

COUNTY SOCIAL SERVICES 28E GOVERNING BOARD AGENDA

To: County Social Services Board Members

From: Mary McKinnell

Date: January 33, 2021

Re: County Social Services Board Meeting

Date: Wednesday, January 27, 2021

Time: 10:00 A.M.

Place: **County Social Services-Cerro Gordo County office, 525 9th Street SE, Mason City, IA. Please wear face coverings. IN PERSON IS ONLY FOR CSS BOARD MEMBERS AND REQUIRED CSS STAFF. Board members wishing not to attend in person, CSS staff and guests are invited to join us via the GoTo Meeting link below.**

Please join my meeting from your computer, tablet or smartphone.

<https://global.gotomeeting.com/join/843442877>

You can also dial in using your phone.

United States: [+1 \(872\) 240-3212](tel:+18722403212)

Access Code: 843-442-877

Agenda:

1. Call County Social Services Board Meeting to order.
2. Approve today's agenda and the minutes of December 9, 2020. Discussion/Action.
3. Executive Board election: Chair, Vice Chair, Treasurer. Discussion/Action.
4. FY2022 benefits renewal: Ryan Berven and Samantha Gunderkauf, Group Benefit Partners.
5. New Adult Services Provider Representative, Brittney Montross from Exceptional Persons, Inc. Introduction and feedback.

6. Consumer feedback.

Human Resources

7. Conflict of interest letter. Discussion/Action.
8. 2021 Holiday schedule. When will we observe holidays that occur on a weekend? Independence day is a Sunday, Christmas on Saturday, and New Year's Day is on a Saturday.
9. Wellness Program contracts. Jen Sheehan presenting.

Programs

10. Child Coordinator position offered and accepted. Emma Hall will fill the role effective February 1st.
11. Elevate partnership proposal for START and IRSH. Discussion/Action.

Organization

12. Pocahontas letter to leave region. Discussion.
13. CARES Act funding update. Discussion.
14. Financial report and claims approval. Discussion/Action.
15. FY2022 budget/levy. Discussion/Action.
16. Review and action on Exceptions to Policy. Discussion/Action
17. Review and action to authorize the Chair to sign provider agreements and/or rate requests with:
 - Elevate CCBHC for mobile crisis response
 - Winneshiek County lease agreement
18. Vacancies on HR and Finance Committees.
19. Legislative issues/contiguous region requirement. Discussion.
20. Location of future meetings. Discussion/Action.
21. Adjourn; next meeting will be Wed., February 24, 2021, 10:00 am.

WELLNESS PROGRAM AGREEMENT

BETWEEN THE IOWA STATE ASSOCIATION OF COUNTIES

AND PARTICIPATING COUNTY

BACKGROUND

ISAC has demonstrated support for wellness programming for many years by providing financial resources to counties to be used on wellness programming. ISAC is dedicated to providing members every opportunity to become healthier, and to creating a culture of health and wellness in all counties participating in the ISAC Group Health Program. This is why ISAC is offering counties the opportunity to participate in a more robust wellness program, along with the assistance of a health management consultant and incentive program to help them achieve their goals. ISAC is determined to address rising health care costs through effective wellness programming to encourage healthy behavior changes in the employee population.

WORKSITE WELLNESS PLAN

The ISAC enhanced wellness program will include comprehensive consulting services and biometric screenings as well as an incentive program to both counties and policy holders during the plan year of 2021.

POPULATION TO BE SERVICED

The ISAC Wellness Program is only available to member employees. Comprehensive consulting may assist county wellness committees in planning and implementing additional programs that can be available to all employees. The \$200 incentive is available to current county employees who are in the ISAC group health plan.

ISAC WILL PROVIDE THE FOLLOWING:

- A dedicated Health Management Consultant to assist in assessment, planning, implementation and evaluation of wellness initiatives.
- Lifestyle management tools to help members better manage their health, including nutrition planning, fitness planner, online behavior change programs, and more.
- An approved 8 Pillars of Wellness List. The county can request to use other topics and presenters for the "County Sponsored Event" but these requests are subject to approval from ISAC.
- A \$200 incentive that will be offered for those qualifying employees who have completed a wellness assessment (\$25), completion of a physical or preventative exam with a physician who can fill out a fax form (\$75 Reimbursed through the ISAC Accident Plan), and completion of 4 different wellness pillars (\$25 each). ISAC will reimburse the county up to the \$125 + the employers FICA tax.
- A rate discount to any county that meets the criteria listed under "Participating County" and documents their achievement.

FEES

ISAC is assuming all fees associated with the wellness program enhancements, which includes comprehensive consulting and online lifestyle management programs through Mercy Health Network. Participating counties will have no financial obligations associated with this program. Each participating county will continue to receive \$30 per contract per year to use toward approved wellness programs and speakers. Counties are encouraged to offer additional incentives to participants to increase engagement.

PARTICIPATING COUNTIES MUST:

- Form a wellness committee (volunteer or appointed), if one is not already established, that will meet at least four times per calendar year to plan and implement wellness programming. The Health Management Consultant will provide each county with the tools and materials needed to promote these programs.
- Include at least one Supervisor on the committee to support the wellness initiative by holding an active role in the wellness committee and encouraging employees time to participate in wellness programs. County leaders are also encouraged to be an example to employees by participating in programs themselves.
- Encourage employees to complete a physical and or preventative exam with a physician who can fill out a fax form. And complete their online assessment. Doing these two things will earn the county the wellness discount on their premiums.
- Encourage employees to participate in the ISAC Wellness Program Pillars to receive their full \$200.

COLLABORATION

ISAC is committed to creating a culture of health and wellness at all ISAC counties. ISAC will work with the counties to identify and address its employee health risks through the proposed engagement. We look forward to collaborating with you to promote wellness programs, and welcome any information that you can provide to help us better understand and meet your wellness needs.

2021 ISAC WELLNESS AGREEMENT

Iowa State Association of Counties and the participating county have caused this agreement to be executed January 1st – October 31st, 2021. The undersigned hereby consent to render services accordingly.

_____ County elects to participate in the 2021 ISAC Wellness Program, as detailed above.

_____ County elects NOT to participate in the 2021 ISAC Wellness Program; understanding that the county will no longer receive the benefits associated with the program.

William R. Peterson, Executive Director
Iowa State Association of Counties

Date

Chairperson, Board of Supervisors, County

Date

Please return this agreement to:
ISAC Wellness, 5500 Westown Pkwy #190, West Des Moines, IA 50266
FAX: 515-244-6397 or EMAIL: wellness@iowacounties.org



Conflict of Interest Acknowledgment Form

The purpose of this letter is to protect the interests of County Social Services (CSS).

CSS employees must never allow themselves to be placed in a position where their personal interests are in conflict (or could be in conflict) with the interests or business of CSS. Employees must avoid any situation or activity that compromises, or may compromise, their judgement or ability to act in the best interest of CSS.

Employees of CSS have the opportunity to advance their own personal interests with or against the interests of CSS. Any employee who acts outside of CSS's business best interest may be subject to disciplinary action.

Employees of CSS are obligated to disclose any known or potential conflicts of interest as soon as they arise. Failure to do so could result in termination of employment.

I understand the above information relating to conflicts of interest with CSS, including my responsibility to disclose any known or potential conflicts. I agree to abide by the procedures outlined in this letter for the duration of my professional relationship with CSS.

CSS Employee Signature

Date



Conflict of Interest Consent

The purpose of this consent form is to protect the interests of County Social Services (CSS).

CSS Board members must never allow themselves to be placed in a position where their personal interests are in conflict (or could be in conflict) with the interests or business of CSS. CSS Board members must avoid any situation or activity that compromises, or may compromise, their judgement or ability to act in the best interest of CSS.

CSS Board members are obligated to disclose any known or potential conflicts of interest as soon as they arise.

I understand the above information relating to conflicts of interest with CSS, including my responsibility to disclose any known or potential conflicts. I agree to abide by the procedures outlined in this letter for the duration of my professional relationship with CSS.

CSS Board Member Signature

Date

Preparer: Andrew F. Van Der Maaten ISBA # WS0008752

LEASE - BUSINESS PROPERTY

THIS AGREEMENT, made and entered into this 21st day of DEC, 2020, by and between Winneshiek County ("Landlord"), whose address, for the purpose of this lease, is 201 West Main Street; Decorah, IA 52101, and County Social Services (CSS) (hereinafter "Tenant"), whose address for the purpose of this lease is 305 Montgomery; Decorah, IA 52101.

The parties agree as follows:

1. **PREMISES AND TERM.** Landlord leases to Tenant the following real estate, situated in Winneshiek County, Iowa:

270 square feet of office space in the Winneshiek County Smith Building, as identified on the attached floor plan and identified as rooms 6 and 14 (totaling 270 square feet), together with all improvements thereon, and all rights, easements and appurtenances thereto belonging, for a term beginning on the 1st day of January 2021, and ending on the 31st day of December 2024, upon the condition that Tenant performs as provided in this lease.

2. **RENT.** Tenant agrees to pay Landlord as rent \$2,497.50 per year, payable one half on January 1 and the second half on July 1 of each year during the term of this lease/in advance commencing on the 1st day of January 2021 and on the 1st day of each month thereafter.

All sums shall be paid at the address of Landlord, or at such other place as Landlord may designate in writing. Delinquent payments shall draw interest at 12 % per annum.

3. **POSSESSION.** Tenant shall be entitled to possession on the first day of the lease term and shall yield possession to Landlord at the termination of this lease.

4. **USE.** Tenant shall use the premises only for purposes related to CSS.

5. **CARE AND MAINTENANCE.**

(a) Tenant takes the premises as is, except as herein provided.

(b) Landlord shall keep the following in good repair: roof, exterior walls, foundation, sewer, plumbing, heating, wiring, air conditioning, plate glass, windows and window glass, parking area, driveways, sidewalks, except when the same area occasioned by the misuse or negligence of Tenant, its agents, employees or invitees. Landlord shall not be liable for failure to make any repairs or replacements unless Landlord fails to do so within a reasonable time after written notice from Tenant.

