October 16, 2024
City of Wilton
Agenda

1. Call Meeting to Order
2. Pledge of Allegiance
3. Roll Call
4. Approve Meeting Minutes
5. Approve Special Meeting Minutes
6. Finalize Agenda
7. City Maintenance Report

8. Old Business
   - A.
   - B.
   - C.

9. New Business
   - A. Health Insurance Renewal
   - B. Trunk or Treat – Street Closure
   - C.

10. Reports
11. Bills
12. Adjournment

October 2, 2024

Unofficial Minutes – Subject to the review and revision of the Wilton City Commission.

A regular meeting of the Board of City Commissioners was held on October 2, 2024, at 7:00 p.m. at the City Meeting Room. Present Commissioners John Clausen, Bernell Hedstrom, Lisa Hedstrom, Jim Schacher and President LeeAnn Domonoske-Kellar.

Motion made by Clausen and seconded by Schacher to approve the minutes from the September 4, 2024 meeting as presented. All present voted aye, motion carried.

Motion made by Schacher and seconded by Clausen to approve the agenda with the addition of Ken Miller under new business. All present voted aye, motion carried.

Motion made by Schacher and seconded by B. Hedstrom to approve Change order 6 for the 2022 Improvement Project as presented. All present voted aye, motion carried.

Motion made by Clausen and seconded by Schacher to approve Change Order 2 for the 2023 Improvement project as presented. All present voted aye, motion carried.

Motion made by Schacher and seconded by L. Hedstrom to table Tand Constructions Pay Application 15 for the 2022 Improvement Project and Tand Constructions Pay Application 7 for the 2023 Improvement Project. All present voted aye, motion carried.

Ken Miller was present to discuss the issue he had with his kitchen faucet. Miller requested to be reimbursed $800.00 the plumber charged to replace the faucet. Miller was unable to provide proof that the City of Wilton or Tand Construction was at fault for his plumbing issue and his request was denied.

Motion made by Schacher and seconded by L. Hedstrom to approve paying the Refunding Improvement Bond of 2014 payment of $4,260.00, Refunding Improvement Bond of 2013 payment of $2,640.00 and the Water and Sewer Bond of 2006 payment of $940.00. All present voted aye, motion carried.

Motion made by Schacher and seconded by Clausen to approve the Wilton Archery Programs request to use the Memorial Hall for the 2024-2025 season. All present voted aye, motion carried.

Motion made by L. Hedstrom and seconded by B. Hedstrom to approve sending out Notice of Assessments for invoices 60 days or more past due. All present voted aye, motion carried.

Motion made by Schacher and seconded by Clausen to pay bills as presented. Roll call vote. Aye: Comm. Clausen, B. Hedstrom, L. Hedstrom, Schacher and Pres. Domonoske-Kellar. Motion carried.

With no other items for discussion Pres. Domonoske-Kellar declared the meeting adjourned at 8:03 p.m.

-99594 Verizon Wireless 204.46
-99593 Visa 533.86
-89553 NDPERS 26.00
-89552 NDPERS 112.50
-89551 Aflac 54.86
1059 Tand Construction 918,896.43

1060 Moore Engineering 52,404.78
21950 Dennis Dockter 1,577.81
21951 Dean Larson 1,667.51
21952 Pattie Solberg 1,965.98
21953 Ottertail Power 2,223.93
21954 ND Dept of Health 25.00
21955 Farmers Union Oil 722.34
21956 Montana Dakota Utilities 82.43
21957 Bek Communications 9.05
21958 ND One Call 62.35
21959 SCRWD 15,294.04
21960 McLean County Sheriff 25,820.88
21961 NABCO 81.52
21962 Wilton Park Board 3,718.49
21963 Advanced Business Methods 101.28
21964 Pattie Solberg 610.80
21965 CS Doors 1,397.94
21966 Dakota Fire Station 185.00
21967 Ottertail Power Utilities 174.58
21968 County Line Café 150.00
21969 Loren Gosen 156.00
21970 Bergstrom Electric 164.71
21971 Phoenix Construction 35,000.00
21972 Dennis Dockter 1,577.81
21973 Dean Larson 1,667.51
21974 Pattie Solberg 1,965.98

Pattie Solberg, City Auditor

LeeAnn Domonoske-Kellar, Pres.

October 3, 2024

Unofficial Minutes – Subject to the review and revision of the Wilton City Commission.

A special meeting of the Board of City Commissioners was held on October 3, 2024, at 7:30 p.m. at the City Meeting Room. Present Commissioners Bernell Hedstrom, Lisa Hedstrom and President LeeAnn Domonoske-Kellar.

