LINN COUNTY BOARD OF SUPERVISORS
MEETING AGENDA
Monday, May 20, 2019
10 a.m.
Formal Board Room—Jean Oxley Public Service Center
935 2nd St. SW, Cedar Rapids, IA

Call to Order

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

Minutes
Discuss and decide on meeting minutes.

Presentation for Livability Cedar Rapids Metro by Livability Media with an opportunity for sponsorship

Discuss FY20 Wellmark Blue Cross Blue Shield Insurance Renewal effective July 1, 2019

Discuss and authorize Chair to sign a First Amended Decat Contract #DCAT4-19-009 Promoting Safe and Stable Families (PSSF) Timely Family Reunification between Iowa Department of Human Services and Linn County.

Discuss request to vacate utility easement between Lots 41 & 42, Timberlake 3rd Addition

Discuss and authorize the Chair to sign, retroactive to May 15, 2019, a close-out letter for the Linn County Hazard Mitigation Planning Grant (DR-4281-004-1).

Discuss contract to construct a wall and replace a door in the Facilities Storage building.

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

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

Claims
Discuss and decide on claims.

Correspondence

Legislative Update

Appointments

Adjournment

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

<table>
<thead>
<tr>
<th>Linn County</th>
<th>7/1/2019</th>
<th>00017222</th>
<th>000070249</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Legal Name</td>
<td>Effective Date</td>
<td>Account Key</td>
<td>Group Number</td>
</tr>
</tbody>
</table>

## Physical Address

<table>
<thead>
<tr>
<th>935 2nd St SW</th>
<th>—</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address Line 1</td>
<td>Address Line 2</td>
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<tr>
<td>CEDAR RAPIDS</td>
<td>IA</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td></td>
<td>52404-2164</td>
</tr>
</tbody>
</table>

## Billing Address (if different than physical address)

| — | — |
|———|———|
| 935 2nd St SW | — |
| Address Line 1 | Address Line 2 |
| CEDAR RAPIDS | IA |
| City | State |
| | 52404-2164 |

## Authorized Health Plan Representatives

An authorized health plan representative is an employee of the Account (not the Consulting Firm) who is authorized to request and receive the minimum necessary protected health plan information about the group health plan’s members in order to perform their day-to-day job functions of administering benefits for participants of the plan. The following individual employees are authorized health plan representatives.

<table>
<thead>
<tr>
<th>Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/1/2019</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amy Vermie</td>
<td>Human Resources Assistant</td>
<td><a href="mailto:amy.vermie@linncounty.org">amy.vermie@linncounty.org</a></td>
<td>(319) 892-5125</td>
</tr>
</tbody>
</table>
Authorized Health Plan Representatives (continued)

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Email</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brandon Johnson</td>
<td>Culture Coordinator</td>
<td><a href="mailto:brandon.johnson@linncounty.org">brandon.johnson@linncounty.org</a></td>
<td>319-892-5127</td>
</tr>
<tr>
<td>Denise Vander Sanden</td>
<td>Clerical Specialist</td>
<td><a href="mailto:denise.vandersanden@linncounty.org">denise.vandersanden@linncounty.org</a></td>
<td>(319) 892-5120</td>
</tr>
<tr>
<td>Diane Losch</td>
<td>Human Resource Assistant</td>
<td><a href="mailto:diane.losch@linncounty.org">diane.losch@linncounty.org</a></td>
<td>(319) 892-5122</td>
</tr>
<tr>
<td>Kirsten Nelson</td>
<td>Human Resources Coordinator</td>
<td><a href="mailto:kirsten.nelson@linncounty.org">kirsten.nelson@linncounty.org</a></td>
<td>(319) 892-5120</td>
</tr>
<tr>
<td>Lisa Powell</td>
<td>Human Resources Director</td>
<td><a href="mailto:lisa.powell@linncounty.org">lisa.powell@linncounty.org</a></td>
<td>(319) 892-5124</td>
</tr>
</tbody>
</table>

Consultant Designation

Designation of Primary Consultant

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

7/1/2019

Designation of Consultant Effective Date

John Hatz
Primary Consultant Name
2850 Golf Rd
Consulting Firm Address 1

Gallagher Benefit Services Inc.
Consulting Firm Name
Rolling Meadows
City
IL
State
60008
Zip

Consultant Number
GAB00116

Authorization to Release Group Health Plan Information and Protected Health Information to Consultant

By signing below, the Employer hereby authorizes and directs Wellmark, Inc. to disclose to the above, designated Consultant certain group health plan information and Protected Health Information regarding participants in the employer-sponsored group health plan for the purpose of the Consultant's administration of the Employer's group health plan. The Employer authorizes Wellmark to disclose such information via secure online access through Wellmark's website, including the following website applications which contain information the Employer considers necessary to provide to the Consultant in order to conduct operations of the Employer's group health plan:

- Member Maintenance/Update Member Information
Consultant Designation (continued)

- Employer Reports
- Update Other Insurance Information/Coordination of Benefits
- Check Claims Status
- eBilling Services
- Eligibility Verification Benefits Information (EVBI)

☑ Yes, I authorize my Consultant to access this information.

