members when Medicare is the primary payer

Additional eligibility information: Group's annual open enrollment period begins January 1st

Preexisting Condition Exclusion Periods

New hires and special enrollees are covered when first eligible.

New hires and special enrollees are NOT subject to preexisting condition exclusion periods

Late enrollees (a member who is not a new hire or special enrollee) may enroll at group's enrollment period in January

Late enrollees are NOT subject to preexisting condition exclusion periods

Deductibles

Coverage has benefit period deductibles

Deductible amounts aggregate (both ways) between health and prescription drug program

Single deductible for PPO and non-PPO providers is: $ 375

Family deductible for PPO and non-PPO providers is: $ 750

Member has benefits after single deductible met. Entire family has benefits after family deductible has been met (or if a two-person amount is listed, then for two-person contracts, entire family has benefits after the two-person deductible has been met)

Deductible from the previous 4th quarter will carry over to this benefit period deductible

Common accident deductible applies

Wellmark to Wellmark deductible credit applies. Deductible credits transfer from one Wellmark employer group to another Wellmark employer group as long as the member keeps the same identification number.

Telehealth services provided by a physician's office follow office visit deductible administration

Physician services for well-child care are NOT subject to the deductible

Physician services for newborn care are NOT subject to the deductible

Facility services for well-child care are NOT subject to the deductible

Facility services for newborn's initial hospitalization are NOT subject to the deductible

PPO outpatient preventive care is NOT subject to the deductible

PPO office services and PPO independent lab fees are NOT subject to the deductible

PPO urgent care services are NOT subject to the deductible

Most outpatient x-ray/lab services from PPO facilities are NOT subject to the deductible

One postpartum home visit is NOT subject to the deductible

All services with copays are subject to the deductible

Outpatient surgery is NOT subject to the deductible

Preventive care from PPO providers is NOT subject to the deductible

Preventive care from participating providers is NOT subject to the deductible

Preventive 3D mammography (digital breast tomosynthesis) from PPO or participating providers is NOT subject to the deductible

Prosthetic limbs from PPO providers are NOT subject to the deductible

Telehealth services provided by the plan's designated vendor are NOT subject to the deductible

Other services NOT subject to the deductible are:

Office surgery and preadmission testing within 7 days of admission;

PPO MHCD for ambulance, durable medical equipment, home health, and outpatient services;

Acupuncture

Copay

Emergency room copay is: $ 150

Emergency room copay applies to services received from all providers

Emergency room copay applies to emergency room and related facility and practitioner services combined

Emergency room copay is taken once per date of service

Emergency room copay applies to the out-of-pocket maximum. Copay does NOT continue after the out-of-pocket maximum is met

Deductible follows emergency room copay

Emergency room copay is followed by coinsurance

Urgent care copay does NOT apply (see the deductible/coinsurance sections if applicable)

Telehealth vendor copay does NOT apply (see the deductible/coinsurance sections if applicable)

Coinsurance

Coinsurance for PPO providers is the following percentage: 10

Coinsurance for non-PPO providers is the following percentage: 20

Telehealth services provided by a physician's office follow office visit coinsurance administration

One postpartum home visit is NOT subject to coinsurance

Services subject to copay are subject to coinsurance

Outpatient surgery is NOT subject to coinsurance

Preventive care from PPO providers is NOT subject to coinsurance

Preventive care from participating providers is NOT subject to the coinsurance

Preventive 3D mammography (digital breast tomosynthesis) from PPO or participating providers is NOT subject to coinsurance

Other services NOT subject to coinsurance are:

Office surgery and preadmission testing within 7 days of admission;

PPO Ambulance, durable medical equipment, home health, independent lab, and outpatient MHCD services

Out of Pocket Maximum

Out-of-pocket maximums apply

Out-of-Pocket amounts aggregate (both ways) between health and prescription drug program

