

COUNTY SOCIAL SERVICES 28E GOVERNING BOARD AGENDA

To: County Social Services Board Members

From: Mary McKinnell

Date: February 28, 2024

Re: County Social Services Board Meeting

Date: February 28, 2024

Time: 10:00 A.M. to Noon

Time and Location: Wednesday, February 28, 2024, at 10AM at the Mitchell County Courthouse. Please go to the Supervisors Room on the lower level.

We prefer to meet in-person, yet you are welcome to attend virtually if meeting in-person is not possible.

CSS February Board Meeting

Feb 28, 2024, 10:00 AM – 12:00 PM (America/Chicago)

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

<https://meet.goto.com/760617493>

Get the app now and be ready when your first meeting starts:

<https://meet.goto.com/install>

Call County Social Services Board Meeting to order.

1. Approve today's agenda and the minutes from January 2023. Discussion/Action.
2. Updates from Adult Services Provider Representative, Brittney Montross. Feedback.
3. Updates from Children Services Representative, June Klein-Bacon. Feedback.
4. Updates from Consumer Representative, Bruce Grant. Feedback.
5. Updates from Youth Provider Representative, Matt Homstad. Feedback.
6. Updates from Law Enforcement Representative, Sheriff Dan Marx, Feedback.
7. Updates from Judicial Representative, Ashley Neundorf. Feedback.
8. Updates from CSS Board and Member Counties. Feedback.
9. Update from Mary McKinnell regarding HHS realignment. Feedback.

Human Resources

10. CSS FY25 Benefit Renewal from Sam Gudenkauf with Assured Partners. Discussion/Action

Organization.

11. Financial report and claims. Discussion/Action.
12. FY22 Audit Results. Discussion/Action.
13. Journal entries/deposit spreadsheet. Discussion/Action.
14. Review Exceptions to Policy: January 2023
15. FY25 budget. Discussion.
16. Request from Northeast Iowa Behavioral Health for assistance with roof at main building, and match for remodeling children's clinic that would include a ramp. Amount not to exceed \$175,000. Discussion/Action

17. Review and Action to authorize Chair to sign provider agreements and/or rate requests with:
 - ISAC Group Health Plan Program
 - Assured Partners Compensation and Fee Disclosure Statement
 - BAA with Assured Partners
 - Spectrum Network contract/rate sheet.
18. The next CSS Board meeting will be held on Wednesday, March 27, 2024 at 10AM. The meeting will be held in Tama County.

COUNTY SOCIAL SERVICES 28E GOVERNING BOARD MINUTES

The CSS board meeting was held Wednesday, January 24, 2024, at 10AM in Howard County and via go-to meeting.

CSS Board Members Present: Jacob Hackman, Chickasaw; Dennis Keatley, Allamakee; Tavis Hall, Black Hawk; Janell Bradley, Fayette; Mark Kuhn, Floyd; Pat Murray, Howard; Bill Faircloth, Tama; June-Klein Bacon, Children's Services Parent Rep; Brittney Montross, Adult Provider Rep; Ashley Neuendorf, Justice Rep.

CSS Board Members Not Present: Bruce Grant, Consumer Rep; Kristi Aschenbrenner, Children's Education Rep; Matt Homstad, Children's Provider Rep; Dan Marx, Law Enforcement Rep.

Call County Social Services Board Meeting to order.

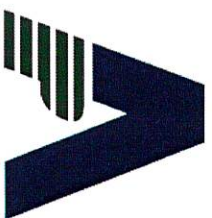
1. Motion by Bradley, Fayette; second by Faircloth, Tama; to approve today's agenda and the minutes from November 2023. Carried.
2. Motion by Bradley, Fayette; second by Kuhn, Floyd; to nominate Murray, Howard; as chair. Murray chaired the remainder of the meeting. Carried.
Motion by Kuhn, Floyd; second by Keatley, Allamakee; to nominate Janell Bradley, Fayette; as Vice Chair. Carried.
Motion by Bradley, Fayette; second by Faircloth, Tama to nominate Keatley, Allamakee; as Secretary/Treasurer. Carried.
3. Adult Services Provider Representative, Brittney Montross, provided an update regarding tech enabled services for clients, Medicaid reimbursement rates for providers, and the current needs of individuals experiencing homelessness in our region.
4. Children Services Representative, June Klein-Bacon, encouraged the board to follow current legislation regarding the AEAs, as well as legislation to be proposed for mental health and disability services.
5. No updates from Consumer Representative, Bruce Grant.
6. No updates from Youth Provider Representative, Matt Homstad.
7. No updates from Law Enforcement Representative, Sheriff Dan Marx.
8. Judicial Representative, Ashley Neuendorf, asked for the board to follow legislation relating to children's services.
9. No updates from CSS Board and Member Counties.
10. Mary McKinnell, CEO, provided update regarding HHS realignment. Legislation has not yet been proposed.

Human Resources

11. New Payroll/Benefits/Commitment Specialist, Miranda Sharp started employment with CSS on 12/11/23 and is working in our Waterloo Office. Miranda's starting hourly wage is \$27.00 per hour plus benefits.
12. Motion by Bradley, Fayette; and second by Faircloth, Tama; to approve CSS wage/salary increase of 4% COLA for all CSS employees for FY25. Carried. This increase would be effective for the first full pay period after July 1, 2024.
13. CSS current mileage rate of \$.57 per mile will remain in effect for 2024. Information only.

Organization.

14. Financial report and claims. Motion by Kuhn, Floyd; second by Murray, Howard; to approve presented claims. Carried.
15. FY22 audit results reviewed by Kris McGrane, Finance Manager.
16. Journal entries/deposit spreadsheet reviewed by Kris McGrane, Finance Manager.
17. Reviewed exceptions to policy for November and December 2023.
18. Motion by Bradley, Fayette; second by Faircloth, Tama; to approve American Secure Car contract. Carried.
19. The next CSS Board meeting will be held on Wednesday, February 28, 2024.
20. Motion by Faircloth, Tama; Second by Keatley, Allamakee to adjourn the meeting.



AssuredPartners

Meeting Date: February 12, 2024

Renewal Date: July 1, 2024

Renewal Data for:

County Social Services

Iowa State Association of Counties – FY2025

Table of Contents

- 1 ISAC FY25 Highlights
- 2 Compensation Disclosure
- 3 Medical
- 4 Dental / Vision
- 5 Life / Disability
- 6 Voluntary Benefits