By signing below, the Employer authorizes Wellmark to provide the Consultant access to this information on an ongoing basis without further authorization. The Employer represents and agrees that 1) The Consultant is considered a Business Associate of the Employer, not Wellmark, Inc.; 2) The information to be disclosed is considered confidential; 3) The Consultant has provided satisfactory assurance to the Employer that the Consultant will properly safeguard and not further disclose the information; 4) Wellmark shall not be liable or responsible for any misuse or wrongful disclosure of such information by the Employer or its Consultant; 5) The Employer agrees to indemnify and hold Wellmark harmless from and against any claim, cause of action, liability, damage, cost or expense, including attorney’s fees and court or proceeding costs, arising out of, or in connection with, any misuse or wrongful disclosure of the information by the Employer, or its Consultant. The Employer acknowledges that the Consultant will be required to agree to Wellmark’s website terms and conditions upon registering for access to such information.

☐ No, I do not authorize my Consultant to access this information.

Secondary Consultant

There is no secondary consultant on file. You may add one below.

Secondary Consultant Name

Email Address

Phone

Authorization to Release Protected Health Information for Third-Party Explanation of Benefits

Not Applicable

General Account Information

Ranell Mullin 00000111

Wellmark Account Manager  Rep ID#

January  July  LNY

Contact Month  Plan Year Month  Unique Alpha Prefix

Wellmark IS the Exclusive Carrier

Blues Enroll

Enrollment Method

Open Enrollment Period*

*Enrollment Period is the period in which employees can enroll within a plan or plans, and/or when written application materials are provided to employees, if sooner.

The account will hold an open enrollment: ☐ YES  ☒ NO

If YES, fill in open enrollment period dates:

Starting date

Ending date
General Account Information (continued)

Funding Arrangement

☐ This self-funded account will be developing our own SBCs to distribute. (If you modify or opt out of using the standard, Wellmark-provided SBCs, please be aware that Wellmark will not be able to retain or distribute your customized SBCs to your employees.)

<table>
<thead>
<tr>
<th>Self Funded</th>
<th>Wellmark</th>
<th>24/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Arrangement</td>
<td>Stop Loss Carrier</td>
<td>Stop Loss Terms/Lines of Business</td>
</tr>
</tbody>
</table>

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

Value Based Program elected: ☒ YES ☐ NO

Carveout Rx Vendor

Product

☒ Health ☐ Pharmacy ☐ Dental

Guarantees

Not Applicable

Health Care Management Services

Not Applicable

Representation of Grandfathered Status under the Affordable Care Act

Not Applicable

COBRA

Not Applicable
This Large Group Account Information and Binder Agreement ("Binder Agreement") serves solely as evidence of Wellmark’s agreement to provide the health insurance coverage or administrative services and to provide services for any applicable stop loss insurance coverage indicated above. The Account agrees to the terms and payment obligations stated herein and agrees to pay Wellmark the applicable rates, administrative fees, and/or stop loss premium stated in the attached documentation. Execution of the Binder Agreement by the Account authorizes Wellmark to implement the administration of this coverage including the processing and settlement of claims for members of the Account’s group health plan incurred within the Rating Period stated in the attached Rating Exhibit. On or about the effective date of coverage, Wellmark shall issue and execute a definitive agreement which may be a Group Insurance Policy, Administrative Services Agreement and or Stop Loss Policy, depending on the nature of the group health plan. The definitive Agreement will set forth the rights and responsibilities of Wellmark and the Account. Account’s payment to Wellmark of the applicable fees as of the effective date is evidence of Account’s agreement to the terms specified in the definitive agreement.

Signatures on this Binder Agreement confirm that the Binder Agreement and the subsequent definitive agreement are issued for delivery in either Iowa or South Dakota, as applicable. Account understands and agrees that Wellmark defines a National Account as any company headquartered in Wellmark’s service area of Iowa or South Dakota but which also has employees working at locations in other states whose claims are processed through the Blue Cross and Blue Shield Association’s Blue Card program. If the Account is not headquartered in Wellmark’s service area, coverage may be limited to employees associated with Account locations in Wellmark’s service, and coverage will be void for any persons associated with Account locations outside Wellmark’s Service Area unless express consent is obtained from the local Blue Cross or Blue Shield licensee.

Account acknowledges and agrees that it has reviewed and approved this Binder Agreement and all attachments. Account acknowledges Wellmark will rely on the information contained in this Binder Agreement, and all of the attachments hereto, including but not limited to the SBC Employer Data Form, Medicare Secondary Payer Addendum, Rate Exhibits, Health and Care Management rates, Online Benefit Summary (OBS), COBRA Agreements, representations of grandfathered status and any performance guarantee information. Account represents to Wellmark that the information contained herein is correct.