Single out-of-pocket maximum for PPO and non-PPO providers is: $ 1,075

Family out-of-pocket maximum for PPO and non-PPO providers is: $ 2,150

Member has benefits after single OPM met. Entire family has benefits after family OPM has been met (or if a two-person amount is listed, then for two-person contracts, entire family has benefits after the two-person OPM has been met)

Deductible amounts apply to the out-of-pocket maximum

Coinsurance for all services apply to the out-of-pocket maximum

Deductible from the previous 4th quarter will NOT carry over to the out-of-pocket maximum for this year

Coinsurance from the previous 4th quarter will NOT carry over to the out-of-pocket maximum for this year

Wellmark to Wellmark Out-of-Pocket credit applies. Out-of-Pocket credits transfer from one Wellmark employer group to another Wellmark employer group as long as the member keeps the same identification number.

Lifetime Maximum

Lifetime maximum is unlimited

Lifetime maximum for hospice respite is limited to 15 days inpatient/15 days outpatient

Facility Services

Iowa Psychiatric Medical Institutions for Children are covered according to state mandate

The cost of blood and administration is covered

Nonparticipating facility claims are based on the following percentage reduction from charge for inpatient services only: 25

Facility based skilled nursing services are covered. Services must be ordered and certified by your attending physician.

Practitioner Services

Advanced nurse practitioners are covered

Physician assistants are covered

Licensed marriage family therapists are covered.

Licensed mental health counselors are covered.

Dental treatment for accidental injury (excluding acts of chewing) is covered if initiated within 12 months of accident and completed within 24 months

Surgical removal of impacted teeth is covered, but only with a concurrent medical condition

Treatment of temporomandibular joint disorder is covered, except for routine dental services, dental restorations/extractions, and orthodontic treatment

Chiropractor services are covered as medically necessary

ABA Therapy for the treatment of Autism is covered according to state mandate with the following annual maximums: Through age 6 - $36,000; Age 7 through 13 - $25,000; Age 14 through 18 - $12,500; Age 19 and over - No benefits

Preventive Care/Immunizations/Mammography

Preventive physical exams are covered. A separate gynecological exam is also covered

One preventive physical exam per member per benefit period is covered

Women's preventive care services are covered according to the ACA mandate

Immunizations are covered (Travel Immunization excluded)

Mammography benefits are covered one per benefit period

Preventive Pap smears are unlimited

Routine vision exams are NOT covered

Well-child and newborn care is covered according to mandate

Hearing aids are NOT covered

Routine hearing exams are covered according to the ACA mandate

Additional preventive care/immunizations/mammography information: Separate physical examinations required for administrative purposes are covered (subject to same cost share as other preventive care) – benefit period limit: One

Prescription Drugs/Contraceptives

Retail drugs are covered under a Prescription Drug Program

Prescription drugs/items for smoking cessation are covered under a Rx Program; related exams are covered under health

Smoking cessation consultations are included as part of preventive care

Contraceptives are covered. Oral and drug delivery devices, such as insertable rings and patches, are covered under a Rx Program; injected, implanted, and medical devices, such as intrauterine devices and diaphragms, are covered under health

Contraceptives covered under health are included as part of preventive care

Most specialty drugs are covered under the Prescription Drug Program, NOT under Health. Additional information for specialty drugs can be found at Wellmark.com

Other Services

Supplemental accidental injury benefits are NOT covered

Reminder Programs are NOT available

Diabetic education programs are covered from state certified programs for members diagnosed with diabetes

Hospice services are covered

Infertility services and prescription drugs for infertility are covered. *Note: Artificial insemination, IVF, GIFT, ZIFT, and other transfer procedures are limited to the following per lifetime: $ 15,000

Coverage for Home Medical Equipment is unlimited.

Bariatric surgery is covered

Major organ transplants are covered. Prior approval required.