Motion made by L. Hedstrom and seconded by B. Hedstrom to approve the agenda as presented. All present voted aye, motion carried.

Motion made by B. Hedstrom and second by L. Hedstrom to approve Tand Construction pay application 15 for the 2022 Improvement Project for $149,628.41. All present voted aye, motion carried.

Motion made by B. Hedstrom and second by L. Hedstrom to approve Tand Construction pay application 7 for the 2023 Improvement Project for $326,587.67. All present voted aye, motion carried.

With no other items for discussion Pres. Domonoske-Kellar declared the meeting adjourned at 7:01 p.m.

Pattie Solberg, City Auditor

LeeAnn Domonoske-Kellar, Pres.

A proposal created for:
City of Wilton

Presented by: MISSOURI VALLEY INSURANCE INC

Date Prepared: October 2, 2024

Effective Date: January 1, 2025

The information contained on the site you will be accessing is CONFIDENTIAL PROPRIETARY to Blue Cross and Blue Shield of North Dakota.

No copying or redistribution of this information is permitted without prior written approval from Blue Cross.

This information applies to all contract periods that are affected by ACA Small Group regulations.

Current rate quotes are subject to change. Premium rates shown are based on the effective date of coverage that you have entered.

All premium rates assume that the employer employs less than 51 employees and any change in the information provided may result in a change in premium and/or result in the quote being declined.

The calculated group premium reflects your current membership census, as of the contract effective date.

The client is required at the time of enrollment to meet all Blue Cross underwriting and rating guidelines, including group participation and contribution requirements. Small group clients that do not meet group participation and contribution requirements may still enroll in coverage during an annual open enrollment period that begins November 15th and ends December 15th each year provided they meet all other requirements.

DO NOT CANCEL ANY CURRENT HEALTH INSURANCE COVERAGE IN RELIANCE ON THIS INFORMATION.

The information displayed here represents only a portion of the actual provisions of the coverages mentioned.

This document is not a contract.

The complete terms, provisions and conditions concerning the coverages selected are described in the actual policy.

Please contact us for specific requirements.

ND

Client Name: City of Wilton
Client Number: 284840
Renewal Date: 01/01/2025

NOTICE OF ALTERNATIVE RATE SCHEDULES

Program	QuoteID	Estimated Monthly Premium based on Current Enrollment*
BlueCare Platinum 90	49592696	$4,656.65
BlueCare Platinum 80	49758211	$4,606.48
DakotaBlue Trinity Platinum 90	49758724	$3,959.86
BlueDirect Gold 100	49758723	$3,956.33
BlueCare Gold 80	49758726	$3,866.75
BlueCare Gold 70	49758719	$3,810.88
BlueDirect Silver 100	49592692	$3,592.17
BlueDirect Silver 80	49592693	$3,534.46
DakotaBlue Trinity Gold 80	49592694	$3,297.88
BlueCare Silver 60	49758721	$3,153.01
BlueDirect Bronze 50	49758722	$3,080.44
DakotaBlue Trinity Silver 60	49758725	$2,686.83

**Estimated Monthly premium is based on the age of each of your covered employees and their covered dependent spouse and/or child(ren) with the exception that no more than three dependent children under the age of 21 were included in the calculation.*

Rx: Deemed Creditable for Platinum, Gold, Silver plans. Deemed Not Creditable for Bronze plans.

ND

Client Name: City of Wilton
Client Number: 284840
Renewal Date: 01/01/2025

Renewing Plan - Rate Chart
Group Number : 10639085

Age	Renewing Plan BlueDirect Silver 80 01/01/2025 - 12/31/2025
0 - 14	$322.31
15	$350.96
16	$361.91
17	$372.87
18	$384.67
19	$396.46
20	$409.10
21	$421.32
22	$421.32
23	$421.32
24	$421.32
25	$423.01
26	$431.43
27	$441.54
28	$457.97
29	$471.46
30	$478.20
31	$488.31
32	$498.42
33	$504.74
34	$511.48
35	$514.85
36	$518.22
37	$521.59
38	$524.96
39	$531.71
40	$538.45

ND

Client Name: City of Wilton
Client Number: 284840
Renewal Date: 01/01/2025

Renewing Plan - Rate Chart
Group Number : 10639085

Age	Renewing Plan BlueDirect Silver 80 01/01/2025 - 12/31/2025
41	$548.56
42	$558.25
43	$571.73
44	$588.58
45	$608.39
46	$631.98
47	$658.52
48	$688.86
49	$718.77
50	$752.48
51	$785.76
52	$822.42
53	$859.49
54	$899.52
55	$939.54
56	$982.94
57	$1,026.76
58	$1,073.52
59	$1,096.70
60	$1,143.46
61	$1,183.91
62	$1,210.45
63	$1,243.74
64	$1,263.96
65+	$1,263.96

