

**URBANDALE COMMUNITY SCHOOL DISTRICT
BOARD OF DIRECTORS' MEETING
MONDAY, APRIL 11, 2016
BOARD MEETING/ WORK SESSION – 6:00 P.M.
URBANDALE MIDDLE SCHOOL - 7701 AURORA AVENUE
CHRIS GUNNARE, PRESIDENT**

Our Mission: teach all/reach all

Our Vision: Urbandale will be a school district that brings learning to life for everyone.

UCSD School Board Mission: To partner with stakeholders to teach all and reach all through governance of Board Policy and Operating Protocol.

*Urbandale is a national leader in **CHARACTER COUNTS!**, endeavoring at all times to promote and model the principles of trustworthiness, respect, responsibility, fairness, caring and citizenship. In conducting tonight's meeting, we expect that all participants will act in a respectful manner consistent with these principles*

AGENDA

Urbandale Middle School – 7701 Aurora Avenue

- I. **Call to Order and Roll Call**
- II. **Approval of Agenda**
- III. **Activities & Topics of Discussion**
 - A. Urbandale Middle School Tour and Meet the Middle School PTO
- IV. **Public Hearing Dates - **Public Hearings will take place no sooner than 7:00 P.M.***
 - A. Presentation of the Proposed 2016-2017 Certified Budget
 - B. Public Hearing of the 2016-2017 Certified Budget
 - C. Adopt 2016-2017 Certified Budget
 - D. Public Hearing Regarding the 2016-2017 Metro West Learning Academy Calendar
- V. **Consent Agenda Items - Business Procedures (801)**
 - A. Approval of November 23, 2015 Board Meeting Minutes
 - B. Approval of December 21, 2015 Board Meeting Minutes
 - C. Approval of March 28, 2016 Board Meeting Minutes
 - D. Approval of the Personnel Report
 - E. Approval of the Annual Renewal of the Wellmark Health and Dental Benefits
 - F. Approval in the 2016-2017 Metro West Learning Academy Calendar
 - G. Approval of the Change Order from DLR regarding Karen Acres Renovations
 - H. Approval of the MidAmerican Underground Electric Line Easement

I. Approval of the LifeTouch Elementary Yearbooks Publication Agreement

VI. **Work Session**

A. Goal Setting with the Board of Directors

B. Class Size Discussion

VII. **Discussion of Other Matters**

VIII. **Meeting Evaluation Form**

IX. **Adjourn**

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AGENDA

Urbandale Middle School – 7701 Aurora Avenue

I. Call to Order and Roll Call

Name	Present	Absent
Aaron Applegate	_____	_____
Aldrich Cabildo	_____	_____
Graham Giles	_____	_____
Chris Gunnare	_____	_____
Katherine Howsare	_____	_____
Cate Newberg	_____	_____
Tanya Ruden	_____	_____

II. Approval of Agenda

BE IT RESOLVED that the Board of Directors approve the Agenda for the Board meeting being held on Monday, April 11, 2016.

Motion by: _____ Seconded by: _____

Board action:

III. **Activities & Topics of Discussion**

A. Urbandale Middle School Tour and the Middle School PTO.

Loren DeKruyf, Principal of the Urbandale Middle School will facilitate a tour of the Middle School and introduce the PTO representatives

IV. **Public Hearing Dates - *Public Hearings will take place no sooner than 7:00 P.M.**

A. Presentation of the Proposed 2016-2017 Certified Budget - Special Report # 1

Shelly Clifford, Chief Financial Officer, will present information about the District’s Certified Budget for 2016-2017.

B. Public Hearing of the 2016-2017 Certified Budget

C. Adopt 2016-2017 Certified Budget - Special Report # 2

BE IT RESOLVED that the Board of Directors adopt the 2016-2017 Certified Budget as presented.

Motioned by _____ Seconded by _____

Board action, roll call vote:

Name	Yes	No
Aaron Applegate	_____	_____
Aldrich Cabildo	_____	_____
Graham Giles	_____	_____
Chris Gunnare	_____	_____
Katherine Howsare	_____	_____
Cate Newberg	_____	_____
Tanya Ruden	_____	_____

D. Public Hearing Date of 2016-17 Metro West Learning Academy Calendar - Special Report# 3

V. **Consent Agenda Items - Business Procedures (801)**

Are there any consent agenda items that need to be extracted for separate consideration? If not, I will entertain a motion to approve consent agenda items A through I.

