

EMPLOYEE BENEFIT BROKER SERVICES REQUEST FOR PROPOSALS

(AUGUST 2025)



**City of LeClaire, Iowa
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LeClaire, Iowa 52753
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CITY OF LECLAIRE, IOWA
EMPLOYEE BENEFIT BROKER SERVICES
REQUEST FOR PROPOSALS

TABLE OF CONTENTS

<u>TOPIC DESCRIPTION</u>	<u>PAGE</u>
TITLE PAGE.....	1
TABLE OF CONTENTS.....	2
I - NOTICE AND INVITATION TO SUBMIT PROPOSALS.....	3
II - SUBMITTAL PACKAGE CHECKLIST.....	4
III - SPECIFIC CONDITIONS AND INSTRUCTIONS.....	7
IV - GENERAL CONDITIONS AND INSTRUCTIONS TO VENDORS.....	12
APPENDIX A - AGENCY IDENTIFICATION FORM.....	20
APPENDIX B - NON-COLLUSION AFFIDAVIT.....	22
APPENDIX C - CERTIFICATION OF VENDOR’S INSURANCE AGENT REGARDING VENDOR’S ABILITY TO OBTAIN REQUIRED INSURANCE COVERAGE.....	23
APPENDIX D – COMPANY DISCLOSURE FORM.....	24
APPENDIX E – COVERAGE SECIFICATIONS:	
1. SUMMARY OF CURRENT COVERAGES.....	26
2. 2025 BENEFIT SUMMARY.....	27
3. SUMMARY OF HEALTH INSURANCE COVERAGE.....	29
4. PARTIAL SELF-FUNDED BENEFIT PLAN SUMMARY.....	30
5. SUMMARY OF DENTAL COVERAGE.....	31
6. SUMMARY OF VISION COVERAGE.....	32

SECTION I
NOTICE AND INVITATION TO SUBMIT PROPOSALS

Notice is hereby given that the City of LeClaire, Iowa will be accepting sealed proposals for **Employee Benefit Broker services for employee health, dental, vision, and life insurance coverage and other related services**. All proposals must be submitted in a sealed envelope with the name of the company submitting the proposal and the words "**Employee Benefit Broker Services RFP**" clearly imprinted on the exterior of the envelope, no later than 12:00 p.m., (noon local time), on Friday, August 29, 2025, to the office of the City Administrator at 325 Wisconsin Street, LeClaire, Iowa 52753. All proposals received will be opened at the time and place mentioned above. Following the opening, the City will thoroughly analyze all proposals and determine compliance with the specifications and conditions as stated in the "Instructions to Bidders". The City will review, consider, and indicate its preliminary acceptance of the most qualified and advantageous proposal(s) by Monday, September 8, 2025. Formal, official, approval and acceptance of the proposal(s) will be considered by the City Council and may be acted upon at the regularly scheduled City Council meeting held on Monday, September 15, 2025, at 6:00 p.m. at the City Council Chambers, 325 Wisconsin Street, LeClaire.

Proposal specification packets and additional information may be obtained at the office of the City Administrator at the address stated above beginning at 8:00 a.m. on Wednesday, August 13, 2025, and at any time thereafter between 8:00 a.m. and 5:00 p.m., Monday through Friday.

The City of LeClaire, Iowa, reserves the right to accept or reject any and/or all proposals or any part(s) thereof and to waive as immaterial any technicalities or irregularities in connection therewith and furthermore may grant additional consideration and preference to proposals submitted by companies which are locally owned and located within the City of LeClaire, pursuant to Iowa Code Section 23A.3 and City Code Chapter 7.

Dennis Bockenstedt
City Administrator

SECTION II

SUBMITTAL PACKAGE CHECKLIST

Proposals must be organized in the following sequence. The City reserves the right to reject proposals that are considered incomplete and do not contain the requested items listed below. Proposals **must** be organized in the submitted proposal as they are listed below.

It is expected that all Vendors will be a licensed broker in the State of Iowa and the terms “Vendor” and “Broker” will be used interchangeably throughout this RFP.

In order to be considered, the Vendor must be able to demonstrate that the minimum qualifications established in this Request for Proposal are met and the Vendor has the ability to provide the required services as listed in the Specific Conditions and Instructions. Failure to provide documentation necessary to demonstrate that the Vendor meets the minimum qualifications will cause the proposal to be rejected as non-responsive.

Item A - Transmittal Letter and Broker’s Certificate of Authority

Include a transmittal letter authorized and signed by a representative of the Broker empowered to bind the firm in a contract. In the transmittal letter, the Broker shall certify (1) that it is fully able to perform all of the Services listed in the Specific Conditions and Instructions, (2) that no elected or appointed Board Member or employee of the City of LeClaire is financially interested, directly or indirectly, in the performance of the services proposed to be provided by the Vendor specified in the RFP, (3) there has been no direct or indirect contact with City Council or City of LeClaire employees concerning the contents of the RFP (4) that the information included in the Proposal is true and correct to the best of its knowledge and (5) that the person signing the transmittal letter is authorized to execute the Proposal on behalf of the Vendor.

Provide a copy of the Broker's certificate of authority to do business in the State of Iowa.

Item B - Broker Qualifications and Experience

1. Location and Personnel. List the location of the main office and the locations of other offices. Provide the address of the office location that will directly service the City of LeClaire. Provide a listing of other representatives of the Vendor that will be assigned to the City of LeClaire’s account. If related Employee Benefit services are to be performed by other offices, please provide the location of the office providing those services. Provide contact information, including telephone, e-mail and fax numbers.

2. Vendor/Broker/Firm Overview. Provide an overview of the firm/company/legal entity (“firm” or “legal entity”), including the full legal name of the firm, legal classification of firm (i.e., corporation, LLC, etc.), state of organization and supervisory and regulatory authorities that oversee the firm. Provide a summary of the ownership and management of the firm. Describe any significant changes in the management and/or structure of the firm, including mergers that have occurred during the past three years. Does the firm foresee or anticipate any organizational changes in the next 24 months?

3. Volume of Business. Provide a summary of the firm's premium volume for each of the past three years by the following categories: health, dental, vision, life, long-term disability. See Appendix E, Schedule 1 for a complete listing. If the office that will service the City of LeClaire account is a branch or subsidiary of a national or regional firm, the above information should be provided for both the office providing services to the City and for the entire firm.

4. References. Provide a list of at least three (3) clients with employee benefit insurance needs similar to the City of LeClaire, which should include governmental entities. Describe your firm's specific experiences providing services to each of those clients. Explain additional services that your company provides in addition to insurance brokerage services. Describe the firm's experience, if any, providing insurance brokerage services to municipal entities. Describe any issues or problems that have affected any of the client accounts described in this section. Identify ways in which the firm added unique value or problem solving to any of the client accounts. Provide contact information to enable the City to contact those accounts as references.

6. Customer Support. Describe and discuss employee and customer support staff available to support the City of LeClaire. How many customer support staff are located in the office that will service the City of LeClaire? Identify any technology or related tools available from firm and describe the advantages those tools offer the City of LeClaire. Describe how the firm monitors insurer solvency and steps it would take in the event an insurer's solvency was weak or deteriorating or their rating downgraded.

7. Access to Insurance and Employee Benefit Markets. Provide a list in order of preference from most to least preferred of the insurance markets the firm would seek to access on behalf of City for each of the following:

- 1) Health Insurance
- 2) Dental Insurance
- 3) Life Insurance
- 4) Long-term Disability
- 5) Vision Insurance
- 6) Flex Spending Account Administration
- 7) Health Insurance Claims Administration
- 8) Employee Assistance Programs

Identify those markets on the list, if any, for which the firm has a direct broker's contract. In a like manner, identify carriers that you will access through a wholesale broker.