This Binder Agreement shall expire upon Wellmark’s issuance and execution of the definitive agreement (either the Group Insurance Policy, or Administrative Services Agreement and Stop Loss Policy, if applicable), EXCEPT that any COBRA Agreements, Health and Care Management Programs/Services Rating Exhibit, will remain in effect and become a part of the definitive agreement. It is understood that the Wellmark may continue to rely on the designations of individuals and authorizations made herein until the Account withdraws such designations or authorizations or provides updated designations and authorizations. It is understood and agreed that the terms and conditions of the definitive agreement and benefits document(s) issued by Wellmark to the Account, and the terms and conditions of the definitive stop loss policy issued by stop loss carrier, if any, shall govern and control the terms stated in this Binder. Any inconsistency between this Binder Agreement, including attachments, and any subsequently issued definitive agreement(s) shall be construed in favor of the subsequently issued definitive agreement. This Binder Agreement shall be governed in accordance with Iowa Law.

ACCOUNT:

By (sign here)                  Printed Name

Title                           Date

For Internal Use Only

IA                             Renewal-No Benefit Change

Adding PPO MHCD Durable Medical Equipment (DME) to waiver of deductible/coinsurance, due to Mental Health Parity. Individual stop loss increase to $150k; removing aggregate s/l coverage.
<table>
<thead>
<tr>
<th>Group Name</th>
<th>Group ID</th>
<th>Subgroup ID</th>
<th>Billing Unit Status</th>
<th>Benefit Grouping Status</th>
<th>Description</th>
<th>Product</th>
<th>Plan Name</th>
<th>Current Health Prefix</th>
<th>Current Health Product ID</th>
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<td>MCM00L8W</td>
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## Self Funded FINAL Alternate Rates

**Group Name:** Linn County Employment Relations  
**Account Key:** 00017222  
**Rating Period:** 07/01/2019 to 06/30/2020

### Alternate Benefit Offering

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Enrollment</th>
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</thead>
<tbody>
<tr>
<td>OBS #83-136</td>
<td>242 Single</td>
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<tr>
<td>Alliance Select</td>
<td>528 Family</td>
</tr>
<tr>
<td>Deductible: $325/$650</td>
<td></td>
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<tr>
<td>Coinsurance: 10% / 20%</td>
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<tr>
<td>OPM: $1,025/$2,050</td>
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</tr>
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</table>

**Stop Loss Terms**

- 24/12 Contract
- Weekly Draw

### Level and Fee/Contract

<table>
<thead>
<tr>
<th>Level</th>
<th>Fee/Contract</th>
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</thead>
<tbody>
<tr>
<td>Individual Stop Loss</td>
<td>$150,000</td>
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<tr>
<td>Aggregate Stop Loss</td>
<td>N/A</td>
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<tr>
<td>Administrative Fees - Health w/weekly settlement</td>
<td>$38.25</td>
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<tr>
<td>Administrative Fees - PBM</td>
<td>$1.10</td>
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<tr>
<td>Consultant Fee</td>
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</tr>
<tr>
<td>Total Administrative Fees</td>
<td>$92.73</td>
</tr>
</tbody>
</table>

### Network Access Fee

- Single: $7.65
- Family: $70,686

### Estimated Annual Premium Based on Current Enrollment

- Individual: $493,231
- Family: $856,825

### Expected Claims

- Single: $748.68
- Family: $1,611.81

### Administrative, NAF & Stop Loss Fees

- Single: $56.13
- Family: $120.68

### Estimated Suggested Rates*

- Single: $805.81
- Family: $1,732.49

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*Actual results may vary. Also, rates provided include administrative costs based on the entire group population. Individual Stop Loss includes coverage for Health and Drug and is based on a lifetime maximum of unlimited.

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**Employer Signature:**  
**Date:**

**Comments:**
Self Funded FINAL Alternate Rates

Group Name:   Linn County Employment Relations
Account Key:  00017222
Rating Period: 07/01/2019 to 06/30/2020

Consultant fee, if applicable, is an amount determined by the consultant and employer, and included here for the convenience of the employer to understand the total cost of services from Wellmark and the consultant. The consultant fee will be invoiced by Wellmark pursuant to agreement between Wellmark, Employer and Consultant.

Wellmark is not providing any legal or professional advice with regard to compliance of any federal or state law, regulations, or guidance. Law, regulations and guidance on specific provisions has been and will continue to be provided by the appropriate federal and state agencies and regulators. The information provided reflects Wellmark's understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments, and rating impact calculations are subject to change and may be revised during a plan's rating period based on guidance and regulations issued by the appropriate federal and state agencies and regulators. Wellmark makes no representation as to the impact of plan changes on a plan's grandfathered status or interpretation or implementation of any other provisions of law or regulation.

Wellmark will not determine whether coverage is discriminatory or otherwise in violation of Internal Revenue Code Section 105(h). Wellmark also will not provide any testing for compliance with Internal Revenue Code Section 105(h). Wellmark will not be held liable for any penalties or other losses resulting from any employer offering coverage in violation of section 105(h). Wellmark will not determine whether any change in an Employer Administered Funding Arrangement affects a health plan's grandfathered health plan status under ACA or otherwise complies with ACA. Wellmark will not be held liable for any penalties or other losses resulting from any Employer Administered Funding Arrangement. For purposes of this paragraph, an "Employer Administered Funding Arrangement" is an arrangement administered by an employer in which the employer contributes toward the member's share of benefit costs (such as the member's deductible, coinsurance, or copayments) in the absence of which the member would be financially responsible. An Employer Administrative Funding Arrangement does not include the employer's contribution to health insurance premiums or rates.