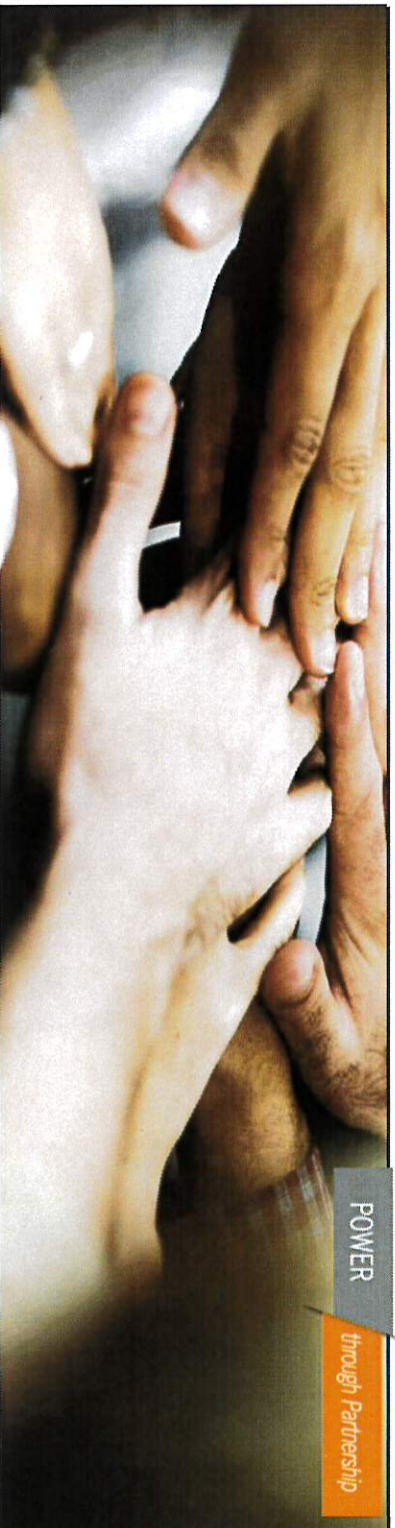
Benefit Management Team



AssuredPartners

POWER

through Partnership



Ryan Berven

Vice President
515-493-0832
ryan.berven@assuredpartners.com

Service Team

Client Support
515-493-0802
service.ryan@assuredpartners.com

Samantha Gudenkauf

Marketing Executive
515-493-0836
samantha.gudenkauf@assuredpartners.com

FY2025 Renewal Forecast



AssuredPartners

Employee Benefits	Carrier	FY2025 Renewals
Medical	ISAC - Wellmark BCBS	0% Increase
PSF Administration (\$500 Ded.)	Auxiant	\$0.50 PEPM Increase
Dental	ISAC - Delta Dental	0% Increase
Vision	ISAC - Avestis	Rate Guarantee
Group Term Life / AD&D	Reliance Standard	Rate Guarantee
Voluntary Life	Reliance Standard	Rate Guarantee
Voluntary Short-Term Disability	Reliance Standard	Rate Guarantee
Accident	ISAC - Voya	Rate Guarantee
Critical Illness (NEW 1.1.24)	ISAC - Voya	Association Paid
Voluntary Critical Illness	ISAC - Reliance Standard	N / A
FSA Administration	Auxiant	N / A
COBRA Administration	ISAC - Midwest Group Benefits	Association Paid

Disclaimers

- 1 This proposal is intended to be a brief summary. Please refer to the policy contracts for additional details. Every effort has been made to complete this proposal as accurately as possible; contract provisions shall prevail.
 - 2 The data, analysis, descriptions, exhibits, and charts in this proposal are to support the conclusions and suggestions stated here. AssuredPartners is available to explain any item presented. It is assumed the recipients of this proposal will seek an explanation of anything that is not understood.
 - 3 The information contained in this proposal may contain confidential information intended only for the individual or entity named. Any dissemination, distribution or copying of this summary is strictly prohibited.
 - 4 DO NOT, under any condition, cancel your current insurance coverage without receiving written approval from the proposed carrier's home office.
- Out of network providers are not contractually obligated to accept the usual, customary and reasonable (UCR) allowable amount as determined by the insurance carrier. The patient is responsible for any balance above the UCR amount in addition to co-pays, deductibles and co-insurance. The amount above UCR does not accumulate toward the out of pocket maximums.

ISAC GROUP BENEFITS PROGRAM

PARTNERING WITH COUNTIES ACROSS IOWA



Health Program

- Early release of renewal rates
- Experience and wellness discounts
- Multiple networks and plan designs
- 27 member counties



Dental Program

- Comprehensive plan portfolio
- Voluntary and contributory pricing
- Broad network of providers
- 29 member counties



Worksite & Ancillary Program

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



Complimentary ISAC Benefits

- Wellness program including EAP
- Accident & Critical Illness benefits
- COBRA administration
- Consolidated Billing



Vision Program

- Multiple carriers and plan options
- Exclusive fully insured county pricing
- Robust provider networks
- 25 member counties



AssuredPartners

- Employee benefit consulting
- Dedicated county service team
- Compliance assistance
- Benefit enrollment platform

2024 Wellness Program

Program Dates

The ISAC Wellness Program will run between January 1, 2024, and October 31, 2024

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 \$20 per county contract on 1/1/2024 for Wellness Dollars to be used for additional incentives.

Employee Incentives

An insured employee of the Group Health Program may earn up to a \$368 incentive, of which \$268 will be ran through their paycheck in November and reimbursed by ISAC. The other \$100 will come from Voya as part of the accident insurance. ISAC will reimburse the county the incentive + employers FICA tax.

- \$100.00 Completion of the physical/preventative exam with a doctor who CAN fill out a fax form (Reimbursed by Voya)
- \$25.00 Completion of the Online Assessment
- Up to \$243 for walking 10,000 steps per day. \$1.00 a day February 1st – September 30th



How to Use Your Carebridge Benefit

1 **Reach out to us.**
800.437.0911
clientservice@carebridge.com
myliferesource.com
Carebridge EAP app

2 **Share your concerns.**
When you call Carebridge, you're immediately connected with a compassionate person who will gather your information, assess your needs, and customize your path to wellbeing.

3 **Trust the services you receive are confidential.**
Your privacy is important to us.



From Prevention to Intervention,
Carebridge Can Help.

800.437.0911
clientservice@carebridge.com
myliferesource.com

Access Code: EW7KK



TBR-OV-04-22-A1



Provided for

MERCYONESM



Mental Health

Anxiety · Depression · Conflict
Grief · Addiction

Work-Life Services

Childcare · Eldercare · Legal · Financial

Emotional Wellbeing & Behavioral Change

Motivation · Stress Relief
Mindfulness · Goal Setting



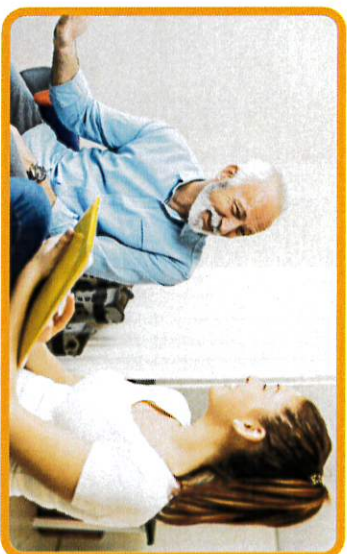
Your Employee Assistance Program (EAP) from Carebridge is a confidential mental health and work-life benefit available to you 24-7 via phone, email, chat, and digital tools.

Mental Health

Carebridge offers free consults, short-term care through our extensive network of licensed counselors, and assistance with referrals for long-term care.

We're here to help you with:

- Stress
- Anxiety
- Depression
- Grief
- Child and teen development
- Family transitions
- Relationship conflicts
- Work concerns
- Alcohol and substance use
- Trauma
- Domestic abuse
- Burnout



Emotional Wellbeing & Behavioral Change






Carebridge can also help you proactively support your emotional wellbeing and mental health through services that encourage positive change. We provide innovative digital tools, life coaching, live trainings, and virtual support groups for you to learn, practice, and thrive.

Confidential Support for You & Your Family

We offer many options to assist you and your eligible family members. Compassionate, experienced, licensed counselors are available 24-7.

Counseling options include 3 sessions per issue, per year:

- In-the-moment consults
- In-person, in-office
- Live virtual counseling sessions

 In-Person
  Video
  Phone
  Chat
  Text

Digital Tools & Resources

Not sure you want to reach out to talk to anyone about your concerns? Carebridge offers a wide variety of digital tools to support your mental health and work-life needs on your own, including:

- Self-assessment tools
- Live mindfulness practice
- Podcasts, articles, and education
- On-demand videos and webinars
- Virtual support groups

Work-Life Services

Unlimited live telephonic consults are available with our work-life specialists who will assist you in resolving concerns by offering resources and referrals related to:

- Childcare & Parenting
- Eldercare & Caregiving
- Financial Stress
- Legal Concerns
- Education Planning
- Convenience Services



Experience Adjustments

	Collected Premium	Total Expense	County Use Rate
FY21	\$675,572	\$602,018	0.89
FY22	\$368,652	\$289,437	0.79
FY23	\$400,056	\$232,676	0.58
		3 Year Average	0.78

* 5% rate cap applied.

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
FY21	\$39,717	\$0	0.00%
FY22	\$24,446	\$0	0.00%
FY23	\$30,616	\$0	0.00%
		3 Year Average	0.00%

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

	Adjustments			Discount Ratio	
	ISAC Base Rate	Experience	Large Claim		Wellness
FY2024	1.000	-0.050	-0.025	-0.050	0.875
FY2025	1.000	-0.100	-0.025	-0.050	0.825



Wellmark, Blue Cross and Blue Shield is an independent licensee of the Blue Cross and Blue Shield Association.