ND

Client Name: City of Wilton
Client Number: 284840
Renewal Date: 01/01/2025

PLAN MEMBERSHIP

Medical Group #: 10639085

Renewing Product: BlueDirect Silver 80 **Estimated Renewal Premium:** $3,534.46

Member	Dependent	Gender	Birth Date	List Rate	Total
Dennis Dockter (Individual)	Employee	M	07/24/1967	$1,026.76	$1,026.76
Dean Larson (Two Person)	Employee	M	02/04/1961	$1,243.74	$2,507.70
	Lois Larson (Spouse)	F	05/25/1959	$1,263.96	

Client Name: City of Wilton
DCN: 284840

Renewal Acceptance

Medical Plan Information

Product:	BlueDirect Silver 80
Coverage Effective Date:	01/01/2025
Enrolling Contracts:	2
Estimated Monthly Premium:	**$3,534.46**

Membership Detail

Product Information: **Group Number:** 10639085

Estimated Monthly Group Premium:

BlueDirect Silver 80

$3,534.46

Member	Dependent	Gender	Birth Date	List Rate	Total
Dennis Dockter (Individual)	Employee	M	07/24/1967	$1,026.76	$1,026.76
Dean Larson (Two Person)	Employee	M	02/04/1961	$1,243.74	$2,507.70
	Lois Larson (Spouse)	F	05/25/1959	$1,263.96	

Client Information

CLIENT BUSINESS INFORMATION

Company Name: City of Wilton
Effective Date: 01/01/2025
Nature of Business: Legislative Bodies
Sic Code: 9121
Plan Sponsor: Private Entity (ERISA)
Ownership Type: Private Ownership
EIN: 456002188
Union Affiliate: No
Client Number: 284840
Case Id: 10086233

CONTACTS:

General Contact:

Company Name: City of Wilton
Address: 121 DAKOTA AVE, Wilton ND 58579
Phone: N/A
Email: N/A

Contract Signor:

Name: LEEANN DOMONOSKE-KELLER
Address: P.O.Box 278, Wilton ND 58579
Phone: 7017346707
Email: WILTONND@BECKTEL.COM

PRODUCER OF RECORD

Agency Name: MISSOURI VALLEY INSURANCE INC
Producer Name: N/A
General Agency Name: N/A
Case Submitted By: N/A

GROUP ELIGIBILITY/ENROLLMENT POLICY INFORMATION

*Group Name:*City of Wilton - 10639085
New employees are eligible to enroll on: Determined by employer
EIN: 456002188
Employer Contributions:

Employee:	Employee & Spouse:	Employee & Child:	Employee & Children:	Family:
N/A	N/A	N/A	N/A	N/A

- Rates are subject to change and will be based on the specific information supplied by your client and entered by you. Any health plan results must be reviewed carefully to ensure that they meet your client's health insurance coverage needs.

I do hereby attest, acknowledge, and agree to the following:

I, the undersigned, hereby represent that I have the authority to bind the Company/Group and to make this application for group insurance coverage.

I further represent that the agency (or agencies) listed above is our exclusive Producer of Record (POR) for all Blue Cross and Blue Shield of North Dakota(referred to as "Blue Cross") products and they will receive any and all service fees included in the rates.

I further acknowledge and agree that Blue Cross may disclose enrollment, disenrollment, summary health and/or premium billing information requested by the POR for purposes of inputting, updating and/or reviewing the same for the above - identified business.

I also understand that the POR may be eligible to receive additional compensation for achieving specified sales goals. The POR named above will remain the POR until I notify Blue Cross of a change, or until my Blue Cross insurance coverage terminates.

In addition, I understand that all Blue Cross underwriting and participation guidelines must be satisfied in order for the Company/Group to be eligible for the coverage requested and that rates are not binding until approved by Blue Cross. I further understand that any need for additional information may impact the effective date of coverage, the rates quoted, or the ability to offer the group insurance coverage requested.

It is also acknowledged that the Company/Group has the right to review and examine the insurance contract(s) issued by Blue Cross which provide the group coverage requested and that payment of the premium amount due following the contract(s) issuance shall be deemed acceptance of all terms and conditions of the insurance contract(s) unless the Company/Group notifies Blue Cross of any changes, mistakes, or discrepancies within the thirty (30) day period that follows.