The subrogation recovery vendor(s) retain a service fee calculated as a percentage of the recovered amount after deductions for attorneys' fees and costs. For subrogation cases initiated prior to July 1, 2016, the subrogation recovery vendor's service fee is 12 3/4% of the recovered amount. For subrogation cases initiated on or after July 1, 2016, the subrogation recovery vendor's service fee is 19.5% of the recovered amount. This fee is subject to change. The final recovered amount received from the vendor is credited to Account. Wellmark's agreement with the subrogation recovery vendor may from time to time allow for the application of no vendor service fees to amounts recovered during that period of time. Any subrogation recovery amount obtained by the vendor on behalf of the Account during that time period will be provided to Account without application of the vendor service fee.

v41374  Independent Licensee of the Blue Cross and Blue Shield Association  Proposal Date: 5/10/2019
# Drug Rebates (if Applicable)

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

## Explanation of Contribution Requirement

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

## Explanation of Enrollment Fluctuation Guidelines

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

## Explanation of Updated Information Guidelines

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

## Explanation of Medical Claims Projection

Wellmark Blue Cross and Blue Shield uses an experience rated methodology in determining the rates for your group. The rates are based primarily on prior claims experience of your group, or, if your group's relevant experience is not available, prior experience of groups of similar demographics. This experience will assist in indicating the providers your group's covered members are likely to use and the amount of claims expected to be incurred. This information is adjusted to reflect changes expected to occur for your group's contract period. The rates for your group reflect the provider contracts in place or anticipated to be in place for the new contract period.

Your group's financial agreement allows for payment of your group's claims on a monthly basis up to maximums set forth in your financial agreement. The actual amount your group will be charged for claims and the amount of savings your group will receive will be calculated on a claim-by-claim basis during the contract period. Your charges and savings will be based on the payment arrangements Wellmark has in effect with the provider at the time a covered member receives services. Payment arrangements may change, therefore, claims payment and savings amount are subject to change during the contract period. For further information on how provider savings are calculated, please see your administrative services agreement or stop loss policy.

## Explanation of Participation Requirements

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

## Important MHPAEA and ACA Disclaimer

Wellmark is not providing any legal or professional advice with regard to compliance of any federal or state law, regulations, or guidance. Law, regulations and guidance on specific provisions has been and will continue to be provided by the appropriate federal and state agencies and regulators. The information provided reflects Wellmark’s understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments, and rating impact calculations are subject to change and may be revised during a plan's rating period based on guidance and regulations issued by the appropriate federal and state agencies and regulators. Wellmark makes no representation as to the impact of plan changes on a plan's grandfathered status or interpretation or implementation of any other provisions of law or regulation.
Important MHPAEA and ACA Disclaimer (cont.)

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

Blue Distinction Total Care Funding Estimate

<table>
<thead>
<tr>
<th>Group Name:</th>
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</tbody>
</table>

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

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

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

| Estimated Monthly Member Attribution: | 1,033 - 1,549 |
| Estimated Per Attributed Member Per Month Funding: | $8.61 |
| Estimated Monthly Funding: | $8,894 - $13,337 |
| Estimated Annual Funding: | $106,700 - $160,000 |

Employer Signature: ___________________________ Date: ___________________________

Comments:

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

Consultant fee, if applicable, is an amount determined by the consultant and employer, and included here for the convenience of the employer to understand the total cost of services from Wellmark and the consultant. The consultant fee will be invoiced by Wellmark pursuant to agreement between Wellmark, Employer and Consultant.

Wellmark is not providing any legal or professional advice with regard to compliance of any federal or state law, regulations, or guidance. Law, regulations and guidance on specific provisions has been and will continue to be provided by the appropriate federal and state agencies and regulators. The information provided reflects Wellmark's understanding of the most current information and is subject to change without further notice. Please note that plan benefits, rates, renewal rate adjustments, and rating impact calculations and Blue Distinction Total Care funding are subject to change and may be revised during a plan's rating period based on guidance and regulations issued by the appropriate federal and state agencies and regulators. Wellmark makes no representation as to the impact of plan changes on a plan's grandfathered status or interpretation or implementation of any other provisions of law or regulation.

Wellmark will not determine whether coverage is discriminatory or otherwise in violation of Internal Revenue Code Section 105(h), Wellmark also will not provide any testing for compliance with Internal Revenue Code Section 105(h). Wellmark will not be held liable for any penalties or other losses resulting from any employer offering coverage in violation of section 105(h). Wellmark will not determine whether any change in an Employer Administered Funding Arrangement affects a health plan's grandfathered health plan status under ACA or otherwise complies with ACA. Wellmark will not be held liable for any penalties or other losses resulting from any Employer Administered Funding Arrangement.

For purposes of this paragraph, an "Employer Administered Funding Arrangement" is an arrangement administered by an employer in which the employer contributes toward the member's share of benefit costs (such as the member's deductible, coinsurance, or copayments) in the absence of which the member would be financially responsible. An Employer Administrative Funding Arrangement does not include the employer's contribution to health insurance premiums or rates.