Transplants are NOT limited to Blue Distinction Centers for Transplant

Telehealth services provided by Doctor on Demand are covered for the following services:

Medical/Pediatric

Mental health/chemical dependency services

Telehealth practitioner services are covered

Wigs are NOT covered

Massage therapy is NOT covered

Acupuncture is covered

Bereavement counseling is covered

Family counseling is covered

MHCD

Mental health/chemical dependency treatment is covered

Certificate/ERISA Information

Group Name to appear on certificate cover: Linn County Employee Health Benefit Plan

Is Draft Required? Y

Note: This is a summary of benefits under this plan, not a statement of contract. The actual terms and conditions of coverage will be specified in the Group Insurance Policy issued by Wellmark or the Administrative Services Agreement between Wellmark and the entity below, as well as the Benefits Certificate and any amendments thereto.

Benefit Summary - LINN COUNTY

Group Number/BU: 70249- Group Product Summary ID: 83-148 Coverage Code: Prefix: Benefit Dates: 7/1/2021 - 6/30/2022 Summary Status: **Rating Completed**
Account Manager: Harford, DeVonne
LINN COUNTY PPO RX

Group Information	
Group Street Address 1:	935 Second Street SW
Group Street Address 2:	
City/State/ZIP:	Cedar Rapids , IA 52404
Product/Version:	Prescription Drug Program - Custom (201112)

Account Signature_____ Date _____

General

Wellmark Blue Cross Blue Shield of Iowa

BlueRx Complete (3-tier)

Deductible and Out-of-Pocket amounts aggregate (both ways) between health and prescription drug program.

Renewal

Self-funded arrangement

Non-ERISA group plan

Large business group (101-300)

Group is a Government Entity

Group is a Union

Benefit period is defined as calendar year

Healthcare Reform Non-Grandfathered Plan (ACA required drugs are covered and member cost-share is waived according to preventive care guidelines. A complete list of recommendations and guidelines related to ACA preventive services can be found at www.healthcare.gov)

Plan year begins on: 07/01

Eligibility

When benefits have been provided by another plan, Wellmark applies benefits the lesser of 1) the amount on the claim as the member's liability or 2) what we should have paid if the claim was submitted to us first.

Payment

Benefit Period Deductible (BPD):

Out-of-Pocket Maximum (OPM):

Single benefit period deductible is $ 375

Single out-of-pocket maximum is $ 1,075

Family benefit period deductible is $ 750

Family out-of-pocket maximum is $ 2,150

Wellmark to Wellmark deductible credit applies. Deductible credits transfer from one Wellmark employer group to another Wellmark employer group as long as the member keeps the same identification number

Wellmark to Wellmark out-of-pocket credit applies. Out-of-pocket credits transfer from one Wellmark employer group to another Wellmark employer group as long as the member keeps the same identification number.

Member has benefits after single deductible met. Entire family has benefits after family deductible has been met (or if a two-person amount is listed, then for two-person contracts, entire family has benefits after the two-person deductible has been met)

Member has benefits after single OPM met. Entire family has benefits after family OPM has been met (or if a two-person amount is listed, then for two-person contracts, entire family has benefits after the two-person OPM has been met)

Days Supply (per member cost-share): 30 days

Payment Application (per member cost-share):

Tier 1 coinsurance is % 30

Tier 2 coinsurance is % 30

Tier 3 coinsurance is % 30

Specialty Drugs Payment Application (member cost-share per 30-day supply):

The payment application for specialty drugs is the same as listed above in the Payment Application section. Additional information for specialty drugs can be found at Wellmark.com

Pharmacy Durable Medical Equipment (DME):

Pharmacy durable medical equipment is subject to the deductible

Pharmacy durable medical equipment in-network coinsurance is % 10

90-Day Supply:

At retail pharmacy: 90-day supply of drugs available for 3 copayments OR coinsurance per 90-day supply

Through mail order: 90-day supply of drugs available for 3 copayments OR coinsurance per 90-day supply

Product Selection Penalty Rule: Member does NOT pay a penalty for obtaining a brand drug when an equivalent generic drug is available.