Furthermore, the Company/Group acknowledges that all applicable underwriting and participation guidelines must continue to be met throughout the term of the insurance contract(s) involved and that Blue Cross reserves the right to request information necessary to reconfirm compliance with these guidelines at any time.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

By signing below, I ACCEPT the terms and conditions set forth in the Application.

Print Name: _____ Title: _____

Signature: _____ Date: _____

To help you make an informed choice, a Summary of Benefits Coverage (SBC) is available, which summarizes important information about any health coverage option in a standard format. You can view an SBC for each available product on the producer portal.

Producer Instructions:
If client elects (to continue) coverage with Blue Cross, please review this document and accept via one of the following two methods:
Electronically sign via the case in Plan Advisor, or;
Print, sign, and email this form to small.group.sales.support@bcbsnd.com.

Census Information

Client	Gender	Status	Coverage	Total Employees	Total Members
City of Wilton	1 F 2 M	3 ACTIVE	1 Two Person 1 Individual	2	3

Product Information:

Estimated Monthly Premium:

Medical Product(s)

$4,656.65

Contract	Gender	Birth Date	Product Name	Quote ID	List Rate	Total
1. Dennis Dockter	M	07/24/1967	BlueCare Platinum 90	49592696	$1,352.75	$1,352.75
2. Dean Larson Lois Larson (Spouse)	M F	02/04/1961 05/25/1959	BlueCare Platinum 90	49592696	$1,638.63 $1,665.27	$3,303.90

Product Information:

Estimated Monthly Premium:

Medical Product(s)

$4,606.48

Contract	Gender	Birth Date	Product Name	Quote ID	List Rate	Total
1. Dennis Dockter	M	07/24/1967	BlueCare Platinum 80	49758211	Waived	N/A
2. Dean Larson Lois Larson (Spouse)	M F	02/04/1961 05/25/1959	BlueCare Platinum 80	49758211	Waived Waived	N/A

Product Information:

Estimated Monthly Premium:

Medical Product(s)

$3,959.86

Contract	Gender	Birth Date	Product Name	Quote ID	List Rate	Total
1. Dennis Dockter	M	07/24/1967	DakotaBlue Trinity Platinum 90	49758724	Waived	N/A
2. Dean Larson Lois Larson (Spouse)	M F	02/04/1961 05/25/1959	DakotaBlue Trinity Platinum 90	49758724	Waived Waived	N/A

Product Information:

Estimated Monthly Premium:

Medical Product(s)

$3,956.33

Contract	Gender	Birth Date	Product Name	Quote ID	List Rate	Total
1. Dennis Dockter	M	07/24/1967	BlueDirect Gold 100	49758723	Waived	N/A
2. Dean Larson Lois Larson (Spouse)	M F	02/04/1961 05/25/1959	BlueDirect Gold 100	49758723	Waived Waived	N/A

Product Information:

Estimated Monthly Premium:

Medical Product(s)

$3,866.75

Contract	Gender	Birth Date	Product Name	Quote ID	List Rate	Total
1. Dennis Dockter	M	07/24/1967	BlueCare Gold 80	49758726	Waived	N/A
2. Dean Larson Lois Larson (Spouse)	M F	02/04/1961 05/25/1959	BlueCare Gold 80	49758726	Waived Waived	N/A

Product Information:

Estimated Monthly Premium:

Medical Product(s)

$3,810.88

Contract	Gender	Birth Date	Product Name	Quote ID	List Rate	Total
1. Dennis Dockter	M	07/24/1967	BlueCare Gold 70	49758719	Waived	N/A
2. Dean Larson Lois Larson (Spouse)	M F	02/04/1961 05/25/1959	BlueCare Gold 70	49758719	Waived Waived	N/A

Product Information:

Estimated Monthly Premium:

Medical Product(s)

$3,592.17

Contract	Gender	Birth Date	Product Name	Quote ID	List Rate	Total
1. Dennis Dockter	M	07/24/1967	BlueDirect Silver 100	49592692	$1,043.52	$1,043.52
2. Dean Larson Lois Larson (Spouse)	M F	02/04/1961 05/25/1959	BlueDirect Silver 100	49592692	$1,264.05 $1,284.60	$2,548.65

Product Information:

Estimated Monthly Premium:

Medical Product(s)

$3,534.46

Contract	Gender	Birth Date	Product Name	Quote ID	List Rate	Total
1. Dennis Dockter	M	07/24/1967	BlueDirect Silver 80	49592693	$1,026.76	$1,026.76
2. Dean Larson Lois Larson (Spouse)	M F	02/04/1961 05/25/1959	BlueDirect Silver 80	49592693	$1,243.74 $1,263.96	$2,507.70

Product Information: Group Number: 10639085

Estimated Monthly Premium:

Medical Product(s)