- A. Approval of November 23, 2015 Board Meeting Minutes - *Special Report # 4*
- B. Approval of December 21, 2015 Board Meeting Minutes - *Special Report # 5*
- C. Approval of March 28, 2016 Board Meeting Minutes - *Special Report # 6*
- D. Approval of the Personnel Report - *Special Report # 7*

- E. Approval of the Renewal of the Wellmark Health and Dental Benefits - *Special Report # 8*
- F. Approval in the 2016-2017 Metro West Learning Academy Calendar - *Special Report # 3*
- G. Approval of the Change Order regarding Karen Acres Renovations- *Special Report # 9*
- H. Approval of the MidAmerican Underground Electric Line Easement - *Special Report # 10*
- I. Approval of Lifetouch Co. for Elementary Yearbooks Publication - *Special Report # 11*

BE IT RESOLVED that the Board of Directors approve the Consent Agenda items A-I.

Motioned by _____ Seconded by _____

Board action:

VI. Work Session

A. Goal Setting with the Board of Directors

Denise Wood, Director of Quality and Continual Improvement, will facilitate a goal setting session with the Directors

B. Class Size Discussions

Steve Bass, Superintendent, will lead discussions regarding class sizes for the upcoming 2016-2017 school year.

VII. Discussion of Other Matters

VIII. Meeting Evaluation Form

IX. Adjourn

Urbandale Community School District

2017 Certified Budget Hearing

Text
Text
Shelly Clifford
Chief Financial Officer

April 11, 2016

Budgeting Timeline

April 11 Meeting:

- Hear Public Comments
- Budget Adoption

Before April 15:

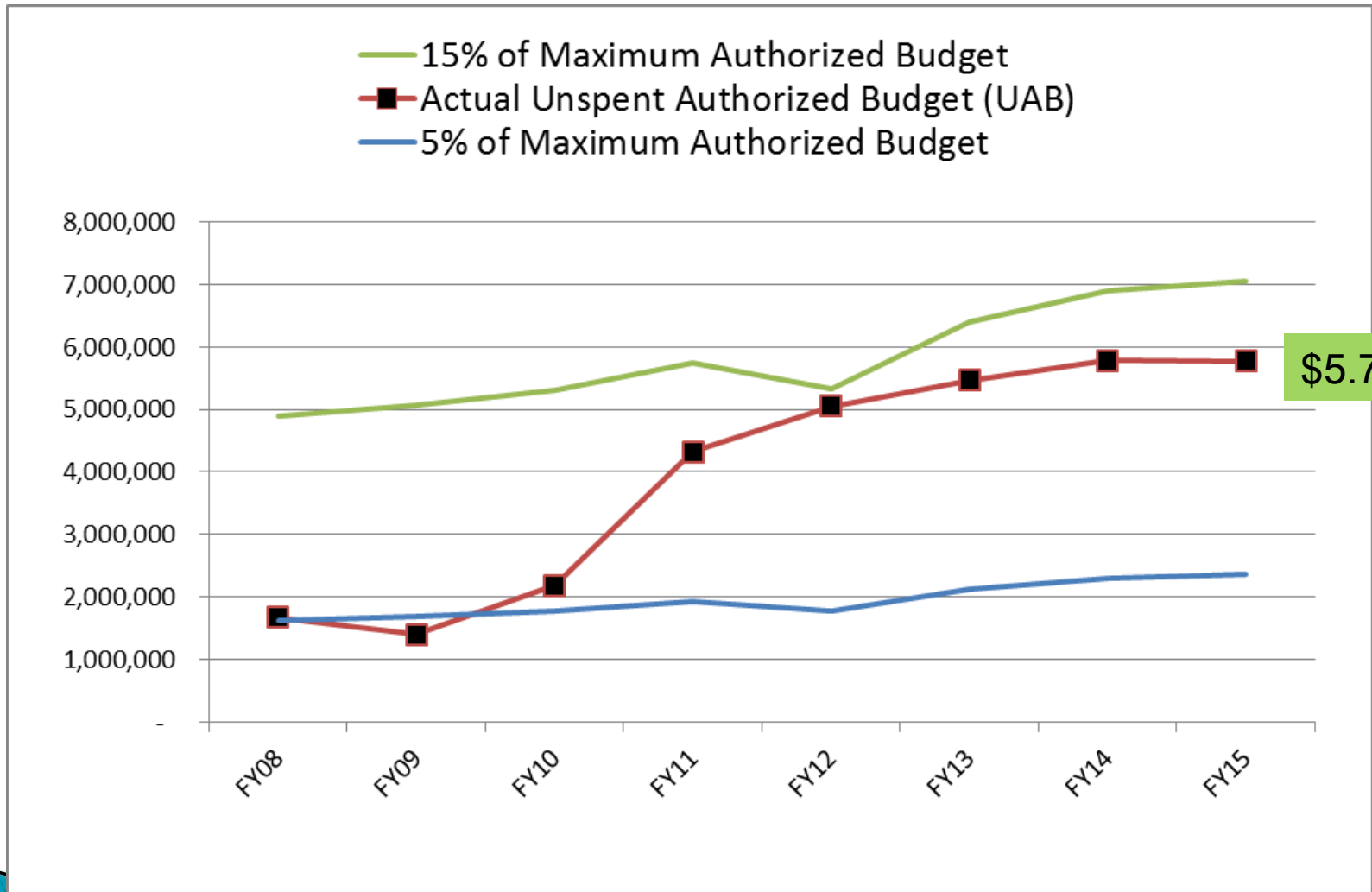
- Deliver to County Auditor
- Submit to Dept of Management