Claims Summary Report

County: County Social Services
 Settled Date: (Jul 2022 - Sep 2023)
 Incurred Month: (Jul 2022 - Jun 2023)

Settled Date	Covered Charges	Provider Savings	Paid Amount	Wellmark Admin Fees	Specific SL Premium	Agg. SL Premium	Stop Loss Credits	Total Expense	Total Employees
Jul 2022	\$12,692	\$7,143	\$4,479	\$1,054	\$2,551	\$88		\$8,173	22
Aug 2022	\$39,397	\$24,212	\$9,038	\$1,054	\$2,551	\$88		\$12,732	22
Sep 2022	\$46,358	\$26,221	\$17,527	\$1,054	\$2,551	\$88		\$21,221	22
Oct 2022	\$64,784	\$34,491	\$22,252	\$1,054	\$2,551	\$88		\$25,946	22
Nov 2022	\$43,435	\$24,445	\$16,895	\$1,054	\$2,551	\$88		\$20,589	22
Dec 2022	\$43,251	\$23,885	\$15,586	\$1,054	\$2,551	\$88		\$19,280	22
Jan 2023	\$41,409	\$18,252	\$13,748	\$1,054	\$2,551	\$88		\$17,442	22
Feb 2023	\$36,951	\$19,174	\$14,686	\$1,054	\$2,551	\$88		\$18,380	22
Mar 2023	\$59,120	\$30,445	\$16,616	\$1,054	\$2,551	\$88		\$20,310	22
Apr 2023	\$35,871	\$19,244	\$14,428	\$1,054	\$2,551	\$88		\$18,122	22
May 2023	\$70,996	\$42,266	\$19,955	\$1,054	\$2,551	\$88		\$23,649	22
Jun 2023	\$20,627	\$9,536	\$9,087	\$1,054	\$2,551	\$88		\$12,781	22
Jul 2023	\$35,551	\$15,623	\$13,419					\$0	
Aug 2023	\$1,119	\$1,119	(\$0)					\$0	
Sep 2023								\$0	
	\$551,561	\$296,055	\$187,715	\$12,654	\$30,616	\$1,059	\$0	\$232,043	22

Proprietary and Confidential – Wellmark Blue Cross and Blue

This is a brief, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of contract provisions. Refer to the contract/certificate for exact benefit details. While every effort has been made to ensure the accuracy of the rates, final rates are subject to change and are based on final enrollment and underwriting approval.

* = Additional details available

Medical Plan Group

Current
\$ 370,130.00

Renewal
\$ 370,130.00 0.0%

Medical Plan Design

Wellmark BCBS of Iowa
ISAC Plan 11E
Alliance Select

Wellmark BCBS of Iowa
ISAC Plan 11E
Alliance Select

	Single	Family
Deductible	\$ 5,000	\$ 10,000
Employee Coinsurance	Embedded	Embedded
Out-of-Pocket Max	20 %	20 %
Employer Funding	\$ 6,350	\$ 12,700
Net Out-of-Pocket Max	\$ -	\$ 10,700
Employee Annual Premium	\$ 1,000	\$ 2,000
Employee Max Annual Cost	\$ + 600	\$ + 3,000
	\$ 1,600	\$ 5,000

	Single	Family
Deductible	\$ 5,000	\$ 10,000
Employee Coinsurance	Embedded	Embedded
Out-of-Pocket Max	20 %	20 %
Employer Funding	\$ 6,350	\$ 12,700
Net Out-of-Pocket Max	\$ -	\$ 10,700
Employee Annual Premium	\$ 1,000	\$ 2,000
Employee Max Annual Cost	\$ + 600	\$ + 3,000
	\$ 1,600	\$ 5,000

Medical Copays

Primary Care	\$ -- 20% Coins. / Ded. Waived
Specialty Care	\$ -- 20% Coins. / Ded. Waived
Urgent Care	\$ -- 20% Coins. / Ded. Waived
Emergency	\$ -- Ded. + 20% Coins.
In-Patient Hospital	\$ -- Ded. + 20% Coins.
Out-Patient Hospital	\$ -- Ded. + 20% Coins.
Rx	Deductible \$50
Tiers	\$10, \$20, \$45, \$75, \$150

Medical Copays

Primary Care	\$ -- 20% Coins. / Ded. Waived
Specialty Care	\$ -- 20% Coins. / Ded. Waived
Urgent Care	\$ -- 20% Coins. / Ded. Waived
Emergency	\$ -- Ded. + 20% Coins.
In-Patient Hospital	\$ -- Ded. + 20% Coins.
Out-Patient Hospital	\$ -- Ded. + 20% Coins.
Rx	Deductible \$50
Tiers	\$10, \$20, \$45, \$75, \$150

Enrollment	Prem	ER	EE
Employee Only	7 \$ 772.00	94 % \$ 50.00	
Family	15 \$ 1,734.00	86 % \$ 250.00	
Annual Insurance Premium	\$ 376,968.00		
Employer Premium Contribution	\$	327,768.00	
Budgeted HRA + HSA	\$	+ 42,362.00 + 0.00	
Employer Annual Cost	\$	370,130.00	

Enrollment	Prem	ER	EE
Employee Only	7 \$ 772.00	94 % \$ 50.00	
Family	15 \$ 1,734.00	86 % \$ 250.00	
Annual Insurance Premium	\$ 376,968.00		0.0%
Employer Premium Contribution	\$	327,768.00	
Budgeted HRA + HSA	\$	+ 42,362.00 + 0.00	
Employer Annual Cost	\$	370,130.00	0.0%



	Option 1 0.0%	Option 2 2.5%	Option 3 5.0%
County Premium Change			
Starting Reserve Balance	\$147,863.00	\$147,863.00	\$147,863.00
FY2025 County Premium (Income)	\$458,340.00	\$469,798.50	\$481,257.00
FY2025 ISAC Premium (Expense)	<u>\$376,968.00</u>	<u>\$376,968.00</u>	<u>\$376,968.00</u>
Premium Remaining for PSF	\$81,372.00	\$92,830.50	\$104,289.00
PSF Claims @20% (Expense)	\$39,590.00	\$39,590.00	\$39,590.00
PSF Administration (Expense)	<u>\$2,772.00</u>	<u>\$2,772.00</u>	<u>\$2,772.00</u>
Year End Reserve Change	\$39,010.00	\$50,468.50	\$61,927.00
Ending Reserve Balance	\$186,873.00	\$198,331.50	\$209,790.00

County Premiums

\$500 Plan	Current	Option 1	Option 2	Option 3
Single 7	\$935.00	\$935.00	\$958.38	\$981.75
Family 15	\$2,110.00	\$2,110.00	\$2,162.75	\$2,215.50

PSF Claims	2022	2023 YTD
	\$39,639	\$36,592



Medical Carrier Medical Plan Design	WELLMARK 11C	WELLMARK 11E	WELLMARK 11F	WELLMARK 12C	WELLMARK 12C-2	WELLMARK 12D	WELLMARK 12D-2	WELLMARK 13	WELLMARK 16	WELLMARK 17
NETWORK TYPE	PPO	PPO	HMO	PPO	HMO	PPO	HMO	HMO	POS	POS
PCP REQUIRED	No	No	Yes	No	Yes	No	Yes	Yes	Yes	Yes
OUT-OF-NETWORK BENEFIT	Yes	Yes	No	Yes	No	Yes	No	No	Yes	Yes
DEDUCTIBLE										
Single	\$5,000	\$5,000	\$5,000	\$3,200	\$3,200	\$3,500	\$3,500	\$500	\$5,000	\$5,000
Family	\$10,000	\$10,000	\$10,000	\$5,400	\$5,400	\$7,000	\$7,000	\$1,000	\$10,000	\$10,000
COINSURANCE	20%	20%	20%	0%	0%	0%	0%	20%	20%	20%
OUT-OF-POCKET MAX										
Single	\$6,850	\$6,350	\$6,350	\$3,200	\$3,200	\$3,500	\$3,500	\$1,000	\$6,850	\$6,350
Family	\$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	\$15	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	\$15	Coins	Coins
Specialist	Coins	Coins	\$15	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	\$15	Coins	Coins
PHARMACY										
DEDUCTIBLE										
Single	\$50	\$50	\$50	Same as Med	Same as Med	Same as Med	Same as Med	\$50	\$50	\$50
Family	\$100	\$100	\$100	Same as Med	Same as Med	Same as Med	Same as Med	\$100	\$100	\$100
OUT-OF-POCKET MAX										
Single	Same as Med	\$1,250	\$1,250	Same as Med	Same as Med	Same as Med	Same as Med	\$1,250	Same as Med	\$1,250
Family	Same as Med	\$2,500	\$2,500	Same as Med	Same as Med	Same as Med	Same as Med	\$2,500	Same as Med	\$2,500
COPAYS										
Tier 1	\$10	\$10	\$10	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	\$10	\$10	\$10
Tier 2	\$20	\$20	\$20	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	\$20	\$20	\$20
Tier 3	\$45	\$45	\$45	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	\$45	\$45	\$45
Specialty (Gen/Pref/Non)	\$45/\$75/\$150	\$45/\$75/\$150	\$45/\$75/\$150	Ded / Coins	Ded / Coins	Ded / Coins	Ded / Coins	\$45/\$75/\$150	\$45/\$75/\$150	\$45/\$75/\$150
FY25 MONTHLY RATE										
Single	\$763	\$772	\$705	\$850	\$759	\$786	\$703	\$961	\$698	\$712
Family	\$1,716	\$1,734	\$1,584	\$1,912	\$1,705	\$1,770	\$1,580	\$2,162	\$1,569	\$1,600