(c) Tenant shall maintain the premises in a reasonable safe, serviceable, clean and presentable condition, and except for the repairs and replacements provided to be made by Landlord in subparagraph (b) above, shall make all repairs, replacements and improvements to the premises, INCLUDING ALL CHANGES, ALTERATIONS OR ADDITIONS ORDERED BY ANY LAWFULLY CONSTITUTED GOVERNMENT AUTHORITY DIRECTLY RELATED TO TENANT'S USE OF THE PREMISES. Tenant shall make no structural changes or alterations without the prior written consent of Landlord.

6. **UTILITIES AND SERVICES.** Tenant shall pay for all utilities and services which may be used on the premises, except the following to be furnished by Landlord: heat, electricity, water/sewer service, garbage pickup, janitorial and snow removal. Landlord shall not be liable for damages for failure to perform as herein provided, or for any stoppage for needed repairs or for improvements or arising from causes

County Social Services Exceptions to Policy and Reconsiderations - December 2020

Clients	Service	Decision	Impact
1	Transportation	Transportation is not covered under member's current funding source, needs transportation to Day Hab.	\$810.00
2	Homemaker Services	Member is on waiver wait list. Homemaker services staff assist member with grocery shopping which is not a Medicaid-funded service. Member uses homemaker as SCL service, which is less expensive than SCL.	\$200.00
3	Residential Care Facility Daily Service	Member left facility while under a court order to be there. Facility unable to discharge member since there was an inpatient commitment order in place. Once transfer order was in place the facility discharged the member.	\$1,062.00
4	Basic Needs - Rent	Member has been working on mental health wellness and is now feeling good. Member secured a job but hasn't started yet.	\$600.00
5	Voc/Day-Prevocational Services	Member's current waiver does not fund pre-voc services, member needs pre-voc funding to work on job skills.	\$250.00
6	Supported Community Living	Last month of assistance unless member falls under income guidelines. Member married and combined finances caused member to be over income guidelines. Client participation fee waived through October 31, 2020, at that time IHH worker will check to see how member is doing at this point.	\$102.00
7	Basic Needs - Rent	Currently member does not have any income. Appealing Social Security Administration's disability decision with an attorney.	\$250.00
8	Day Habilitation	Transportation is not covered under member's current funding source, needs transportation to Day Hab.	\$650.16
9	Transportation	Transportation is not covered under member's current funding source, needs transportation to Day Hab.	\$50.00
10	Day Hab & Supported Community Living	Current waiver does not fully fund, CSS funds remainder. Member is on another waiver waiting list that will fund member's needs.	\$8,188.41
11	Transportation	Transportation is not covered under member's current funding source, needs transportation to Day Hab.	\$50.00
12	Transportation	Transportation is not covered under member's current funding source, needs transportation to Day Hab.	\$336.00
13	Supported Community Living	Waive member copay to allow member time to adjust budget and reduce expenses so member can pay the copay.	\$138.00
14	Supported Community Living	Integrated Health Home case manager directed to work with the MCO to get this service funded. Funding will end June 30, 2021.	\$544.44
15	Supported Community Living	Request to waive client participation fee. Member is in need of services but is \$205 over income guidelines. Member's mortgage is 2/3rds of his income, will soon have a supplemental insurance monthly premium, and has other bills to pay and cannot afford the services member needs at this time.	\$205.00
16	Transportation	Transportation is not covered under member's current funding source, needs transportation to Day Hab.	\$95.00
17	Transportation	Transportation is not covered under member's current funding source, needs transportation to Day Hab.	\$75.00
18	Transportation	Transportation is not covered under member's current funding source, needs transportation to Day Hab.	\$594.00
19	Transportation	Transportation is not covered under member's current funding source, needs transportation to Day Hab.	\$780.00
20	Voc/Day-Prevocational Services	Member's current waiver does not fund pre-voc services, member needs pre-voc funding to work on job skills.	\$650.00
21	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded. Funding will end June 30, 2021.	\$376.92
22	Medication Pass	Integrated Health Home case manager directed to work with the MCO to get this service funded. Funding will end June 30, 2021.	\$1,298.28
23	Basic Needs - Rent	Since discharging from the RCF member is struggling with MH symptoms. Member has no income, but when MH symptoms are stabilized member will be working with IVRS to attempt to obtain employment.	\$525.00
24	Transportation	Transportation is not covered under member's current funding source, needs transportation to Day Hab.	\$337.50

Approximate monthly impact: \$ 18,167.71

beyond the control of Landlord, provided Landlord uses reasonable diligence to resume such services.

7. **SURRENDER.** Upon the termination of this lease, Tenant will surrender the premises to Landlord in good and clean condition, except for ordinary wear and tear or damage without fault or liability of Tenant. Continued possession, beyond the term of this Lease and the acceptance of rent by Landlord shall constitute a month-to-month extension of this lease.

8. **ASSIGNMENT AND SUBLETTING.** No assignment or subletting, either voluntary or by operation of law, shall be effective without the prior written consent of Landlord, which consent shall not unreasonably be withheld.

9. **INSURANCE.**

A. **PROPERTY INSURANCE.** Landlord and Tenant agree to insure their respective real and personal property for the full insurable value. Such insurance shall cover losses included in the Insurance Services Office Broad Form Causes of Loss (formerly fire and Landlord and Tenant waive all rights of recovery against each other.

B. **LIABILITY INSURANCE.** Tenant shall obtain commercial general liability insurance in the amounts of \$1,000,000 each occurrence and \$3,000,000 annual aggregate per location. This policy shall be endorsed to include the Landlord as an additional insured.

10. **LIABILITY FOR DAMAGE.** Each party shall be liable to the other for all damage to the property of the other negligently, recklessly or intentionally caused by that party (or their agents, employees or invitees), except to the extent the loss is insured and subrogation is waived under the owner's policy.

11. **INDEMNITY** Except for any negligence of Landlord, Tenant will protect, defend, and indemnify Landlord from and against any and all loss, costs, damage and expenses occasioned by, or arising out of, any accident or other occurrence causing or inflicting injury or damage to any person or property, happening or done in, upon or about the premises, or due directly or indirectly to the tenancy, use or occupancy thereof, or any part thereof by Tenant or any person claiming through or under Tenant.

12. **DAMAGE.** In the event of damage to the premises, so that Tenant is unable to conduct business on the premises, this lease may be terminated at the option of either party. Such termination shall be effected by notice of one party to the other within twenty days after such event; and both parties shall thereafter be released from all future obligations hereunder.

13. **MECHANICS' LIENS.** Neither Tenant, nor anyone claiming by, through, or under Tenant, shall have the right to file any mechanic's lien against the premises. Tenant shall give notice in advance to all contractors and subcontractors who may furnish, or agree to furnish, any material, service or labor for any improvement on the premises.

14. **DEFAULT, NOTICE OF DEFAULT AND REMEDIES.**

EVENTS OF DEFAULT

A. Each of the following shall constitute an event of default by Tenant: (1) Failure to pay rent when due; (2) failure to observe or perform any duties, obligations, agreements, or conditions imposed on Tenant pursuant to the terms of the lease; (3) abandonment of the premises. "Abandonment" means the Tenant has failed to engage in its usual and customary business activities on the premises for more than fifteen (15)

consecutive business days; (4) institution of voluntary bankruptcy proceedings by Tenant; institution of involuntary bankruptcy proceedings in which the Tenant thereafter is adjudged a bankruptcy; assignment for the benefit of creditors of the interest of Tenant under this lease agreement; appointment of a receiver for the property or affairs of Tenant, where the receivership is not vacated within ten (10) days after the appointment of the receiver.

NOTICE OF DEFAULT

B. Landlord shall give Tenant a written notice specifying the default and giving the Tenant ten (10) days in which to correct the default. If there is a default (other than for nonpayment of a monetary obligation of Tenant, including rent) that cannot be remedied in ten (10) days by diligent efforts of the Tenant, Tenant shall propose an additional period of time in which to remedy the default. Consent to additional time shall not be unreasonably withheld by Landlord. Landlord shall not be required to give Tenant any more than three notices for the same default within any 365 day period.

REMEDIES

C. In the event Tenant has not remedied a default in a timely manner following a Notice of Default, Landlord may proceed with all available remedies at law or in equity, including but not limited to the following: (1) Termination. Landlord may declare this lease to be terminated and shall give Tenant a written notice of such termination. In the event of termination of this lease, Landlord shall be entitled to prove claim for and obtain judgment against Tenant for the balance of the rent agreed to be paid for the term herein provided, plus all expenses of Landlord in regaining possession of the premises and the reletting thereof, including attorney's fees and court costs, crediting against such claim, however, any amount obtained by reason of such reletting; (2) Forfeiture. If a default is not remedied in a timely manner, Landlord may then declare this lease to be forfeited and shall give Tenant a written notice of such forfeiture, and may, at the time, give Tenant the notice to quit provided for in Chapter 648 of the Code of Iowa.

15. **SIGNS.** Landlord, during the last ninety days of this lease, shall have the right to maintain on the premises either or both a "For Rent" or "For Sale" sign. Tenant will permit prospective tenants or buyers to enter and examine the premises.

16. **NOTICES AND DEMANDS.** All notices shall be given to the parties hereto at the addresses designated unless either party notifies the other, in writing, of a different address. Without prejudice to any other method of notifying a party in writing or making a demand or other communication, such notice shall be considered given under the terms of this lease when it is deposited in the U.S. Mail, registered or certified, properly addressed, return receipt requested, and postage prepaid.

17. **PROVISIONS BINDING.** Each and every covenant and agreement herein contained shall extend to and be binding upon the respective successors, heirs, administrators, executors and assigns of the parties hereto.

18. ADDITIONAL PROVISIONS.

a.. **CONTROLLING LEASE PROVISIONS.** This Lease shall be controlling as between the Landlord and Tenant and shall be in lieu of any and all prior leases, addendums and/or amendments to leases that may have been entered in to between the Parties hereto for the premises involved.