8. Additional Services.

List additional services offered by the Broker that may be of interest to the City of LeClaire and describe how those services would be relevant to the risk management program of the City.

9. Supplemental Information

Include suggestions, if any, for innovative ways to provide the Scope of Services in a convenient, efficient and cost-effective manner. Also include special technologies offered by the firm or other unique capabilities that set the firm apart from others.

Item C - Account Manager Qualifications and Experience

Provide a resume of the proposed Account Manager that, at a minimum, includes the following information:

1. Educational background that includes specific steps taken to remain current with trends in the insurance industry.
2. Industry designations and awards.
3. Work experience that includes past employment, number of years as an Account Manager in the insurance field and length of time in current position with the Broker.
4. Explanation of personal knowledge of commercial insurance markets including governmental agencies.
5. Explain steps used to assure that proper attention would be given to the City's account as the Account Manager and Broker's book of business increases.
6. List any (up to 3) governmental clients similar to the City of LeClaire that the Account Manager represents and provide references. Describe services provided to each client.

Item D - Service Team Qualifications and Experience

Provide a resume for each service team member proposed to be involved in servicing the City of LeClaire's account that, at a minimum, includes the following information on each individual:

1. Educational background that includes specific steps taken to remain current with trends in the insurance industry.
2. Work experience that includes all past employment and length of time in current position.
3. Personal knowledge of insurance markets.
4. Roles, duties and responsibilities in servicing the City's account.
5. Physical location of the service team member.

Item E - Agency Identification Form

Review the AGENCY IDENTIFICATION FORM.

Complete the form in Appendix A (No other form will be accepted)

Item F - Non-Collusion Affidavit

Review and complete the Non-Collusion Document (Appendix B). Complete the Non-Collusion Affidavit.

Complete the form in Appendix B. (No other form will be accepted)

Item G - Vendor's Insurance Agent Regarding Vendor's Ability to Obtain Required Insurance Coverages

Review and complete the, Certification of Vendor's Insurance Agent Regarding Vendor's Ability to Obtain Required Insurance Coverages Form (Appendix C).

Complete the form in Appendix C. (No other form will be accepted)

SECTION III

SPECIFIC CONDITIONS AND INSTRUCTIONS

A. Scope

The City of LeClaire requests proposals from interested and qualified Brokers desiring to provide employee benefit insurance and broker services to the City of LeClaire that include, but are not limited to, insurance placement and servicing, risk exposure analysis, general advice, and benefit and coverage analysis consistent with the coverage procured.

At the option of the City, the selected Broker will be expected to provide a full range of services, including but not limited to, placing the City's insurance coverages, assisting City staff with insurance and benefit related issues and providing complete, detailed, written insurance coverage recommendations, and other duties as determined by the City of LeClaire.

Insurance coverages to be placed on behalf of the City of LeClaire are those included in the City's most current Insurance and Employee Benefit Program. A summary of the current coverages is provided in Appendix E, Schedule 1 of this RFP.

The selected Broker will be expected to maintain adequate staff, maintain and retain records, maintain all required licenses, keep current on the changes in insurance and other applicable laws, meet with the City personnel and be fully prepared to address the City's interests and needs in terms of insurance products and services. The City of LeClaire reserves the right to approve and require changes to the Account Manager and team as determined to be in the best interest of the City.

No Broker or any organization or individual affiliated with a Broker shall contact insurance markets on behalf of the City of LeClaire prior to the selection of the Broker by the City and award of contract by the City Council. Brokers or any of their representatives who contact insurance markets prior to selection will be disqualified from consideration.

The City may require written documentation from insurance carriers that contacts have not been made.

B. Term

It is the City of LeClaire's intent to contract for services with an insurance Broker to assist the City in its operation of their employee benefit and insurance programs for a period of three (3) years with one (1) additional three-year 3-year term at the sole discretion of the City of LeClaire by written Amendment upon the same terms as the initial contract. The City of LeClaire may, without cause, terminate this Agreement by giving 30 days written notice to the Broker.

The contract is estimated to commence on October 1, 2025, with an initial 3-year term ending on September 30, 2028. It is anticipated that the successful Broker will market the City of LeClaire's expiring and new employee benefit insurance coverages terminating on December 31, 2025, and will provide City of LeClaire management with the scope of service described in Section D below and comply with all the terms of the agreement.

C. Timeline

Estimated Timetable for RFP and Proposals:

1. Issuance of RFP for Employee Benefit Broker Services: August 13, 2025
2. Request for Clarifications due by: 5 p.m., August 19, 2025
3. Proposals Due: 5 p.m., August 29, 2025
4. Interviews: September 2 to September 5, 2025
5. Selection Review: September 8, 2025

6. Award of Contract: September 15, 2025
7. Contract Commence: October 1, 2025

D. Specifications

1. Services

The successful Broker must provide, at a **minimum**, the following insurance brokerage and related services for the insurance coverages. The selected Broker is required to provide and possess and keep in force all licenses and permits required to perform the services listed herein:

- a) Assist the City of LeClaire in designing insurance policy specifications in accordance with the City's employee Benefit Program and market the program for coverage when instructed to do so by the City, which may also include the completion of all applications, documents and working with the City's staff to gather data, which may be requested by insurance companies.
- b) Suggest alternative risk financing techniques to reduce the City of LeClaire's cost of risk including the advantages and disadvantages of each.
- c) Analyze proposals received from various insurance companies and other parties, negotiate changes for the benefit of the City of LeClaire and verify the practicality of the price for the coverage provided.
- d) Provide the City of LeClaire with a summary of the advantages and disadvantages of various insurance program options, including but not limited to: limits, coverages, retention levels, terms, conditions, payment options and self-insurance.
- e) In consultation with the City's staff, annually evaluate the City's risk exposures and assist the City in defining its goals and objectives for addressing these exposures.
- f) Provide recommendations, including the advantages and disadvantages of each, as to the most cost-effective means for addressing the City's coverage exposures.
- g) Represent the City of LeClaire in all negotiations with insurers, underwriters and other parties with regard to the insurance program.
- h) Bind insurance coverages after City approval and provide original binders, policies and endorsements as required in the timetable specified by the City of LeClaire.
- i) Provide review of insurance binders and policies including verification of conformity to specifications and the City's Insurance and Employee Benefit Program. Request any necessary endorsements, coverage changes and revisions that may be required.
- j) Provide insurance coverage summaries/descriptions as required by the City's Insurance and Employee Benefit Program and as may be requested by the City of LeClaire.
- k) In consultation with the City's staff, annually review the City's Insurance and Employee Benefit Program and, as needed, recommend changes to the City regarding possible improvements to its required insurance coverages and reserves.
- l) Perform administrative and clerical services relative to account management, including but not limited to, compiling benefit summaries, preparing enrollment forms and materials, providing required annual notices, assisting with state and federal law compliance, verification of the accuracy of bills, audits and all premium adjustments.

- m) Assign an Account Manager to the City of LeClaire who will be responsible for communication with the City and who, along with any other team members assigned, must be available to the City of LeClaire for advice and consultation on insurance program and insurance carrier loss control services rendered upon request of the City.
- n) Attend meetings related to the insurance program with the City Council, City of LeClaire staff and other parties, as requested.
- o) Review any related insurance company audits for accuracy.
- p) Review various insurance publications and provide the City of LeClaire with copies of articles applicable to governmental insurance issues.
- q) Provide the City of LeClaire with governmental market trends on a regular basis.
- r) Act as a liaison between City of LeClaire insurance carriers and the City of LeClaire to resolve claims. Advise the City of LeClaire, when requested, on coverage applicability to specific claims.