Dental Plan Group

Current
\$ 21,64488

Proposed Renewal
\$ 21,64488 0.00%

Dental Plan Design

Delta Dental of Iowa
FY24 ISAC Plan 3
PPO + Premier

Delta Dental of Iowa
FY25 ISAC Plan 3
PPO + Premier

Deductible

Single 25 \$ Family 75 \$

Single 25 \$ Family 75 \$

Annual Max Benefit
Coinsurance

Preventive

Basic

Major

Not Covered

Orthodontia (Lifetime)
Dependent Eligibility

Enrollment
Employee Only

Family

Annual Insurance Premium

Employer Annual Cost

\$1,500 per person
Prev **100%** Basic **80%** Major **80%**
Exams, Cleanings, Bitewing X-Rays, Fluoride, Sealants, Space Maintainers
Composite Fillings, Dental Repair, Simple Extractions, Oral Surgery, General Anesthesia
Stainless Crowns, Porcelain Crowns, Bridges, Dentures, Denture Repair, In/Onlays/Veneers, Complex Extractions, Endodontics, Periodontics, Perio Maintenance
Implants
50% up to \$1,500 by age 19
Until age 26

\$1,500 per person
Prev **100%** Basic **80%** Major **80%**
Exams, Cleanings, Bitewing X-Rays, Fluoride, Sealants, Space Maintainers
Composite Fillings, Dental Repair, Simple Extractions, Oral Surgery, General Anesthesia
Stainless Crowns, Porcelain Crowns, Bridges, Dentures, Denture Repair, **Implants**, In/Onlays/Veneers, Complex Extractions, Endodontics, Periodontics, Perio Maintenance
--
50% up to \$1,500 by age 19
Until age 26

Enrollment	Prem	ER	EE
Employee Only	7 \$ 42 ⁹²	100 %	\$ 0 ⁰⁰
Family	15 \$ 100 ²²	100 %	\$ 0 ⁰⁰

\$21,644.88 @ 12 month guarantee
\$ 21,64488

Enrollment	Prem	ER	EE
Employee Only	7 \$ 42 ⁹²	100 %	\$ 0 ⁰⁰
Family	15 \$ 100 ²²	100 %	\$ 0 ⁰⁰

\$21,644.88 @ 12 month guarantee
\$ 21,64488

PPO Network: \$15 / \$45 Ded and 90% Basic Coinsurance. Dentures and Bridges covered at 50% Coinsurance. Includes CheckUp Plus.

PPO Network: \$15 / \$45 Ded and 90% Basic Coinsurance. Dentures, Bridges and Implants are covered at 50% Coinsurance. Includes CheckUp Plus.

Dental Carrier Dental Plan Design		DELTA DENTAL ISAC - Plan 1		DELTA DENTAL ISAC - Plan 2		DELTA DENTAL ISAC - Plan 2N		DELTA DENTAL ISAC - Plan 3		DELTA DENTAL ISAC - Plan 4	
		PPO	Premier/Non	PPO	Premier/Non	PPO	Premier/Non	PPO	Premier/Non	PPO	Premier/Non
BENEFIT DETAILS	Network	\$15 / \$45 *	\$25 / \$75 *	\$15 / \$45 *	\$25 / \$75 *	\$15 / \$45 *	\$25 / \$75 *	\$15 / \$45 *	\$25 / \$75 *	\$15 / \$45 *	\$25 / \$75 *
	Deductible (Single / Family) Annual Maximum CheckUp Plus	\$750 Included	\$750 Included	\$1,000 Included	\$1,000 Included	\$1,000 Included	\$1,000 Included	\$1,500 Included	\$1,500 Included	\$2,000 Included	\$2,000 Included
PREVENTIVE SERVICES	* Deductible 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	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	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 Full Mouth: 1 per 5 years	BiteWing: 1 per Benefit Period Full Mouth: 1 per 5 years	BiteWing: 1 per Benefit Period Full Mouth: 1 per 5 years	BiteWing: 1 per Benefit Period Full Mouth: 1 per 5 years	BiteWing: 1 per Benefit Period Full Mouth: 1 per 5 years	BiteWing: 1 per Benefit Period Full Mouth: 1 per 5 years	BiteWing: 1 per Benefit Period Full Mouth: 1 per 5 years	BiteWing: 1 per Benefit Period Full Mouth: 1 per 5 years	BiteWing: 1 per Benefit Period Full Mouth: 1 per 5 years	BiteWing: 1 per Benefit Period Full Mouth: 1 per 5 years
BASIC SERVICES	Sealants	Under age 15	Under age 15	Under age 15	Under age 15	Under age 15	Under age 15	Under age 15	Under age 15	Under age 15	Under age 15
	Space Maintainers	Under age 15	Under age 15	Under age 15	Under age 15	Under age 15	Under age 15	Under age 15	Under age 15	Under age 15	Under age 15
MAJOR SERVICES	Cavity Repair	Included	Included	Included	Included	Included	Included	Included	Included	Included	Included
	Routine Oral Surgery Tooth Extractions	Included Included	Included Included	Included Included	Included Included	Included Included	Included Included	Included Included	Included Included	Included Included	Included Included
PROSTHETICS	Root Canals	20%	20%	20%	20%	20%	20%	20%	20%	20%	20%
	Crowns / Inlays / Onlays Conservative Procedures Complex Procedures	Included 1 per 5 years 1 per quadrant per 24 months 1 per quadrant per 36 months	Included 1 per 5 years 1 per quadrant per 24 months 1 per quadrant per 36 months	Included 1 per 5 years 1 per quadrant per 24 months 1 per quadrant per 36 months	Included 1 per 5 years 1 per quadrant per 24 months 1 per quadrant per 36 months	Included 1 per 5 years 1 per quadrant per 24 months 1 per quadrant per 36 months	Included 1 per 5 years 1 per quadrant per 24 months 1 per quadrant per 36 months	Included 1 per 5 years 1 per quadrant per 24 months 1 per quadrant per 36 months	Included 1 per 5 years 1 per quadrant per 24 months 1 per quadrant per 36 months	Included 1 per 5 years 1 per quadrant per 24 months 1 per quadrant per 36 months	Included 1 per 5 years 1 per quadrant per 24 months 1 per quadrant per 36 months
ORTHODONTICS	Bridges and Dentures Repairs and Adjustments Implants	1 per 5 years Included 1 per 5 years	1 per 5 years Included 1 per 5 years	1 per 5 years Included 1 per 5 years	1 per 5 years Included 1 per 5 years	1 per 5 years Included 1 per 5 years	1 per 5 years Included 1 per 5 years	1 per 5 years Included 1 per 5 years	1 per 5 years Included 1 per 5 years	1 per 5 years Included 1 per 5 years	1 per 5 years Included 1 per 5 years
	Benefit Maximum Age Limitations	50% \$750 Age 19	50% \$750 Age 19	50% \$1,000 Age 19	50% \$1,000 Age 19	50% \$1,000 Age 19	50% \$1,500 Age 19	50% \$1,500 Age 19	50% \$2,000 Age 19	50% \$2,000 Age 19	50% \$2,000 Age 19
PREMIUMS	FUNDING TYPE **	50/50	VOL.	50/50	VOL.	50/50	VOL.	50/50	VOL.	50/50	VOL.
	4-Tier	Employee Family	\$38.69 \$88.40	\$41.79 \$95.48	\$40.35 \$91.11	\$43.57 \$98.40	\$40.35 \$83.46	\$43.57 \$90.15	\$42.92 \$100.22	\$46.36 \$108.24	\$44.94 \$108.64
4-Tier	Employee / Spouse Employee / Child(ren) Family	\$34.77 \$69.56 \$78.24 \$127.63	\$37.55 \$75.11 \$84.50 \$137.83	\$35.96 \$71.91 \$80.92 \$131.97	\$38.83 \$77.67 \$87.39 \$142.53	\$33.84 \$67.66 \$76.12 \$124.16	\$36.53 \$73.07 \$82.19 \$134.08	\$39.18 \$78.36 \$88.15 \$143.79	\$42.31 \$84.62 \$95.20 \$155.28	\$41.64 \$83.29 \$93.44 \$152.51	\$44.97 \$89.94 \$100.92 \$164.72

** 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.

This is a brief, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of contract provisions. Refer to the contract/certificate for exact benefit details. While every effort has been made to ensure the accuracy of the rates, final rates are subject to change and are based on final enrollment and underwriting approval.