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
March						
		1	2	3	4	5
6	7 Final budget discussions, Approve hearing date ✓	8	9	10	11	12
13	14 - 18 SPRING BREAK					19
20	21	22	23	24	25	26
27	28 Approval of Proposed Budget, Approval to Publish ✓	29 SBO meets 10 am deadline for legal publication ✓	30	31		
April						
					1 Budget publication in DM Register Urbandale News ✓	2
3	4	5	6	7	8	9
10	11 Public Hearing and Budget Adoption	12	13 SBO delivers budget to County Auditor Office	14	15 Budget due at County Auditor Office	16

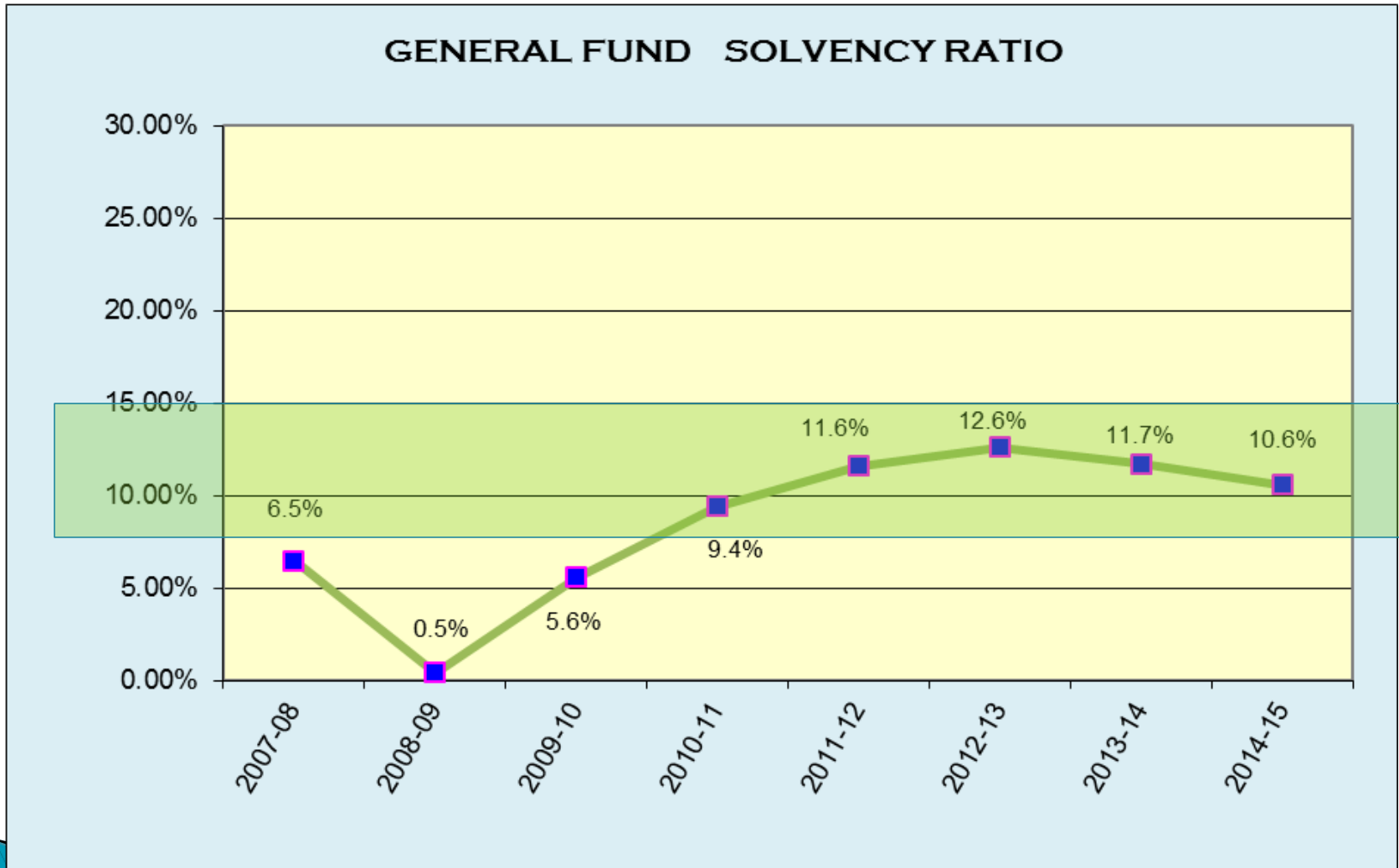
2016-17 Budgeting Environment:

- ▶ The House and Senate approved SF174 and SF175 with 2.25% State Supplemental Aid (SSA) on 3/22/16. The bills were not brought forward to the Governor for signature, so the District prepared a budget using 0% SSA. The Governor signed SF174 and SF175 on 4/6/16. The District's public hearing will take place on 4/11/16, and the Board will adopt their Certified Budget that evening.
- ▶ Dept of Management will adjust all school budgets to the 2.25% SSA and issue revised Tax Certification for review in May 2016. The District always has the opportunity to adjust a tax rate lower than what was adopted.
- ▶ Property Valuations increased favorably, rising by more than 4% over prior year. This is the largest property valuations increase in eight years.

Unspent Authorized Budget (UAB)



Urbandale Solvency Ratio History



Proposed Budget - Resources

Department of Management - Form S-PB-8

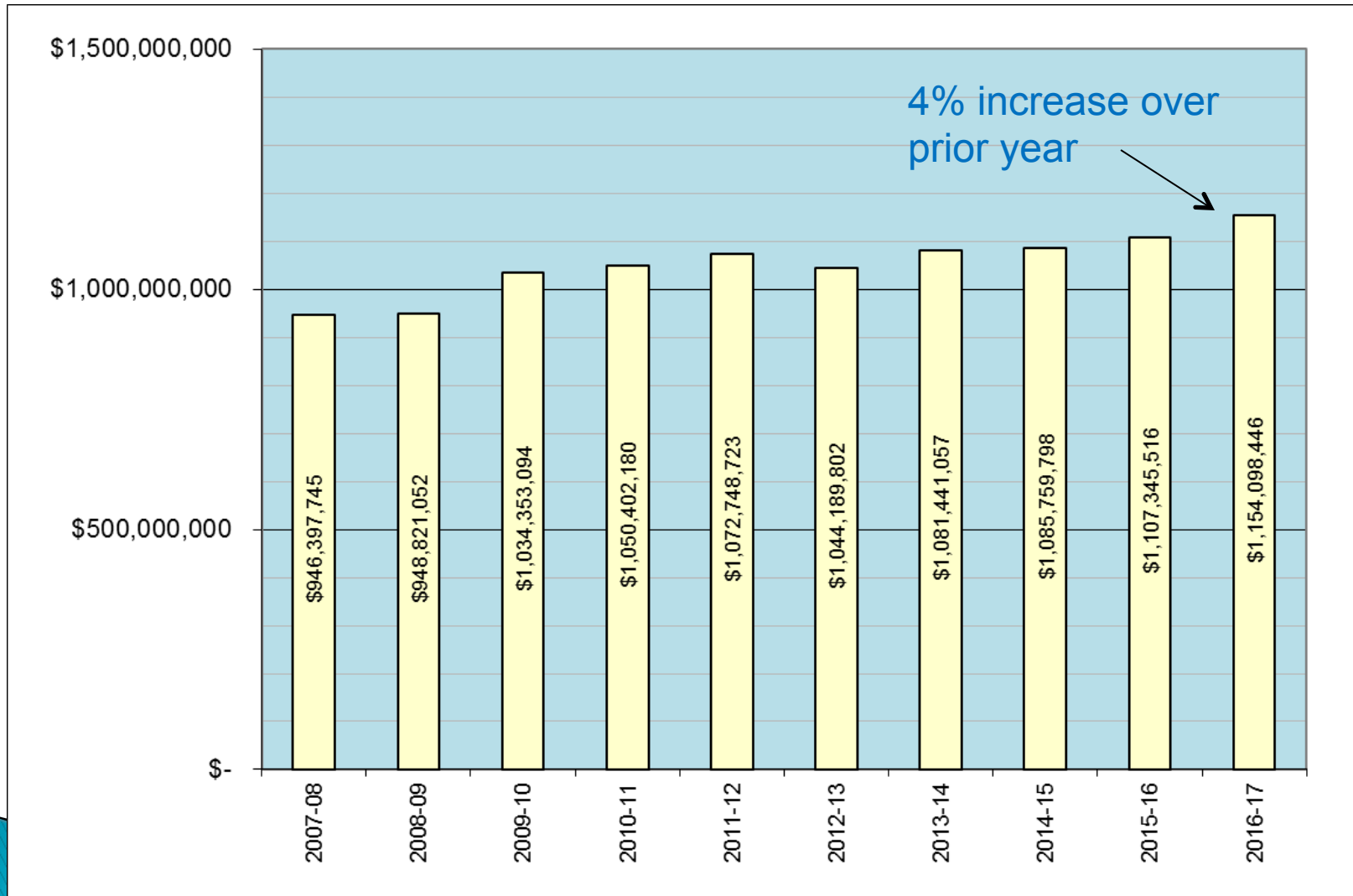
		Budget 2017	Re-est. 2016	Actual 2015	Avg % 15-17
Taxes Levied on Property	1	19,926,543	19,126,145	18,550,169	3.6%
Utility Replacement Excise Tax	2	982,291	1,007,933	994,437	-0.6%
Income Surtaxes	3	0	0	0	
Tuition\Transportation Received	4	8,000,000	7,000,000	6,579,151	
Earnings on Investments	5	15,550	20,550	54,088	
Nutrition Program Sales	6	1,300,000	1,300,000	1,091,761	
Student Activities and Sales	7	1,280,000	1,120,000	766,666	
Other Revenues from Local Sources	8	4,235,000	3,935,000	2,700,191	
Revenue from Intermediary Sources	9	60,000	55,000	47,159	
State Foundation Aid	10	20,263,417	18,978,057	18,855,635	
Instructional Support State Aid	11	0	85,379	0	
Other State Sources	12	4,717,865	4,442,865	3,509,105	
Commercial & Industrial State Replacement	13	582,646	614,651	172,594	
Title 1 Grants	14	300,000	300,000	273,763	
IDEA and Other Federal Sources	15	1,600,000	1,600,000	1,600,126	
Total Revenues	16	63,263,312	59,585,580	55,194,845	
General Long-Term Debt Proceeds	17	0	0	5,794,395	
Transfers In	18	2,109,460	2,108,391	2,108,966	
Proceeds of Fixed Asset Dispositions	19	0	0	11,152	
Total Revenues & Other Sources	20	65,372,772	61,693,971	63,109,358	
Beginning Fund Balance	21	9,458,056	16,431,142	30,061,827	
Total Resources	22	74,830,828	78,125,113	93,171,185	