E. Coverage

The Broker must be able to place directly or through other brokers all insurance exposures listed in Appendix E, Schedule 1.

F. Broker Service Fee and Payment of Premiums

1. Broker will not be directly compensated by the City for the selection or purchase of insurance coverage. Broker will be compensated by the insurance companies directly in the form of broker commissions. Broker must disclose to the City of LeClaire all compensation received by Broker from any insurer or other organization because of coverage placed on behalf of the City of LeClaire. All of the Broker's time, services, and expenses to perform all the services specified in the Scope of Services must be included in the proposed pricing structure.
2. All premiums for insurance placed by the Broker on behalf of the City of LeClaire shall be invoiced directly by the Insurance Carrier upon initiation of the coverage. The City of LeClaire shall remit timely payment to the Insurance Carrier for such premiums.
3. All insurance premiums shall be payable according to the terms and conditions of the insurance policy.
4. All premium refunds shall be paid to the City of LeClaire by check or invoice credit by the Broker upon receipt of the refund by the Broker.

G. Ownership of Documents

All reports, documents, information, presentations, and other materials prepared by the Broker in connection with the awarded contract are the City of LeClaire's sole property in which the Broker has no proprietary or other rights or interests. All reports, documents, information, and any materials furnished to the Broker by the City of LeClaire shall remain the sole property of the City and, except for the Broker's limited possession for carrying out this Agreement, shall be returned to the City at the conclusion of the awarded contract. Nothing written in this paragraph, however, will be interpreted to forbid the Broker from retaining a single copy of information for its files.

H. Proposal Requirements

1. The submission of a proposal by a Vendor implies the Vendor's acceptance of the terms and conditions herein, unless otherwise stated. All deviations from the specifications must be noted in detail by the Vendor, in writing, at the time of submittal of this proposal. All Deviations must be noted in Appendix D – Company Disclosure Form. The absence of a written list of deviations at the time of submitting the proposal will hold the Vendor strictly accountable to the specifications contained in this Request for Proposal.
2. Vendors are required to meet all qualifications and specifications of this Request for Proposal in order to be considered for award. If a Vendor does not clearly demonstrate and provide documentation substantiating that they are compliant with the qualifications and specifications of this Request for Proposal, they may be disqualified, at the sole discretion of the City of LeClaire.
3. The Vendor is responsible for all costs related to the preparation of this proposal.
4. Proposed pricing shall be firm from the beginning date of the signed agreement. All proposed pricing must be clearly stated and identified by each service proposed. Pricing shall be fixed and firm throughout the initial term of the contract. All proposed services must include, but not be limited to, all materials, labor, and travel expenses to perform the contract. Any exclusions of costs to perform this contract will be the responsibility of the Vendor.
5. Proposals may be rejected if the proposal fails to comply with any of the following:
 - b) To adhere to one or more of the provisions established in this Request for Proposal
 - c) To demonstrate competence, experience, and ability to provide services described in this Request for Proposal
 - d) To submit a response on or before the deadline and complete all required forms
 - e) To fulfill a request for meeting or interview with the City of LeClaire
 - f) To respond to a written request for clarification or additional information

I. Reference Checks and Proposal Clarifications

The City of LeClaire reserves the right to contact any reference to assist in the evaluation of the proposal, to verify information contained in the proposal, and to discuss the Vendor's qualifications. The City of LeClaire reserves the right to obtain and consider information from other sources concerning a Vendor such as the Vendor's capability and performance under other contracts.

J. Evaluation and Selection Process

1. Scoring Proposals

As part of this evaluation and selection process, the City will evaluate proposals, will have the option to interview the top scoring Vendors, and recommend for approval and award of contract by the City Council to the highest scoring Broker/Vendor. Vendors must receive a minimum of 80 points to advance to the phase two interview stage.

<u>Evaluation Criteria/Phase one</u>	<u>Maximum Points Possible</u>
Broker Qualifications and Experience	50
Account Manager Qualifications and Experience	25
Service Team Qualifications and Experience	<u>25</u>
Total Points	100

K. Vendor Interviews

The City will have the option to schedule interviews with no more than three of the Vendors receiving the highest total points. If the City decides to schedule interviews and a Vendor is invited to interview with the City, **the person identified as the Account Manager on this project must play the lead role in the interview.** Interviews will be at no cost to City of LeClaire.

1. Selection

The City will score the proposal of each Vendor based upon the above criteria. Based upon the scoring and at the sole determination of the City, the City shall determine whether the Vendor receiving the highest total points will be recommended to the City Council for acceptance and award of the contract, or if the City will schedule interviews with no more than three Vendors receiving the three highest total points. The Vendor receiving the highest total points will be recommended to the City Council for acceptance and award of contract.

L. Contract Award:

1. The City of LeClaire reserves the right to accept or reject any exception taken by the Vendor to the terms and conditions of the Request for Proposal.
2. City of LeClaire reserves the right to request additional information or modifications to proposals prior to award if in the best interest of the City.
3. In the event of unsuccessful contract negotiations or contract termination, City of LeClaire reserves the right to enter into contract negotiations with other qualified Vendors that submitted acceptable proposals.
4. The City of LeClaire is in no way restricted from procuring similar services from other consultants as needed.
5. All proposals shall be valid for 120 days from the RFP due date.
6. Award, if made, will be in accordance with the terms and conditions herein, and shall be in the form of an Agreement for Insurance Agent Broker Services.
7. The awarded Vendor will be required to submit a current certificate of insurance prior to Commencement of work.
8. Unless otherwise required by the Iowa Public Records law, during the process of negotiations, no proposals shall be handled so as to permit disclosure to competing Vendors of the identity of the Vendor with whom the City is negotiating or the contents of the proposal.

M. No Debriefs to Vendors

The City issues results and award decisions to all Vendors and does not otherwise provide debriefs of the evaluation of their respective proposals.

SECTION IV

GENERAL CONDITIONS AND INSTRUCTIONS TO VENDORS

The general rules and conditions which follow apply to all proposals issued by the City unless otherwise specified. Vendors or their authorized agents are expected to fully inform themselves as to the conditions, requirements, and specifications before submitting proposals; failure to do so shall be at the Vendor's own risk.

Request for Proposal (RFP): is defined as a request for an offer, by one party to another, of terms and conditions with reference to some work or undertaking.

This document constitutes a **Request for Proposal** and is thus a solicitation for responses. Conversely, this Request for Proposal is **not** a bid and is not governed by state or federal bidding requirements.

Moreover, any acceptance of a proposal shall **not** result in a binding contract between the City and the Vendor, but instead will simply enable negotiations to take place which may eventually result in a detailed and refined agreement or contract between the Vendor and the City.

"Proposal date" as referenced herein shall mean the local date and time specified in the proposal documents.