Vision Plan Group
Current
\$ 000

AVESIS
ISAC 150 Plan

Vision Plan Design

- Eye Exam** \$10 copay every 12 months
- Materials** \$10 copay
- Contacts Allowance** \$150 allowance every 12 months
- Frames Allowance** \$50 copay
- Lenses Allowance** \$150 allowance every 24 months
- Single Fully Covered
- Bifocal Fully Covered
- Trifocal Fully Covered
- Progressive Fully Covered
- Laser Correction** N/A

Enrollment	Prem	ER	EE
Employee Only	\$ 1150	0 %	\$ 1150
Employee + Spouse	\$ 2174	0 %	\$ 2174
Employee + Children	\$ 2369	0 %	\$ 2369
Family	\$ 3048	0 %	\$ 3048

Annual Insurance Premium \$2,844.48
Employer Annual Cost \$ 000
@ 12 month guarantee



Vision Carrier		DELTA VISION ISAC - 130 Plan	DELTA VISION ISAC - 150 Plan	AVESIS ISAC - 130 Plan	AVESIS ISAC - 150 Plan
Vision Plan Design					
BENEFIT DETAILS	Network	In-Network	In-Network	In-Network	In-Network
	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
PREMIUMS	Employee	\$6.18	\$6.44	\$7.88	\$10.94
	Family	\$15.78	\$18.32	\$18.36	\$25.90
4-Tier	Employee	\$6.18	\$6.44	\$7.88	\$10.94
	Employee / Spouse	\$11.76	\$12.26	\$14.89	\$20.68
	Employee / Child(ren)	\$13.28	\$13.88	\$16.23	\$22.54
Family	\$17.58	\$18.32	\$20.88	\$28.99	
		\$23.30	\$24.00	\$22.47	\$30.48

** 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.

This is a brief, illustrative summary of the benefits and rates. This is not intended to be a complete comparison of contract provisions. Refer to the contract/certificate for exact benefit details. While every effort has been made to ensure the accuracy of the rates, final rates are subject to change and are based on final enrollment and underwriting approval.

Life Plan Group

Current
\$ 57204

Life Plan Design

Reliance Standard
CSS Life Plan

Benefits

Benefit Amount \$10,000

Guaranteed Issue \$10,000

Benefit Reduction Schedule age 65 - 65%

age 70 - 40%

age 75 - 20%

Provisions

Accelerated Death Benefit

Waiver of Premium

Yes

Yes, after 9 months

Financials

Volume 23 lives @ \$227,000

Life Rate \$0.180 (Per \$1,000)

AD&D Rate \$0.030

Insurance Premium

\$47.67 monthly /

\$572.04 annually

Premium Percent Changed
Employer Premium Share
Participation Requirement

100% Non-Contributory
100%

Employer Annual Cost

\$ 57204
@ 12 month guarantee

Plan Highlights

Voluntary Group Term Life and AD&D Insurance



County Social Services

ELIGIBILITY:

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

- Your legal spouse 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): \$10,000

Choose one benefit amount for all eligible children in family. **GUARANTEED ISSUE:**

(INITIAL ELIGIBILITY PERIOD ONLY)

Employee:
Under age 70: \$100,000

Spouse:
Under age 60: \$20,000

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

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.

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.

AD&D benefits will not be payable for a loss which results from: intentionally self-inflicted injury; any act of war, declared or undeclared; sickness or disease which contributes to a loss (except infection which results from an accidental cut or wound). Additional exclusions may apply and vary by state.

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.

EXCLUSIONS

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

FEATURES

For Accidental Loss of:	Amount Payable:
Life	100%
Both hands or both feet	100%
Sight of both eyes	100%
One hand and one foot	100%
One hand and sight of one eye	100%
One foot and sight of one eye	100%
Speech and hearing	100%
One hand or one foot	50%
Sight of one eye	50%
Speech or hearing	50%

AD&D SCHEDULE: Pays in addition to Life Insurance

Plan Highlights

Voluntary Group Short Term Disability Insurance



County Social Services

COVERAGE

Disability income protection insurance provides a benefit for “short term” disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

BENEFIT AMOUNT

You may elect a weekly benefit equal to 60% of your covered earnings, up to a maximum benefit of \$ 1,500 per week.

DAY BENEFITS BEGIN

Injury (accident) and Sickness (illness): benefits begin on the 15th day of disability

MAXIMUM BENEFIT DURATION

Benefits for one period of disability, will be paid up to a maximum of 11 weeks.

CONTRIBUTION REQUIREMENTS

Coverage is 100% employee paid.

FEATURES

- ▶ Maternity covered as any other illness
- ▶ Non-occupational coverage
- ▶ Partial Disability benefit included
- ▶ Zero Day Residual included Definition

LIMITATIONS

- ▶ Pre-Existing Condition Limitation - 3/12

EXCLUSIONS

Benefits will not be payable for any disability caused by: an intentionally self-inflicted injury; an act of war (declared or undeclared); commission of a felony; sickness covered by workers’ compensation or other workers’ disability law; injury occurring out of or in the course of work for wage or profit.

For a comprehensive list of exclusions, limitations, and any applicable benefit offsets, 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-6451, et al.

Accident Insurance

Explore Your Benefits & Costs

Effective January 1, 2024



Accident Insurance doesn't replace your medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like.** Choose this supplemental health insurance product to lessen the financial impact of a covered accident.

Group Name: Iowa State Association of Counties Group Benefits Program
Group Number: 739367

Who is eligible?

Employees: All eligible employees.

Spouse: Your legal spouse. They will be covered for the same Accident benefits as you.

Child(ren): Your dependent children including your natural children, stepchildren, adopted children or children for whom you are legal guardian can be covered up to age 26. Your children will be covered for the same Accident benefit amounts as you and one premium amount covers all of your eligible children.

A person may not have coverage as both an Employee and Dependent. If both you and your spouse are covered under this policy as an employee; then only one, but not both, may cover the same children for Accident Insurance.

Questions? If you have additional questions, please contact:

Voya Employee Benefits Customer Service

(877) 236-7564

<https://presents.voya.com/EBRC/ISAC>

What is the monthly cost?

Core Plan (Employee Coverage) is 100% Employer Paid for employees enrolled in medical.

Employees have the option to enroll their Spouse and/or Child(ren) and/or buy up to the Enhanced plan through convenient payroll deductions.

Core Plan	Enrolled in Medical	Not Enrolled in Medical
Employee	\$0.00	\$7.10
Employee + Spouse	\$3.55	\$10.65
Employee + Child(ren)	\$8.80	\$15.90
Employee + Family	\$12.35	\$19.45

Enhanced Plan	Enrolled in Medical	Not Enrolled in Medical
Employee	\$6.04	\$13.14
Employee + Spouse	\$18.84	\$25.94
Employee + Child(ren)	\$20.76	\$27.86
Employee + Family	\$33.56	\$40.66



Wellness Benefits

All enrolled employees, spouses and dependents are eligible to receive a **\$100 wellness benefit.**



24-Hour Coverage

Members have protection for accident injuries, on- and off-the-job.



Portability

If you leave your employment, you can continue your coverage and pay your premiums directly to Voya.

Schedule of Benefits

The following is a summary of the benefits provided by Accident Insurance. You may be required to seek care for your injury within a set amount of time. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance.