Additional information for Payment section: Deductible from the previous 4th quarter will carry over to this benefit period deductible

Benefits

Contraceptives are covered

Weight reduction drugs are NOT covered

Erectile Dysfunction drugs are covered

Prenatal Vitamins drugs are covered

Smoking Cessation: Prescription drugs only are covered

Specialty Drugs must be obtained through CVS Specialty Pharmacy only

CVS Specialty Copay Card Program applies

Prescription drugs and pharmacy durable medical equipment (if covered) covered only when purchased through Participating Pharmacies.

Utilization Management Programs apply

Opioid Medication Management Program applies

Additional information for Benefits section: All over the counter (OTC) medications, including equivalent prescription products, are covered

Certificate/ERISA Information

Group Name to appear on certificate cover: Linn County Employee Health Benefit Plan

Is Draft Required? Y

DELTA DENTAL

Linn County Human Resources
Group # 33482 - 3 Year Stepped Administration
Rating Period 7/1/21 through 6/30/22
Financial Exhibit

Experience Period Claims Paid 2/1/20 through 1/31/21

Claims Paid 2/1/20 through 1/31/21	$588,748
Adjustment of Claims to Incurred Basis	$18,209
Incurred Claims	$606,957
Trend in Claims	$43,094
Projected Claims Based on Current Experience	$650,051
Claims and Enrollment Fluctuation Adjustment	$79,544
Projected Annual Claims Based on Current Enrollment	$729,595

Fixed Fees	**Per Contract**	
Operating Costs	$5.06	$46,512
125% Aggregate Stop Loss	$0.00	$0
Broker Fee	$0.00	$0
Subtotal Fixed Fees	$5.06	$46,512
Projected Annual Expense		$776,106

Percent of Premium Contributed by Employer: Single_____% Family _____%

Total Employees Enrolled: _____ Total Employees Eligible: _____

DELTA DENTAL OF IOWA

Delta Dental PPO[SM]

Current Enrollment

Single	Family
279	487

Projected Claim Factors 7/1/21 through 6/30/22

Single	Family
$44.38	$99.42

Attachment Points 7/1/21 through 6/30/22

Single	Family
$55.48	$124.28

Fixed Fees
Cost Per Contract

Current	7/2021
$4.93	$5.06

Suggested Rates 7/1/21 through 6/30/22

Single	Family
$47.21	$105.76

Maximum Funding 7/1/21 through 6/30/22

Single	Family
$58.30	$130.61

DELTA DENTAL

Financial Exhibit : **Alternate 1** **Linn County HR**

Group # 33482

Changes on the Summary of Covered Services and Benefits exhibit are shown in red; all other benefits remain the same.

Employer Contribution **Complete this Section***

ER Contribution*

Single _____

Family _____

Number of benefit Eligible Employees* _____

Plan Costs **Rates guaranteed from 07/01/2021 through 06/30/2022**

	Single	Family	Annual Expense
Contracts	279	487	
Self-insured incurred claim estimates	$44.38	$99.42	$729,595
Attachment Points	$55.48	$124.28	$911,993
Self-insured Administrative Fees - Weekly Settlement		**PEPM**	
Administrative Fee		$5.06	
Broker Fee		$0.00	
Total Administrative Fee		$5.06	
Recommended Rates (Includes Admin	$47.21	$105.76	$776,106
Maximum Funding	$58.30	$130.61	$958,505

This proposal assumes the use of electronic enrollment, plan documents, and monthly online billing.

Please sign below and return to Delta Dental of Iowa at fax # 888-337-5157

*Please update employer contribution, number of benefit eligible employees, and Direct Bill Rates above and sign below.

*Please update employer contribution and number of benefit eligible employees above and sign below.

