

Jasper County, Iowa

Joe Brock

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Board of Supervisors

Courthouse

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JASPER COUNTY BOARD OF SUPERVISORS AGENDA

www.co.jasper.ia.us

October 31, 2017

9:30 a.m.

Pledge of Allegiance

- Item 1 **Human Resources – Dennis Simon/Bob Meller, Meller Insurance & Consulting**
 - a) Approval of Health, Dental & Vision Insurance Rates
 - b) Employee Cafeteria Plan Election Forms- 1/1/18-12/31/18
 - c) Elected Officials Cafeteria Plan Election Forms- 1/1/18-12/31/18

- Item 2 **Cemetery Commission – John Jennings**
 - a) Request Legal Representation

- Item 3 **Basement Stop Leak - Jason**
 - a) Presentation Regarding Annex Building Basement

- Item 4 **Jasper County Annex Building**

- Item 5 **Approval of Board of Supervisors minutes for 10/24/17**

PUBLIC INPUT & COMMENTS

**Wellmark Health Plan, Inc.
Fully Insured Renewal Rates
January 1, 2018 Through December 31, 2018**

	<u>1/1/2017</u> <u>12/31/2017</u>	<u>1/1/2018</u> <u>12/31/2018</u>	<u>Percentage</u> <u>Change</u>	<u>1/1/2018</u> <u>12/31/2018</u>	<u>Percentage</u> <u>Change</u>
	<u>Blue Choice</u> <u>Plan #3</u>	<u>Blue Choice</u> <u>Plan #3</u>		<u>UHC*</u> <u>Plan #3</u>	
Single (43)	\$634.54	\$718.98	13.31%	\$766.33	20.77%
Family (56)	<u>\$1,548.84</u>	<u>\$1,759.94</u>	13.63%	<u>\$1,870.54</u>	20.77%
Monthly Total (99)	\$114,020.26	\$129,472.78	13.55%	\$137,702.43	20.77%
	<u>Blue Choice</u> <u>Plan #4</u>	<u>Blue Choice</u> <u>Plan #4</u>		<u>UHC*</u> <u>Plan #4</u>	
Single (28)	\$491.02	\$557.92	13.62%	\$593.26	20.82%
Family (46)	<u>\$1,190.06</u>	<u>\$1,357.28</u>	14.05%	<u>\$1,448.09</u>	21.68%
Monthly Total (74)	\$68,491.32	\$78,056.64	13.97%	\$83,223.42	21.51%
Monthly Total Premium (173)	\$182,511.58	\$207,529.42	13.71%	\$220,925.85	21.05%
Annual Total Premium	\$2,190,138.96	\$2,490,353.04	13.71%	\$2,651,110.20	21.05%

* Will Reduce Medical Rates 3% If Combined With Ancillary Coverages.

**JASPER COUNTY
HEALTH INSURANCE COSTS**

10/25/2017

	<u>2013</u>	<u>2013</u>	<u>2014</u>	<u>2014</u>	<u>2015</u>	<u>2015</u>	<u>2015</u>	<u>%</u>
	<u>Single Rate</u>	<u>Family Rate</u>	<u>Single Rate</u>	<u>Family Rate</u>	<u>Single Rate</u>	<u>Family Rate</u>	<u>Single Rate</u>	<u>%</u>
Medical	\$552.62	\$1,215.70	\$570.09	\$1,425.23	\$584.86	\$1,462.14		
# Contracts	<u>73</u>	<u>90</u>	<u>73</u>	<u>90</u>	<u>73</u>	<u>90</u>		
Totals	\$40,341.26	\$109,413.00	\$41,616.57	\$128,270.70	\$42,694.78	\$131,592.60		
County Contribution	<u>94%</u>	<u>94%</u>	<u>93%</u>	<u>93%</u>	<u>92%</u>	<u>92%</u>		
Totals	\$37,920.78	\$102,848.22	\$38,703.41	\$119,291.75	\$39,279.19	\$121,065.19		
Total Medical Cost		\$140,769.00		\$157,995.16		\$160,344.38		1.49%
Life/LTD	162		162	\$4,149.27	163	\$4,547.13		8.92%
Dental	162		162	\$5,326.56	163	\$6,164.66		15.73%
Vision	162		162	\$1,069.20	163	\$1,075.80		0%
CBA Single Coverage	73		73	\$2,518.50	73	\$2,972.86		18.04%
County Monthly Total		\$153,438.14		\$171,058.69		\$175,104.83		2.37%

