

AGENT SIGNATURE AND ATTESTATIONS

Group Name: PRAIRIE CITY CITY OF

Group Number: 00045536

Renewal Effective Date: December 1, 2022

By signing or submitting this application or renewal submission package, the producer identified certifies that:

1. I am a licensed insurance producer, and if applicable (for individual market and small group coverage) an appointed and authorized Wellmark representative.
2. Any information entered by me or my staff has been obtained directly from the employer and employees, and I have their express permission to submit the information to Wellmark.
3. I have not signed any forms or applications for an employer representative or individual applicant.
4. I am maintaining a record of each employee's signed application, enrollment form, or waiver at my office and will provide a copy to Wellmark upon request.
5. I am maintaining records of this transactions in compliance with applicable laws.
6. I have disclosed that I am an authorized representative of Wellmark, that I may receive compensation in the form of commission for assisting with the sale, enrollment, or renewal of Wellmark, insurance, and have complied with all applicable laws regarding any other forms of compensation related to my services.
7. No portion of any commissions received from Wellmark related to this transaction will be paid to an agent/producer or other individual not appointed or approved by Wellmark.

INDIVIDUAL AGENT/PRODUCER:

SIGNATURE: _____

DATE: _____

AGENCY: _____

GENERAL AGENCY: _____

EMPLOYEE RENEWAL ELECTION PACKET

Group Name: PRAIRIE CITY CITY OF

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EMPLOYEE COVERAGE ELECTIONS

In the table below, indicate your group's elected plan(s) and network(s). An Employee may elect one (1) offered health, dental, and vision plan. Spouses and dependents can elect health, dental, or vision only if the employee does so. If multiple health plans are offered, spouses and dependents must enroll in the same health plan as the employee. Check the boxes indicating the health, dental, and vision plans elected for each individual and return this form to your Wellmark Authorized Representative.

Individual Information			Health Plan & Network Election(s)			Blue Dental SM Election	Avesis Election
Name	Relationship	Age	Plan Name 1 Network Name 1	Plan Name 2 Network Name 2	Plan Name 3 Network Name 3	Dental Plan	Vision Plan
ANGELA GERMAN	Employee	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHAYSE PIERSON	Dependent	25	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PAIGE GERMAN	Dependent	23	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KEVIN GOTT	Employee	52	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
KALEY GOTT	Dependent	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LYNDSEY GOTT	Dependent	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LYNN GOTT	Spouse	50	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CINDY KANE	Employee	61	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RYAN MARTIN	Employee	36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JAKE NOLIN	Employee	40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HUNTER NOLIN	Dependent	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OAKLEIGH NOLIN	Dependent	7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOSEPH OGLESBY	Employee	39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REILLY OGLESBY	Dependent	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BRENNAN OGLESBY	Dependent	11	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NICOLE OGLESBY	Spouse	41	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Premium rates shown are subject to change based on enrollment and plan selection. Wellmark Blue Cross and Blue Shield of Iowa and Wellmark Health Plan of Iowa, Inc. are independent licensees of the Blue Cross and Blue Shield Association.

EMPLOYEE RENEWAL ELECTION PACKET - CONTINUED

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Group Number: 00045536

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In the table below, indicate your group's elected plan(s) and network(s). An Employee may elect one (1) offered health, dental, and vision plan. Spouses and dependents can elect health, dental, or vision only if the employee does so. If multiple health plans are offered, spouses and dependents must enroll in the same health plan as the employee. Check the boxes indicating the health, dental, and vision plans elected for each individual and return this form to your Wellmark Authorized Representative.

WILLIAM SICKELS	Employee	49	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ALEXIS SICKELS	Dependent	19	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ELISE SICKELS	Dependent	15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CHRISTY SCRIMAGER	Other	47	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARL VANDERKAMP	Employee	67	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important: We're Continuing to Offer Your Group Health Coverage.

Dear PRAIRIE CITY CITY OF,

Your group health insurance coverage is coming up for renewal. On **December 1, 2022**, your group members will be automatically re-enrolled and can keep your group's current coverage. Below are changes we'll be making to the plan and options to consider to possibly lower your costs or choose a new plan.

Changes we're making to your group's current coverage

- Premium – Your new premium starts in December. Your monthly premium will be \$8,592.66. This is an estimate based on current enrollment. This amount may change depending on the individuals who actually enroll in the CompleteBlueSM 4000 plan. Check to see if you have other options at: www.healthcare.gov
- Any and all changes to covered benefits and cost-sharing requirements (such as copayments, coinsurance, and deductibles), under your group's current coverage, are described in the enclosed renewal information.
- Please note, additional changes impacting your renewal will be included in your amendment mailing.