DELTA DENTAL

Delta Dental of Iowa

Summary of Covered Services and Benefits: Alternate 1

Linn County HR Group # 33482

Deductibles, Maximums & Eligibility	Delta Dental PPO℠	Par
- Individual Deductible	$15	$25
- Family Deductible	$45	$75
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	$1,250	$1,250
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	99	99
- Does Individual Deductible apply to Orthodontics?	No	No
- Orthodontic lifetime maximum	$2,000	$2,000
- Orthodontics: Eligible children to age	23	23
- Orthodontics: Full-time students eligible to age	23	23
- Adult Orthodontics	No	No
Benefits		
Diagnostic and Preventive Services (Check-Ups and Teeth Cleaning)	100%	100%
- Dental Cleaning	*2 in a benefit period aggregate with perio maintenance therapy*	
- Oral Evaluations	*2 in a benefit period*	
- Fluoride Applications	*2 in a benefit period*	
- X-Rays	*Bitewings - 1 in a benefit period; Full mouth - 1 every 5 years*	
Routine and Restorative Services (Cavity Repair and Tooth Extractions)	90%	80%
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Posterior Composites w/o Alternate Processing		
Root Canals (Endodontic Services)	80%	80%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
Gum and Bone Diseases (Periodontal Services)	80%	80%
- Conservative Procedures (Non-surgical)		
- Complex Procedures (Surgical)	50%	50%
- Periodontal Maintenance Therapy		
High Cost Restorations (Cast Restorations)	50%	50%
- Cast Restorations		
- Crowns		
- Inlays		
- Onlays		
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
Dentures and Bridges (Prosthetic Services)	50%	50%
- Bridges		
- Dentures		
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants Not Covered		
Straighter Teeth (Orthodontics)	50%	50%
Additional Options		
-CheckUp Plus™	Included	Included

This dental plan includes CheckUp Plus™ which means Diagnostic and Preventive covered dental service costs do not apply towards the Covered Person's benefit period maximum.

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the benefits document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply. Please refer to your dental benefits document for details.

2021

Group: Linn County

City/State: Cedar Rapids, Iowa

Class: All Eligible Employees

Group Administration Services
Short Term Disability Insurance Proposal

Advisory Service and Payment
14 day/14 day Elimination Period

Cost:

Option 1:
Contract rate guarantee for 24 months from the effective date of the program; No Telephonic Claims
Per employee, per month: $2.42

Option 2:
Contract rate guarantee for 24 months from the effective date of the program; With Telephonic Claims
Per employee, per month: $2.92

Option 3:
Contract rate guarantee for 36 months from the effective date of the program; No Telephonic Claims
Per employee, per month: $2.65

Option 4:
Contract rate guarantee for 36 months from the effective date of the program; With Telephonic Claims
Per employee, per month: $3.15

Proposal Assumptions:

Number of lives: 809 (LTD)
Approximate annual premium: $23,493.36 (Option 1); $28,347.36 (Option 2); $25,726.20 (Option 3); $30,580.20 (Option 4)

Proposed Services:

- ✓ Prepare and maintain certificates of coverage based on the Plan provided by the Employer
- ✓ Process claims in accordance with MNL's standard claims procedures and applicable state and federal law
- ✓ Obtain appropriate and adequate documentation, including medical records, to make informed determinations regarding claims submitted to the Employer
- ✓ Arrange for professional examinations or reviews as required for proper evaluation of the claim
- ✓ Determine whether the claimant is entitled to benefits under the terms of the Plan, calculate the benefit amount, pay benefits in accordance with the plan, withhold any applicable federal taxes, and notify the claimant
- ✓ Process appeals in accordance with MNL's standard claims appeals procedures and applicable state and federal law
- ✓ Telephonic Claims (Options 2 and 4)

Proposal Date: March 24, 2021

This proposal is valid for 90 days, after which time the insurer reserves the right to revise benefits or rates.