Your coverage includes a Sport Accident Benefit. This means if your accident occurs while participating in an organized sporting activity (as defined in the certificate of coverage); the benefit amounts in the **accident care, accident hospital care or common injuries** sections below will be increased by 25%; to a maximum additional benefit of \$1,000.

Accident Care	Core Plan	Enhanced Plan
Initial doctor visit	\$100	\$150
Urgent care or emergency room treatment	\$225	\$300
Ambulance	Ground: \$300 / Air: \$1,250	Ground: \$400 / Air: \$2,000
X-Ray	\$100	\$100
Major Diagnostic Exam	\$200	\$300
Office Follow-up (up to 6 per accident)	\$100	\$150
Chiropractic (up to 6 per accident)	\$50	\$75
Physical Therapy (up to 6 per accident)	\$75	\$100
Accident Hospital Care		
Hospital Admission	\$1,125	\$1,750
Hospital Confinement (per day; up to 365 days)	\$250	\$275
ICU Confinement (per day; up to 30 days)	\$400	\$800
Open Abdominal or Thoracic Surgery	\$2,000	\$3,000
Common Injuries		
Lacerations	Up to \$800	Up to \$1,200
Concussion	\$175	\$275
Dental Benefit (per tooth)	Up to \$300	Up to \$400
Eye Injuries	Up to \$400	Up to \$600
Surgical Repair: Knee Cartilage	Up to \$650	Up to \$900
Surgical Repair: Ruptured Disc	\$1,000	\$1,500
Surgical Repair: Tendon, Ligament or Rotator Cuff	Up to \$1,200	Up to \$1,800
Fractures & Dislocations		
Fracture	Up to \$6,400	Up to \$10,000
Dislocations	Up to \$6,400	Up to \$8,000
Accidental Death & Dismemberment		
Employee	Up to \$50,000	Up to \$100,000
Spouse	Up to \$20,000	Up to \$40,000
Child	Up to \$10,000	Up to \$20,000
Wellness Health Screenings		
Employee	\$100 per year	\$100 per year
Spouse	\$100 per year	\$100 per year
Child (No Maximum)	\$100 per year	\$100 per year

Critical Illness Insurance

Explore Your Benefits & Costs

Effective January 1, 2024



Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition on or after your coverage effective date. Critical Illness Insurance doesn't replace medical coverage; instead, it complements it. **The benefit payments don't go out to pay for medical bills or treatments you may need, instead they come in—directly to you—to be used however you'd like.**

Group Name: Iowa State Association of Counties
Group Benefits Program
Group Number: 739367

Schedule of Benefits

Covered Condition	% of Benefit
Heart attack	100%
Coronary angioplasty	10%
Open heart surgery for valve replacement or repair	25%
Cancer	100%
Benign brain tumor	100%
Skin cancer (10 times per lifetime)	10%
Bone marrow transplant	25%
Stroke	100%
Major organ transplant	100%
Advanced dementia, including Alzheimer's disease	100%
Parkinson's disease	100%
Type 1 diabetes	100%
Occupational Hepatitis B or C	100%

This is a brief overview of the benefits provided by Critical Illness Insurance. For a complete description of your available benefits, exclusions and limitations, see your certificate of insurance.

Who is eligible?

All eligible employees enrolled in the medical plan.

How much coverage is available?

\$5,000

What is the cost?

ISAC provides this benefit at **no cost** to you.

Questions? If you have additional questions, please contact:

Voya Employee Benefits Customer Service
(877) 236-7564

<https://presents.voya.com/EBRC/ISAC>



Guarantee Issue

Coverage is always Guaranteed Issue.



No Cost

This Critical Illness benefit is provided to you at no cost by ISAC.



Portability

If you leave your employment, you can continue your coverage and pay your premiums directly to Voya.

Revenue	Budget	Prior Month	Current Month	YTD	% YTD
Medicaid Reimbursement (TCM)	\$ 121,525	\$ -	\$ 22,916	\$ 22,916	19%
Regional Service Payment	\$ 11,652,840	\$ -	\$ 2,913,210	\$ 2,913,210	25%
Interest/Use of Money & Property	\$ 200,000	\$ -	\$ 37,999	\$ 37,999	19%
Misc Refunds/Rebates/Care & Keep	\$ 30,000	\$ -	\$ 7,493	\$ 7,493	25%
Total Revenue	\$ 12,004,365	\$ -	\$ 2,981,618	\$ 2,981,618	25%

Expenditure Domain

Core					
Treatment	\$ 845,000	\$ -	\$ 5,764	\$ 5,764	1%
Crisis Services	\$ 2,943,000	\$ -	\$ 14,962	\$ 14,962	1%
Support for Community Living	\$ 2,702,000	\$ -	\$ 4,348	\$ 4,348	0%
Support for Employment	\$ 583,000	\$ -	\$ 1,417	\$ 1,417	0%
Recovery Services	\$ 55,000	\$ -	\$ -	\$ -	0%
Service Coordination	\$ 7,000	\$ -	\$ (160)	\$ (160)	-2%
Sub-acute Services	\$ 200,000	\$ -	\$ -	\$ -	0%
Evidence Based Treatment	\$ 90,000	\$ -	\$ -	\$ -	0%
Mandated	\$ 525,000	\$ -	\$ 50,756	\$ 50,756	10%
Additional Core					
Justice System Involved Services	\$ 475,000	\$ -	\$ 20,951	\$ 20,951	4%
Evidence Based Treatment	\$ 150,000	\$ -	\$ 680	\$ 680	0%
Other Informational Services	\$ 330,000	\$ -	\$ -	\$ -	0%
Essential Community Living Support Services	\$ 2,158,340	\$ -	\$ 118,757	\$ 118,757	6%
Other Congregate Services	\$ 1,289,000	\$ -	\$ 31,775	\$ 31,775	2%
Administration	\$ 1,490,000	\$ -	\$ 185,371	\$ 185,371	12%
County Provided Case Mangement	\$ 121,525	\$ -	\$ 9,424	\$ 9,424	8%
Total Expenditures	\$ 13,963,865	\$ -	\$ 444,045	\$ 444,045	3%

July Payroll/Benefits Breakdown:	Gross Payroll	Expend. for July '23
	\$131,890	FY2023 \$ 78,513
	\$9,691	FY2024 \$ 365,533
	\$10,872	
	\$31,584	
TOTAL	\$184,037	

Year-to-Date Per Capita Annualized Expenditure Rate: \$ 18.30

Fund 8500 Health Reimbursement Account Fiscal YTD (7/31/2023)	Balance Fwd from prior FY	\$ 225,522
	Revenue	
	Employer Contributions	\$ 29,723
	Employee Contributions	\$ 3,827
	Flex - Employee Contributions	\$ 934
		\$ 34,484
	Expenditure	
	Health Insurance Pmts (ISAC)	\$ 29,932
	Medical Claims Pmts (Auxiant)	\$ 1,217
	Flex Claims (Auxiant)	\$ 1,575
	\$ 32,725	
BALANCE	\$ 227,281	

Ending Cash Balance 7/31/23 (Fund 4150 and Fund 8500 combined) \$ 12,335,425

Revenue	Budget	Prior Month	Current Month	YTD	% YTD
Medicaid Reimbursement (TCM)	\$ 121,525	\$ 22,916	\$ -	\$ 22,916	19%
Regional Service Payment	\$ 11,652,840	\$ 2,913,210	\$ -	\$ 2,913,210	25%
Interest/Use of Money & Property	\$ 200,000	\$ 37,999	\$ 45,183	\$ 83,182	42%
Misc Refunds/Rebates/Care & Keep	\$ 30,000	\$ 7,493	\$ -	\$ 7,493	25%
Total Revenue	\$ 12,004,365	\$ 2,981,618	\$ 45,183	\$ 3,026,801	25%