Independent Licensee of the Blue Cross and Blue Shield Association

Proposal Date: 12/5/2018
MEDICARE COMPLIANCE

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

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

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

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

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

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

ALL NEW AND RENEWAL GROUPS ARE REQUIRED TO SUBMIT A COMPLETED FORM. FAILURE TO SUBMIT A COMPLETED FORM WILL DELAY THE INITIAL ENROLLMENT OR RENEWAL PROCESS UNTIL THIS FORM IS SUBMITTED.

Part A - Employer Information

Please complete a separate confirmation form for each Employer Tax Identification Number you use to report employee earnings to the Internal Revenue Service (IRS). See the Medicare Secondary Payer Definitions page (M-1756) for more information on terms shown in italics.

Employer Tax Identification Number: □□□□□□□□□□
Group Number (Renewing Groups Only): ____________________________

Employer Name: _____________________________________________
Employer Address: ___________________________________________
City: ___________________________ State: __________ Zip: __________
Contact Person: ______________________________________________
Telephone Number: ___________________________ E-mail Address (optional): ___________________________

1. Did your organization make contributions on behalf of any employee who was covered under a collectively bargained Health and Welfare Fund (i.e., union plan) during the previous calendar year? □ Yes □ No

2. Did you have 20 or more employees for 20 or more calendar weeks (this includes all full-time, part-time, intermittent, leased and/or seasonal employees, not just those eligible or enrolled employees) during the previous or current calendar year? If no, in the event you experience a change, you must notify Wellmark when this change occurs. □ Yes □ No

3. Did you have 100 or more employees during 50 percent of your business days (this includes all full-time, part-time, intermittent, leased and/or seasonal employees, not just those eligible or enrolled employees) during the previous calendar year? □ Yes □ No

4. Did your organization participate in a multi or multiple employer group health plan (more than one employer in group, i.e., Multiple Employer Welfare Association) during the previous calendar year? □ Yes □ No

   If yes, what is the name and address of the multi or multiple employer plan?

   Name: ___________________________
   Address: ___________________________
   City: __________ State: __________ Zip: __________

5. Was your organization part of a commonly owned or commonly controlled group of organizations during the previous calendar year? □ Yes □ No

   If yes, what is the name and address of the commonly owned/controlled entity?

   Name: ___________________________
   Address: ___________________________
   City: __________ State: __________ Zip: __________

Part B - Employer Certification

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

Signature __________________________________________________________________________
Date __________/________/________

Send completed MSP form based on following:

<table>
<thead>
<tr>
<th>IA &amp; SD Large Groups (new or renewal)</th>
<th>IA &amp; SD Small Groups (new or renewing with benefit changes)</th>
<th>IA Small Groups renewing with no benefit change - send this form to:</th>
<th>SD Small Groups renewing with no benefit change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit this completed MSP form with group's health plan new or renewal paperwork</td>
<td>Submit this completed MSP form with group's health plan new or renewal paperwork</td>
<td>Fax: (515) 376-9044 or Wellmark, Inc. PO Box 9232 — Mail Station 3W396 Des Moines, IA 50306-9232</td>
<td>Send this completed MSP form to: Wellmark, Inc. PO Box 5023 — Station 338 Sioux Falls, SD 57117-5023</td>
</tr>
</tbody>
</table>

N-2505 5/14 AN-T
Note: This is a summary of benefits under this plan, not a statement of contract. The actual terms and conditions of coverage will be specified in the Group Insurance Policy issued by Wellmark or the Administrative Services Agreement between Wellmark and the entity below, as well as the Benefits Certificate and any amendments thereto.

Benefit Summary - LINN COUNTY
Group Number/BU: 70249-   Group Product Summary ID: 83-136   Coverage Code:  
Account Manager: Mullin, Ranell  
LINN COUNTY PPO

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

Account Signature ____________________________ Date

General
Renewing group
Self-funded arrangement
Non-ERISA group plan
This plan or policy does meet minimum value
Group is a government entity
Union group
Plan year begins on: 07/01
Healthcare Reform Non-Grandfathered Plan
Benefit period is calendar year
BlueCard PPO - In states with no PPO or PPO specialty, providers are treated as PPO as determined by Wellmark and the local Blue plan

Eligibility
An eligible child is married or unmarried and is under 26 years of age.
An eligible child is an unmarried dependent full-time student regardless of age.
An eligible child is disabled before age 26 and remains unmarried after age 26.
An eligible child is unmarried and disabled while a full-time student after age 26.
Dependent coverage terminates at the end of the month
Two-way rate (single/family)
Unmarried domestic partners are NOT covered
Certificate coverage ends at the end of the month
Subrogation applies
Standard administration of coordination of benefits (COB)
Routine maternity benefits apply to employee/spouse/dependent
Do not include ERISA Information Requirements language
Coordination of benefits rules apply to members when Medicare is the primary payer
Additional eligibility information: Group’s annual open enrollment period begins January 1st