This plan isn't being offered through the Small Business Health Options (SHOP) Marketplace. If you're eligible for a small business health care tax credit, you usually can get that credit only if you buy insurance through the SHOP Marketplace.

What if I want to change plans?

- You may be able to choose a new health plan, or offer your employees a choice of plans, through different insurance companies, through the SHOP Marketplace. If you have fewer than 25 full-time-equivalent employees, you might qualify for a small business health care tax credit if you buy insurance through the SHOP Marketplace.
- You can choose to buy a new health plan outside the SHOP Marketplace—directly from an insurance company or with the help of an agent or broker. But remember: If you're eligible for a small business health care tax credit, you usually can get that credit only if you buy a plan through the SHOP Marketplace.
- You generally can buy coverage any time. If group members enroll by the 15th of the month, coverage can begin on the 1st of the following month.

What else should I look at before deciding to keep or change my plan?

Call or visit the plan's website to check which doctors, other health care providers, and prescription medications are covered by the plan. This is an important step when choosing a plan that meets the needs of your group members.

Questions?

- Call Wellmark Customer Service on 1-800-990-1106 (7:30am to 5pm, Monday to Friday).
- Visit Consumer Assistance Information/HealthCare.gov or call 1-800-706-7893 (TTY: 1-800-706-7915) to learn more about the Health Insurance Marketplace.



Wellmark Blue Cross and Blue Shield of Iowa and Wellmark Health Plan of Iowa, Inc. are independent licensees of the Blue Cross and Blue Shield Association.

IOWA (ACA PLANS) COBRA Administrative Services Agreement (For use with account size 20-50)

The Account understands and agrees that in exchange for the following administrative fee and COBRA processing fees, Wellmark shall provide certain administrative services with respect to COBRA continued health coverage requirements for Wellmark-issued or administered products as described in this COBRA Administrative Services Agreement. Completion of this form comprises the complete contract for Wellmark's COBRA administration services for Account.

ACCOUNT LEGAL NAME: _____ TELEPHONE NUMBER: _____

ACCOUNT COBRA CONTACT PERSON: _____ EMAIL ADDRESS: () _____

AGREEMENT BEGIN DATE: ____/____/____ END DATE: ____/____/____

Administration and Billing: \$100 per COBRA participant at initial enrollment and each renewal thereafter (Minimum \$250).

- A Please insert the appropriate information below. COBRA premium rate sheets are provided to the Account upon administration implementation for inclusion in COBRA enrollment materials.

COBRA Group #	Plan Name	Region	Renewal Quarter

- B. The Account shall provide the following duties associated with COBRA continuation coverage:

1. Provide current and new employees and their covered spouses with general notice of the right to continuation of coverage as required by COBRA. Wellmark shall provide the Account with a general notice which may be used for distribution to current and new employees.
2. Provide COBRA qualified beneficiaries with a form for election of continuation coverage, along with appropriate rate sheet(s), at the time of all COBRA qualifying events. Wellmark shall provide the Account with an election form and related rate sheet(s) to be used for distribution to qualified beneficiaries. The Account shall complete the relevant portions of the election form before mailing the form (and appropriate rate sheet(s)) to qualified beneficiaries.
3. Inform COBRA qualified beneficiaries of any changes in Account's benefit plan by issuing appropriate benefit plan documents or amendments.
4. Upon the filing of bankruptcy under Chapter 11, the Account will send notification to insured retirees and their covered spouse/dependents advising of the right to continuation coverage (if any) under appropriate COBRA regulation.

The parties agree that the Account remains Plan Administrator and Plan Fiduciary.

- C. Wellmark shall provide Account with the following administrative services to assist Account in complying with the requirements of COBRA:

1. Wellmark shall directly bill, or withdraw from a designated checking or savings account, the monthly premium from any COBRA qualified beneficiary who elects continuation coverage.
2. If a second qualifying event occurs while a COBRA qualified beneficiary has elected continuation coverage (for example, terminated employee on continuation coverage dies, not all-inclusive), and Account or a COBRA qualified beneficiary notifies Wellmark of such event, Wellmark will send notification and election forms to the qualified beneficiaries. Wellmark recognizes Medicare entitlement as a second qualifying event.
3. During the 180-day period prior to the termination of the COBRA qualified beneficiaries' continuation coverage period, Wellmark will notify COBRA qualified beneficiaries of their right to purchase alternative coverage, if available, when COBRA continuation coverage ends.
4. Notify COBRA qualified beneficiaries of termination of their coverage at the end of their duration, or earlier upon their failure to pay premiums or upon Wellmark being properly notified that another event allowing early termination of coverage has occurred.
5. Notify COBRA qualified beneficiaries of any rate changes.
6. Wellmark shall provide customer service weekdays between 8:00 a.m. and 4:00 p.m., not including holidays. This service shall include answering questions, about continuation and the requirements of the COBRA law.