A. Conditions for Proposing

1. **Completeness/Authorization of Proposal.** Vendor shall supply all information and submittals required by the proposal documents to constitute a proper proposal. The proposal shall clearly state the legal name, address, telephone number, and email of primary contact (signer) of the Vendor. The proposal shall be signed above the typed or printed name and title of the signer. The signer shall have the legal authority to bind the Vendor to the proposal.
2. **Addressing of Proposal.** Unless otherwise specified, faxed or e-mailed proposals will not be accepted. Proposal shall be submitted in a sealed envelope or box clearly marked on the front with proposal number and due date, and unless otherwise specified, addressed to:

Attn: City Administrator's Office
City of LeClaire
325 Wisconsin Street
LeClaire, Iowa 52753

If the proposal is emailed, it must be received by dbockenstedt@leclaireiowa.org by 5 p.m. (local time) on August 29, 2025. Vendors must email one (1) copy of the proposal. Proposals **must** have "**Employee Benefit Broker Services RFP**" in the subject line of the e-mail. It is recommended that e-mailed responses be sent at least 24 hours before the due date.

3. **Proposal Deadline.** Vendor shall be responsible for taking whatever measures are necessary to ensure that the proposal reaches the office of the City Clerk or other specified agent on or before the local time and date specified. The City shall not be responsible for, and may not consider, any proposal delayed in the postal or other delivery service, or in the City's internal mail system, nor any late proposal, amendment thereto, or request for withdrawal of proposal received after the date specified. Proposals received after the time and date specified on the Request for Proposal will not be opened

and will not be considered for award. A written request for withdrawal of a proposal or any part thereof may be granted, provided the request is received in writing by the City prior to the specified proposal date.

4. Receipt of Proposals. Unless otherwise required by the Iowa Public Records law, during the process of negotiations, no proposals shall be handled so as to permit disclosure to competing Vendors of the identity of the Vendor with whom the City is negotiating or the contents of the proposal.
5. Proposals Binding 120 Days. Unless otherwise specified, all formal proposals, including any negotiations, submitted shall be binding for one hundred and twenty (120) working days following the due date for the proposal or negotiations, unless the Vendor(s), at the City's request, agrees in writing to an extension.
6. Trade Secrets or Proprietary Information. Responses to this Request for Proposal become the exclusive property of the City of LeClaire. All documents submitted in response to this Request for Proposal may be regarded as public records and may be subject to disclosure. Protection from disclosure may apply to those elements in each submittal which are marked as "Trade Secret", "Confidential", or "Proprietary". During the course of the submittal evaluation process or the course of the project, City of LeClaire will accept materials clearly and prominently labeled "Trade Secret", "Confidential", or "Proprietary" by the respondent or other submitting party. The City of LeClaire will not advise as to the nature of the content of the documents entitled to protection to disclosure, or as to the definition of trade secret, confidential, or proprietary information. The respondent or other submitting party will be solely responsible for all such determinations made by it, and for clearly and prominently marking each and every page or sheet of materials with "Trade Secret", "Confidential", or "Proprietary" as it determines to be appropriate. Respondents which indiscriminately so identify all or most of their submittal as protected from disclosure without justification may be deemed non-responsive.
7. The City of LeClaire will endeavor to advise the Respondent of any request for the disclosure of the material so marked with "Trade Secret", "Confidential", or "Proprietary", and give the vendor or other submitting party the opportunity to seek a court order to protect such materials from disclosure. If a party other than the vendor submitted the requested material, the vendor shall be solely responsible for notifying the submitting party of the request. The City's sole responsibility is to notify the vendor of the request for disclosure, and the City of LeClaire shall not be liable for any damages resulting out of such disclosure, whether such disclosure is deemed required by law, by an order of court or administrative agency, or occurs through inadvertence, mistake, negligence on the part of the City of LeClaire or their officers, employees, consultants, or subconsultants.
8. Multiple Proposals. Vendors may submit more than one proposal, provided the additional proposal or proposals are properly submitted on the proposal forms or in the proposal format.
9. Competency of Vendor. No proposal may be accepted from or contract awarded to any person, firm or corporation that is in arrears or in default to the City of LeClaire upon any debt or contract. Prior failure of a Vendor to perform faithfully on any previous contract or work for the City may be grounds for rejection. If requested, the Vendor shall present evidence of performance ability and possession of necessary facilities, pecuniary resources and adequate insurance to comply with the terms of these proposal documents; such evidence shall be presented within a specified time and to the satisfaction of the City.

10. Collusive Proposing. The Vendor certifies that the proposal is made without any previous understanding, agreement or connection with any person, firm, or corporation making a proposal for the same project, without prior knowledge of competitive prices, and that the proposal is in all respects fair, without outside control, collusion, fraud or otherwise illegal action.

Any agreement or collusion among Vendors or prospective Vendors, in restraint of freedom of competition by agreement to propose a fixed price or otherwise shall render the proposals of such Vendors void. Vendors will be required to execute and submit with their proposals a Non-Collusion Affidavit in the form appended hereto as Appendix B. Any disclosure by one Vendor to another Vendor of the content of a proposal in advance of the submission of proposals shall render the proposals of both such Vendors void and may at the discretion of the City render the RFP proceedings void.

11. Officers not to Benefit. Upon signing this agreement, Consultant acknowledges that Section 362.5 of the Iowa Code prohibits a City officer or employee from having an interest in a contract with the City, and certifies that no employee or officer of the City, which includes members of the City Council and City boards and commissions, has an interest, either direct or indirect, in this agreement, that does not fall within the exceptions to said statutory provision enumerated in Section 362.5
12. Equal Employment Opportunity. All Vendors are subject to and must comply with the provisions of the City's Equal Employment Opportunity policy and applicable local, state and federal antidiscrimination laws. All City contractors, subcontractors, vendors or consultants with contracts of \$25,000 or more (or less, if required by another governmental agency) must abide by the requirements of the City's Contract Compliance. Emergency contracts are exempt from this provision.

B. Insurance Requirements

1. Insurance Requirements. **When required**, the successful Vendor shall provide insurance as follows:
- a. Certificate of Insurance; Cancellation or Modification
 - 1. Before commencing work, the Contractor shall submit to the City for approval of a Certificate of Insurance meeting all requirements specified herein, to be in effect for the full contract period.
 - 2. The Contractor shall notify the City in writing at least thirty (30) calendar days prior to any change or cancellation of said policy or policies.
 - 3. Cancellation or modification of said policy or policies shall be considered just cause for the City of LeClaire to immediately cancel the contract and/or to halt on the contract, and to withhold payment for any work performed on the contract.
 - 4. The policy shall be primary in payment, not excess or contingent, regardless of any other coverage available to the City.
 - b. Minimum Coverage

Any policy or policies of insurance purchased by the Contractor to satisfy his/her responsibilities under this contract shall include contractual liability coverage and shall be in the following type and minimum amounts as listed in Appendix E, Schedule 1.

The City requires that the Contractor's Insurance carrier be "A" rated or better by A.M. Best.

Specifications

1. **Formal Specifications.** The Vendor shall abide by and comply with the true intent of the specifications (i.e., not take advantage of any unintentional error or omission and bring this information to the attention of the City). Whenever mention herein is made of a service to be provided in accordance with laws, ordinances, building codes, underwriters' codes or similar expressions, the requirements of these laws, ordinances, etc., shall be construed as the minimum requirements of the specifications.

The absence of a written list of deviations submitted with the proposal shall hold the Vendor strictly accountable to the City and to the specifications as written. Any unauthorized deviation from the specifications may be grounds for rejection of the service when delivered.