Preexisting Condition Exclusion Periods
New hires and special enrollees are covered when first eligible.
New hires and special enrollees are NOT subject to preexisting condition exclusion periods
Late enrollees (a member who is not a new hire or special enrollee) may enroll at group’s enrollment period in January
Late enrollees are NOT subject to preexisting condition exclusion periods

Deductibles
Coverage has benefit period deductibles
Single deductible for PPO and non-PPO providers is: $ 325
Family deductible for PPO and non-PPO providers is: $ 650
Member has benefits after single deductible met. Entire family has benefits after family deductible has been met (or if a two-person amount is listed, then for two-person contracts, entire family has benefits after the two-person deductible has been met)
Deductible from the previous 4th quarter will carry over to this benefit period deductible
Common accident deductible applies
Wellmark to Wellmark deductible credit applies. Deductible credits transfer from one Wellmark employer group to another Wellmark employer group as long as the member keeps the same identification number.
Telehealth services provided by a physician’s office follow office visit deductible administration
Physician services for well-child care are NOT subject to the deductible
Physician services for newborn care are NOT subject to the deductible
Facility services for well-child care are NOT subject to the deductible
Facility services for newborn’s initial hospitalization are NOT subject to the deductible
PPO outpatient preventive care is NOT subject to the deductible
PPO office services and PPO independent lab fees are NOT subject to the deductible
PPO urgent care services are NOT subject to the deductible
Most outpatient x-ray/lab services from PPO facilities are NOT subject to the deductible
One postpartum home visit if released within 48 hours after a vaginal delivery/96 hours after a cesarean delivery is NOT subject to the deductible

All services with copays are subject to the deductible

Outpatient surgery is NOT subject to the deductible

Preventive care from PPO providers is NOT subject to the deductible

Preventive care from participating providers is NOT subject to the deductible

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

Prosthetic limbs from PPO providers are NOT subject to the deductible

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

Other services NOT subject to the deductible are:

Office surgery and preadmission testing within 7 days of admission;
PPO MHCD for ambulance, durable medical equipment, home health, and outpatient services;

Acupuncture

Copay

Emergency room copay is: $50

Emergency room copay applies to services received from all providers

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

Emergency room copay is taken once per date of service

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

Deductible follows emergency room copay

Emergency room copay is followed by coinsurance

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

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

Coinsurance

Coinsurance for PPO providers is the following percentage: 10

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

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

Benefits that have a coinsurance different than listed above are: 30% for prescription drugs at a pharmacy

One postpartum home visit if released within 48 hours after vaginal delivery/96 hours after cesarean delivery is NOT subject to coinsurance
Services subject to copay are subject to coinsurance

Outpatient surgery is NOT subject to coinsurance

Preventive care from PPO providers is NOT subject to coinsurance

Preventive care from participating providers is NOT subject to the coinsurance

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

Other services NOT subject to coinsurance are:

Office surgery and preadmission testing within 7 days of admission;

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

Out of Pocket Maximum

Out-of-pocket maximums apply

Single out-of-pocket maximum for PPO and non-PPO providers is: $1,025

Family out-of-pocket maximum for PPO and non-PPO providers is: $2,050

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

Deductible amounts apply to the out-of-pocket maximum

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

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

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

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

Lifetime Maximum

Lifetime maximum is unlimited

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

Facility Services

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

The cost of blood is NOT covered

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

You are covered for skilled nursing services received in a hospital or nursing facility with no limit. Services must be ordered and certified by your attending physician.

Practitioner Services

Advanced nurse practitioners are covered
Physician assistants are covered
Licensed marriage family therapists are covered.
Licensed mental health counselors are covered.
Dental treatment for accidental injury is covered if completed within 12 months
Surgical removal of impacted teeth is covered as an inpatient or outpatient, but only with a concurrent medical condition
Treatment of temporomandibular joint disorder is covered, except for dental restorations/extractions, and orthodontic treatment
Chiropractor services are covered as medically necessary
ABA Therapy for the treatment of Autism is covered according to state mandate with the following annual maximums: Through age 6 - $36,000; Age 7 through 13 - $25,000; Age 14 through 18 - $12,500; Age 19 and over - No benefits

Preventive Care/Immunizations/Mammography
Preventive physical exams are covered. A separate gynecological exam is also covered
One preventive physical exam per member per benefit period is covered
Women's preventive care services are covered according to the ACA mandate
Immunizations are covered (Travel Immunization excluded)
Mammography benefits are covered one per benefit period
Preventive Pap smears are unlimited
Routine vision exams are NOT covered
Well-child and newborn care is covered according to mandate
Hearing aids are NOT covered
Routine hearing exams are NOT covered
Additional preventive care/immunizations/mammography information: Separate physical examinations required for administrative purposes are covered (subject to same cost share as other preventive care) – benefit period limit: One

Prescription Drugs/Contraceptives
Retail drugs are covered under health. You may choose the Find a Doctor or Hospital link on www.wellmark.com to locate a pharmacy in your Rx network.
Glucose strips are covered under health
Insulin is covered under health
Insulin syringes are covered under health
Insulin supplies are covered under health (does not include glucose strips or insulin syringes unless indicated above)
Contraceptives are covered under health: oral and drug delivery devices, such as insertable rings and patches, injected, implanted, and medical devices, such as intrauterine devices and diaphragms
Oral contraceptives (generic) and non-oral contraceptives (i.e. injected, implanted, and medical devices, such as intrauterine devices and diaphragms) are covered as part of preventive care.