Expenditure Domain

Core					
Treatment	\$ 845,000	\$ 5,764	\$ 72,515	\$ 78,279	9%
Crisis Services	\$ 2,943,000	\$ 14,962	\$ 294,430	\$ 309,392	11%
Support for Community Living	\$ 2,702,000	\$ 4,348	\$ 374,386	\$ 378,734	14%
Support for Employment	\$ 583,000	\$ 1,417	\$ 57,509	\$ 58,927	10%
Recovery Services	\$ 55,000	\$ -	\$ -	\$ -	0%
Service Coordination	\$ 7,000	\$ (160)	\$ -	\$ (160)	-2%
Sub-acute Services	\$ 200,000	\$ -	\$ 10,800	\$ 10,800	5%
Evidence Based Treatment	\$ 90,000	\$ -	\$ 1,787	\$ 1,787	2%
Mandated	\$ 525,000	\$ 50,756	\$ 23,695	\$ 74,451	14%
Additional Core					
Justice System Involved Services	\$ 475,000	\$ 20,951	\$ 117,166	\$ 138,117	29%
Evidence Based Treatment	\$ 150,000	\$ 680	\$ 13,499	\$ 14,179	9%
Other Informational Services	\$ 330,000	\$ -	\$ 19,843	\$ 19,843	6%
Essential Community Living Support Services	\$ 2,158,340	\$ 118,757	\$ 182,510	\$ 301,267	14%
Other Congregate Services	\$ 1,289,000	\$ 31,775	\$ 136,836	\$ 168,611	13%
Administration	\$ 1,490,000	\$ 185,371	\$ 187,326	\$ 372,697	25%
County Provided Case Mangement	\$ 121,525	\$ 9,424	\$ 11,482	\$ 20,906	17%
Total Expenditures	\$ 13,963,865	\$ 444,045	\$ 1,503,783	\$ 1,947,828	14%

August Payroll/Benefits Breakdown:		Expend. for August '23
	Gross Payroll	\$ 119,157
	FICA (Employer)	\$ 8,704
	IPERS (Employer)	\$ 11,248
	Insurance (Employer)	\$ 31,479
	TOTAL	\$ 170,588
		FY2023 \$ 993,967
		FY2024 \$ 509,816

Year-to-Date Per Capita Annualized Expenditure Rate: \$ 40.14

Fund 8500 Health Reimbursement Account Fiscal YTD (8/30/2023)	Balance Fwd from prior FY	\$ 225,522
	Revenue	
	Employer Contributions	\$ 29,608
	Employee Contributions	\$ 3,923
	Flex - Employee Contributions	\$ 980
		\$ 34,511
	Expenditure	
	Health Insurance Pmts (ISAC)	\$ -
	Medical Claims Pmts (Auxiant)	\$ 706
	Flex Claims (Auxiant)	\$ 452
	\$ 1,158	
BALANCE	\$ 258,875	

Ending Cash Balance 8/30/23 (Fund 4150 and Fund 8500 combined) \$ 10,879,200

Revenue	Budget	Prior Month	Current Month	YTD	% YTD
Medicaid Reimbursement (TCM)	\$ 121,525	\$ -	\$ 9,638	\$ 32,554	27%
Regional Service Payment	\$ 11,652,840	\$ -	\$ -	\$ 2,913,210	25%
Interest/Use of Money & Property	\$ 200,000	\$ 45,183	\$ 40,152	\$ 123,335	62%
Misc Refunds/Rebates/Care & Keep	\$ 30,000	\$ -	\$ -	\$ 7,493	25%
Total Revenue	\$ 12,004,365	\$ 45,183	\$ 49,790	\$ 3,076,591	26%

Expenditure Domain

Core

Treatment	\$ 845,000	\$ 72,515	\$ 11,209	\$ 89,488	11%
Crisis Services	\$ 2,943,000	\$ 294,430	\$ 30,689	\$ 340,081	12%
Support for Community Living	\$ 2,702,000	\$ 374,386	\$ 66,351	\$ 445,084	16%
Support for Employment	\$ 583,000	\$ 57,509	\$ 13,288	\$ 72,215	12%
Recovery Services	\$ 55,000	\$ -	\$ -	\$ -	0%
Service Coordination	\$ 7,000	\$ -	\$ -	\$ (160)	-2%
Sub-acute Services	\$ 200,000	\$ 10,800	\$ -	\$ 10,800	5%
Evidence Based Treatment	\$ 90,000	\$ 1,787	\$ 1,117	\$ 2,903	3%

Mandated

	\$ 525,000	\$ 23,695	\$ 10,594	\$ 85,045	16%
--	------------	-----------	-----------	-----------	-----

Additional Core

Justice System Involved Services	\$ 475,000	\$ 117,166	\$ 24,758	\$ 162,875	34%
Evidence Based Treatment	\$ 150,000	\$ 13,499	\$ 340	\$ 14,519	10%
Other Informational Services	\$ 330,000	\$ 19,843	\$ 59,231	\$ 79,073	24%
Essential Community Living Support Services	\$ 2,158,340	\$ 182,510	\$ 126,402	\$ 427,669	20%
Other Congregate Services	\$ 1,289,000	\$ 136,836	\$ 64,308	\$ 232,919	18%
Administration	\$ 1,490,000	\$ 187,326	\$ 71,794	\$ 444,491	30%
County Provided Case Mangement	\$ 121,525	\$ 11,482	\$ 10,280	\$ 31,187	26%

Total Expenditures	\$ 13,963,865	\$ 1,503,783	\$ 490,361	\$ 2,438,189	17%
---------------------------	----------------------	---------------------	-------------------	---------------------	------------

September Payroll/Benefits Breakdown:

Gross Payroll	\$118,967	Expend. for Sept '23
FICA (Employer)	\$8,683	FY2023 \$ 38,350
IPERS (Employer)	\$11,231	FY2024 \$ 452,011
Insurance (Employer)	\$32,335	
TOTAL	\$171,215	

Year-to-Date Per Capita Annualized Expenditure Rate: \$ 33.49

Fund 8500 Health Reimbursement Account Fiscal YTD (9/30/2023)	Balance Fwd from prior FY	\$ 225,522
	Revenue	
	Employer Contributions	\$ 30,425
	Employee Contributions	\$ 3,969
	Flex - Employee Contributions	\$ 1,026
		\$ 35,419
	Expenditure	
	Health Insurance Pmts (ISAC)	\$ -
	Medical Claims Pmts (Auxiant)	\$ 4,071
	Flex Claims (Auxiant)	\$ 385
	\$ 4,455	
BALANCE	\$ 256,486	

Ending Cash Balance 9/30/23 (Fund 4150 and Fund 8500 combined) \$ 10,455,029

Revenue	Budget	Prior Month	Current Month	YTD	% YTD
Medicaid Reimbursement (TCM)	\$ 121,525	\$ 9,638	\$ 19,534	\$ 52,088	43%
Regional Service Payment	\$ 11,652,840	\$ -	\$ 2,913,210	\$ 5,826,420	50%
Interest/Use of Money & Property	\$ 200,000	\$ 40,152	\$ 48,901	\$ 172,236	86%
Misc Refunds/Rebates/Care & Keep	\$ 30,000	\$ -	\$ 984	\$ 8,476	28%
Total Revenue	\$ 12,004,365	\$ 49,790	\$ 2,982,629	\$ 6,059,220	50%

Expenditure Domain

Core					
Treatment	\$ 845,000	\$ 11,209	\$ 39,101	\$ 128,589	15%
Crisis Services	\$ 2,943,000	\$ 30,689	\$ 297,767	\$ 637,848	22%
Support for Community Living	\$ 2,702,000	\$ 66,351	\$ 62,338	\$ 507,422	19%
Support for Employment	\$ 583,000	\$ 13,288	\$ 22,572	\$ 94,787	16%
Recovery Services	\$ 55,000	\$ -	\$ -	\$ -	0%
Service Coordination	\$ 7,000	\$ -	\$ -	\$ (160)	-2%
Sub-acute Services	\$ 200,000	\$ -	\$ 65,760	\$ 76,560	38%
Evidence Based Treatment	\$ 90,000	\$ 1,117	\$ 893	\$ 3,796	4%
Mandated	\$ 525,000	\$ 10,594	\$ 98,698	\$ 183,743	35%
Additional Core					
Justice System Involved Services	\$ 475,000	\$ 24,758	\$ 20,071	\$ 182,946	39%
Evidence Based Treatment	\$ 150,000	\$ 340	\$ 9,925	\$ 24,444	16%
Other Informational Services	\$ 330,000	\$ 59,231	\$ 3,560	\$ 82,633	25%
Essential Community Living Support Services	\$ 2,158,340	\$ 126,402	\$ 121,213	\$ 548,882	25%
Other Congregate Services	\$ 1,289,000	\$ 64,308	\$ 52,659	\$ 285,578	22%
Administration	\$ 1,490,000	\$ 71,794	\$ 95,857	\$ 540,348	36%
County Provided Case Mangement	\$ 121,525	\$ 10,280	\$ 8,041	\$ 39,228	32%
Total Expenditures	\$ 13,963,865	\$ 490,361	\$ 898,455	\$ 3,336,644	24%