2. **Proposed Alternate.** When an item is identified in the bid document by a manufacturer's name or catalog number, it is understood that the Vendor proposes to furnish the commodity and/or service so identified by the City unless the Vendor specifically proposes an alternate. In bidding on a proposed alternate, the Vendor shall clearly state on his/her bid exactly what he/she proposes to furnish, and forward with his/her bid, a complete description of the proposed alternate, including brand, model number, drawings, performance and test data, references, and any other information necessary for a complete evaluation. Vendor shall include a statement setting forth any changes in other materials, equipment, or other work which would be required by incorporation of the proposed alternate. The burden of proof of the merit of the proposed alternate is upon the Vendor.

The City's decision to approve or disapprove of a proposed alternate shall be final.

3. **Qualifications, Credentials and References.** The Vendor shall provide a description of qualifications, credentials, experience, and resources as they relate to the provision of the proposal. The Vendor shall also provide a list of clients for whom similar work has been performed within the last two years, including the firm, contact person, address, and phone number of each contact person.
4. **Addendum to Specifications.** Any substantive interpretation, correction or change of the proposal documents shall be made by written addendum. Unless otherwise specified the addendum will be posted to the City of LeClaire website: www.leclaireiowa.gov. **Vendors are required** to visit the City's website periodically for any and all addendums or other pertinent information regarding this opportunity. **It is the Vendor's sole responsibility to check daily for Addenda to posted documents.**

Interpretation, corrections or changes of the proposal documents made in any other manner shall not be binding. Such interpretations, corrections or changes shall not be relied upon by Vendor. Any addenda shall be issued by the City within a reasonable time prior to the proposal date. It is the Vendor's responsibility to visit this website to ensure that they have received all important addenda or revisions to the Request for Proposal prior to bidding.

5. Receipt of One Proposal. In the event only one proposal is received, the City of LeClaire may require that the successful vendor submit a cost proposal in enough detail for the City to perform a cost/price analysis to determine if the proposal price is fair and reasonable.

C. Selection of Firm

1. Rejection of Proposals. The City reserves the right to accept or reject any or all proposals, to waive irregularities and technicalities, and to request resubmission. The City also reserves the right to reject the proposal of any Vendor who has previously failed to perform properly or complete on time contracts of a similar nature, or a proposal from a Vendor who, investigation shows, is not able to satisfactorily and timely perform the contract.
2. Selection. The City desires to enter into negotiations and ultimately reach an agreement with a Vendor who demonstrates the best combination of attributes to conduct the project, and who also negotiates a project cost with the City that is fair and reasonable. The City may conduct discussions with any Vendor who has submitted a proposal to determine qualifications, for further consideration. Since the initial review by the City will be deemed preliminary in nature, the document and process will be deemed confidential until such time as the successful Vendor is selected. Criteria for selection will include but not be limited to:
 - The quality, availability, adaptability and life cycle costing of the commodities and/or service.
 - Guarantees and warranties.
 - Ability, capacity and skill to provide the commodities and/or service required within the specified time.
 - Ability to provide future maintenance and service.
 - Character, integrity, reputation, experience and efficiency.
 - Quality of performance of previous and/or existing contracts.
 - Previous and existing compliance with laws and ordinances relating to contracts with the City and to the Vendor's employment practices.
 - Whether the Vendor is in arrears to the City, in debt on a contract or is a defaulter on surety to the City.
 - If reasonable doubts arise as to Vendor's solvency, the City reserves the right to require financial information enough to show solvency and/or require a performance bond.
 - Such other relevant information as may be secured by the City.
 - Cost estimate; the City is not required to accept the proposal with the lowest cost estimate.

Once the City has selected the Vendor, a service agreement will be negotiated with the awardee. The service agreement will define the conditions of the contract between the City and the contractor selected to receive the award.

3. Corrections to Submitted Proposal. Any changes that are made to this proposal using correction fluid, writing utensils, etc. before submission must be dated and initialed in each area that a change was made.
4. Pricing Requirements. All pricing submitted by the Vendor shall be indicated in both words and figures. (Ex. \$200.50, Two hundred dollars and fifty cents).

5. Errors in Proposal. Any ambiguity in any proposal as a result of omission, error, lack of clarity or noncompliance by the Vendor with specifications, instructions and conditions shall be construed in the light most favorable to the City. Changes in proposals shall be initialed and dated.

D. General Contract Provisions

1. Contract Award. Upon City's selection and satisfactory negotiation between City and Vendor on the work to be performed, a written award in the form of a Purchase Order, contract or other instrument shall result in a binding contract without further action by either party. The contract shall be on forms provided by the City; or if the Vendor's contract document is used, the City reserves the right to modify any document to conform to the request for proposal and to do so in the light most favorable to the City.
2. Insurance. Current Certificate of Insurance in the amounts specified shall be on file with the City before work can commence.
3. Availability of Funds. A contract shall be deemed valid only to the extent of appropriations available to each project. The City's extended obligation on these contracts which envision extended funding through successive fiscal periods shall be contingent upon actual appropriation for the following fiscal year.
4. Change in Laws: In the event of a change in law that frustrates the goals of the City relative to this contract, the City will be entitled to terminate the contract upon written notification to the vendor without cost or penalty to the City.
5. Contract Alterations. The City reserves the right to make changes to the good and/or services to be provided which are within the Scope of this Contract. No assignment, alteration, change, or modification of the terms of this Contract shall be valid unless made in writing and agreed to by both the City and the Vendor. The Vendor shall not commence any additional work or change the scope of the goods and/or services provided until authorized in writing by the City. The Vendor shall make no claim for additional compensation in the absence of a prior written approval and amendment of this Contract executed by both the Vendor and the City. This Contract may only be amended, supplemented or modified by a written document executed in the same manner as this Agreement by the Purchasing Division.
6. Subletting of Contract. Vendor shall not assign, transfer, convey, sublet or otherwise dispose of the contract or their right, title or interest therein, or their power to execute such contract to any other person, firm or corporation without the prior written consent of the City, but in no case, shall such consent relieve the Vendor from their obligations, or change the terms of the contract.
7. Contract Period. Contract shall remain in force for the full specified period and until all services have been satisfactorily delivered and accepted and thereafter until all requirements and conditions shall be met, unless:
 - a. Extended upon written authorization of the City and accepted by contractor, for a period negotiated and agreed upon by both parties, when in the best interest of the City.
 - b. Terminated due to default, as described below.

8. Default. The contract may be cancelled or annulled by the City in whole or in part by written notice of default to the Vendor upon non-performance, violation of contract terms, delivery failure, bankruptcy or insolvency, or the making of an assignment for the benefit of creditors. The City reserves the right to grant Contractor a specified cure period during which to cure or remedy the default, which cure period shall be included in the written notice of default. If default is not cured within the specified time, City reserves the right, but is not obligated to, extend the cure period or City may deem the Contract terminated without further notice. In either event, the defaulting Contractor (or his/her surety) shall be liable to the City for cost to the City in excess of the defaulted contract price. Lack of knowledge by the Contractor will in no way be a cause for relief from responsibility.

If the Contract is terminated, an award may then be made to the next qualified Vendor; or when time is of the essence, services may be contracted in accordance with Emergency procedures.