$3,534.46

Contract	Gender	Birth Date	Product Name	Group #	List Rate	Total
1. Dennis Dockter	M	07/24/1967	BlueDirect Silver 80	10639085	$1,026.76	$1,026.76
2. Dean Larson Lois Larson (Spouse)	M F	02/04/1961 05/25/1959	BlueDirect Silver 80	10639085	$1,243.74 $1,263.96	$2,507.70

Product Information:

Estimated Monthly Premium:

Medical Product(s)

$3,297.88

Contract	Gender	Birth Date	Product Name	Quote ID	List Rate	Total
1. Dennis Dockter	M	07/24/1967	DakotaBlue Trinity Gold 80	49592694	$958.03	$958.03
2. Dean Larson Lois Larson (Spouse)	M F	02/04/1961 05/25/1959	DakotaBlue Trinity Gold 80	49592694	$1,160.49 $1,179.36	$2,339.85

Product Information:

Estimated Monthly Premium:

Medical Product(s)

$3,153.01

Contract	Gender	Birth Date	Product Name	Quote ID	List Rate	Total
1. Dennis Dockter	M	07/24/1967	BlueCare Silver 60	49758721	Waived	N/A
2. Dean Larson Lois Larson (Spouse)	M F	02/04/1961 05/25/1959	BlueCare Silver 60	49758721	Waived Waived	N/A

Product Information:

Estimated Monthly Premium:

Medical Product(s)

$3,080.44

Contract	Gender	Birth Date	Product Name	Quote ID	List Rate	Total
1. Dennis Dockter	M	07/24/1967	BlueDirect Bronze 50	49758722	Waived	N/A
2. Dean Larson Lois Larson (Spouse)	M F	02/04/1961 05/25/1959	BlueDirect Bronze 50	49758722	Waived Waived	N/A

Product Information:

Estimated Monthly Premium:

Medical Product(s)

$2,686.83

Contract	Gender	Birth Date	Product Name	Quote ID	List Rate	Total
1. Dennis Dockter	M	07/24/1967	DakotaBlue Trinity Silver 60	49758725	Waived	N/A
2. Dean Larson Lois Larson (Spouse)	M F	02/04/1961 05/25/1959	DakotaBlue Trinity Silver 60	49758725	Waived Waived	N/A

City of Wilton - 284840
10086233
01/01/2025

Product Rates

Age	# of Mbrs	BlueCare Platinum 90 (Estimated Monthly Premium: $4,656.65)	BlueCare Platinum 80 (Estimated Monthly Premium: $4,606.48)	DakotaBlue Trinity Platinum 90 (Estimated Monthly Premium: $3,959.86)	BlueDirect Gold 100 (Estimated Monthly Premium: $3,956.33)	BlueCare Gold 80 (Estimated Monthly Premium: $3,866.75)
0 - 14		$424.64	$420.07	$361.10	$360.78	$352.61
15		$462.39	$457.41	$393.20	$392.85	$383.95
16		$476.82	$471.69	$405.47	$405.11	$395.94
17		$491.25	$485.96	$417.75	$417.37	$407.92
18		$506.80	$501.34	$430.96	$430.58	$420.83
19		$522.34	$516.71	$444.18	$443.79	$433.74
20		$538.99	$533.19	$458.34	$457.93	$447.56
21		$555.09	$549.11	$472.03	$471.61	$460.93
22		$555.09	$549.11	$472.03	$471.61	$460.93
23		$555.09	$549.11	$472.03	$471.61	$460.93
24		$555.09	$549.11	$472.03	$471.61	$460.93
25		$557.31	$551.31	$473.92	$473.50	$462.77
26		$568.41	$562.29	$483.36	$482.93	$471.99
27		$581.73	$575.47	$494.69	$494.25	$483.05
28		$603.38	$596.88	$513.10	$512.64	$501.03
29		$621.15	$614.45	$528.20	$527.73	$515.78
30		$630.03	$623.24	$535.75	$535.28	$523.16
31		$643.35	$636.42	$547.08	$546.60	$534.22
32		$656.67	$649.60	$558.41	$557.91	$545.28
33		$665.00	$657.83	$565.49	$564.99	$552.19
34		$673.88	$666.62	$573.04	$572.53	$559.57
35		$678.32	$671.01	$576.82	$576.31	$563.26
36		$682.76	$675.41	$580.60	$580.08	$566.94
37		$687.20	$679.80	$584.37	$583.85	$570.63
38		$691.64	$684.19	$588.15	$587.63	$574.32
39		$700.52	$692.98	$595.70	$595.17	$581.69
40		$709.41	$701.76	$603.25	$602.72	$589.07
41		$722.73	$714.94	$614.58	$614.04	$600.13
42		$735.49	$727.57	$625.44	$624.88	$610.73
43		$753.26	$745.14	$640.54	$639.97	$625.48
44		$775.46	$767.11	$659.43	$658.84	$643.92
45		$801.55	$792.91	$681.61	$681.00	$665.58
46		$832.64	$823.67	$708.05	$707.42	$691.40
47		$867.61	$858.26	$737.78	$737.13	$720.43
48		$907.57	$897.79	$771.77	$771.08	$753.62
49		$946.98	$936.78	$805.28	$804.57	$786.35
50		$991.39	$980.71	$843.05	$842.30	$823.22
51		$1,035.24	$1,024.09	$880.34	$879.55	$859.63
52		$1,083.54	$1,071.86	$921.40	$920.58	$899.74
53		$1,132.38	$1,120.18	$962.94	$962.08	$940.30
54		$1,185.12	$1,172.35	$1,007.78	$1,006.89	$984.09
55		$1,237.85	$1,224.52	$1,052.63	$1,051.69	$1,027.87
56		$1,295.02	$1,281.07	$1,101.25	$1,100.27	$1,075.35
57	1	$1,352.75	$1,338.18	$1,150.34	$1,149.31	$1,123.29
58		$1,414.37	$1,399.13	$1,202.73	$1,201.66	$1,174.45
59		$1,444.90	$1,429.33	$1,228.69	$1,227.60	$1,199.80