October Payroll/Benefits Breakdown:	Gross Payroll	Expend. for Oct '23
	\$118,835	FY2023 \$ 324,156
	FICA (Employer) \$8,673	FY2024 \$ 574,298
	IPERS (Employer) \$11,218	
	Insurance (Employer) \$32,325	
	TOTAL \$171,050	

Year-to-Date Per Capita Annualized Expenditure Rate: \$ 34.38

Fund 8500 Health Reimbursement Account Fiscal YTD (10/31/2023)	Balance Fwd from prior FY	\$ 225,522
	Revenue	
	Employer Contributions	\$ 30,425
	Employee Contributions	\$ 3,969
	Flex - Employee Contributions	\$ 1,026
		\$ 35,419
	Expenditure	
	Health Insurance Pmts (ISAC)	\$ 91,154
	Medical Claims Pmts (Auxiant)	\$ 1,099
	Flex Claims (Auxiant)	\$ 192
	\$ 92,446	
BALANCE	\$ 168,496	

Ending Cash Balance 10/31/23 (Fund 4150 and Fund 8500 combined) \$ 12,460,481

November, December January ETP

	NOV	DEC	JAN	Service	Waiting For	Why ETP	notes
	NOV 563.9 X 315	DEC 315	X 315	SCL Rent	IHH Social Security	OFS - EW rent over 3 months	Approved for Hab 12/1/2023
		500	500	Day Habilitation	ID waiver	over income	Agreed to a modified request of copay of \$500 and Region pays up to \$500
			678.92 1748.09	Day Habilitation SCL	IHH IHH	OFS - IHH OFS - IHH	Has Elderly waiver - approved for Hab 2/1/24 Has Elderly waiver - approved for Hab 2/1/24
Total	\$878.90	\$815.00	\$3,242.01				

Proposal

DAVID FINHOLT CONSTRUCTION, INC.

1813 Trout Run Rd.

Decorah, IA 52101

Ph (563)382-9360

E-mail: finholt@finholtconstruction.com

SUBMITTED TO Behavioral Health-Decorah	DATE 12-19-23	
	PHONE	
STREET	JOB NAME Roof and Screen wall replacement	
CITY, STATE, ZIP CODE	JOB LOCATION	
ARCHITECT	DATE OF PLANS	JOB PHONE

We Hereby submit specifications and estimates for:

Demo and replace mechanical screen wall. Replace with metal studs and painted exterior siding.

Roof work as attached from Allen Roofing.

Total \$136,683.00

We Propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of:

See Above (\$ _____).

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements contingent upon strikes, accidents or delays beyond out control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workman's Compensation Insurance.

Authorized

Signature Neal Weber /s/

Note: This proposal may be withdrawn by us if not accepted within _____ days.

Acceptance of Proposal - The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature _____

Date of Acceptance _____

Signature _____

ALLEN

ROOFING

CONSTRUCTION, INC.

WE'VE GOT YOU COVERED!

QUALITY WORKMANSHIP SINCE 1999

December 15, 2023

David Finholt Construction Inc
1813 Trout Run Road
Decorah Iowa 52101
563-382-9360
563-380-0707 Neal W.

WinnMed Behavioral Health Center
901 Montgomery Street
Decorah Iowa 52101

ESTIMATE FOR INSTALLING THE DURO-LAST ROOFING SYSTEM
SCOPE OF WORK TO BE PERFORMED
Rock covered roof area and the mezzanine in the center

We will remove all the rock from the roof. We will then install the 50MIL Duro Last Roofing system fastening into the metal decking. We will take the material up the interior walls approximately 12-18" and fasten with a termination bar. On the exterior walls we will remove the old metal edging and take the material to the outside edge. We will then install new metal edging. We will install new drain boots and strainers. We will install new curb flashings and new pipe flashings. We will remove the old overflow scuppers and install new overflow scuppers.

Duro Last color _____ Metal color choice _____

- Some damage may occur to the ground around the building where the lift will be operated for the rock removal.

Estimate does not include unforeseen damage.

Allen Roofing & Construction Inc. will not be held responsible for any future damage due to current or previous water damage or leaking that might result from but not limited to mold, damaged materials, layers of roofing materials not removed in the process of replacing the roof, incorrect ventilation, etc. Property owner is responsible for any engineering or structural requirements, ventilation issues, all building permits and or city requirements, any and all asbestos abatement related issues and costs. Property owner is also responsible for any electrical, water, gas lines, utility lines, satellite dishes or any type of receiving equipment that may be in the way of the roofing process, and property owner shall have them marked out on the roof and ground prior to the start of the roof replacement and the property owner will be responsible for having any of them reconnected or aligned for signal at the property owner's expense. We try our best to protect the landscaping and gutters but will not be liable for any damages that may occur during the construction process. Property owner shall protect all of their personal belongings inside and outside the building from any damage during the roof replacement process. Allen Roofing & Construction Inc. will not be held responsible for any damage caused from vibration or building movement during the roofing process. Mechanics lien will be filed for unpaid balance of bill after 30 days. In the event it becomes necessary for Allen Roofing & Construction Inc. to commence an action or proceeding to collect any amount due under this contract, otherwise enforce this contract, or regarding any breach of this contract, Allen Roofing & Construction Inc. shall be entitled to recover from the property owner, in addition to any other damages, its costs and expenses, including reasonable attorney's fees. Payment of an invoice is due upon receipt, and past due balances shall be subject to a late payment penalty charge at the rate of 1.5% per month (i.e., 18" per annum). We may be driving a lift or dump wagon around the yard for safety of working on the roof and for getting material onto and off of the roof, if the ground is soft, we might leave ruts that the property owner be responsible for. Property owner gives Allen Roofing & Construction Inc. permission to use photos of the project for advertising purposes including on social media sites. Allen Roofing and Construction may use subcontractors at their discretion. ***Due to current supply issues and unforeseeable price increases in the construction industry; if there is an increase in actual costs of material(s) to the contractor in excess of 3% when materials are delivered onsite, the price set forth in this estimate shall be increased by a change order to reflect the additional costs and added to the final cost of the project.

Estimate good for 20 days

By signing below, the property owner agrees to be bound to the terms and conditions set forth above.

Please sign here:

Date:

40% down upon signing, balance of contract due at completion. Final invoice will reflect any balances due after completion.

Allen Roofing & Construction Inc. • PO Box 311 • Monona, IA 52159
PHONE IA 563-539-4135—WI 608-782-ROOF—Toll Free 888-546-4135 FAX 563-539-4137
Website www.allenroofinginc.com

Attachment A
FY2023-FY2025 Service Definitions and Rates

The Spectrum Network CSN Provider # 2868

COA	Service Description	Rate	Unit	Description
32329	Comprehensive comm support services	\$10.02	15 min	Comp comm supp serv, 15 min (H2015) 1:1
32329	Home based habilitation	\$56.39	day	HBH (H2016 UA) High Recovery (MI)
50368	Supported employment: Long Term Job Coaching Total monthly cost for all Supported Employment Svcs not to exceed \$3302.53/mo.	\$73.05	month	Tier 1 H2025 U4: 1 contact/mo: Must be reauthorized every 90 days
		\$390.33	month	Tier 2 H2025 U3: 2-8 hours/mo: Must be reauthorized every 90 days
		\$779.57	month	Tier 3 H2025 U5: 9-16 hours/mo: Must be reauthorized every 90 days
		\$48.75	hour	Tier 5 H2025 UC: 26+ hours/mo: Must be reauthorized every 90 days
50367	Day habilitation	\$3.78	15 min	T2021 (ID)
		\$73.20	day	T2020 U1 (ID)
		\$76.81	day	T2020 U2 (ID)
		\$87.48	day	T2020 U3 (ID)
		\$88.72	day	T2020 U4 (ID)
		\$103.31	day	T2020 U5 (ID)
		\$126.33	day	T2020 U6 (ID)

***Addendum adding Day Habilitation services effective 2/1/2024**

Christopher Miculinich
 The Spectrum Network

01/24/2024
 Date

 County Social Services

 Date