9. Delivery Failures. Failure of a contractor to provide commodities and/or service within the time specified, unless extended in writing by the City, or failure to replace rejected commodities and/or service when so directed by the City shall constitute delivery failure. When such failure occurs, the City reserves the right to cancel or adjust the contract, whichever is in the best interest of the City. In either event, the City may purchase in the open market commodities and/or service of comparable worth to replace the articles of service rejected or not delivered. On all such purchases, the Contractor shall reimburse the City, within a reasonable time specified by the City, for any expense incurred in excess of contract prices, or the City may deduct such amount from monies owed the Contractor. If the contract is not cancelled, such purchases shall be deducted from contract quantities. The City reserves the right to accept commodities and/or service delivered which do not meet specifications or are substandard in quality, subject to an adjustment in price to be determined by the City. Acceptance will be at the sole discretion of the City.
10. Force Majeure. The Contractor shall not be liable in damages for delivery failure when such failure is the result of fire, flood, strike, and act of God, act of government, act of an alien enemy or any other circumstances which, in the City's opinion, is beyond the control of the Contractor. Under such circumstances, however, the City may at its discretion cancel the contract.
11. Indemnity. The Vendor shall indemnify, defend and hold harmless the City of LeClaire and its officers, employees and agents from any and all liability, loss, cost, damage, and expense (including reasonable attorney's fees and court costs) resulting from, arising out of, or incurred by reason of any claims, actions, or suits based upon or alleging bodily injury including death, license, patent, or copyright infringement, or property damage rising out of or resulting from the Vendor's operations under this Contract, whether such operations be by the Contractor or by any Subcontractor or by anyone directly or indirectly employed by either. Vendor is not, and shall not be deemed to be, an agent or employee of the City of LeClaire.

Responsibility for Damage Claims - It is specifically agreed between the parties executing this contract that it is not intended by any of the provisions of any part of the contract documents to create in the public or any member thereof a third party beneficiary hereunder, or to authorize anyone not a party to this contract to maintain a suit for personal injuries or property damage pursuant to the terms or provisions of this contract. It is understood that no subcontractor is a third-party beneficiary to any contract between the Contracting Authority and the prime contractor. Nothing in any special

provision or any supplemental specification shall be construed as eliminating or superseding the requirements of this section.

Vendor further agrees to:

- a. Save the City, its agents and employees harmless from liability of any nature or kind for the use of any copy-right or non-copyright composition, secret process, license, patented or unpatented invention, article, apparatus, or appliance, including any device or article forming a part of the apparatus or appliance of which the Vendor is not the patentee, assignee, licensee or owner, furnished or used in the performance of the contract.
 - b. Obtain all permits and licenses required by city, state and federal governments and pay all related fees. The Vendor shall also comply with all laws, ordinances, rules and regulations of the City, State of Iowa and the Federal Government.
12. Anti-Discrimination. Vendor shall not discriminate against any person in employment or public accommodation because of race, religion, color, creed, gender identity, sex, national origin, sexual orientation, mental or physical disability, marital status or age. "Employment" shall include but not be limited to hiring, accepting, registering, classifying, promoting, or referring to employment. "Public accommodation" shall include but not be limited to providing goods, services, facilities, privileges and advantages to the public.
13. Choice of Law and Forum. The laws of the State of Iowa shall govern and determine all matters arising out of or in connection with this proposal, including but not limited to any resulting Contract, without regard to the conflict of law provisions of Iowa law. Any and all litigation commenced in connection with this proposal or any resulting Contract shall be brought and maintained solely in Johnson County District Court for the State of Iowa, LeClaire, Iowa, or in the United States District Court for the Southern District of Iowa, Davenport Division, Davenport, Iowa, wherever jurisdiction is appropriate. This provision shall not be construed as waiving any immunity to suit or liability in State or Federal court, which may be available to the City of LeClaire.

E. Payment Provisions

1. Payment Terms. Payment may be made only after inspection and acceptance by the using department. Payment of balances shall be made only after approval and final acceptance by the City.
2. Invoicing. Following acceptance of each payment term, payment shall be made within thirty (30) calendar days from receipt of itemized invoice. Before City will pay any invoice, the invoice must first include proposal number, department name, dollar amount, and any other pertinent information. Submit invoice to:

Attn: Dennis Bockenstedt
City of LeClaire
410 East Washington St.
LeClaire, Iowa 52240
3. Withholding Payment. Consideration for withholding payment shall include faulty materials, or workmanship, failure to meet delivery deadlines, and liens that have been filed, or evidence indicating a possible filing of claims. In all cases, regulations and limitations imposed by the Federal Government and State of Iowa shall prevail.

4. Taxes. The City of LeClaire is exempt from all Federal, State of Iowa and other states' taxes on the purchase of commodities and services used by the City of LeClaire within the State of Iowa. The Purchasing Division shall provide tax exemption certification to out of state suppliers as required.

The Vendor certifies that the proposal is made without any previous understanding, agreement or connection with any person, firm, or corporation making a proposal for the same project, without prior knowledge of competitive prices, and that the proposal is in all respects fair, without outside control, collusion, fraud or otherwise illegal action.

Any agreement or collusion among Vendors or prospective Vendors, in restraint of freedom of competition by agreement to propose a fixed price or otherwise shall render the proposals of such Vendors void. Vendors will be required to execute and submit with their proposals a Non-Collusion Affidavit in the form appended hereto as Attachment 1. Any disclosure by one Vendor to another Vendor of the content of a proposal in advance of the submission of proposals shall render the proposals of both such Vendors void and may at the discretion of the City render the RFP proceedings void.

APPENDIX A - AGENCY IDENTIFICATION FORM

(AUGUST 2025)

Date: _____

1. Legal name of agency submitting this proposal: _____

2. Address: _____ (phone #: _____)

3. Agency legal form: proprietorship____, partnership____, corporation____, "other"____ (attach or explain in detail on back of this form).
4. Is the agency a "locally-owned business located within the city" as contemplated in Iowa Code Section 23a.3 & City Code chapter 7? Yes _____ no _____
5. Number of years agency or firm (named above) has been in existence? _____
6. How many agents - employees hold C.P.C.U. designation? _____
(if any other professional designations exist and so apply, please indicate so and describe in #9 below.)
7. Total agency premium volume (2021) - (excluding personal lines, life, h & a). \$ _____
8. If awarded this contract list individual who will be directly Responsible for servicing (***servicing agent***) and administering this account on a daily basis? _____
9. Provide a brief description of qualifications/experience, (or Attach resume), of individual named in #8 above. _____

10. Provide narrative relative to agency's approach in providing those services as requested in Section III. (use back of this form or attach additional sheets as necessary).

APPENDIX A - AGENCY IDENTIFICATION FORM (CONT.)

11. Provide at least three (3) references that are qualified to judge and comment on your ability to provide the requested type(s) of coverage and services?
12. Provide any additional information that bidder wishes to mention that may be relevant to the submittal of this proposal. (use the space provided below or the back of this form or attach additional sheets as necessary).
13. Signature of person completing this form or authorized agent or representative and official title:

(type name)

(signature)

(title)

** additional space for comments or responses:

APPENDIX B - NON-COLLUSION AFFIDAVIT

The Vendor hereby certifies:

1. That this proposal is not affected by, contingent on, or dependent on any other proposal submitted for any improvement in the City of LeClaire, Iowa; and
2. That no individual employed by the Vendor was paid or will be paid by any person, corporation, firm, association, or other organization for soliciting the bid, other than the payment of their normal compensation to persons regularly employed by the Vendor whose services in connection with the making of this proposal were in the regular course of their duties for the Vendor; and
3. That no part of the compensation to be received by the Vendor was paid or will be paid to any person, corporation, firm, association, or other organization for soliciting the bid, other than the payment of their normal compensation to persons regularly employed by the Vendor whose services in connection with the making of this proposal were in the regular course of their duties for the Vendor; and
4. That this proposal is genuine and not collusive or sham; that the Vendor has not colluded, conspired, connived or agreed, directly or indirectly, with any other Vendor or person, to put in a sham proposal or to refrain from making a proposal, and has not in any manner, directly or indirectly, sought, by agreement or collusion, or communication or conference, with any person, to fix the proposal price of Vendor or of any other Vendor, or to otherwise restrain freedom of competition, and that all statements in this proposal are true; and
5. That the individual(s) executing this proposal have the authority to execute this proposal on behalf of the Vendor.