Product Rates

Age	# of Mbrs	BlueCare Gold 70 (Estimated Monthly Premium: $3,810.88)	BlueDirect Silver 100 (Estimated Monthly Premium: $3,592.17)	BlueDirect Silver 80 (Estimated Monthly Premium: $3,534.46)	BlueDirect Silver 80 (Estimated Monthly Premium: $3,534.46) (Group Number: 10639085)	DakotaBlue Trinity Gold 80 (Estimated Monthly Premium: $3,297.88)
0 - 14		$347.52	$327.57	$322.31	$322.31	$300.74
15		$378.41	$356.69	$350.96	$350.96	$327.47
16		$390.22	$367.82	$361.91	$361.91	$337.69
17		$402.03	$378.96	$372.87	$372.87	$347.91
18		$414.75	$390.95	$384.67	$384.67	$358.92
19		$427.47	$402.94	$396.46	$396.46	$369.93
20		$441.10	$415.78	$409.10	$409.10	$381.72
21		$454.27	$428.20	$421.32	$421.32	$393.12
22		$454.27	$428.20	$421.32	$421.32	$393.12
23		$454.27	$428.20	$421.32	$421.32	$393.12
24		$454.27	$428.20	$421.32	$421.32	$393.12
25		$456.09	$429.91	$423.01	$423.01	$394.69
26		$465.17	$438.48	$431.43	$431.43	$402.55
27		$476.07	$448.75	$441.54	$441.54	$411.99
28		$493.79	$465.45	$457.97	$457.97	$427.32
29		$508.33	$479.16	$471.46	$471.46	$439.90
30		$515.60	$486.01	$478.20	$478.20	$446.19
31		$526.50	$496.28	$488.31	$488.31	$455.63
32		$537.40	$506.56	$498.42	$498.42	$465.06
33		$544.22	$512.98	$504.74	$504.74	$470.96
34		$551.48	$519.83	$511.48	$511.48	$477.25
35		$555.12	$523.26	$514.85	$514.85	$480.39
36		$558.75	$526.69	$518.22	$518.22	$483.54
37		$562.39	$530.11	$521.59	$521.59	$486.68
38		$566.02	$533.54	$524.96	$524.96	$489.83
39		$573.29	$540.39	$531.71	$531.71	$496.12
40		$580.56	$547.24	$538.45	$538.45	$502.41
41		$591.46	$557.52	$548.56	$548.56	$511.84
42		$601.91	$567.37	$558.25	$558.25	$520.88
43		$616.44	$581.07	$571.73	$571.73	$533.46
44		$634.62	$598.20	$588.58	$588.58	$549.19
45		$655.97	$618.32	$608.39	$608.39	$567.67
46		$681.41	$642.30	$631.98	$631.98	$589.68
47		$710.02	$669.28	$658.52	$658.52	$614.45
48		$742.73	$700.11	$688.86	$688.86	$642.75
49		$774.98	$730.51	$718.77	$718.77	$670.66
50		$811.33	$764.77	$752.48	$752.48	$702.11
51		$847.21	$798.59	$785.76	$785.76	$733.17
52		$886.74	$835.85	$822.42	$822.42	$767.37
53		$926.71	$873.53	$859.49	$859.49	$801.96
54		$969.87	$914.21	$899.52	$899.52	$839.31
55		$1,013.02	$954.89	$939.54	$939.54	$876.66
56		$1,059.81	$998.99	$982.94	$982.94	$917.15
57	1	$1,107.06	$1,043.52	$1,026.76	$1,026.76	$958.03
58		$1,157.48	$1,091.05	$1,073.52	$1,073.52	$1,001.67
59		$1,182.46	$1,114.60	$1,096.70	$1,096.70	$1,023.29