Presented by: National Insurance Services | Administered by: Madison National Life Insurance Company

Plan Details

Elimination Period	Accident: 14 days; Sickness 14 days
Maximum Benefit Period	LTD Classes 01, 03, 10: Commencing at the end of the Elimination Period and continuing for the lesser of 11 weeks or until LTD Benefits become payable LTD Classes 02, 08, 09: Commencing at the end of the Elimination Period and continuing for the lesser of 7 weeks or until LTD Benefits become payable
Pre-Existing Conditions	3 months/12 months

BOARD OF SUPERVISORS
LINN COUNTY, IOWA

Title: Promotions and Transfers Policy		**Policy Number:** PM-025	
Responsible Department: Human Resources			
Revision No: 1	**Revision Date:** 04/21/2021	**Policy Effective Date:** 07/01/2021	**Expiration Date:** None until next revision
Initial Approval Date: **BOS Minutes:**		**Distribution:** PolicyStat	

I. PURPOSE & OBJECTIVES

The purpose of this policy is to provide promotion and transfer requirements for all bargaining unit employees of Linn County. The County believes in providing opportunities for its employees to advance within the organization. Opportunities for promotion to positions of higher responsibility or transfers to different positions/different departments for existing staff members will be limited only by the staff individual's aptitude and qualifications in experience, education and capabilities. Any employee in good standing is eligible for promotion or transfer consideration assuming he or she meets the minimum qualifications for the position.

II. SCOPE

This policy is applicable to all regularly scheduled full-time and part-time Linn County employees responsible to the Board of Supervisors; employees responsible to an Elected Official, including the Elected Official and his/her deputies; County Assessor's Office, Public Health and Conservation employees; and temporary, seasonal or on-call employees.

III. EXCEPTIONS

None

IV. DEFINITIONS

Promotion - the movement of an employee to a position in a higher grade level either within the same department or in another department.

Transfer – the movement of an employee to a different job classification in the same or different department at the same or lower grade level.

V. PROVISIONS

New jobs created and vacancies in existing job classifications will be posted countywide and advertised to the outside concurrently. Preference will be given to qualified internal applicants. The vacancy will be posted for three (3) work days, excluding the day of posting, during which time employees may submit internal applications using the County's online application system. Employees without access to a computer may schedule a time with Human Resources to use one of the computer kiosks in the HR Office for such purpose.

Once a position is posted, all employees who possess the minimum requirements of the position, as set forth in the job description, may apply. The hiring manager will review the internal applicants and may select the employee who, in their judgment, is most qualified for the position. That judgment will be based upon such characteristics as ability, experience, training, aptitude, attendance record, discipline record and performance evaluations of the employee.

A current employee selected to fill the vacant position will retain all county seniority rights regarding pay and benefits. The successful applicant will sign a *Position Acceptance* sheet and move to the new position within thirty (30) calendar days of being selected for the position. The hourly rate for an employee selected to fill a position will be determined as follows:

- If the selection is to job classification in a higher labor grade, the employee will start at the first rate (Step) in the higher labor grade which is higher than their regular rate in the job from which they are being promoted or transferred. (Typically, this is Step B, C, D or E. Step A is a new hire rate, not an internal promotion or transfer rate.)

- If the selection is for a position within the same labor grade, such employee will remain at the same rate (Step) in the labor grade.

- If the selection is to a position in a lower labor grade, such employee will remain at the same rate or move to the top rate (Step) in the labor grade, whichever is the lesser amount.

- If an employee who has not yet passed probation in their current position applies to, and it selected for, another position, they would move to the bottom rate (Step A) in the new position and remains at Step A for 90 days or until the employee passes probation.

If the hiring manager chooses not to select a current county employee, the manager must document the reason(s) for non-selection and submit such documentation to Human Resources for review before they will receive applications for qualified external candidates. Once interviews are completed and a candidate is selected, documentation that supports the candidate choice should be submitted to Human Resources prior to the candidate moving through the new hire process (drug screen, background screen, etc.). If no applicants are selected for hire from the external applicant pool, the hiring manager may select a current employee to fill the vacancy.

The vacancy created by a successful application to a true vacancy will be in turn posted for applications on the same bases as set forth above. A true vacancy is a vacancy created by a new job or a vacancy in an existing full time job classification caused by the termination or successful application of an employee from that job. The County is not required to fill an unneeded job vacancy or to fill vacancy with the same job classification held by the employee terminating or transferring out of the position.