Vendor

Signature

By _____
Name (Print/Type)

Title

Street Address

City, State, Zip Code

C - CERTIFICATION OF VENDOR'S
INSURANCE AGENT REGARDING VENDOR'S ABILITY
TO OBTAIN REQUIRED INSURANCE COVERAGE

I hereby certify that my client, as identified below, will be able to meet all of the insurance requirements of Appendix E, Section 1, has been advised of any additional costs associated with doing so, and has agreed to obtain such coverages if selected as the successful Vendor of the RFP to which my client has responded:

Legal Name of Vendor:

Name/Address/Phone/Fax # of Insurance Agency:

Phone _____ Fax _____

Name of Agent/Broker (Print):

Signature of Agent/Broker:

Date of Signature: _____

APPENDIX D - COMPANY DISCLOSURE FORM

This form must be included in the company's proposal. All areas of the form must be fully reviewed and completed.

Exceptions, Deviations or other Agreements

Exceptions/Deviations to this Request for Proposal shall be taken below. Exceptions may not be added to any submittals after the due date. If adequate space is not provided for exceptions/deviations, please use a separate sheet of paper. **If company has no exceptions/deviations, please write "No Exceptions" in the space provided. If you state no exceptions, you may not add company's terms and conditions or any other documents to your submitted proposal or any submittals after the proposal due date.**

Liens, Unsatisfied Judgments, Disciplinary Actions

List any and all disciplinary actions, administrative proceedings, any filed or pending claims, litigation, or other like proceedings against company or any of its personnel relating to firm's services that are current, pending, or occurring in the last five (5) years. If your company has no liens, unsatisfied judgments, or disciplinary actions that have occurred must state this also.

Potential Conflict of Interest

List any current or historical engagement or relationship with any public or private party that could potentially create a conflict of interest with the City including any health care providers or insurance companies. Consultants that help prepare an RFP are not eligible to submit a proposal for services that are the subject of the Consultant's project for the City.

Designated person(s) who can be contacted for information during the period of evaluation and for prompt contract administration upon award of the contract. Provide the following information:

Name: _____
Phone Number: _____
E-mail Address: _____

The undersigned Vendor, having examined and determined the scope of this Request for Proposal, hereby proposes to perform the work as described in the RFP documents, and do all work at the fees stated in the submitted proposal.

The undersigned Vendor certifies that this proposal is made in good faith and without collusion and connection with any person or persons submitting proposals in response to this RFP.

The undersigned Vendor states that this proposal is made in conformity with the specifications and qualifications contained herein. In the event that there are any discrepancies or differences between any conditions of the vendor's proposal and the Request for Proposal prepared by the City, the RFP shall prevail.

Name of Firm:_____

Name and Title of Representative:_____

Authorized Signature:_____

Address:_____

Date:_____

Phone:_____

E-Mail Address:_____

Web Site:_____

APPENDIX E - COVERAGE SPECIFICATIONS

SUMMARY OF CURRENT COVERAGES

Schedule 1

Policy	Current Carrier	Responsibility	Plan Coverage	Expiration
Health Insurance	Wellmark Blue Cross/Blue Shield	15% Employee/85% Employer	Bronze PPO; \$8,050/\$16,100 deductible	12/31/2025
Health Insurance claims administration	TriStar	100% Employer; Self-insured	\$450/\$900 Employee deductible	12/31/2025
Dental Insurance	Delta Dental	100% Employer	Small Group Employer Choice Plan	12/31/2025
Vision Insurance	Delta Dental	100% Employee	Delta Vision	12/31/2026
Life Insurance	Mutual of Omaha	100% Employer	\$40,000 employee; \$5,000 dependent	12/31/2025
Long-term Disability	Mutual of Omaha	100% Employer	60% of wages up to age 65	12/31/2025
Flex Spending Accounts	TriStar	100% Employee	Statutory	12/31/2025
Employee Assistance Program	Mutual of Omaha	100% Employer	Part of LTD Coverage	12/31/2025
*Policy limits and deductibles do not present all coverage limits and sub-limits and out-of-pocket costs.				

CITY OF LECLAIRE 2025 BENEFIT SUMMARY

City of LeClaire offers you and your eligible family members a comprehensive and valuable benefits program.

MEDICAL: Wellmark & TriStar

The City purchases a fully insured medical plan from Wellmark Blue Cross Blue Shield and partially self-funds the deductible, coinsurance and out of pocket. The City utilizes TriStar to process the partial self-funded portion of the plan.

	In-Network Medical Benefits	
	City Funded TriStar Plan	Wellmark Purchased Plan
Deductible	\$450 Employee Only \$900 Employee + Spouse \$900 Employee + Child(ren) \$900 Employee + Family	\$8,050 Employee Only \$16,100 Employee + Spouse \$16,100 Employee + Child(ren) \$16,100 Employee + Family
Coinsurance	30% after deductible	0% after deductible
Out of Pocket Maximum	\$1,750 Employee Only \$3,500 Employee + Spouse \$3,500 Employee + Child(ren) \$3,500 Employee + Family	\$8,050 Employee Only \$16,100 Employee + Spouse \$16,100 Employee + Child(ren) \$16,100 Employee + Family
Office Visit Copay	30% after deductible up to the out of pocket maximum	0% after deductible
Preventive Care	Covered at 100%	Covered at 100%
Emergency Room	30% after deductible up to the out of pocket maximum	0% after deductible
Prescription Drug	30% after deductible up to the out of pocket maximum	0% after deductible

*****City pays 85% of premium*****

For additional information refer to the summary of benefits.

Wellmark will forward EOB and claim information to TriStar for processing.

DENTAL: Delta Dental

	Dental Benefits	
	Premier Dentist	Out of Network
Preventative Services	100% covered Deductible waived	80% covered
Deductible	\$25 per person	\$50 per person
Basic Services	80% covered	60% covered
Major Services	50% covered	40% covered
Annual Maximum	\$2,000	\$2,000
Orthodontic For dependent children up to age 19	50% covered up to \$1,500 lifetime maximum	

For additional information refer to the summary of benefits.

DENTAL: Delta Vision

	Vision Benefits
Eye Exam	\$10 Copay (once every calendar year)
Eyeglass Lenses	\$25 Copay (once every calendar year)
Frame	\$130 allowance plus 20% off remaining balance (once every 2 calendar years)
Contact Lenses	\$130 allowance (in lieu of eyeglass lenses, once every calendar year)
Contact Lens Evaluation	Standard contact lens Fit and Follow-Up evaluation: Up to \$40 off Premium contact lens Fit and Follow-Up evaluation: 10% off retail price
Additional Savings	Laser Vision Correction (Lasik or PRK): 15% off retail price or 5% off promotional price

For additional information refer to summary of benefits.

Summary of Benefits and Coverage: What this Plan Covers & What You Pay For Covered Services



myBlue HDHPSM Bronze PPO

Coverage Period: 01/01/2025 – 12/31/2025
Coverage for: Single & Family | Plan Type: PPO HDHP



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. **NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.wellmark.com or call 1-800-990-1106. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary or call 1-800-990-1106 to request a copy.