Product Rates

Age	# of Mbrs	BlueCare Silver 60 (Estimated Monthly Premium: $3,153.01)	BlueDirect Bronze 50 (Estimated Monthly Premium: $3,080.44)	DakotaBlue Trinity Silver 60 (Estimated Monthly Premium: $2,686.83)
0 - 14		$287.53	$280.91	$245.01
15		$313.08	$305.88	$266.79
16		$322.86	$315.42	$275.12
17		$332.63	$324.97	$283.45
18		$343.15	$335.25	$292.42
19		$353.67	$345.54	$301.38
20		$364.95	$356.55	$310.99
21		$375.85	$367.20	$320.28
22		$375.85	$367.20	$320.28
23		$375.85	$367.20	$320.28
24		$375.85	$367.20	$320.28
25		$377.35	$368.67	$321.56
26		$384.87	$376.01	$327.97
27		$393.89	$384.83	$335.65
28		$408.55	$399.15	$348.14
29		$420.58	$410.90	$358.39
30		$426.59	$416.77	$363.52
31		$435.61	$425.58	$371.20
32		$444.63	$434.40	$378.89
33		$450.27	$439.91	$383.70
34		$456.28	$445.78	$388.82
35		$459.29	$448.72	$391.38
36		$462.30	$451.66	$393.94
37		$465.30	$454.59	$396.51
38		$468.31	$457.53	$399.07
39		$474.32	$463.41	$404.19
40		$480.34	$469.28	$409.32
41		$489.36	$478.09	$417.00
42		$498.00	$486.54	$424.37
43		$510.03	$498.29	$434.62
44		$525.06	$512.98	$447.43
45		$542.73	$530.24	$462.48
46		$563.78	$550.80	$480.42
47		$587.45	$573.93	$500.60
48		$614.51	$600.37	$523.66
49		$641.20	$626.44	$546.40
50		$671.27	$655.82	$572.02
51		$700.96	$684.83	$597.32
52		$733.66	$716.77	$625.19
53		$766.73	$749.09	$653.37
54		$802.44	$783.97	$683.80
55		$838.15	$818.86	$714.22
56		$876.86	$856.68	$747.21
57	1	$915.95	$894.87	$780.52
58		$957.67	$935.63	$816.07
59		$978.34	$955.82	$833.69
60		$1,020.06	$996.58	$869.24

ND

Client Information Verification

Client Information

Client Name:	CITY OF WILTON	BCBSND Representative:	Laura Stringer
BCBSND District Office:	Bismarck	BCBSND Support:	Annie Cameron
Client Number:	284840	Broker Name:	MISSOURI VALLEY INSURANCE INC
Effective Date:	01/01/2025	Parent Account:	
Anniversary:	January	SIC Code:	9121
Physical Address:	121 DAKOTA AVE Wilton, ND 58579	EIN:	45-6002188
Consortium (if applicable):		Tefra/Obra:	Not Affected

Current Contribution for Eligible Employees

Type	Individual	Parent & Child	Parent & Children	Two Person	Family	Health Plan	Class
Health	50.00%						

Eligibility Information

Number of Benefit Eligible Employees: 3

Weekly Minimum Hours: 30

New Hire Eligibility: 1st of the Month

Probation Period: 0 days of continuous employment for new hire eligibility.

Domestic Partner Coverage: No

Note: The probation period must be the same for all products offered. Any time a client has health coverage along with dental and/or vision, the probation period must not exceed 60 days.