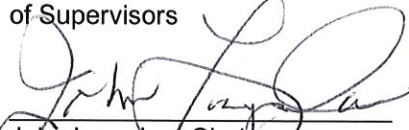
b. The Parties have further agreed that the Landlord will provide internet service (two (2) 50mb

connections at \$5.00 per mb) to the subject property for use by the Tenant as part of the rental rate.

c. Landlord will provide basic VOIP phone service, but not any additional phone services that Tenant purchases through its telephone company

LANDLORD

Winneshiek County Board
of Supervisors



John Logsdon, Chairperson

ATTEST:



Benjamin Steines, Auditor

TENANT

County Social Services

By: _____, Executive Director



County Social Services

Client Overview

Contact Information	
Primary Contact	Lori Evans
Street Address	706 H Avenue, Suite 1
City, State, Zip	Grundy Center, IA 50638
Phone Number	(319) 824-6779

Group Information	
Eligibility	30 hours per week
New Hire Waiting Period	First of month following date of hire
Benefit Deduction Frequency	Bi-Weekly (26)
Post-Employment Coverage	COBRA

Benefits Overview

Plan Type	Carrier	Renewal Date	Termination
Medical	Wellmark BCBS	7/1/2021	End of Month
Dental	Delta Dental of Iowa	7/1/2021	End of Month
Vision	Delta Vision	7/1/2024	End of Month
Life / AD&D	Reliance Standard	2/1/2022	End of Month
Voluntary Life / AD&D	Reliance Standard	2/1/2022	End of Month
Vol. Short Term Disability	Reliance Standard	2/1/2022	End of Month
Accident	Reliance Standard	1/1/2023	End of Month
COBRA	Midwest Group Benefits	1/1/2021	End of Month
HRA Administration	Auxiant	1/1/2021	End of Month
Flex Administration	Auxiant	1/1/2021	End of Month



County Social Services

Employee Cost Share per Month

Plan Type	Employee Only	EE + Spouse	EE + Child(ren)	EE + Family
Medical	\$50.00	\$250.00	\$250.00	\$250.00
Dental	\$0.00	\$0.00	\$0.00	\$0.00
Vision	\$8.10	\$15.44	\$17.48	\$23.08
Voluntary Short-Term	Age Rated	Age Rated	Age Rated	Age Rated
Voluntary Life / AD&D	Age Rated	Age Rated	Age Rated	Age Rated

** Group Term Life is paid for 100% by the employer.*



Group Benefit Partners

MEDICARE | GROUP | INDIVIDUAL

Des Moines Office

12337 Stratford Drive
Clive, IA 50325
P: (515) 493-0802
F: (888) 519-6533

Other Office Locations

Fort Madison, IA
Bettendorf, IA
Decorah, IA
Waverly, IA

Our Team

Ryan Berven

Partner

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ryanb@gbp-ins.com

Elizabeth Opie

Client Services Manager

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Benefit Consultant

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tylerc@gbp-ins.com

ISAC Group Benefits Program

FY2022 Highlights

Health Program with Wellmark Blue Cross Blue Shield

- Early release of renewal rates
- Experience and wellness discounts
- Multiple networks and plan designs
- 25 counties participating

Dental Program with Delta Dental of Iowa

- Comprehensive plan portfolio
- Voluntary and contributory pricing
- Broad network of providers
- 22 counties participating

Vision Program with DeltaVision and Avesis

- Multiple carriers and plan options
- Exclusive fully insured county pricing
- Robust provider networks
- 11 counties participating

Worksite and Ancillary Program with Reliance Standard

- Group accident and critical illness plans
- Accident includes AD&D and wellness
- Voluntary Life and Voluntary AD&D
- Group disability products

Group Benefit Partners

- Unbiased employee benefit consulting
- Dedicated county service team
- Compliance assistance
- Employee Navigator enrollment

Complimentary ISAC Benefits

- Wellness program
- Accident plan (employee enrolled in med)
- Consolidated billing
- Employee Assistance Program



2021 ISAC WELLNESS PROGRAM

PROGRAM DATES

The ISAC Wellness Program will run between January 1, 2021 and October 31, 2021.

PROGRAM STRUCTURE

- Completion of a physical OR preventative exam with a doctor who CAN fill out a fax form = 4 TOTAL points
 - 50% Employee Participation = 1 point
 - 60% Employee Participation = 2 points
 - 70% Employee Participation = 3 points
 - 80% Employee Participation = 4 points
- Complete the Online Assessment = 1 TOTAL point
 - 60% Employee Completion = 1 point

ISAC will provide \$30 per county contract on 1/1/2021 for Wellness Dollars

EMPLOYEE INCENTIVES

An insured employee of the Group Health Program may earn up to a \$125 incentive in their paycheck. The incentive will be distributed in November and ISAC will reimburse the county the incentive + employers FICA tax.

- \$75.00 Completion of the physical/preventative exam with a doctor who CAN fill out a fax form
(Reimbursed through accident insurance)
- \$25.00 Completion of the Online Assessment
- Up to \$100 by completing an activity under 4 different wellness pillars
 - Purpose
 - Nutrition
 - Physical
 - Mindfulness
 - Social
 - Balance
 - Financial
 - Community

CORE EAP BENEFIT SUMMARY

Iowa State Association of Counties

Maintaining work-life balance is more stressful than it's ever been. An Employee Assistance Plan (EAP) provides a variety of counseling, consultations, resources, and coaching benefits for you and your family members to help with small concerns, big problems, and everything in between. **Your EAP benefits are cost free to you, confidential, and available 24/7/365.** Let us help you get the services and resources you need. Here are some of issues and concerns we can help with:

- ✓ Managing Stress
- ✓ Relationship Concerns
- ✓ Personal Growth & Development
- ✓ Coping with Anxiety or Depression
- ✓ Personal Family or Legal Issues
- ✓ Caring for Elderly Family Members
- ✓ Credit Concerns and Reports
- ✓ Identity Theft Resolution
- ✓ Substance Use and Addiction
- ✓ Managing Budgets and Debts
- ✓ Legal Questions & Concerns
- ✓ Tax-Related Questions

SERVICE PROVIDED	PER PERSON	SERVICES PROVIDED ARE CONFIDENTIAL AND AT NO COST TO THE COVERED PERSON
Phone-Based Support	Unlimited	Call us any time you have an issue, concern, or question. Calls are answered 24/7 by masters-level clinicians.
In-person Counseling	6 Sessions per circumstance, per year	Confidential, in-person assessment and counseling with a licensed mental health therapist near your home or work location. Each member of your family is eligible for counseling services for each separate incident or set of circumstances within a rolling 12-month period. <i>*incidents involving multiple family members will be assessed based on specific circumstance</i>
Telephonic Life Coaching	6 Sessions per year	Confidential, scheduled telephonic sessions with a life coach for matters such as improving time management skills, work-life integration, goal setting, communication skills, and other areas of personal growth. Sessions renew annually.
Telephonic Financial Consultation	1 session per issue	A 30-minute telephonic consultation for each separate issue with a financial professional with expertise in the area of concern. Access a free financial check-up, financial library, and a large variety of financial tools & calculators at http://efr.clcmembers.com/ .
In-Person or Telephonic Legal Consultation	1 session per issue	A 30-minute telephonic or in-person consultation for each separate issue/concern with a licensed attorney with expertise in the area of need. If the member chooses to retain the attorney for ongoing legal representation, it will be provided at a 25% discount off the attorney's usual rate. Access to more than 5,000 free self-help (& fill-in) legal documents and a variety of other legal information is available at http://efr.clcmembers.com/ . <i>All legal concerns are covered, except employment-related issues, which are specifically excluded.</i>
Eldercare Resources	As needed	Information, referral resources, and support for those caring for an aging parent or other family member, including connections to local resources for in-home care, alternative living arrangements, legal and financial issues, and more.
Childcare Resources	As needed	Childcare resource referrals where locally available. Referrals are only to state licensed/certified childcare providers.
Identity Theft Resolution Services	As needed	Services are provided by a highly-trained FCRA certified fraud resolution specialist (or licensed attorney) to assist with restoring identity and good credit.
Additional Benefits & Resources		<i>Real Life Solutions</i> (monthly newsletter), benefit orientation webinars, blogs, self-assessments, and other EAP information is available via your HR manager, via our online chat at www.efr.org/chat , or on our website, www.efr.org .



EFR EMPLOYEE & FAMILY RESOURCES

Rate Adjustment Utilization Key

County Social Services

EXPERIENCE ADJUSTMENTS

	Collected Premium	Total Expense (Fixed + Claims)	County Use Rate
FY18	-	-	-
FY19	-	-	-
FY20	\$327,742	\$242,107	0.74
3 Year Average			-

Level	Adjustment	Utilization Band
Level 3 Discount	-15%	< .850
Level 2 Discount	-10%	< or = .900 but > or = to .850
Level 1 Discount	-5%	< .960 but > .900
Base Rate	0%	< than 1.100 but > than or = to .960
Level 1 Surcharge	5%	> 1.100 but < 1.200
Level 2 Surcharge	10%	1.200 or >

LARGE CLAIM ADJUSTMENTS

	Stoploss Premium	Stoploss Credits	Stoploss Ratio
FY18	-	-	-
FY19	-	-	-
FY20	\$26,294	\$0	0.00%
3 Year Average			-

Level	Adjustment	Utilization Band
Level 1 Discount	-2.50%	0% to 50%
Base Rate	0%	51% to 200%
Level 1 Surcharge	2.50%	201% plus

COMBINED DISCOUNT RATIO

	ISAC Base Rate	Adjustments			Discount Ratio
		Experience	Large Claim	Wellness	
FY2021	1.000	0.000	0.000	0.000	1.000
FY2022	1.000	0.000	0.000	-0.050	0.950