The promoted or transferred employee will be granted a reasonable trial period up to a maximum of ninety (90) calendar days (one hundred and twenty days (120) for employees transferring to Juvenile Detention and Diversion Services). During such trial period, they will receive reasonable instruction as to the job duties, the operation of equipment, if any, and the procedures required in the performance of the job. The trial period may be extended by mutual agreement between the employee and their supervisor. Extensions may be necessary for those jobs where additional time is necessary because of the nature of the work or the peculiar circumstances involved in order to determine the employee's qualifications. The County will notify all affected employees of such extension in writing.

Employees may not apply to the same job classification within their department except when applying to a different shift, but may apply to the same job classification in a different department. Employees in the Secondary Road Department may apply to the same job classification in a different district. The construction crew is considered a separate district. Part-time employees may apply to the same job classification within the same department for the sole purpose of obtaining full-time status.

Employees within continuous operations working fixed shifts may apply to a vacant shift or vacant days off within their classification the first forty-eight (48) hours of posting. Employees within Secondary Road may apply for a vacant district position within their job classification within the first two (2) working days of posting. Such applications will be awarded at the end of the forty-eight (48) hour period or two (2) working day period according to *bargaining unit seniority* within the department. A vacancy created by the award of such application will then be posted countywide for three (3) work days following the procedures outlined above.

In addition, the Employer may require employees to temporarily report to a different location (i.e., district or other designated place) based on operational needs provided that the shift is the same.

Temporary Transfers

When there is a temporary job opening exceeding two (2) working days which is not filled by employees in the same job classification or in a higher paying job classification, the County will offer the temporary job opening to a qualified employee with the greatest *departmental seniority* in the job classification and department from which the employee is to be taken in order to fill the temporary job opening. If the offer is rejected, it will be extended to the next in line according to such seniority until the necessary number of employees is obtained. In the event too few employees are obtained under this procedure, the employee or employees with the least *department seniority* will be required to take the assignment.

No temporary transfer shall result in a reduction of the regular pay rate of the transferred employee. An employee temporarily transferred to a higher paying job classification above their current rate, shall be paid an additional $ .40 per hour or at the next closest step in the higher labor grade whichever is greater, provided such temporary transfer extends beyond two (2) hours in any one (1) work day.

VI. ENFORCEMENT

Hiring managers and employees who do not follow the procedures set forth in this policy may be subject to disciplinary action.

BOARD OF SUPERVISORS
LINN COUNTY, IOWA

Title: Layoffs and Furloughs Policy		**Policy Number:** PM-026	
Responsible Department: Human Resources			
Revision No: 1	**Revision Date:** 04/21/2021	**Policy Effective Date:** 07/01/2021	**Expiration Date:** None until next revision
Initial Approval Date: **BOS Minutes:**		**Distribution:** PolicyStat	

I. PURPOSE & OBJECTIVES

The purpose of this policy is to ensure that the County is able to effectively address the need for staff reductions in the event of funding reductions, adverse economic conditions, or other circumstances. Layoffs or furloughs will be conducted in a manner that is consistent with the procedures described below.

II. SCOPE

This policy is applicable to all regularly scheduled full-time and part-time Linn County employees responsible to the Board of Supervisors; employees responsible to an Elected Official, including the Elected Official and his/her deputies; County Assessor's Office, Public Health and Conservation employees; and temporary, seasonal or on-call employees.

III. EXCEPTIONS

None

IV. DEFINITIONS

Department – as defined by the *Department Chart for Layoff and Furlough* attached to this policy.

Layoff – a permanent staff reduction within a department

Furlough – a temporary staff reduction within a department of ninety (90) days or less

V. PROVISIONS

LAYOFF PROCEDURES

The County will determine, in its sole discretion, whether layoffs are necessary. A department head or elected official will consult with the Human Resources Department if a staff reduction is under consideration. Any layoff plan must be approved by the Human Resources Director and the Board of Supervisors. If it is determined that layoffs are necessary in a department and job classification, employees will be laid off according to least seniority in the job classification, department, and bargaining unit.

