

ALTERNATE DENTAL PLAN SUMMARY

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

Blue DentalSM 1500

NETWORK

Blue Dental

EMPLOYER MONTHLY PREMIUM

\$521.80

MONTHLY MEMBER PREMIUM

\$17.64



\$27.10

BENEFIT YEAR MAX

\$1,500

BENEFIT YEAR DEDUCTIBLE

Individual / Family per year

\$25 Single

\$75 Family

SERVICES

Member pays

Diagnostic & preventative: 20%

Basic restorative: 50%

Major restorative: 50%

Orthodontics: N/A

ORTHODONTIA MAX

N/A

Blue DentalSM 2000

NETWORK

Blue Dental

EMPLOYER MONTHLY PREMIUM

\$758.09

MONTHLY MEMBER PREMIUM

\$26.85



\$38.99

BENEFIT YEAR MAX

\$2,000

BENEFIT YEAR DEDUCTIBLE

Individual / Family per year

\$25 Single

\$75 Family

SERVICES

Member pays

Diagnostic & preventative: 0%

Basic restorative: 20%

Major restorative: 50%

Orthodontics: N/A

ORTHODONTIA MAX

N/A

Blue DentalSM 2000 with Orthodontia

NETWORK

Blue Dental

EMPLOYER MONTHLY PREMIUM

\$774.39

MONTHLY MEMBER PREMIUM

\$30.11



\$38.99

BENEFIT YEAR MAX

\$2,000

BENEFIT YEAR DEDUCTIBLE

Individual / Family per year

\$25 Single

\$75 Family

SERVICES

Member pays

Diagnostic & preventative: 0%

Basic restorative: 20%

Major restorative: 50%

Orthodontics: 50%

ORTHODONTIA MAX

\$2,000

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Wellmark Blue Cross and Blue Shield of Iowa, and Wellmark Blue Cross and Blue Shield of South Dakota are independent licensees of the Blue Cross and Blue Shield Association.

ALTERNATE DENTAL PLAN SUMMARY - CONTINUED

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

Blue DentalSM 1500 with Orthodontia

NETWORK

Blue Dental

EMPLOYER MONTHLY PREMIUM

\$529.80

MONTHLY MEMBER PREMIUM

\$19.24   \$27.10

BENEFIT YEAR MAX

\$1,500

BENEFIT YEAR DEDUCTIBLE

Individual / Family per year

\$25 Single \$75 Family

SERVICES

Member pays

Diagnostic & preventative:	20%
Basic restorative:	50%
Major restorative:	50%
Orthodontics:	50%

ORTHODONTIA MAX

\$1,000

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ALTERNATE VISION PLAN SUMMARY

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

Adult Buy-Up 150

Adult Buy-Up 150

MONTHLY MEMBER PREMIUM

\$12.78

\$204.48

FRAME

\$150 retail allowance, Covered once every 24 months and after materials copay

Out-of-network: up to \$50 allowance

DIAGNOSTIC EYE EXAM

In-network: \$10 Copay, Every 12 Months

Out-of-network: up to \$35 allowance

Every 12 months

MATERIALS COPAY

\$10

STANDARD PLASTIC LENSES

One pair covered in full after materials copay, every 12 months: single vision, lined bifocal, lined trifocal and lenticular

Progressive: Level 1 \$75 Copay, Level 2 \$110 Copay,

All other progressives \$50 allowance + 20% discount

Specialty: Transitions \$70/\$80 Copay, polarized lens

\$75 Copay, PGX/PBX \$40 Copay, other lens options

up to 20% off

Out-of-network: Standard plastic lenses up to \$25

allowance, lined bifocal up to \$40 allowance, lined

trifocal up to \$50 allowance, lenticular up to \$80

allowance, progressives up to \$40 allowance

CONTACT LENSES

Covered up to allowance, every 12 months, in

lieu of eyeglasses

Conventional or disposable: \$150 allowance

in-network, up to \$128 out-of-network

Medically necessary: Covered in full

Out-of-network: Conventional or disposable up

to \$128 allowance, medically necessary up to

\$250 allowance

LENS OPTIONS

Covered in full polycarbonate (single

vision/multi-focus), out-of-network up to \$10, Covered

in full scratch-resistant coating, out-of-network up to

\$5, Covered in full UV coating, out-of-network up to

\$6, Covered in full standard anti-reflective coating,

out-of-network up to \$24, Polarized Lens: \$75

in-network copay, PGX/PBX: \$40 in-network copay,

Other lens options: 20% discount

Adult Buy-Up 80

Adult Buy-Up 80

MONTHLY MEMBER PREMIUM

\$7.18

\$114.88

FRAME

\$80 retail allowance, Covered once every 24 months and after materials copay

Out-of-network: up to \$25 allowance

DIAGNOSTIC EYE EXAM

In-network: \$10 Copay, Every 12 Months

Out-of-network: up to \$35 allowance

Every 12 months

MATERIALS COPAY

\$25

STANDARD PLASTIC LENSES

One pair covered in full after materials copay, every 12 months: single vision, lined bifocal, lined trifocal and lenticular

Progressive: \$50 retail allowance, plus 20% off

Specialty: Corresponding standard lens

reimbursement, plus 20% off

Out-of-network: Standard plastic lenses up to \$25

allowance, lined bifocal up to \$40 allowance, lined

trifocal up to \$50 allowance, lenticular up to \$80

allowance, progressives up to \$40 allowance

CONTACT LENSES

Covered up to allowance, every 12 months, in lieu of eyeglasses

Conventional or disposable: \$110 allowance

Medically necessary: Covered in full

Out-of-network: Conventional or disposable up

to \$80 allowance, medically necessary up to

\$250 allowance

LENS OPTIONS

Up to 20 percent off Usual, Customary and

Reasonable polycarbonate, scratch-resistant coating,

tint and UV protective coating

Avēsis Vision is an independent vision insurance company that does not provide Wellmark Blue Cross and Blue Shield products and services. Avēsis Vision is underwritten by Fidelity Security Life Insurance Company, Kansas City, Missouri. Hearing Discount Savings Plan provided by Amplifon Hearing Health Care. Amplifon Hearing Health Care is an independent company that does not provide Wellmark Blue Cross and Blue Shield products or services.