County Social Services
Medical & RX Benefit Comparison

Effective July 1, 2021



		WELLMARK BCBS Current ISAC - Plan 11E		WELLMARK BCBS Renewal ISAC - Plan 11E		WELLMARK BCBS Option 1 ISAC - Plan 17	
DETAILS	Network	<u>Alliance Select</u>	<u>Non-Network</u>	<u>Alliance Select</u>	<u>Non-Network</u>	<u>Blue Choice</u>	<u>Non-Network</u>
	Deductible (Single / Family)	\$5,000 / \$10,000		\$5,000 / \$10,000		\$5,000 / \$10,000	
	Type (Non/Emb)	Embedded		Embedded		Embedded	
	Coinsurance	20%	40%	20%	40%	20%	40%
	Out-of-Pocket Max	\$6,350 / \$12,700		\$6,350 / \$12,700		\$6,350 / \$12,700	
OFFICE VISITS		<i>* Deductible Waived</i>		<i>* Deductible Waived</i>		<i>* Deductible Waived</i>	
	Primary Care	20% Coins. *	40% after Ded.	20% Coins. *	40% after Ded.	20% Coins. *	40% after Ded.
	Specialist	20% Coins. *	40% after Ded.	20% Coins. *	40% after Ded.	20% Coins. *	40% after Ded.
	Chiropractic	20% Coins. *	40% after Ded.	20% Coins. *	40% after Ded.	20% Coins. *	40% after Ded.
	Mental Health	20% Coins. *	40% after Ded.	20% Coins. *	40% after Ded.	20% Coins. *	40% after Ded.
HOSPITAL	Preventive Care	No Charge	0% after Ded.	No Charge	0% after Ded.	No Charge	0% after Ded.
	Inpatient	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
	Outpatient	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
	Emergency Room	20% after Ded.	Same as In-Net.	20% after Ded.	Same as In-Net.	20% after Ded.	Same as In-Net.
	Urgent Care	20% Coins. *	40% after Ded.	20% Coins. *	40% after Ded.	20% Coins. *	40% after Ded.
DIAGNOSTIC	Diagnostic X-Rays & Lab						
	Office	Covered in O.V.	40% after Ded.	Covered in O.V.	40% after Ded.	Covered in O.V.	40% after Ded.
	Independent	20% Coins. *	40% after Ded.	20% Coins. *	40% after Ded.	20% Coins. *	40% after Ded.
	Facility	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
	Major Diagnostic (CT / MRI / etc.)	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.	20% after Ded.	40% after Ded.
PHARMACY	RX Deductible (Single / Family)	\$50 / \$100		\$50 / \$100		\$50 / \$100	
	RX Out-of-Pocket Maximum	\$1,000 / \$2,000		\$1,000 / \$2,000		\$1,000 / \$2,000	
	Tier 1	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay	\$10 Copay
	Tier 2	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay	\$20 Copay
	Tier 3	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$45 Copay
PREMIUMS	Specialty	\$45 Copay	Not Covered	\$45 Copay	Not Covered	\$45 Copay	Not Covered
	Employee	13	\$784.00	13	\$744.00	13	\$687.00
	Family	26	\$1,762.00	26	\$1,674.00	26	\$1,545.00
	Monthly Premium	\$56,004.00		\$53,196.00		\$49,101.00	
	Annual Premium	\$672,048.00		\$638,352.00		\$589,212.00	
	\$ Change			-\$33,696.00		-\$82,836.00	
	% Change			-5.01%		-12.33%	

*Exhibit provides an outline of the proposed insurance policy. Please refer to the policy itself for the actual terms and conditions.
In the event of a discrepancy, the insurance policies take precedence over this Insurance Summary.*

County Social Services
Partial Self-Fund (PSF) Illustration
Effective July 1, 2021

PSF Benefit Design

	Enrolled Contracts	ISAC Plan (11E)			Employee Plan (8)		100% Utilization	
		Rates	Ded.	OPM	Ded.	OPM	Per EE	Total
Single	13	\$744	\$5,000	\$6,350	\$500	\$1,000	\$5,350	\$69,550
Family	26	\$1,674	\$10,000	\$12,700	\$1,000	\$2,000	\$10,700	\$278,200
	39							\$347,750

Total Expected Plan Cost with PSF

	100% Utilization	20% Utilization	25% Utilization	30% Utilization
Proposed Annual Premium	\$638,352	\$638,352	\$638,352	\$638,352
Expected PSF Claims	\$347,750	\$69,550	\$86,938	\$104,325
Annual PSF Admin Fee	<u>\$3,978</u>	<u>\$3,978</u>	<u>\$3,978</u>	<u>\$3,978</u>
Total Expected Annual Cost	\$990,080	\$711,880	\$729,268	\$746,655

ISAC Group Health Program

County Social Services

Effective July 1, 2021

	ISAC PLAN NUMBER	8	9	10	11	11C	11E	11F	12C	12C-2	12D	12D-2	13	16	17
MEDICAL	NETWORK TYPE	PPO	PPO	PPO	PPO	PPO	PPO	HMO	PPO	HMO	PPO	HMO	HMO	POS	POS
	PCP REQUIRED	No	No	No	No	No	No	Yes	No	Yes	No	Yes	Yes	Yes	Yes
	OUT-OF-NETWORK BENEFIT	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No	No	Yes	Yes
	DEDUCTIBLE														
	Single	\$500	\$750	\$1,000	\$2,000	\$5,000	\$5,000	\$5,000	\$2,800	\$2,800	\$3,500	\$3,500	\$500	\$5,000	\$5,000
	Family	\$1,000	\$1,500	\$2,000	\$4,000	\$10,000	\$10,000	\$10,000	\$5,400	\$5,400	\$7,000	\$7,000	\$1,000	\$10,000	\$10,000
	COINSURANCE	20%	20%	20%	20%	20%	20%	20%	0%	0%	0%	0%	20%	20%	20%
	OUT-OF-POCKET MAX														
	Single	\$1,000	\$1,500	\$2,000	\$4,000	\$6,850	\$6,350	\$6,350	\$2,800	\$2,800	\$3,500	\$3,500	\$1,000	\$6,850	\$6,350
	Family	\$2,000	\$3,000	\$4,000	\$8,000	\$13,700	\$12,700	\$12,700	\$5,400	\$5,400	\$7,000	\$7,000	\$2,000	\$13,700	\$12,700
	OFFICE VISITS														
	PCP	Coins	Coins	Coins	Coins	Coins	Coins	\$15	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	\$15	Coins	Coins
	Specialist	Coins	Coins	Coins	Coins	Coins	Coins	\$15	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	\$15	Coins	Coins
PHARMACY	DEDUCTIBLE														
	Single	\$50	\$50	\$50	\$50	\$50	\$50	\$50	Same as Med	Same as Med	Same as Med	Same as Med	\$50	\$50	\$50
	Family	\$100	\$100	\$100	\$100	\$100	\$100	\$100	Same as Med	Same as Med	Same as Med	Same as Med	\$100	\$100	\$100
	OUT-OF-POCKET MAX														
	Single	\$1,000	\$1,000	\$1,000	\$1,000	Same as Med	\$1,000	\$1,000	Same as Med	Same as Med	Same as Med	Same as Med	\$1,000	Same as Med	\$1,000
	Family	\$2,000	\$2,000	\$2,000	\$2,000	Same as Med	\$2,000	\$2,000	Same as Med	Same as Med	Same as Med	Same as Med	\$2,000	Same as Med	\$2,000
	COPAYS														
	Tier 1	\$10	\$10	\$10	\$10	\$10	\$10	\$10	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	\$10	\$10	\$10
FY2022	Tier 2	\$20	\$20	\$20	\$20	\$20	\$20	\$20	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	\$20	\$20	\$20
	Tier 3	\$45	\$45	\$45	\$45	\$45	\$45	\$45	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	\$45	\$45	\$45
	Specialty	\$45	\$45	\$45	\$45	\$45	\$45	\$45	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	\$45	\$45	\$45
FY2022	COUNTY MONTHLY RATE														
	Single	\$1,041	\$1,004	\$979	\$900	\$736	\$744	\$680	\$821	\$732	\$759	\$678	\$928	\$674	\$687
	Family	\$2,341	\$2,259	\$2,203	\$2,023	\$1,656	\$1,674	\$1,529	\$1,845	\$1,645	\$1,708	\$1,525	\$2,087	\$1,514	\$1,545

County Social Services

Dental Benefit Comparison

Effective July 1, 2021



			DELTA DENTAL OF IOWA Current / Renewal ISAC - Plan 3 (2T / Contrib)	
BENEFIT DETAILS			PPO	Premier / Non
			\$15 / \$45 *	\$25 / \$75 *
	Network		\$1,500	
	Deductible (Single / Family)			
	Annual Maximum			
PREVENTIVE SERVICES	* Deductible waived for Preventive		0%	0%
	Check-ups and Teeth Cleanings		2 per Benefit Period	
	Topical Fluoride		2 per Benefit Period	
	X-Rays		Bitewing: 1 per Benefit Period; Full Mouth: 1 per 5 years	
	Sealants		Under age 15; 1 per 1st and 2nd molar per total benefit	
	Space Maintainers		Under age 15	
			10%	20%
BASIC SERVICES	Cavity Repair		Included	
	Routine Oral Surgery		Included	
	Tooth Extractions		Included	
MAJOR SERVICES			20%	20%
	Root Canals		Included	
	Crowns / Inlays / Onlays		1 per 5 years	
	Conservative Procedures		1 per quadrant per 24 months	
	Complex Procedures		1 per quadrant per 36 months	
PROS- THETICS	Bridges and Dentures		50%	50%
	Repairs and Adjustments		1 per 5 years	
			2 per Benefit Period after 6 months from initial placement	
			50%	
ORTHO	Benefit Maximum		\$1,500	
	Age Limitations		Age 19	
PREMIUMS	Employee	13	\$40.46	\$40.46
	Family	26	\$94.47	\$94.47
	Monthly Premium		\$2,982.20	\$2,982.20
	Annual Premium		\$35,786.40	\$35,786.40
	\$ Change		\$0.00	
	% Change		0.00%	

Exhibit provides an outline of the proposed insurance policy. Please refer to the policy itself for the actual terms, conditions and limits.


In the event of a discrepancy, the insurance policies take precedence over this Insurance Summary.