The layoff procedure shall be as follows:

1. All temporary, part-time and probationary (new hires and those in trial period) employees in the department working the job classification affected will be laid off first.

2. If additional reduction in the job classification is necessary, then any part-time employees within the affected job classification and department having the least *bargaining unit seniority* will be laid off.

3. If additional reduction in the job classification is necessary, then the employees within the affected job classification and department having the least *bargaining unit seniority* will be laid off.

For layoff purposes, temporary, part-time and probationary employees are considered as having the least seniority. The number of departments for layoff and furlough purposes are contained in the *Department Chart for Layoff and Furlough* attached to this policy and maintained by the Human Resources Department.

Except in cases of emergency, notice of layoff will be posted at least ten (10) working days in advance of the layoff. The affected employee(s) will be laid off out the door and not subject to recall. The Human Resources Department will handle the layoff notification process.

An employee who is laid off from a County position for any reason shall be compensated for their unused accumulated vacation accrued through their last vacation anniversary date. In addition, the laid off employee will be paid for vacation time accrued on a monthly basis up to the employment termination date.

If a layoff is due to *reduced funding* which requires a program closure or staff reduction and additional funding is obtained within three (3) months such that there is a need to hire for the same job classification(s) that was eliminated or reduced, the employee(s) laid off in that job classification(s) will be given the opportunity to return to their previous position at their previous rate of pay. Should they choose to return, they will be allowed to retain their former bargaining unit seniority for vacation accrual and longevity purposes. This opportunity will be given on the basis of bargaining unit seniority (most senior called back first).

An employee who wishes to return must report ready for work within five (5) work days after receiving the notice or at the time and date indicated in the notice, whichever is the later, absent

any extenuating circumstances. Note that if a layoff is due to *restructuring* of a department, there shall be no new hires for the same position in the same department for one (1) year from the effective layoff date.

An employee who is laid off and subsequently applies to any County position and who is selected for that position within three (3) months of their effective layoff date, such employee will be allowed to retain their former bargaining unit seniority for vacation accrual and longevity purposes only.

If a layoff is due to a re-organization or re-structuring of a department or division, the affected employee(s) will be laid off out the door. There shall be no hires within a bargaining unit for the same position in the same department for one (1) year from the effective layoff date.

FURLOUGH PROCEDURES

The County has the sole discretion to determine the necessity of a furlough of the workforce. Furloughs of up to ninety (90) consecutive working days shall not result in utilization of the layoff provisions above.

1. The County will first offer voluntary furlough to employees by *bargaining unit seniority* starting with the most senior in the job classification, department and bargaining unit being furloughed.

2. If utilization of (1) above does not satisfy the need to furlough, the County will furlough *temporary and/or probationary employees* in the job classification, department and bargaining unit being furloughed.

3. If utilization of (2) above does not satisfy the need to furlough, the County will furlough, according to bargaining unit seniority, starting with the least senior, *part-time employees* in the job classification, department and bargaining unit being furloughed.

4. If utilization of (3) above does not satisfy the need to furlough, the Employer will furlough, according to bargaining unit seniority, starting with the least senior, *full-time employees* in the job classification, department and bargaining unit being furloughed.

Employees will be called back from furlough according to most *bargaining unit seniority* in the job classification and department, with all full time employees to be called back first.

An employee continues to accrue seniority and maintains health and dental insurance coverage while on furlough as long as they pay the monthly employee premium(s) for their coverage. If the furlough exceeds ninety (90) consecutive working days, then the furlough becomes permanent and employees will be laid off subject to the layoff provisions above.

VI. ENFORCEMENT

Hiring managers and employees who do not follow the procedures set forth in this policy may be subject to disciplinary action.