Notwithstanding the foregoing, Wellmark shall not provide any administrative services with respect to the application of Alternative Continuation (COBRA like) coverage provided pursuant to Iowa Code Section 509A.13, or any successor provision (i.e., continuation of coverage for early retirees until age 65). The Account shall be fully responsible for the application of, administration of and compliance with Alternative Continuation coverage with respect to any coverage provided pursuant to Iowa Code Section 509A.13, or any successor provision.

If a qualified beneficiary is determined under Title II or XVI of the Social Security Act (42 U.S.C. §§ 401-433 or 1381-1385) to have been disabled prior to or within the first 60 days of COBRA continuation coverage, such qualified beneficiary may qualify for an extension that expands the otherwise applicable 18-month COBRA period to 29 months from the termination or reduction in hours of employment. To qualify for the extension, the qualified beneficiary must provide notice to the Account or to Wellmark of the disability determination before the end of the original 18-month maximum COBRA coverage period that applies to the qualifying event and must not be determined to be no longer disabled at any time between the date of disability determination and the first day of COBRA continuation coverage.

D. Open/Annual Enrollment

If Account provides an open/annual enrollment period at renewal for employees to reselect benefits and/or add eligible dependents, COBRA qualified beneficiaries must also be offered with the same option(s).

Please answer the following questions:

Do you offer annual/open enrollment at renewal?

☐ Yes ☐ No

If "no" is indicated, Wellmark will notify COBRA qualified beneficiaries of any rate changes.

If "yes" is indicated, would you like Wellmark to notify your COBRA qualified beneficiaries of these option(s)?

☐ Yes ☐ No

If "yes" is indicated, Wellmark must receive complete renewal paperwork by the 10th of the month prior to the Account's renewal month.

If "no" is indicated or if complete renewal paperwork is received by Wellmark after the 10th of the month prior to the Account's renewal month, the Account will be required to notify COBRA qualified beneficiaries of open/annual enrollment offering(s). Please note that COBRA qualified beneficiaries must receive such offerings prior to the effective date of the premium rate increase or coverage change. Upon request, Wellmark will provide information to the Account regarding current COBRA qualified beneficiaries.

If Account offers open/annual enrollment at a time other than renewal, it is the Account's responsibility to provide such offering to current COBRA qualified beneficiaries.

E. Relationship of Parties

This Agreement between Wellmark and Account does not create any legal relationship between Wellmark and Account's employees. This is an independent service agreement with Wellmark acting in the capacity of an independent contractor. There is no partnership or employer/employee relationship between Wellmark and Account. Wellmark does not, pursuant to this Agreement, assume any responsibility for the acts, omissions or breaches of duty of Account except for such duties as are herein expressly assumed by Wellmark. Wellmark shall not be deemed a fiduciary under any employee welfare benefit plan of employer. Wellmark is not providing Account with legal advice or guidance regarding its responsibilities or compliance obligations under COBRA.

F. Indemnification

Account agrees to indemnify Wellmark and to hold Wellmark fully protected and harmless for all damages and causes of action of whatsoever kind, including attorney's fees, cost of defense and penalties of all variety occasioned by Wellmark's undertaking of this COBRA Administrative Services Agreement, except for any damages directly and exclusively related to any acts, errors, or omissions, by Wellmark in performance of the administrative services described in Section C of this Agreement.

By my signature, I hereby certify that this Account had at least 20 full-time equivalent employees during more than 50% of the previous calendar year, as required by COBRA regulations.

ACCOUNT By: _____

Print Name: _____

Title: _____

Date: ____/____/____

Complete this form for new COBRA administration groups only:

Number of current COBRA Participants: ☐ _____ Or ☒ None.

Participants ID #	Name/Address	COBRA Qualifying Event	Original COBRA Effective Date	Coverage(s) Elected	Type of Contract*	Dependent Name	Dependent SS #	Dependent Relationship

*Single, Employee/Spouse, Employee/Child(ren), 2-Person or Family
If more than nine participants, please attach a separate list of these individuals.