Important Questions	Answers	Why this Matters:
What is the overall <u>deductible</u>?	In-Network: \$8,050 person/ \$16,100 family per calendar year. Out-of-Network: \$16,100 person/ \$32,200 family per calendar year.	Generally, you must pay all the costs from <u>providers</u> up to the <u>deductible</u> amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u> .
Are there services covered before you meet your <u>deductible</u>?	Yes. In- <u>network</u> well-child care and in- <u>network</u> <u>preventive care</u> are covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other <u>deductibles</u> for specific services?	No. There are no other <u>deductibles</u> .	You don't have to meet <u>deductibles</u> for specific services.
What is the <u>out-of-pocket limit</u> for this <u>plan</u>?	In-Network: \$8,050 person/ \$16,100 family per calendar year. Out-Of-Network: \$16,100 person/ \$32,200 family per calendar year.	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the <u>out-of-pocket limit</u>?	Premiums, <u>balance-billed charges</u> , and health care this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a <u>network provider</u>?	Yes. See www.wellmark.com or call 1-800-990-1106 for a list of <u>network providers</u> .	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an out-of- <u>network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an out-of- <u>network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a <u>referral</u> to see a <u>specialist</u>?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

City of LeClaire
PARTIAL SELF-FUNDED PLAN BENEFIT SUMMARY EXAMPLE

Wellmark

The below changes are proposed effective January 1, 2025

\$8,050- \$16,100 Deductible
 \$8,050- \$16,100 Out-of-Pocket Maximum

ADMINISTERED AS:

\$450 - \$900 Deductible
 \$1,750 - \$3,500 Out-of-Pocket Maximum

Illustration for Single Contract:

\$8,050 DEDUCTIBLE				OUT-OF-POCKET MAXIMUM
\$450	\$4,883		\$2,717	100% PAID BY Wellmark
100% EE	70% ER	30% EE	100% ER	
\$450	\$3,418.10	\$1,464.90	\$2,717	

Maximum out-of-pocket expense for employee:

\$450 DED + \$1,300 COINS = \$1,750

(Family: 2 DEDS + 2 COINS = \$3,500)

Maximum exposure for employer:

\$6,300 DED = \$6,300

(Family: 2 DEDS = \$12,600)

Once the employee satisfies the \$450 deductible, the next \$4,883 of claims are processed with 70% being paid by the employer and 30% by the employee. The employer then pays an additional \$2,717. At that point, the \$8,050 deductible that must be met before Wellmark will process claims, has been fulfilled by a combination of the employer and the employee.



PLAN **B** PRIME - C (with orthodontia)

SUMMARY OF COVERAGE

Deductible per person per calendar year
Annual Benefit Maximum with To Go SM ** per person per calendar year

Delta Dental Premier® Dentist	Out-of-Network Dentist
\$25*	\$50
\$2,000	

BENEFIT CATEGORIES

Diagnostic & Preventive Services (check-ups, teeth cleaning, x-rays, maintenance therapy)
Routine & Restorative Services (cavity repair, tooth extractions, general anesthesia/sedation, restoration of decayed or fractured teeth, routine oral surgery)
Posterior Composites (tooth-colored filling on back teeth)
Endodontic Services (root canals and therapy, apicoectomy, direct pulp cap, retrograde fillings)
Periodontal Services (gum and bone diseases, complex procedures)
High Cost Restorations (cast restorations – crowns, inlays, onlays, posts, cores)
Prosthetics (bridges, dentures)
Implants
Corrective Orthodontia Benefit & Lifetime Maximum up to age 19
Enhanced Benefits Program (extra dental benefits based on medical conditions)

Coinsurance paid by member	
0%	20%
20%	40%
50%	60%
50%	60%
50%	60%
50%	60%
60%	70%
50% coinsurance and \$1,500 lifetime maximum	
Pregnancy, high-risk cardiac conditions, suppressed immune systems, diabetes, periodontal disease, cancer, chemotherapy, radiation, and kidney failure or dialysis	

C = Corrective Orthodontia
* Deductible is waived for all diagnostic and preventive care.
** To GoSM annual maximum carryover – see Benefits Certificate for details.

The information on this page summarizes your benefits and payment obligations. This is a general description of your benefits. Please see your benefits document for a full description of coverage.



SUMMARY OF COVERED SERVICES AND BENEFITS

\$130 Frame Allowance / \$25 Lens Copay – Insight Network

Benefit Frequency		
Contact Lenses or Lens	Once every calendar year.	
Exam	Once every calendar year.	
Frame	Once every two calendar years.	
Vision Care Services	In-Network Member Cost	Out-of-Network Reimbursement
Exam		
Exam	\$10 Copay	Up to \$35
Dilation	\$0	N/A
Eye Exam Refraction	\$0	N/A
Lens		
Single Vision	\$25 Copay	Up to \$25
Bi-focal	\$25 Copay	Up to \$40
Tri-focal	\$25 Copay	Up to \$55
Standard Progressive Lens	\$90 Copay	Up to \$40
Premium Progressive Lens	Premium Progressive as follows:	Up to \$40
Tier 1	\$110	
Tier 2	\$120	
Tier 3	\$135	
Tier 4	80% of Charge less \$120, plus \$90 Copay	
Lenticular	\$25 Copay	Up to \$55
Other Lens Type	80% of Charge	N/A
Frame		
Frame	80% of Balance over \$130	Up to \$65
Lens Options		
Standard Polycarbonate	\$40 Copay	N/A
Standard Plastic Scratch Coating	\$15 Copay	N/A
Tint	\$15 Copay	N/A
UV Treatment	\$15 Copay	N/A
Standard Anti-reflective (a/r) Coating	\$45 Copay	N/A
Premium Anti-reflective (a/r) Coating	Premium Anti-reflective Coating as follows:	
Tier 1	\$57	N/A
Tier 2	\$68	N/A
Tier 3	80% of Retail	N/A
Photochromatic/Transitions	\$75	N/A
Other Lens Options	80% of Charge	N/A
Contact Lenses		
Contact Lens — Conventional	85% of Balance over \$130	Up to \$104
Contact Lens — Disposable	Balance over \$130	Up to \$104
Medically Necessary Contacts	\$0	Up to \$200
Fit and Follow-Up Discount		
Standard	Up to \$40	N/A
Premium	10% discount off retail price	N/A
Non-Scheduled Items		
Doctor Misc. Materials	80% of Charge	N/A
LASIK or PRK Vision Correction		
	85% of Retail Price or 95% of Promotional Price	N/A

Additional Discounts: Member receives a 20% discount on items not covered by the plan at network Providers, which cannot be combined with any other discounts or promotional offers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Members also receive 15% off retail price or 5% off promotional price for LASIK or PRK from the US Laser Network, owned and operated by LCA Vision. After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com. The contact lens benefit allowance is not applicable to this service.

Plan Exclusions: 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Aniseikonic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by an employer as a condition of employment; Safety eyewear; 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof; 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals; 8) Services or materials provided by any other group benefit plan providing vision care; 9) Services rendered after the date a member ceases to be covered under the Benefit Certificate, except when Vision Materials ordered before coverage ended are delivered, and the services rendered to the member are within 31 days from the date of such order. 10) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials would next become available. 11) Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency. Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.

DeltaVision is underwritten by Veratrus Benefit Solutions, Inc., a wholly-owned subsidiary of Delta Dental of Iowa, utilizing the EyeMed Vision Care Insight network. The information on this page summarizes your benefits and payment obligations. For a detailed description of specific benefits and benefit limitations, see the IMPORTANT INFORMATION and BENEFITS sections of your Certificate.