Proposed Budget - Requirements

Department of Management - Form S-PB-8

		Budget 2017	Re-est. 2016	Actual 2015	Avg % 15-17
*Instruction	23	31,833,728	30,914,087	28,535,395	5.6%
Student Support Services	24	2,552,585	2,214,837	1,950,183	
Instructional Staff Support Services	25	2,632,447	2,394,799	1,752,508	
General Administration	26	953,298	810,394	864,054	
School/Building Administration	27	3,325,606	3,218,917	2,740,189	
Business & Central Administration	28	1,910,504	1,874,707	1,443,148	
Plant Operation and Maintenance	29	5,400,718	5,122,394	4,124,234	
Student Transportation	30	1,526,685	1,462,559	1,235,065	
This row is intentionally left blank	31	0	0	0	
*Total Support Services (lines 24-31)	31A	18,301,843	17,098,607	14,109,381	13.9%
*Noninstructional Programs	32	4,814,552	4,794,552	3,219,866	22.3%
Facilities Acquisition and Construction	33	3,800,000	5,790,000	904,966	
Debt Service	34	6,312,449	6,485,000	25,037,314	
AEA Support - Direct to AEA	35	1,494,890	1,476,420	1,378,897	
*Total Other Expenditures (lines 33-35)	35A	11,607,339	13,751,420	27,321,177	-34.8%
Total Expenditures	36	66,557,462	66,558,666	73,185,819	
Transfers Out	37	2,109,460	2,108,391	3,554,224	
Total Expenditures & Other Uses	38	68,666,922	68,667,057	76,740,043	
Ending Fund Balance	39	6,163,906	9,458,056	16,431,142	
Total Requirements	40	74,830,828	78,125,113	93,171,185	
Proposed Tax Rate (per \$1,000 taxable valuation)		17.70258			