To the Mayor and Council

Back in December of 2021 Jodie ordered a replacement for our toolcat. It finally arrived on October 5th, 2022. It was not the toolcat that we needed. It did not have the high flow hydraulics that we require to run some of our equipment, nor did it have the deluxe road package, which is the lights taillights, bar tires and rear-view mirrors, headlights and some other safety equipment. The one that arrived we sent back because it did not have any of the right things on it. The salesman that Jodie worked with is no longer with the company. The original bid was for \$47,031.80. The bid for one with the right equipment is now \$56,167.20. A difference of \$9,135.40. Both quotes contain a \$10,000.00 trade in allowance. The new salesman also told us that it could be up to 4 months to get it if we order it now.

Originally, we had wanted to get a compact excavator which was priced at around \$68,000.00. This would be used for cleaning storm intakes, loading yard waste and if we rented a concrete breaker for the front of it, we could break up the concrete that is stored at the wastewater plant, and use that for riprap around the lagoon ponds, thereby saving us the cost of riprap. A compact excavator could also be used to dig up some of the water valves that are giving us trouble. These compact excavators are much handier for reworking ditches as they can track along the edge of the road and swing farther around to dump the dirt into a truck. You do not have to repetition the machine as it can track sideways. The cost of this machine would be in a comparable price range. If we could buy the excavator now, we could put off buying the toolcat until next budget year. The money would come out of the equipment revolving fund, which is where the money was budgeted from .

It is once again time to clean one of the wells at Colfax. We try to do one of the wells each year to keep them in good shape. This year it is time to clean the south well. It has been slowing down on production which is probably due to iron build up. We have used Northway Well and Pump in the past to do this work. They are the ones who put the well in to start with. The estimated cost to clean the well is \$7500.00. I would like to proceed with this as soon as possible. Jodie told me before she left that there was money budgeted for this project under misc contract work. Line item 600-810-6459. It is also time to have the water tower cleaned for the yearly inspection. I am trying to get a price for this as our contract with Suez has expired. Will try to get a three year contract like we have done in the past.

The DNR is recommending that we put a fence around the water plant. The fence would start at the north east corner of the thermogas warehouse and follow along the bike trail and stop at approximately the south west corner of the water plant. This fence could be extended around the rest of the property when ever a building gets built there. We do not feel currently that it needs to encompass the entire property. The initial estimate for this fence is \$24,000.00. This was not put in the put in last years budget numbers. We feel that this is an important project as the amount of people that frequent the property due to the opening of the new bike trail.

CIT was the company that cleaned and videoed the sewer mains in the north part of town. On the first part of the project, they did not find any lines that needed to be worked on at this time. They did give us a list of lines that need to be watched. The survey that we had done for this year showed 2 trouble spots. The first is the alley north of our shop and south of the west silos. This line showed some water infiltration and several service lines that had not been capped when they were taken out of service. This was the location of the old Dowden Factory. At the

time that the factory was abandoned it was not common practice to cap the lines at the main. This leaves to potential for a lot of infiltration. The line that we believe comes from our shop had water running in around it at the time of televising. The second line is the line in the alley behind the old car wash between Madison and Monroe St. This line also had several lines that had been abandoned and not been capped. It was CTIs opinion that these 2 lines could have liners placed in the locations that are bad for a price of \$38,914.00. This cost was not budgeted for in this budget. The rest of the lines that they cleaned and camera in the Phase 2 session were in the middle part of town and seemed to be in pretty good shape but need to be watched in the future. These are some of the oldest lines in town. They should be in the next phase to be lined.



Eric Imerman <eric.imermanpccouncil@gmail.com>

Resignation

1 message

Joe Oglesby <joe.oglesby@prairiecityiowa.us>

Fri, Oct 14, 2022 at 1:13 PM

To: Eric Imerman <Eric.ImermanPCCouncil@gmail.com>, Emily Simmons <esimmons.pccouncil@gmail.com>, Deb Townsend <townsendfive@msn.com>, "dingle.pccouncil@msgsafe.io" <dingle.pccouncil@msgsafe.io>, "claidig.pccouncil@gmail.com" <claidig.pccouncil@gmail.com>

Dear City Council and Mayor,

I would like to thank you for my time being employed by this city. I regret to inform you that my last day working for the city will be Oct. 21, 2022. Please advise me of any additional paperwork required.

Thanks,
Joe Oglesby

Sent from my Verizon, Samsung Galaxy smartphone
Get Outlook for Android