	<u>2016</u>	<u>2016</u>	<u>2017</u>	<u>2017</u>	<u>2018</u>	<u>2018</u>	<u>2018</u>	<u>%</u>
	<u>Single Rate</u>	<u>Family Rate</u>	<u>Single Rate</u>	<u>Family Rate</u>	<u>Single Rate</u>	<u>Family Rate</u>	<u>Single Rate</u>	<u>%</u>
Medical	\$591.80	\$1,479.50	\$634.54	\$1,548.84	\$718.98	\$1,759.94		
# Contracts	<u>74</u>	<u>91</u>	<u>69</u>	<u>98</u>	<u>66</u>	<u>101</u>		
Totals	\$43,793.20	\$134,634.50	\$43,783.26	\$151,786.32	\$47,452.68	\$177,753.94		
County Contribution	<u>90%</u>	<u>90%</u>	<u>90%</u>	<u>90%</u>	<u>90%</u>	<u>90%</u>		
Totals	\$39,413.88	\$121,171.05	\$39,404.93	\$136,607.69	\$42,707.41	\$159,978.54		
Total Medical Cost		\$160,584.93		\$176,012.62		\$202,685.95		15.15%
Life/LTD	165		167	\$5,389.58	167	\$5,564.86		3.25%
Dental	165		167	\$6,506.32	167	\$6,506.32		0.00%
Vision	165		167	\$1,336.00	167	\$1,336.00		0.00%
CBA Single Coverage	73		69	\$2,380.50	66	\$2,277.00		-4.35%
County Monthly Total		\$177,282.49		\$191,625.02		\$218,370.13		13.96%



Jasper County
 Group # 33164
 Contract Period 1/1/18 through 12/31/18
 Financial Exhibit
 Delta Dental PPOSM

Enrollment as of 8/31/17	
Single	81
Family	92
Total	173

Enrollment as of Previous Renewal	
Single	81
Family	92
Total	173

Current Rates

Effective 1/1/17 through 12/31/17

Single	\$38.96
Family	\$117.88

Projected Annual Expense
 \$168,009

Annual trend used in renewal pricing 4.0%

Renewal Rates

Effective 1/1/18 through 12/31/18

Single	\$38.96
Family	\$117.88

Projected Annual Expense
 \$168,009

Renewal Percentage Change 0.0%

Percent of Premium Contributed by Employer: Single _____ % Emp/Spouse _____ % Emp/Child(ren) _____ % Family _____ %

Total Employees Enrolled: _____ Total Employees Eligible: _____

Signature of Group Administrator
 Please sign and return to fax # 888-337-5157

E-Mail Address _____

Date _____

DELTA DENTAL OF IOWA

**PRINCIPAL LIFE COMPANY
GROUP TERM LIFE, LONG TERM DISABILITY AND
VISION COVERAGES RENEWAL
1/1/2018**

	<u>Number Covered</u>	<u>Current Principal Rates</u>	<u>Renewal Principal Rates</u>	<u>Percentage Change</u>
Group Term Life	167	\$0.238/\$1000	\$0.238/\$1000	
AD&D	167	\$0.031/\$1000	\$0.031/\$1000	
Combined Life & AD&D	167	\$0.269/\$1000	\$0.269/\$1000	
Volume	167	\$5,014,000	\$5,014,000	
Monthly Premium	167	\$1,348.77	\$1,348.77	
Monthly Change			\$0.00	0.00%
Long Term Disability	167	.54% of Covered Monthly Earnings	.56% of Covered Monthly Earnings	
Volume	167	\$752,874	\$752,874	
Monthly Premium		\$4,065.52	\$4,216.09	
Monthly Change			\$150.57	3.70%
Vision Hardware Ins.	75 Single 99 Family	\$8.00 \$20.34	\$8.00 \$20.34	
Monthly Premium		\$2,613.66	\$2,613.66	
Monthly Change			\$0.00	0.00%
Total Monthly Premium		\$8,027.95	\$8,178.52	
Total Monthly Change			\$150.57	1.88%
Total Annual Change			\$1,806.84	1.88%