Property Valuation History

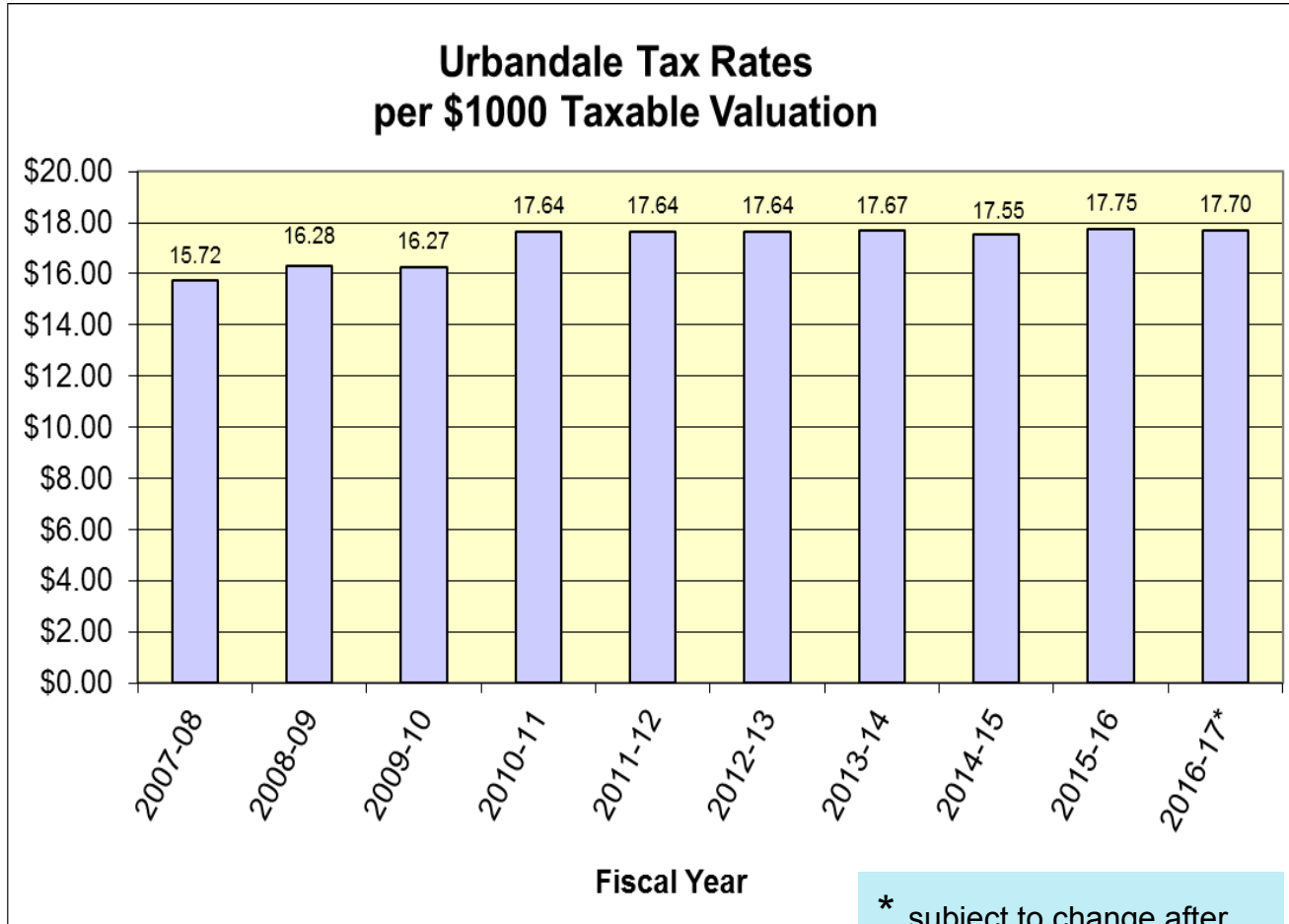


Proposed Tax Rates by Fund for 2017:

Tax Rates - Prior Year Comparison

	Proposed for 2016-17		Levy & Rates for 2015-16		Rate increase (decrease)
	Dollars Generated	Rate	Dollars Generated	Rate	
General Fund Levy					
Levy to fund Combined District Cost	\$ 9,971,171	\$ 8.63979	\$ 10,075,515	\$ 9.09880	(0.46)
Instructional Support Levy	1,679,796	1.35739	1,561,800	1.41040	(0.05)
Cash Reserve Levy - SBRC	2,241,304	1.94204	2,276,259	2.05560	(0.11)
Cash Reserve Levy - Other	695,000	0.60220	-	-	0.60
Total General Fund Levy	\$ 14,587,271	\$ 12.54142	\$ 13,913,575	\$ 12.56480	(0.02)
Management Fund Levy	750,000	0.64986	750,000	0.67730	(0.03)
Voted Physical Plant and Equipment Levy (PPEL)	804,389	0.65000	579,568	0.49000	0.16
Regular Physical Plant and Equipment Levy (PPEL)	408,382	0.33000	390,321	0.33000	0.00
Public Education and Recreation Levy (PERL)	155,803	0.13500	149,492	0.13500	(0.00)
Debt Service Levy	4,202,989	3.39630	4,207,497	3.55726	(0.16)
Total dollars levied:	\$ 20,908,834		\$ 19,990,453		
Total tax rate per \$1000 taxable valuation:		\$ 17.70258		\$ 17.75436	(0.05)