ISAC Group Benefits Program

Dental Benefit Comparison

Effective July 1, 2021



			Delta Dental of Iowa ISAC - Plan 1		Delta Dental of Iowa ISAC - Plan 2		Delta Dental of Iowa ISAC - Plan 2N		Delta Dental of Iowa ISAC - Plan 3		Delta Dental of Iowa ISAC - Plan 4	
BENEFIT DETAILS	Network	<u>PPO</u> <u>Premier/Non</u>		<u>PPO</u> <u>Premier/Non</u>		<u>PPO</u> <u>Premier/Non</u>		<u>PPO</u> <u>Premier/Non</u>		<u>PPO</u> <u>Premier/Non</u>		
	Deductible (Single / Family)	\$15 / \$45 *	\$25 / \$75 *	\$15 / \$45 *	\$25 / \$75 *	\$15 / \$45 *	\$25 / \$75 *	\$15 / \$45 *	\$25 / \$75 *	\$15 / \$45 *	\$25 / \$75 *	
	Annual Maximum	\$750		\$1,000		\$1,000		\$1,500		\$2,000		
PREVENTIVE SERVICES	* Deducible waived for Preventive	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	
	Check-ups and Teeth Cleanings	2 per Benefit Period		2 per Benefit Period		2 per Benefit Period		2 per Benefit Period		2 per Benefit Period		
	Topical Fluoride	2 per Benefit Period		2 per Benefit Period		2 per Benefit Period		2 per Benefit Period		2 per Benefit Period		
	X-Rays	Bitewing: 1 per Benefit Period		Bitewing: 1 per Benefit Period		Bitewing: 1 per Benefit Period		Bitewing: 1 per Benefit Period		Bitewing: 1 per Benefit Period		
	Sealants	Full Mouth: 1 per 5 years		Full Mouth: 1 per 5 years		Full Mouth: 1 per 5 years		Full Mouth: 1 per 5 years		Full Mouth: 1 per 5 years		
	Space Maintainers	Under age 15		Under age 15		Under age 15		Under age 15		Under age 15		
BASIC SERVICES		10%	20%	10%	20%	10%	20%	10%	20%	10%	20%	
	Cavity Repair	Included		Included		Included		Included		Included		
	Routine Oral Surgery	Included		Included		Included		Included		Included		
	Tooth Extractions	Included		Included		Included		Included		Included		
MAJOR SERVICES		20%	20%	20%	20%	20%	20%	20%	20%	20%	20%	
	Root Canals	Included		Included		Included		Included		Included		
	Crowns / Inlays / Onlays	1 per 5 years		1 per 5 years		1 per 5 years		1 per 5 years		1 per 5 years		
	Conservative Procedures	1 per quadrant per 24 months		1 per quadrant per 24 months		1 per quadrant per 24 months		1 per quadrant per 24 months		1 per quadrant per 24 months		
PROS- THETICS		50%	50%	50%	50%	50%	50%	50%	50%	50%	50%	
	Bridges and Dentures	1 per 5 years		1 per 5 years		1 per 5 years		1 per 5 years		1 per 5 years		
	Repairs and Adjustments	Included		Included		Included		Included		Included		
ORTHO		50%		50%		Not Covered		50%		50%		
	Benefit Maximum	\$750		\$1,000		N / A		\$1,500		\$2,000		
	Age Limitations	Age 19		Age 19		N / A		Age 19		Age 19		
FUNDING TYPE **		50/50	VOL.	50/50	VOL.	50/50	VOL.	50/50	VOL.	50/50	VOL.	
PREMIUMS	2-Tier	Employee	\$36.47	\$39.39	\$38.03	\$41.07	\$38.03	\$41.07	\$40.46	\$43.70	\$42.36	\$45.75
		Family	\$83.33	\$90.00	\$85.88	\$92.75	\$78.67	\$84.97	\$94.47	\$102.03	\$102.41	\$110.60
	4-Tier	Employee	\$32.78	\$35.40	\$33.89	\$36.60	\$31.89	\$34.44	\$36.93	\$39.88	\$39.25	\$42.39
		Employee / Spouse	\$65.56	\$70.80	\$67.79	\$73.21	\$63.78	\$68.87	\$73.86	\$79.77	\$78.50	\$84.78
		Employee / Child(ren)	\$73.75	\$79.65	\$76.27	\$82.37	\$71.75	\$77.48	\$83.09	\$89.74	\$88.08	\$95.13
		Family	\$120.30	\$129.92	\$124.40	\$134.35	\$117.03	\$126.38	\$135.53	\$146.37	\$143.76	\$155.26

** 50/50 rates require at least 50% employer contribution to the Employee Only premium. Voluntary rates are 100% employee paid and require at least 20% participation.

Exhibit provides an outline of the proposed insurance policy. Please refer to the policy itself for the actual terms, conditions and limits.

In the event of a discrepancy, the insurance policies take precedence over this Insurance Summary.

County Social Services

Vision Benefit Comparison

Effective July 1, 2021



DELTA VISION			Current	
ISAC - 150 (4T / Voluntary)				
BENEFIT DETAILS	Network		In-Network	Out-of-Network
	Exam Copay		\$10 Copay	Up to \$35
	Materials Copay		See copay below	N / A
FREQUENCY	Vision Exam		Every 12 Months	
	Frames		Every 24 Months	
	Spectacle Lenses or Contact Lenses		Every 12 Months	
GLASSES	Frames		\$150 Allowance	Up to \$75
	Single / Bifocal / Trifocal Lenses		\$10 Copay	\$25 - \$55
	Standard Progressive Lenses		\$75 Copay	Up to \$40
	Premium Progressive Lenses		\$95 and up	Up to \$40
LENS OPTIONS	Ultraviolet Treatment		\$15 Copay	N / A
	Standard Plastic Scratch Coating		\$15 Copay	N / A
	Solid or Gradient Tint		\$15 Copay	N / A
	Standard Anti-reflective Coating		\$45 Copay	N / A
	Photochromatic / Transitions		\$75 Copay	N / A
CON-TACTS	Disposable Contact Lenses (Elective)		\$150 Allowance	Up to \$120
	Contact Lens Fitting		\$0 Copay	Up to \$40
PREMIUMS	Employee	9	\$8.10	
	Employee / Spouse	3	\$15.44	
	Employee / Child(ren)	2	\$17.48	
	Family	8	\$23.08	
	Monthly Premium		\$338.82	
	Annual Premium		\$4,065.84	

Exhibit provides an outline of the proposed insurance policy. Please refer to the policy itself for the actual terms, conditions and limits.
In the event of a discrepancy, the insurance policies take precedence over this Insurance Summary.

ISAC Group Benefits Program

Vision Benefit Comparison

Effective July 1, 2021



 Group Benefit Partners			DELTA VISION ISAC - 130 Plan		DELTA VISION ISAC - 150 Plan		AVESIS ISAC - 130 Plan		AVESIS ISAC - 150 Plan	
BENEFIT DETAILS	Network		<u>In-Network</u>		<u>In-Network</u>		<u>In-Network</u>		<u>In-Network</u>	
	Exam Copay		\$10 Copay		\$10 Copay		\$10 Copay		\$10 Copay	
	Materials Copay		See copay below		See copay below		See copay below		See copay below	
FREQUENCY	Vision Exam		Every 12 Months		Every 12 Months		Every 12 Months		Every 12 Months	
	Frames		Every 24 Months		Every 24 Months		Every 24 Months		Every 24 Months	
	Spectacle Lenses or Contact Lenses		Every 12 Months		Every 12 Months		Every 12 Months		Every 12 Months	
GLASSES	Frames		\$130 Allowance		\$150 Allowance		\$130 Allowance		\$150 Allowance	
	Single / Bifocal / Trifocal Lenses		\$10 Copay		\$10 Copay		\$10 Copay		\$10 Copay	
	Standard Progressive Lenses		\$75 Copay		\$75 Copay		\$75 Copay		No Charge	
	Premium Progressive Lenses		\$95 and up		\$95 and up		\$110 and up		\$110 and up	
LENS OPTIONS	Ultraviolet Treatment		\$15 Copay		\$15 Copay		\$15 Copay		No Charge	
	Standard Plastic Scratch Coating		\$15 Copay		\$15 Copay		\$17 Copay		No Charge	
	Solid or Gradient Tint		\$15 Copay		\$15 Copay		\$17 Copay		No Charge	
	Standard Anti-reflective Coating		\$45 Copay		\$45 Copay		\$45 Copay		No Charge	
	Photochromatic / Transitions		\$75 Copay		\$75 Copay		\$70 - 80 Copay		\$70 - 80 Copay	
CON- TACTS	Disposable Contact Lenses (Elective)		\$130 Allowance		\$150 Allowance		\$130 Allowance		\$150 Allowance	
	Contact Lens Fitting		No Charge		No Charge		Up to \$50 Copay		Up to \$50 Copay	
FUNDING TYPE			50/50	VOL.	50/50	VOL.	50/50	VOL.	50/50	VOL.
PREMIUMS	2-Tier	Employee	\$5.94	\$7.88	\$6.18	\$8.10	\$7.88	\$8.48	\$10.94	\$11.50
		Family	\$15.16	\$20.11	\$17.62	\$23.08	\$18.36	\$19.54	\$25.90	\$26.94
	4-Tier	Employee	\$5.94	\$7.88	\$6.18	\$8.10	\$7.88	\$8.48	\$10.94	\$11.50
		Employee / Spouse	\$11.31	\$15.01	\$11.78	\$15.44	\$14.89	\$16.03	\$20.68	\$21.74
		Employee / Child(ren)	\$12.77	\$16.94	\$13.34	\$17.48	\$16.23	\$17.47	\$22.54	\$23.69
Family		\$16.89	\$22.39	\$17.62	\$23.08	\$20.88	\$22.47	\$28.99	\$30.48	

* 50/50 rates require at least 50% employer contribution. Voluntary rates are 100% employee paid and require at least 20% participation.

Exhibit provides an outline of the proposed insurance policy. Please refer to the policy itself for the actual terms, conditions and limits.

In the event of a discrepancy, the insurance policies take precedence over this Insurance Summary.