2018 JASPER COUNTY CAFETERIA PLAN ELECTION FORM (AFSCME, PPME & Non-Bargaining)

Employee Information

Your Name (last, first, middle initial)		Social Security Number/ID number		
Address (street)		City	State	ZIP code
Please Mark Box If New Address <input type="checkbox"/> New Address	Date of Birth (Mo/day/yr)		<input type="checkbox"/> male	<input type="checkbox"/> female

Jasper County will continue to provide at no cost to all eligible employees: \$30,000 group term life and AD&D, long-term disability, single dental and vision benefits coverage.

The County's medical plan contribution for plan #3 coverage will be 90% of the monthly billed rates. Employees will contribute 10% for single and family coverage. The County monthly contribution will be \$681.58 for single and \$1,583.94 for family coverage.

Once again, the IRS increases the HDHP minimum family coverage deductible; therefore, for plan year 2018 the family deductible increases from \$2600 to \$2700. Also, Wellmark has added Telehealth services to both plans and waiver of the office visit copay for independent lab for MHCD services.

The Vision hardware and Dental benefits will remain with Principal and Delta Dental.

Open enrollment for completing paperwork will begin November 6 with forms to be returned by November 17. **The Federal ERISA and IRC Section 125 codes require employees to annually designate their plan choice and either elect or waive participation in the pre-tax and/or flexible spending account.**

Some items to remember: A Flexible Spending Account (IRC 125) election can only be changed during the year for a qualifying event (e.g. Birth, Death, Divorce, and Marriage). The Principal vision plan does not have a calendar year deductible or co-insurance and therefore benefits are based upon the last date-of-service. The medical and dental plans have calendar year deductibles and out-of-pocket maximums. If a member terminates the dental plan and later wishes to re-enroll, they will be subject to one and 2-year deferred benefits for Basic and Major Services. Dependent children will have a 3-year deferred benefit for Orthodontics.

The following outline provides the Single and Family elections and the associated monthly costs:

#3.) WELLMARK BC/BS- BLUE CHOICE \$500
 \$718.98 Single or \$1,759.94 Family

#4) WELLMARK BC/BS- BLUE CHOICE \$2700/\$5400 (HDHP/HSA)
 \$557.92 Single or \$1,357.28 Family

#5.) Delta Dental of IA – DENTAL COVERAGE
 \$38.96 Single or \$78.92 Dependent cost

#6.) Principal Life Company – VISION COVERAGE
 \$8.00 Single or \$12.34 Dependent cost

#7.) I Have Elected the HDHP Option and Direct the Balance of County Flex Dollars

Into My Health Savings Account \$_____.

(EMPLOYEE MONEY)

**#8.) I Elect to Direct from my wages \$_____ per month
to my Section 125 Healthcare Expense Account or**

**I Elect to Direct from my wages \$_____ per month
to my Section 125 Dependent Care Reimbursement Account.**

and/or

Health Savings Account (HSA) \$_____

I decline to participate in our FSA.

You have the option to use IRC Section 125 (Flex I) to fund any payroll deduction. The pre-tax savings is approximately 27.65% (15% Federal, 5% State and 7.65% FICA).

I authorize my future compensation to be reduced by the amount exceeding the employer contribution. This amount will be on my behalf to the county Section 125 Premium Only Plan. I understand this reduces my wages for Social Security purposes, and may reduce my Social Security disability and retirement benefits. I also understand that once I made this election, I can only change it during the election period prior to the next plan year, or if there has been a qualifying change in my family's status, employment or group health care coverage as determined by IRS regulations. NOTE: Changes in election allowed due to a qualifying change in family status must be made no later than 30 days after the date of the qualifying change in status.

I understand the deadline to return this form is November 17, 2017.