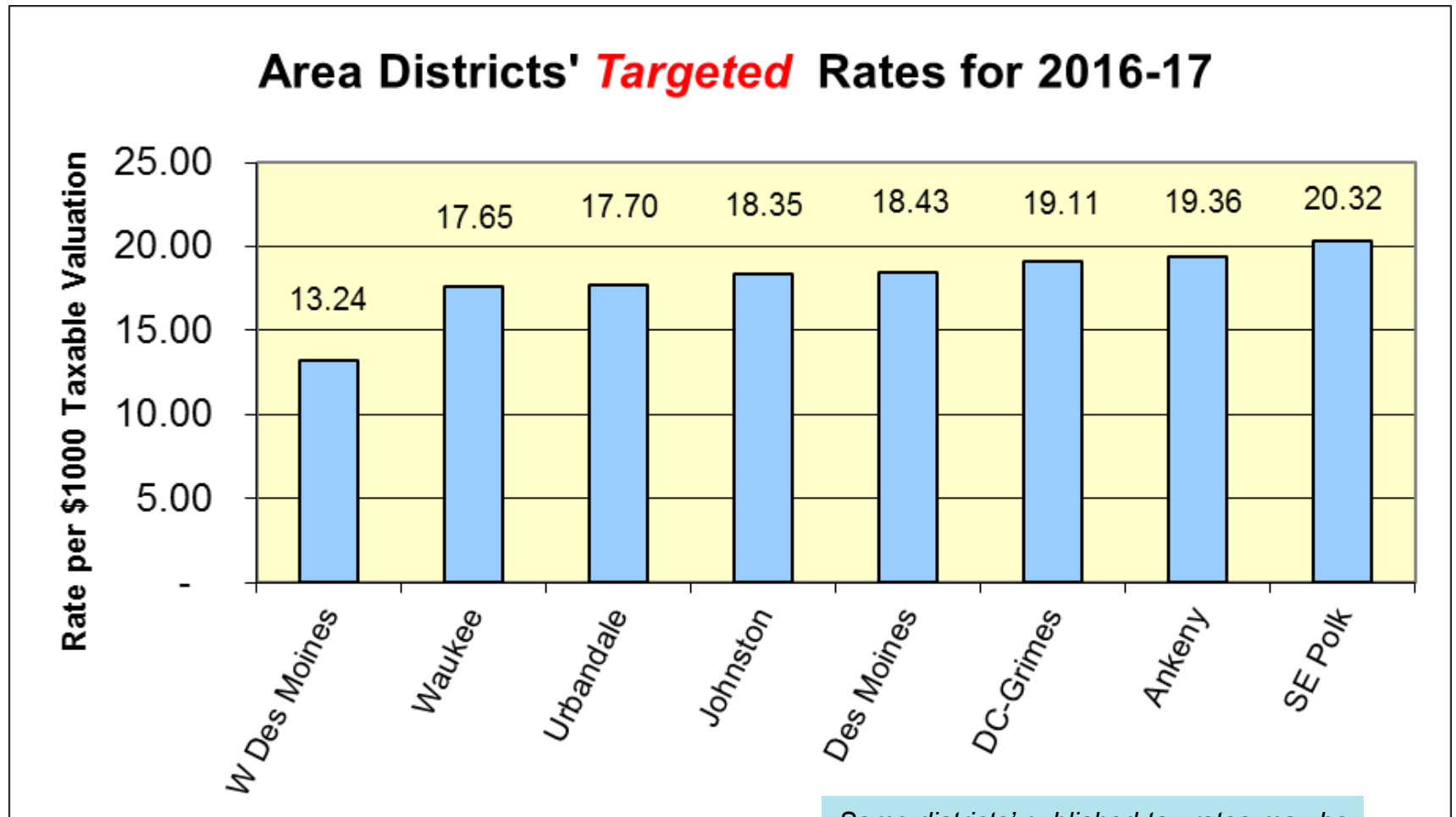
Urbandale Tax Rates History



* subject to change after SSA rate is finalized

- If the final SSA % generates a higher tax rate, the adopted rate can be adjusted lower.
- However, after budget adoption, no levy can be increased.

Tax Rates Comparison



Some districts' published tax rates may be different than shown here, but these are their targeted rates once SSA is finalized.

What questions do you have?

What other information would you like to receive?