Product Renewal Information

Group Number	Group Name	Product Name
10639085	City of Wilton	BlueDirect Silver 80 3500 OFFX IND ECH FAM Jan

Contact Information

Contract Signor	Billing	Correspondence
Name: LeeAnn Domonoske-Keller	**Name:** Pattie Solberg	**Name:** Pattie Solberg
Mailing Address: PO Box 278 Wilton, ND 58579	**Mailing Address:** PO Box 278 WILTON, ND 58579	**Mailing Address:** PO Box 278 WILTON, ND 58579
Email: wiltonnd@becktel.com	**Email:** wiltonnd@bektel.com	**Email:** wiltonnd@bektel.com
Phone: 7017346707	**Phone:** 7017346707	**Phone:** 7017346707
Fax:	**Fax:**	**Fax:**

Client Changes and/or Comments

2024 Medical Loss Ratio

The Affordable Care Act (ACA) requires insurers, such as Blue Cross Blue Shield of North Dakota (BCBSND), to report information related to medical loss ratios (MLR) for large and small employer groups. MLR refers to the percentage of your premium dollars that an insurance company spends to provide health care and improve the quality of care, versus how much the company spends on administrative and overhead costs. ACA requires that insurers spend at least 80 cents of the individual and small group premium dollar and at least 85 cents of the large group premium dollar on health care services and health care quality improvement.
Because MLR is based on group size, we are asking you to indicate below whether your average number of employees for the previous calendar year was fewer than 50 employees or 51 or more employees. The ACA also requires us to identify instances where a sole proprietor and/or a spouse-employee are the only enrolled employees in a group, so we are asking for this information as well.

ACA requires that you include full-time, part-time, temporary and seasonal employees who receive a W-2 form in your employee total. Employees should be included in the count regardless of their eligibility to enroll in your group health plan. Independent contractors are not included in this count. Include all people employed at all companies within a controlled group or under common control under Internal Revenue code sections 414(b), (c), (m) or (o) whether or not the related or subsidiary companies have coverage with BCBSND.

You may already report your number of employees for other federal mandates; however, there may be differences in the requirements for each federal mandate. We are providing a sample chart below as a guide to determine your average number of employees.

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	Average
Ft Emp.	21	23	24	25	26	25	28	26	23	27	29	30	307	
PT Emp.	3	3	3	2	2	2	1	1	4	4	4	4	33	
Seasonal	1	1	1	0	0	0	0	0	59	69	33	0	164	
Total	25	27	28	27	28	27	29	27	86	100	66	34	504	42

** MLR does not apply to self-funded groups or groups without a health product.*
You can find your average number of employees by dividing your total number by 12 or by the number of months you were in business in the previous calendar year. In this example, 504 divided by 12 equals 42.

___ This company is a **sole proprietorship** and covered no employees other than the owner and/or spouse during calendar year 2024.

___ This company employed an average of 50 or fewer employees during calendar year 2024.

___ This company employed an average of 51 or more employees during calendar year 2024.

This information is gathered to ensure compliance with federal law.
I certify this information is accurate. I acknowledge the continuing obligation to notify BCBSND of any changes to this information.

Authorized signature _____ **Date** _____

Bill Summary
October 2, 2024

-99592	Verizon Wireless	Utilities	204.52
-99591	BCBS of ND	Health Insurance	2,989.44
-99590	Visa	Dump Truck Parts, Misc. Supplie	1,174.43
-99589	ND Unclaimed Property	Uncashed Payroll	92.35
-89550	NDPERS	Def Comp	112.50
-89549	NDPERS	Retirement	2,229.51
-89548	ND Office of State Tax Commission	Withholdings	77.11
-89547	US Treasury	Withholdings	3,157.90
-89546	Job Service of ND	Unemployment	51.08
-89545	NDPERS	Insurance	26.00
-89544	NDPERS	Def Comp	112.50
53	Starion Bond Service	Bond Payment	4,260.00
1046	Starion Bond Service	Bond Payment	2,640.00
21975	Starion Bond Service	Bond Payment	940.00
21976	Phoenix Construction	Hall Roof Repairs	3,000.00
21977	Tru-Community Bank	HSA	410.00
21978	Tru-Community Bank	HSA	100.00
21979	Dennis Dockter	Salary	1,577.81
21980	Morgan Hedstrom	Salary	138.52
21981	Dean Larson	Salary	1,667.51
21982	Pattie Solberg	Salary	1,965.98
21983	Nordak North Publication	Publications	152.06
21984	Nd Dept. of Health	Water Sample	25.00
21985	Farmers Union Oil	Fuel	785.13
21986	Circle Sanitation	Garbage Services	8,910.00
21987	ND One Call	Locates	47.35
21988	Brady, Martz & Associates	2023 Audit	4,500.00
21989	Auto Value	Siren Repairs	1,008.42
21990	Electrical Systems	Siren Repairs	6,524.80
21991	Bek Communications	Utilities	9.95
21992	ND Dept of Health	Lagoon Sample	183.52
21993	SCRWD	Water Purchase	16,385.44
21994	Montana Dakota Utilities	Utilities	112.58
21995	Ottertail Power	Utilities	2,413.65
			$ 67,985.06