County Social Services
Group Term Life / AD&D Benefit Comparison

Effective January 1, 2021



		RELiance STANDARD LIFE INSURANCE Current
ELIG.	Classes	N / A
	Class Definition	All Full-time Employees
BENEFITS	Employee	\$10,000
	Spouse	N / A
	Child	N / A
GUAR. ISSUE	Employee	\$10,000
	Spouse	N / A
	Child	N / A
AGE REDUC.	First	Reduces to 65% of Original Benefit at age 65
	Second	Reduces to 40% of Original Benefit at age 70
	Third	Reduces to 20% of Original Benefit at age 75
POLICY FEATURES	Conversion / Portability	Included / Not included
	Insured Continuation of Benefit	12 Months Premium Payment / Conversion
	Accidental Death & Dismemberment	Equal to Life Benefit - Included
	Waiver of Premium	Prior to age 60 / 9 months / age 70
	Living Benefit	75% of Benefit
PREMIUMS	Life Volume	\$450,000
	AD&D Volume	\$450,000
	Dependents	0
	MONTHLY PREMIUM	\$94.50
	ANNUAL PREMIUM	\$1,134.00

*Exhibit provides an outline of the proposed insurance policy. Please refer to the policy itself for the actual terms and conditions.
In the event of a discrepancy, the insurance policies take precedence over this Insurance Summary.*

County Social Services
Voluntary Group Term Life / AD&D Benefit Comparison

Effective January 1, 2021



		RELIANCE STANDARD Current
BENEFITS	EMPLOYEE	
	Maximum Issue	\$500,000
	Increments	\$10,000
	SPOUSE	
	Maximum Issue	\$500,000
	Increments	\$10,000
	Employee Coverage Required	No
	CHILD	
	Maximum Issue	Birth to 6 months: \$1,000 / 6 months to 26 years: \$10,000
GUAR. ISSUE	Employee	Under age 70: \$100,000 / Over age 70: \$0
	Spouse	Under age 60: \$20,000 / Over age 60: \$0
	Child	\$10,000
AGE REDUC.	First	Reduces to 60% of Original Benefit at age 75
	Second	Reduces to 35% of Original Benefit at age 80
	Third	See certificate for additional age reductions
POLICY FEATURES	Conversion / Portability	Included / Included
	Accidental Death & Dismemberment	Same as Life Benefit - Included
	Waiver of Premium	Prior to age 60 / 6 months / age 70
	Living Benefit	50% of Benefit
	Participation Requirements	Greater of 10% or 25 eligible employees
PREMIUMS	Employee Volume (26)	\$1,470,000
	Spouse Volume (18)	\$440,000
	Dependent Volume (13)	\$130,000
	Monthly Premium	\$496.20
	Annual Premium	\$5,954.40

*Exhibit provides an outline of the proposed insurance policy. Please refer to the policy itself for the actual terms and conditions.
In the event of a discrepancy, the insurance policies take precedence over this Insurance Summary.*

County Social Services
Voluntary Short Term Disability Benefit Comparison

Effective January 1, 2021



		RELIANCE STANDARD LIFE INSURANCE Current
ELIG.	Classes	N / A
	Class Definitions	All Full-Time Employees
BENEFITS	Weekly Benefit	60% of earnings to max of \$1,500
	Elimination Period	Injury: 14 calendar days Sickness: 14 calendar days
	Maximum Benefit Duration	11 weeks
DEFINITIONS	Total Disability	Unable to do the material dues of their job and not doing any work for payment and under the regular care of a physician
	Basic Weekly Earnings	Weekly salary received from the Policyholder on the first of the month just before the date of disability, prior to any deductions to a 401(k) and Section 125 plan. Earnings does not include commissions, overtime pay, bonuses, incentive pay or any other special compensation not received as basic salary.
POLICY FEATURES	Pre-Existing	3 / 12
	Partial Disability	Included
	Residual Disability	Included
	W-2 Preparation	Included
	Contribution Requirements	Voluntary - 100% Employee Paid
PREMIUMS		
	Covered Weekly Benefit	Age Banded
	Monthly Premium	\$229.00
	Annual Premium	\$2,748.00

*Exhibit provides an outline of the proposed insurance policy. Please refer to the policy itself for the actual terms and conditions.
In the event of a discrepancy, the insurance policies take precedence over this Insurance Summary.*

Plan Highlights

Group Accident Insurance



ISAC

COVERAGE

Accident insurance provides a range of fixed, lump-sum benefits for injuries resulting from a covered accident, or for accidental death and dismemberment. Emergency care must be sought within 72 hours of an accident to be covered. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and childcare.

ELIGIBILITY

Employees: All eligible employees enrolled in the ISAC Health Plan.

Dependents:

Your legal spouse or your domestic partner. Spouse must be under age 80 at date of application.

Your dependent children* from birth to 26 years.

*An eligible employee's child(ren) from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible employee during the waiting period before adoption, stepchildren, and foster children.

Foster children must be in the custody of the eligible employee to be considered a Dependent; and an eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.

A person may not have coverage as both an Employee and Dependent.

BENEFIT AMOUNT

See Schedule of Benefits on reverse side.

BENEFIT REDUCTION DUE TO AGE

(Applicable to AD&D coverage only)

Age	Original Benefit Reduced to
75	50%

CONTRIBUTION REQUIREMENTS

Core Plan (Employee Coverage) is 100% Employer Paid.

Employees have the option to enroll Spouse and Children and buy up to the Enhanced plan.

MONTHLY EMPLOYEE PREMIUMS:

Coverage	Core Plan	Enhanced Plan
Employee	\$0	\$5.84
Employee & Spouse	\$8.04	\$17.18
Employee & Child(ren)	\$16.84	\$28.14
Employee & Family	\$26.38	\$42.90

FEATURES

- Accidental Death & Dismemberment
- Wellness benefits
- Online claim submission
- Pre-tax payroll deduction

EXCLUSIONS

Benefits will not be paid for any loss caused by:

- Suicide; war; air travel (except as a passenger on commercial flights); assault/felony; acute or chronic intoxication; voluntary consumption of illegal or controlled substance or prescribed narcotic or drug.
- Injuries arising out of or in the course of employment for wage or profit. (AD&D coverage is 24 hour coverage)

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-9547-0318, et al.

Schedule of Benefits

Accident Benefits		Core Plan	Enhanced Plan
EMERGENCY CARE	Initial Accident Treatment (within 72 hours of accident)	Physician: \$100 Emergency Room: \$225	Physician: \$150 Emergency Room: \$300
	Hospital Admission	\$1,000	\$1,500
	Hospital Confinement (per day; up to 365 days)	\$200	\$400
	ICU Admission	\$1,500	\$2,250
	ICU Confinement (per day; up to 365 days)	\$400	\$800
	Ambulance	Ground: \$200; Air: \$1,000	Ground: \$300; Air: \$1,500
	X-Ray	\$100	\$100
	Major Diagnostic Imaging	\$100	\$150
SUPPORT CARE	Office Follow-up (1 visit per accident)	\$100	\$150
	Chiropractic (up to 6 visits per accident)	\$50	\$75
	Physical Therapy (up to 6 visits per accident)	\$75	\$100
SPECIFIC INJURY	Lacerations	To \$800	To \$1,200
	Dislocation	To \$4,800	To \$6,400
	Fracture	To \$6,250	To \$7,500
	Concussion	\$150	\$200
	Coma	\$20,000	\$25,000
	Paralysis	\$15,000 - \$30,000	\$25,000 - \$50,000
	Dental Benefit (per tooth)	\$75 - \$225	\$100 - \$300
	Eye Injuries	\$200 - \$400	\$300 - \$600
SURGICAL	Exploratory	\$200	\$300
	Knee Cartilage	\$600	\$900
	Abdominal or Thoracic	\$2,000	\$3,000
	Ruptured Disc	\$1,000	\$1,500
	Tendon, Ligament or Rotator Cuff	To \$1,200	To \$1,800
AD & D	Accidental Death Benefits		
	Employee AD&D	\$50,000	\$100,000
	Spouse AD&D	\$25,000	\$25,000
	Child AD&D	\$12,500	\$20,000
Wellness (Health Screening) Benefit			
Employee Wellness		\$75	\$100
Spouse/Child Wellness		\$75 (up to 3x)	\$100 (up to 3x)

Plan Highlights

Voluntary Group Critical Illness Insurance



Iowa State Association of Counties

COVERAGE

Voluntary critical illness insurance provides a fixed, lump-sum benefit upon diagnosis of a critical illness, which can include heart attack, stroke, paralysis and more. These benefits are paid directly to the insured and may be used for any reason, from deductibles and prescriptions to transportation and child care.

ELIGIBILITY

Employees: All eligible employees.

Dependents: You must be insured in order for Dependents to be covered.

Dependents are:

- ▶ Your legal spouse or your domestic partner. Spouse must be under age 70 at date of application. Coverage terminates at age 75.
- ▶ Your dependent children* from birth to 26 years.

*An eligible employee's child(ren) from birth to 26 years, including natural children, legally adopted children, children who are dependent on the eligible employee during the waiting period before adoption, stepchildren, and foster children. Foster children must be in the custody of the eligible employee to be considered a Dependent; and an eligible employee's child(ren) beyond the limiting age who is incapable of self-sustaining employment by reason of intellectual disability or physical handicap and who is chiefly dependent on the eligible employee for support and maintenance.

A person may not have coverage as both an Employee and Dependent.

BENEFIT AMOUNT

Employee: Choose from a benefit of \$10,000 to a maximum of \$30,000 in \$10,000 increments.

Spouse: Choose from a benefit of \$10,000 to a maximum of \$30,000 in \$10,000 increments, not to exceed 100% of approved employee amount.

Dependent child(ren): 25% of approved employee amount up to a maximum of \$7,500.

GUARANTEED ISSUE

Employee: \$30,000

Spouse: \$30,000

Child: all child amounts are guaranteed issue

BENEFIT REDUCTION DUE TO AGE

Age	Original Benefit Reduced to
70	50%

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

Please see the attached rate table for your age specific premium.

RELIANCE STANDARD

A MEMBER OF THE TOKIO MARINE GROUP

www.reliancestandard.com

Reliance Standard Life Insurance Company is licensed in all states (except New York), the District of Columbia, Puerto Rico, the U.S. Virgin Islands and Guam. In New York, insurance products and services are provided through First Reliance Standard Life Insurance Company, Home Office: New York, NY. Product features and availability may vary by state.

FEATURES

DIAGNOSIS ADULT	BENEFIT
Alzheimer's Disease	100%
Benign Brain Tumor	100%
Carcinoma In Situ	25%
Coma	100%
Coronary Disease	25%
Heart Attack	100%
Life Threatening Cancer	100%
Loss of Hearing	100%
Loss of Sight	100%
Loss of Speech	100%
Major Organ Failure	100%
Occupational HIV	100%
Paralysis	100%
Parkinson's Disease	100%
Skin Cancer	3%
Stroke	100%

- ▶ Lifetime Maximum Benefit – 1000% of Insurance Amount
- ▶ Subsequent Occurrence Benefit – 100% of benefit if diagnosed 3 months or later
- ▶ Recurrence Benefit (Same Illness) – 100% of benefit if diagnosed 12 months or later

- ▶ FMLA / MSLA Continuation
- ▶ Portability to employee age 70

Exclusions - A benefit will not be paid if the Critical Illness is caused by or contributed to by one of the following: an act of war, declared or undeclared; intentionally self-inflicted Injury; commission or attempted commission of a felony; the use of alcohol or drugs unless taken as prescribed by a Physician; a Sickness or Injury that occurs while confined in a penal or correctional institution; cosmetic or elective surgery that is not medically necessary; committing or attempting to commit suicide while sane or insane; participation in a riot or insurrection; for a Critical Illness Diagnosed outside of the US unless confirmed within the US; for a Critical Illness that follows a different Critical Illness Diagnosis for which a benefit has been paid, within a shorter time period than reflected under Features. (Subsequent Occurrence); and for the same Critical Illness for which a benefit has been paid, if it is Diagnosed within a shorter time period than reflected under Features. (Recurrence).