Prescription drugs/items for smoking cessation are covered under health.

Smoking cessation consultations are included as part of preventive care.

Prior authorization/quantity limits apply.

Mail order drugs are covered.

Other Services

Supplemental accidental injury benefits are NOT covered.

Reminder Programs are NOT available.

Diabetic education programs are covered according to mandate.

Hospice services are covered.

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

Coverage for Home Medical Equipment is unlimited.

Bariatric surgery and related treatment is covered.

Major organ transplants are covered. Prior approval required.

Transplants are NOT limited to Blue Distinction Centers for Transplant.

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

Medical/Pediatric

Mental health/chemical dependency services.

Telehealth services provided by a physician's office are covered.

MHCD

Mental health/chemical dependency treatment is covered.

Notification Requirements

If you are admitted to a nursing facility, an acute rehabilitation facility, or a hospital outside the states of Iowa or South Dakota, you or someone acting on your behalf must contact us to precertify your admission. Refer to www.wellmark.com for other services subject to precertification. Related facility services may be subject to a reduction for failure to follow notification requirements - refer to your coverage manual or plan description for details. All services are subject to reduction for failure to follow notification requirements.

Iowa Psychiatric Medical Institutions for Children is subject to precertification. Failure to precertify will result in a benefit reduction. All services are subject to reduction for failure to follow notification requirements.

Reduction for failure to precertify is 50 percent.

Additional Information

Acupuncture is covered.
Certificate/ERISA Information

Group Name to appear on certificate cover: Linn County Employee Health Benefit Plan
Is Draft Required? Y
Required Federal Accessibility and Nondiscrimination Notice

Discrimination is against the law
Wellmark complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Wellmark does not exclude people or treat them differently because of their race, color, national origin, age, disability or sex.

Wellmark provides:
• Free aids and services to people with disabilities so they may communicate effectively with us, such as:
  • Qualified sign language interpreters
  • Written information in other formats (large print, audio, accessible electronic formats, other formats)
• Free language services to people whose primary language is not English, such as:
  • Qualified interpreters
  • Information written in other languages

If you need these services, call 800-524-9242.

If you believe that Wellmark has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: Wellmark Civil Rights Coordinator, 1331 Grand Avenue, Station 5W189, Des Moines, IA 50309-2901, 515-376-4500, TTY 888-781-4262, Fax 515-376-9073, Email CRC@Wellmark.com. You can file a grievance in person, by mail, fax or email. If you need help filing a grievance, the Wellmark Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail, phone or fax at: U.S. Department of Health and Human Services, 200 Independence Avenue S.W., Room 506F, HHH Building, Washington DC 20201, 800-368-1099, 800-537-7587 (TDD).


ATENCIÓN: Si habla español, los servicios de asistencia de idiomas se encuentran disponibles gratuitamente para usted. Comuníquese al 800-524-9242 o al (TTY) 888-781-4262.

注意：如果您说普通话， 我们可免费为您提供语言协助服务。请拨打 800-524-9242 或 (听障专线) 888-781-4262。

CHÚ Ý: Nếu quý vị nói tiếng Việt, các dịch vụ hỗ trợ ngôn ngữ miễn phí có sẵn cho quý vị, Xin hãy liên hệ 800-524-9242 hoặc (TTY) 888-781-4262.


Tentative: để đảm bảo rằng ngôn ngữ của bạn được dịch, bạn nên gọi số 800-524-9242 (TTY: 888-781-4262) và yêu cầu dịch vụ.

주요 한국어 사용자는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

주요 한국어 사용자는 경우, 무료 언어 지원 서비스를 이용하실 수 있습니다. 800-524-9242번 또는 (TTY: 888-781-4262)번으로 연락해 주십시오.

PRATI ŘEŽ: Přístup k případům, kdy příjemci se mohou mít obavy, je volně dostupný na 800-524-9242 (TTY: 888-781-4262).

ATTENTION: si vous parlez français, des services d’assistance dans votre langue sont à votre disposition gratuitement. Appelez le 800 524 9242 (ou la ligne ATS au 888 781 4262).


प्रिय स्वास्थ्य केन्द्रीय के शिक्षार्थी, इसलिए हम आपके लिए मदद करते हैं। वे आपके लिए मदद करते हैं। 800-524-9242 (TTY: 888-781-4262).

ВНИМАНИЕ! Если ваш родной язык русский, вам могут быть предоставлень бесплатные переводческие услуги. Обращайтесь 800-524-9242 (телеграф: 888-781-4262).


Новини: Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мової підтримки. Зателефонуйте за номером 800-524-9242 або (телеграф): 888-781-4262.

ФУЛЛЕФАННА: Yo isin Oromiffaa, kan dubbattan taata, tajajiloonni gargaarsa afanii, kaffallii malee, isinii ni jiru. 800-524-9242 yookin (TTY: 888-781-4262) quunnamaa.