Signed: _____

Date: _____

2018 JASPER COUNTY CAFETERIA PLAN ELECTION FORM (Elected Officials & Deputies)

Employee Information

Your Name (last, first, middle initial)		Social Security Number/ID number		
Address (street)		City	State	ZIP code
Please Mark Box If New Address	Date of Birth (Mo/day/yr)			
<input type="checkbox"/> New Address	<input type="checkbox"/> male		<input type="checkbox"/> female	

Jasper County will continue to provide at no cost to all eligible employees: \$30,000 group term life and AD&D, long-term disability, single dental and vision benefits coverage.

The County's medical plan contribution for plan #3 coverage will be 90% of the monthly billed rates. Employees will contribute 10% for single and family coverage. The County will provide Elected Officials and Deputies \$831.58 for single and \$1,733.94 for family coverage.

Once again, the IRS increases the HDHP minimum family coverage deductible; therefore, for plan year 2018 the family deductible increases from \$2600 to \$2700. Also, Wellmark has added Telehealth services to both plans and waiver of the office visit copay for independent lab for MHCD services.

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#5.) Delta Dental of IA – DENTAL COVERAGE

\$38.96 Single or \$78.92 Dependent cost

#6.) Principal Life Company – VISION COVERAGE

\$8.00 Single or \$12.34 Dependent cost

**#7.) I Elect to Direct the Balance of County Flex (\$831.58 or \$1,733.94) \$_____ per month
Into my Section 125 Healthcare Expense Account or**

I Elect to Direct the Balance of County Flex (\$831.58 or \$1,733.94) \$_____ per month
Into my Section 125 Dependent Care Reimbursement Account.

and/or

Health Savings Account (HSA) \$_____

(EMPLOYEE MONEY)

#8.) I Elect to Direct from my wages \$_____ per month
to my Section 125 Healthcare Expense Account or

I Elect to Direct from my wages \$_____ per month
to my Section 125 Dependent Care Reimbursement Account.

and/or

Health Savings Account (HSA) \$_____

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I understand the deadline to return this form is November 17, 2017.

Signed: _____

Date: _____

October 24, 2017

Tuesday, October 24, 2017 the Jasper County Board of Supervisors met in regular session at 9:30 a.m. with Supervisors Brock, Carpenter and Cupples present and accounted for; Chairman Brock presiding.

Veteran's Affairs Director Kurt Jackson gave the Board his quarterly report beginning July 1, 2017 and ending September 30, 2017. Jackson also informed the Board that he was making available a book commemorating the 50th anniversary of the Vietnam War.

Motion by Carpenter and seconded by Brock to approve the Veteran's Affairs Quarterly Report which includes the months of July, August and September of 2017.

YEA: CARPENTER, CUPPLES, BROCK

Engineer Russ Stutt reported to the Board that the County had received payment from Dakota Access Pipeline in the amount of \$152,897.34 for damages done to the County roads system during the construction of the pipeline.

Motion by Cupples and seconded by Carpenter to approve the Damage Release document and payment in the amount of \$152,897.34 from Dakota Access Pipeline.

YEA: CARPENTER, CUPPLES, BROCK

Motion by Carpenter and seconded by Cupples to adopt Resolution 17-80 approving a Transfer Order transferring \$7,675.82 from the General Basic Fund to the Attorney Collections Fund.

YEA: CUPPLES, BROCK, CARPENTER

A complete copy of the resolution is on file in the Office of the Jasper County Auditor.

Motion by Cupples and seconded by Carpenter to approve the request made by the Newton Chamber of Commerce to use the Southwest Corner of the Courthouse lawn on 11/11/2017 and 11/12/2017 for a Downtown Christmas Retailer Event.

YEA: BROCK, CARPENTER, CUPPLES

Motion by Cupples and seconded by Carpenter to approve Board of Supervisors Minutes for 10/17/2017.

YEA: CARPENTER, CUPPLES, BROCK

Motion by Cupples and seconded by Carpenter to adjourn the Tuesday, October 24, 2017 meeting of the Jasper County Board of Supervisors.

Dennis K. Parrott, Auditor

Joe Brock, Chairman