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance, which also provides all requirements necessary to be eligible for benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-9537-0118, et al.

Reliance Standard Voluntary Plans Critical Illness Insurance Premium Table Plan Holder: Iowa State Association of Counties

Scheduled Benefit:

Each eligible employee may elect for himself and/or his eligible spouse an amount of insurance shown in the table below.

Employee/Spouse Premiums:

To find you and your spouse's premium -

- Determine your age band:
 - Your age = your age at your last birthday.
 - Spouse age = spouse age at last birthday. Your spouse must be under age 70 in order to be eligible.
 - For employees age 70 or older, benefit amounts are reduced according to the age-based reduction chart shown in the Plan Highlights. When selecting an amount of insurance, you must select at pre-age 70 benefit amount.
- Select a benefit from:
 - Select an employee and spouse benefit from the table below.
- Employee and spouse rates change as insured moves from one age bracket to the next, based on the age determination rules.

Employee Monthly Premiums

Benefit Amount	Age 0-29	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70-74	Age 75-79	Age 80-84	Age 85+
\$10,000	\$2.80	\$5.20	\$7.80	\$10.80	\$15.60	\$22.00	\$31.00	\$41.00	\$55.00	\$85.00	\$85.00	\$85.00	\$85.00
\$20,000	\$5.60	\$10.40	\$15.60	\$21.60	\$31.20	\$44.00	\$62.00	\$82.00	\$110.00	\$170.00	\$170.00	\$170.00	\$170.00
\$30,000	\$8.40	\$15.60	\$23.40	\$32.40	\$46.80	\$66.00	\$93.00	\$123.00	\$165.00	\$255.00	\$255.00	\$255.00	\$255.00

Dependent Child(ren):

Your dependent child(ren) is eligible for a benefit amount of 25% of your Critical Illness benefit election, limited to a maximum of \$7,500.

To calculate Dependent Child(ren) Benefit:

Employee Benefit Amount x 25% = Dependent Child(ren) Benefit. No rounding needed.

To calculate Dependent Child(ren) Premium:

Dependent Child(ren) Benefit/1000 x 0.740.

Please Note: One rate and benefit amount for all eligible children in family, regardless of number.

Please read this important information

- You may not have coverage as both an employee and as a dependent.
- Employee must have coverage in order for spouse and dependent children to be covered.

Please note, these rates are approximate and subject to change.

Plan Highlights

Voluntary Group Term Life Insurance



Iowa State Association of Counties

ELIGIBILITY

Employees: All eligible employees.

Dependents: You or your spouse must be insured in order for Dependent children to be covered.

Dependents are:

- ▶ Your legal spouse or civil union partner under age 70. Spouse coverage terminates at age 75.
- ▶ Your unmarried financially dependent children* Birth to 20 years (to 26 years if full-time student). *natural and adopted children upon finalization of adoption; stepchildren and foster children living with you.

Age limit does not apply to handicapped children.

A person may not have coverage as both an Employee and Dependent.

Only one insured spouse may cover Dependent children.

BENEFIT AMOUNT

Employee and Spouse: Choose from a minimum of \$10,000 to a maximum of \$500,000 (in \$10,000 increments) for yourself and/or your spouse. The benefit amounts chosen need not be the same.

Eligible Dependent Child(ren): Birth to 6 months: \$1,000

Age 6 months to 20 years of age (26, if full-time student): \$20,000

Choose one benefit amount for all eligible children in family.

GUARANTEED ISSUE

(INITIAL ELIGIBILITY PERIOD ONLY)

Employee:

Under age 70: \$200,000

Age 70+: \$100,000

Spouse:

Under age 60: \$50,000

GUARANTEED ISSUE is subject to underwriting rules and is not available in all circumstances.

RATES

See attached Premium Sheet

FEATURES

- ▶ Accelerated Death Benefit (expressed as Living Benefit Rider in some states and Imminent Death Benefit in PA)
- ▶ Conversion Privilege
- ▶ Portability
- ▶ Waiver of Premium

EXCLUSIONS

Death by suicide is not covered during the first two years an insured's insurance is in force. Insurance coverage is incontestable after it has been in force two years during the insured's lifetime, except for non-payment of premium.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-8349, et al.

Voluntary Life Insurance Monthly Premium Table

Plan Holder: Iowa State Association of Counties

Scheduled Benefit: Each eligible employee and spouse may elect an amount of insurance, in increments of \$10,000 from a minimum of \$10,000 to a maximum of \$500,000. The Spouse Rate is based off of the Spouse's Age.

Monthly Premiums											
Voluntary Life Election Amount	Age <30	Age 30-34	Age 35-39	Age 40-44	Age 45-49	Age 50-54	Age 55-59	Age 60-64	Age 65-69	Age 70+	Child(ren) Family Rate
\$10,000	\$0.80	\$0.90	\$1.10	\$1.90	\$3.20	\$5.30	\$8.70	\$11.70	\$19.30	\$38.00	\$3.00
\$20,000	\$1.60	\$1.80	\$2.20	\$3.80	\$6.40	\$10.60	\$17.40	\$23.40	\$38.60	\$76.00	
\$30,000	\$2.40	\$2.70	\$3.30	\$5.70	\$9.60	\$15.90	\$26.10	\$35.10	\$57.90	\$114.00	
\$40,000	\$3.20	\$3.60	\$4.40	\$7.60	\$12.80	\$21.20	\$34.80	\$46.80	\$77.20	\$152.00	
\$50,000	\$4.00	\$4.50	\$5.50	\$9.50	\$16.00	\$26.50	\$43.50	\$58.50	\$96.50	\$190.00	
\$60,000	\$4.80	\$5.40	\$6.60	\$11.40	\$19.20	\$31.80	\$52.20	\$70.20	\$115.80	\$228.00	
\$70,000	\$5.60	\$6.30	\$7.70	\$13.30	\$22.40	\$37.10	\$60.90	\$81.90	\$135.10	\$266.00	
\$80,000	\$6.40	\$7.20	\$8.80	\$15.20	\$25.60	\$42.40	\$69.60	\$93.60	\$154.40	\$304.00	
\$90,000	\$7.20	\$8.10	\$9.90	\$17.10	\$28.80	\$47.70	\$78.30	\$105.30	\$173.70	\$342.00	
\$100,000	\$8.00	\$9.00	\$11.00	\$19.00	\$32.00	\$53.00	\$87.00	\$117.00	\$193.00	\$380.00	
\$110,000	\$8.80	\$9.90	\$12.10	\$20.90	\$35.20	\$58.30	\$95.70	\$128.70	\$212.30	\$418.00	
\$120,000	\$9.60	\$10.80	\$13.20	\$22.80	\$38.40	\$63.60	\$104.40	\$140.40	\$231.60	\$456.00	
\$130,000	\$10.40	\$11.70	\$14.30	\$24.70	\$41.60	\$68.90	\$113.10	\$152.10	\$250.90	\$494.00	
\$140,000	\$11.20	\$12.60	\$15.40	\$26.60	\$44.80	\$74.20	\$121.80	\$163.80	\$270.20	\$532.00	
\$150,000	\$12.00	\$13.50	\$16.50	\$28.50	\$48.00	\$79.50	\$130.50	\$175.50	\$289.50	\$570.00	
\$160,000	\$12.80	\$14.40	\$17.60	\$30.40	\$51.20	\$84.80	\$139.20	\$187.20	\$308.80	\$608.00	
\$170,000	\$13.60	\$15.30	\$18.70	\$32.30	\$54.40	\$90.10	\$147.90	\$198.90	\$328.10	\$646.00	
\$180,000	\$14.40	\$16.20	\$19.80	\$34.20	\$57.60	\$95.40	\$156.60	\$210.60	\$347.40	\$684.00	
\$190,000	\$15.20	\$17.10	\$20.90	\$36.10	\$60.80	\$100.70	\$165.30	\$222.30	\$366.70	\$722.00	
\$200,000	\$16.00	\$18.00	\$22.00	\$38.00	\$64.00	\$106.00	\$174.00	\$234.00	\$386.00	\$760.00	
\$210,000	\$16.80	\$18.90	\$23.10	\$39.90	\$67.20	\$111.30	\$182.70	\$245.70	\$405.30	\$798.00	
\$220,000	\$17.60	\$19.80	\$24.20	\$41.80	\$70.40	\$116.60	\$191.40	\$257.40	\$424.60	\$836.00	
\$230,000	\$18.40	\$20.70	\$25.30	\$43.70	\$73.60	\$121.90	\$200.10	\$269.10	\$443.90	\$874.00	
\$240,000	\$19.20	\$21.60	\$26.40	\$45.60	\$76.80	\$127.20	\$208.80	\$280.80	\$463.20	\$912.00	
\$250,000	\$20.00	\$22.50	\$27.50	\$47.50	\$80.00	\$132.50	\$217.50	\$292.50	\$482.50	\$950.00	
\$260,000	\$20.80	\$23.40	\$28.60	\$49.40	\$83.20	\$137.80	\$226.20	\$304.20	\$501.80	\$988.00	
\$270,000	\$21.60	\$24.30	\$29.70	\$51.30	\$86.40	\$143.10	\$234.90	\$315.90	\$521.10	\$1,026.00	
\$280,000	\$22.40	\$25.20	\$30.80	\$53.20	\$89.60	\$148.40	\$243.60	\$327.60	\$540.40	\$1,064.00	
\$290,000	\$23.20	\$26.10	\$31.90	\$55.10	\$92.80	\$153.70	\$252.30	\$339.30	\$559.70	\$1,102.00	
\$300,000	\$24.00	\$27.00	\$33.00	\$57.00	\$96.00	\$159.00	\$261.00	\$351.00	\$579.00	\$1,140.00	
\$310,000	\$24.80	\$27.90	\$34.10	\$58.90	\$99.20	\$164.30	\$269.70	\$362.70	\$598.30	\$1,178.00	
\$320,000	\$25.60	\$28.80	\$35.20	\$60.80	\$102.40	\$169.60	\$278.40	\$374.40	\$617.60	\$1,216.00	
\$330,000	\$26.40	\$29.70	\$36.30	\$62.70	\$105.60	\$174.90	\$287.10	\$386.10	\$636.90	\$1,254.00	
\$340,000	\$27.20	\$30.60	\$37.40	\$64.60	\$108.80	\$180.20	\$295.80	\$397.80	\$656.20	\$1,292.00	
\$350,000	\$28.00	\$31.50	\$38.50	\$66.50	\$112.00	\$185.50	\$304.50	\$409.50	\$675.50	\$1,330.00	
\$360,000	\$28.80	\$32.40	\$39.60	\$68.40	\$115.20	\$190.80	\$313.20	\$421.20	\$694.80	\$1,368.00	
\$370,000	\$29.60	\$33.30	\$40.70	\$70.30	\$118.40	\$196.10	\$321.90	\$432.90	\$714.10	\$1,406.00	
\$380,000	\$30.40	\$34.20	\$41.80	\$72.20	\$121.60	\$201.40	\$330.60	\$444.60	\$733.40	\$1,444.00	
\$390,000	\$31.20	\$35.10	\$42.90	\$74.10	\$124.80	\$206.70	\$339.30	\$456.30	\$752.70	\$1,482.00	
\$400,000	\$32.00	\$36.00	\$44.00	\$76.00	\$128.00	\$212.00	\$348.00	\$468.00	\$772.00	\$1,520.00	
\$410,000	\$32.80	\$36.90	\$45.10	\$77.90	\$131.20	\$217.30	\$356.70	\$479.70	\$791.30	\$1,558.00	
\$420,000	\$33.60	\$37.80	\$46.20	\$79.80	\$134.40	\$222.60	\$365.40	\$491.40	\$810.60	\$1,596.00	
\$430,000	\$34.40	\$38.70	\$47.30	\$81.70	\$137.60	\$227.90	\$374.10	\$503.10	\$829.90	\$1,634.00	
\$440,000	\$35.20	\$39.60	\$48.40	\$83.60	\$140.80	\$233.20	\$382.80	\$514.80	\$849.20	\$1,672.00	
\$450,000	\$36.00	\$40.50	\$49.50	\$85.50	\$144.00	\$238.50	\$391.50	\$526.50	\$868.50	\$1,710.00	
\$460,000	\$36.80	\$41.40	\$50.60	\$87.40	\$147.20	\$243.80	\$400.20	\$538.20	\$887.80	\$1,748.00	
\$470,000	\$37.60	\$42.30	\$51.70	\$89.30	\$150.40	\$249.10	\$408.90	\$549.90	\$907.10	\$1,786.00	
\$480,000	\$38.40	\$43.20	\$52.80	\$91.20	\$153.60	\$254.40	\$417.60	\$561.60	\$926.40	\$1,824.00	
\$490,000	\$39.20	\$44.10	\$53.90	\$93.10	\$156.80	\$259.70	\$426.30	\$573.30	\$945.70	\$1,862.00	
\$500,000	\$40.00	\$45.00	\$55.00	\$95.00	\$160.00	\$265.00	\$435.00	\$585.00	\$965.00	\$1,900.00	