УВАГА! Якщо ви розмовляєте українською мовою, для вас доступні безкоштовні послуги мової підтримки. Зателефонуйте за номером 800-524-9242 або (телеграф): 888-781-4262.

Ge': Diné k'ehjii yânilii'go niké bizzaad bee áka' adowoolw, t'áá jílif'á, náhooti. Kojá' hólme' 800-524-9242 dooldii' (TTY: 888-781-4262)
First Amendment to the Promoting Safe and Stable Families (PSSF) Timely Family Reunification Contract

This Amendment to Contract Number DCAT4-19-009 is effective as of May 28, 2019, between the Iowa Department of Human Services (Agency) and Linn County Board of Supervisors (Contractor).

Section 1: Amendment to Contract Language
The Contract is amended as follows:

Revision 1. Section 1.3.4.1, Pricing. The maximum amount the Contractor will be compensated is hereby amended to $99,933.00 for the entire term of the Contract.

Revision 2. Section 1.3.4.1, Payment Table. Contract payments are amended as follows:

<table>
<thead>
<tr>
<th>Contract Duration</th>
<th>Amount Not to Exceed</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/01/18 - 06/30/19</td>
<td>$38,311.00</td>
</tr>
<tr>
<td>07/01/19 - 06/30/20</td>
<td>$30,811.00</td>
</tr>
<tr>
<td>07/01/20 - 06/30/21</td>
<td>$30,811.00</td>
</tr>
</tbody>
</table>

Note: continued payment for any contract extension years is contingent upon extension of the Contract.

Revision 3. Federal Funds. The following federal funds information is provided

<table>
<thead>
<tr>
<th>Contract Payments include Federal Funds?</th>
<th>Yes</th>
</tr>
</thead>
<tbody>
<tr>
<td>The contractor for federal reporting purposes under this contract is a:</td>
<td>Sub-recipient</td>
</tr>
<tr>
<td>DUNS #:</td>
<td>073501108</td>
</tr>
<tr>
<td>The Name of the Pass-Through Entity:</td>
<td>Iowa Department of Human Services</td>
</tr>
</tbody>
</table>

| CFDA #: | 93.556 |
| Grant Name: | Promoting Safe and Stable Families |
| Federal Awarding Agency Name: | Department of Health and Human Services/Administration for Children and Families |

Section 2: Ratification & Authorization
Except as expressly amended and supplemented herein, the Contract shall remain in full force and effect, and the parties hereby ratify and confirm the terms and conditions thereof. Each party to this Amendment represents and warrants to the other that it has the right, power, and authority to enter into and perform its obligations under this Amendment, and it has taken all requisite actions (corporate, statutory, or otherwise) to approve execution, delivery and performance of this Amendment, and that this Amendment constitutes a legal, valid, and binding obligation.
Section 3: Execution

IN WITNESS WHEREOF, in consideration of the mutual covenants set forth above and for other good and valuable consideration, the receipt, adequacy and legal sufficiency of which are hereby acknowledged, the parties have entered into the above Amendment and have caused their duly authorized representatives to execute this Amendment.

<table>
<thead>
<tr>
<th>Contractor, Linn County Board of Supervisors</th>
<th>Agency, Iowa Department of Human Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Authorized Representative:</td>
<td>Signature of Authorized Representative:</td>
</tr>
<tr>
<td>Date:</td>
<td>Date:</td>
</tr>
<tr>
<td>Printed Name: Stacey Walker</td>
<td>Printed Name: Matt Majeski</td>
</tr>
<tr>
<td>Title: Chair, Linn County Board of Supervisors</td>
<td>Title: Service Area Manager</td>
</tr>
</tbody>
</table>
May 15, 2019

Iowa Department of Homeland Security and Emergency Management
Attn: Mitigation
7900 Hickman Road, Suite 500
Windsor Heights, IA 50324

Re: Linn County Planning Grant (DR-4281-004-1) Close-Out

To Whom It May Concern:

All items within the Scope of Work for the Linn County Hazard Mitigation Planning Grant (DR-4281-004-1) have been satisfactorily completed by the East Central Iowa Council of Governments (ECICOG), the planning consultant, in conjunction with Linn County and local jurisdictions included in the final plan. The Scope of Work was completed on April 30, 2019, which is the plan approval date.

In addition, all funds for this grant were received and expended in accordance with the agreement between Federal Emergency Management Agency and the Iowa Department of Homeland Security and Emergency Management. With all work completed and funds reimbursed, Linn County requests this grant be closed.

If you have any questions or concerns, please contact Linn County’s authorized representative, Alicia Presto at (319) 365-9941 ext. 121 or alicia.presto@ecicog.org. An additional contact at ECICOG is Tom Gruis at (319)365-9941 ext. 130 or tom.gruis@ecicog.org

The contact for Linn County is Les Beck, the county’s Planning and Development Director, at (319) 892-5151 or les.beck@linncounty.org. An additional contact is Stephanie Lientz, Planner II, at (319) 892-5138 or stephanie.lientz@linncounty.org.

Sincerely,

Stacey Walker
Chairperson
Linn County Board of Supervisors