*Certain retail chain locations do not offer further discounts.

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DETAILED GROUP CENSUS — HEALTH PREMIUM AND FEES

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

Based on the number of employees currently enrolled in a health plan, you will be able to select up to two (2) health plans for your renewal period beginning 12/01/2022.

Name	Relationship	Age	Current Plan Name	Current Plan Rate	Renewing Plan Name	Renewing Plan Rate
ANGELA GERMAN	Employee	50	CompleteBlue SM 4000 HMO	\$530.07	CompleteBlue SM 4000 HMO	\$539.35
CHAYSE PIERSON	Dependent	25	CompleteBlue SM 4000 HMO	\$310.71	CompleteBlue SM 4000 HMO	\$303.19
PAIGE GERMAN	Dependent	23	CompleteBlue SM 4000 HMO	\$310.71	CompleteBlue SM 4000 HMO	\$301.98
Sub Total	-	-	-	\$1,151.49	-	\$1,144.52
KEVIN GOTT	Employee	52	CompleteBlue SM 4000 HMO	\$579.48	CompleteBlue SM 4000 HMO	\$589.47
KALEY GOTT	Dependent	22	CompleteBlue SM 4000 HMO	\$310.71	CompleteBlue SM 4000 HMO	\$301.98
LYNDSY GOTT	Dependent	19	CompleteBlue SM 4000 HMO	\$283.68	CompleteBlue SM 4000 HMO	\$284.17
LYNN GOTT	Spouse	50	CompleteBlue SM 4000 HMO	\$530.07	CompleteBlue SM 4000 HMO	\$539.35
Sub Total	-	-	-	\$1,703.94	-	\$1,714.97
CINDY KANE	Employee	61	CompleteBlue SM 4000 HMO	\$843.27	CompleteBlue SM 4000 HMO	\$848.58
Sub Total	-	-	-	\$843.27	-	\$848.58
RYAN MARTIN	Employee	36	CompleteBlue SM 4000 HMO	\$379.69	CompleteBlue SM 4000 HMO	\$371.44
Sub Total	-	-	-	\$379.69	-	\$371.44
JAKE NOLIN	Employee	40	CompleteBlue SM 4000 HMO	\$392.12	CompleteBlue SM 4000 HMO	\$385.94
HUNTER NOLIN	Dependent	7	CompleteBlue SM 4000 HMO	\$237.69	CompleteBlue SM 4000 HMO	\$231.02
OAKLEIGH NOLIN	Dependent	7	CompleteBlue SM 4000 HMO	\$237.69	CompleteBlue SM 4000 HMO	\$231.02
Sub Total	-	-	-	\$867.50	-	\$847.98
JOSEPH OGLESBY	Employee	39	CompleteBlue SM 4000 HMO	\$387.15	CompleteBlue SM 4000 HMO	\$381.10
REILLY OGLESBY	Dependent	11	CompleteBlue SM 4000 HMO	\$237.69	CompleteBlue SM 4000 HMO	\$231.02
BRENNAN OGLESBY	Dependent	11	CompleteBlue SM 4000 HMO	\$237.69	CompleteBlue SM 4000 HMO	\$231.02
NICHOLE OGLESBY	Spouse	41	CompleteBlue SM 4000 HMO	\$397.09	CompleteBlue SM 4000 HMO	\$393.18
Sub Total	-	-	-	\$1,259.62	-	\$1,236.32

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1 Health premium for dependents 20 years or younger is capped at 3 oldest covered children.

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DETAILED GROUP CENSUS — HEALTH PREMIUM AND FEES - CONTINUED

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

Name	Relationship	Age	Current Plan Name	Current Plan Rate	Renewing Plan Name	Renewing Plan Rate
WILLIAM SICKELS	Employee	49	CompleteBlue SM 4000 HMO	\$508.01	CompleteBlue SM 4000 HMO	\$515.19
ALEXIS SICKELS	Dependent	19	CompleteBlue SM 4000 HMO	\$283.68	CompleteBlue SM 4000 HMO	\$284.17
ELISE SICKELS	Dependent	15	CompleteBlue SM 4000 HMO	\$237.69	CompleteBlue SM 4000 HMO	\$251.55
CHRISTY SCRIMAGER	Other	47	CompleteBlue SM 4000 HMO	\$466.07	CompleteBlue SM 4000 HMO	\$472.00
Sub Total	-	-	-	\$1,495.45	-	\$1,522.91
CARL VANDERKAMP	Employee	67	CompleteBlue SM 4000 HMO	\$932.13	CompleteBlue SM 4000 HMO	\$905.94
Sub Total	-	-	-	\$932.13	-	\$905.94
Total Monthly Health Premium¹ and Fees² Due				\$8,633.09	-	\$8,592.66

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