Plan Highlights

Voluntary Group Accidental Death & Dismemberment Insurance



Iowa State Association of Counties

ELIGIBILITY

All eligible employees.

BENEFIT AMOUNT

Employee Only Coverage:

Choose from a minimum of \$25,000 to a maximum of \$250,000 in \$25,000 increments

Employee and Family Coverage:

Available as a package based on the following percentages of your benefit amount:

Spouse only: 50%

Spouse with Child(ren): 40% / Child(ren): 15% per child

Employee and Child(ren) Coverage:

Available as a package based on the following percentages of your benefit amount:

Child(ren): 15% per child

Dependents: You must be insured in order for Dependents to be covered

Dependents are:

- ▶ your legal spouse not legally separated or divorced from you.
- ▶ your unmarried dependent children* from birth to 26 years

A person may not have coverage as both an Employee and Dependent. Only one insured spouse may cover Dependent children.

AD&D SCHEDULE

For Accidental Loss of:	Amount Payable:
Life	100%
Two or more Members	100%
Speech and hearing	100%
One Member	50%*
Speech or Hearing	50%*
Thumb & Index Finger of Same Hand	25%

*"Member" means hand, foot or eye.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

BENEFIT REDUCTION DUE TO AGE

Age Original Benefit Reduced to:

75

50%

RATES

See attached Premium/Rate Sheet

FEATURES

- ▶ COMA Benefit
- ▶ Conversion Privilege
- ▶ Day Care Benefit
- ▶ Education Benefit
- ▶ Exposure & Disappearance
- ▶ Home Alteration and Vehicle Modification Benefit
- ▶ Rehabilitation Benefit
- ▶ Seat Belt & Air Bag Benefit
- ▶ Survivor Benefit
- ▶ Therapeutic Counseling Benefit
- ▶ Total Loss of Use Benefit

EXCLUSIONS

Benefits will not be payable for any loss: to which sickness, disease, or myocardial infarction, including medical or surgical treatment thereof, is a contributing factor; caused by suicide, or intentionally self-inflicted injuries; caused by or resulting from war; caused by an accident that occurs while in the armed forces of any country; caused by or resulting from: piloting any aircraft; or riding in or getting into or out of any non civilian aircraft or any aircraft owned, leased or operated by you or any of your employers; sustained during the insured's commission or attempted commission of an assault or felony; to which the insured's acute or chronic alcoholic intoxication is a contributing factor; or, to which the insured's voluntary consumption of an illegal or controlled substance or a non-prescribed narcotic is a contributing factor.

For a comprehensive list of exclusions and limitations, please refer to the Certificate of Insurance. The Certificate also provides all requirements necessary to be eligible for coverage and benefits.

This Plan Highlights is a brief description of the key features of the RSL insurance plan. The availability of the benefits and features described may vary by state. It is not a certificate of insurance or evidence of coverage. Insurance is provided under group policy form LRS-8604, et al.

Reliance Standard
Voluntary Group Accidental Death and Dismemberment Insurance
Monthly Premium Table
Plan Holder: Iowa State Association of Counties

Scheduled Benefit: Each eligible employee may elect an amount of insurance shown in the table below.

Employee Only Premium = Individual Coverage Column

Employee with Child(ren) = Employee + Child(ren) Column

Employee with Spouse and/or Dependent Child(ren) = Family Coverage Column

Monthly Premiums

Benefit Amount	Individual Coverage	Employee + Child(ren) Coverage	Family Coverage
\$25,000	\$1.35	\$1.50	\$2.00
\$50,000	\$2.70	\$3.00	\$4.00
\$75,000	\$4.05	\$4.50	\$6.00
\$100,000	\$5.40	\$6.00	\$8.00
\$125,000	\$6.75	\$7.50	\$10.00
\$150,000	\$8.10	\$9.00	\$12.00
\$175,000	\$9.45	\$10.50	\$14.00
\$200,000	\$10.80	\$12.00	\$16.00
\$225,000	\$12.15	\$13.50	\$18.00
\$250,000	\$13.50	\$15.00	\$20.00

**County Social Services
Attachment A
FY2020-FY2022 Service Definitions and Rates**

Elevate CCBHC LLC

CSN Provider #17984

COA	Service	Rate	Unit
44307	Mobile Crisis Response (Allamakee, Black Hawk, Butler, Cerro Gordo, Chickasaw, Clayton, Fayette, Floyd, Grundy, Hancock, Howard, Mitchell, Tama, Winneshiek)	Based on actual expenditures not to exceed *\$343,449 for period 1/1/21-6/30/21	Monthly

Other Terms:

Due to the potential departure of Cerro Gordo and Hancock Counties from the region effective 6/30/2021, the rate guarantee for FY2022 (7/1/21-6/30/22) will be \$3.11 per capita based on the population of the coverage area on 7/1/2021. An updated Attachment A will be provided prior to that date. FY2023 per capita will be reviewed in December 2022 based on provider's actual expenditures up to that date.

Medicaid/MCO floor rate may be honored if higher than the CSS contracted rate. Please send documentation of the Medicaid/MCO rate to the Operations Officer for consideration of the rate adjustment. If the rate adjustment is approved by CSS this will be executed through a written document with the CSS CEO and provider with the effective date as the month following the receipt of the rate documentation. A CSS contract amendment will not be required in these situations.

Elevate CCBHC, Inc. will provide Outreach/Public Education. Priorities for MCR Outreach include:

1. Health Care (clinics and hospitals)
2. Law Enforcement (Sheriff Departments, Police Departments, EMS, Courts)
3. Schools
4. Provider Agencies
5. Community

For MCR services the monthly amount to be billed/reimbursed when fully staffed and services are fully implemented is based on actual expenditures and on the budget provided. Any third-party reimbursements are to be subtracted from total billed to CSS. The not-to-exceed amount of the period 1/1/21 through 6/30/21 is \$343,449.

*If CSS and third-party reimbursement together do not cover the cost of the service for the time period indicated, additional CSS subsidy not exceeding \$100,000 will be paid to cover the gap. Upon the request of CSS CEO, submission of Medicaid and MCO claims and claim responses may be required.

**County Social Services
Attachment A
FY2020-FY2022 Service Definitions and Rates**

MCR services will be fully implemented no later than January 1st, 2021 in Black Hawk, Butler, Grundy and Tama Counties and no later than April 1st, 2021 in Allamakee, Cerro Gordo, Chickasaw, Clayton, Fayette, Floyd, Hancock, Howard, Mitchell, and Winneshiek Counties.

MCR services will be accredited through IAC [441] Chapter 24 by 7/1/2021. Medicaid reimbursement will be submitted as soon as possible but no later than 7/1/2021.

MCR services shall be billed by the 15th of each month for services provided the previous month. The provider shall bill CSS the contracted monthly reimbursement amount for the prior month of MCR services provided. Elevate CCBHC, Inc. will submit quarterly reporting of expenditures within 30 days of the end of each quarter. CSS has developed a quarterly report form and will negotiate rate reimbursements by reviewing expenditures to ensure the cost of the service is in line with actual reimbursement being provided.

County Social Services:

By: _____

Print Name: _____

Title: Board Chair

Date: _____

Elevate Housing Foundation:

By: _____

Print Name: _____

Title: _____

Date: _____