- ▶ Shelly Clifford, CFO
 - (515) 457-5003
 - cliffords@urbandaleschools.com

FY 2017 Aid and Levy Worksheet

URBANDALE

AEA/Dist No. 11 6579

0.0000	Enter Regular Program State Percent of Growth
0.0000	Enter Teacher Salary Supplement State Percent of Growth
0.0000	Enter Professional Development Supplement State Percent of Growth
0.0000	Enter Early Intervention Supplement State Percent of Growth
0.0000	Enter Teacher Leadership Supplement State Percent of Growth

BUDGET ENROLLMENT

	3,408.7*	1.1	Budget Enrollment (Oct 2015 Budget Enrollment)
	.00**	1.2	Audited Change in Oct 2014 Certified Enrollment
X	6,446	1.3	FY16 Regular Program District Cost Per Pupil (Line 2.3 - FY16 Aid & Levy)
=	0	1.4	Enrollment Audit Adjustment
	5,640	1.5	FY16 Regular Program Foundation Cost Per Pupil
X	.00**	1.6	Audited Change in Oct 2014 Certified Enrollment (Line 1.2)
=	0	1.7	Enrollment Audit Adjustment - State Aid Portion

COST PER PUPIL AMOUNTS

	6,446	2.1	FY16 Regular Program District Cost Per Pupil (Line 1.3)
+	0	2.2	FY17 Regular Program Supplemental State Aid Amount Per Pupil
=	6,446	2.3	FY17 Regular Program District Cost Per Pupil
	563.29**	2.4	FY16 Teacher Salary Supplement Cost Per Pupil (Line 2.6 - FY16 Aid & Levy)
+	.00**	2.5	FY17 Teacher Salary Supplement Supplemental State Aid Amount Per Pupil
=	563.29**	2.6	FY17 Teacher Salary Supplement Cost Per Pupil
	66.55**	2.7	FY16 Professional Dev Suppl Cost Per Pupil (Line 2.9 - FY16 Aid & Levy)
+	.00**	2.8	FY17 Professional Development Supplement Supplemental State Aid Amt Per Pupil
=	66.55**	2.9	FY17 Professional Development Supplement Cost Per Pupil
	63.64**	2.10	FY16 Early Intervention Suppl Cost Per Pupil (Line 2.12 - FY16 Aid & Levy)
+	.00**	2.11	FY17 Early Intervention Supplement Supplemental State Aid Amount Per Pupil
=	63.64**	2.12	FY17 Early Intervention Supplement Cost Per Pupil
	312.68**	2.13	FY16 Teacher Leadership Suppl Cost Per Pupil (Line 2.15 - FY16 Aid & Levy)
+	.00**	2.14	FY17 Teacher Leadership Supplement Supplemental State Aid Amount Per Pupil
=	312.68**	2.15	FY17 Teacher Leadership Supplement Cost Per Pupil

WEIGHTED ENROLLMENT

	115.20**	3.1	0.72 Special Ed Weighting in Addition to 1.0
+	110.15**	3.2	1.21 Special Ed Weighting in Addition to 1.0
+	80.83**	3.3	2.74 Special Ed Weighting in Addition to 1.0
=	306.18**	3.4	Total Special Ed Weighting in Addition to 1.0
+	3,408.7*	3.5	Budget Enrollment (Line 1.1)
=	3,714.88**	3.6	AEA Weighted Enrollment
+	.00**	3.7	AEA Supplementary Weight for Sharing
=	3,714.88**	3.8	AEA Weighted Enrollment with AEA Supplementary Weight for Sharing
+	36.190***	3.9	Supplementary Weighting - Sharing
+	12.863***	3.10	Supplementary Weighting - At-Risk Formula
+	44.88**	3.11	Supplementary Weighting - ELL
+	.000***	3.12	Supplementary Weighting - Reorganization Incentives
=	93.933***	3.13	Total Supplementary Weighting
+	3,714.88**	3.14	AEA Weighted Enrollment (Line 3.6)
=	3,808.813***	3.15	District Weighted Enrollment
-	306.18**	3.16	Total Special Ed Weighting in Addition to 1.0 (Line 3.4)
=	3,502.633***	3.17	District Weighted Enrollment without Special Ed Weightings

REGULAR PROGRAM DISTRICT COST CALCULATIONS

	6,446	4.1	FY17 Regular Program District Cost Per Pupil (Line 2.3)
X	3,408.7*	4.2	Budget Enrollment (Line 1.1)
=	21,972,480	4.3	FY17 Regular Program District Cost without Adjustment
	21,595,389	4.4	FY16 Regular Program District Cost (Line 4.3 - FY16 Aid & Levy)
X	1.01**	4.5	101% Budget Adjustment
=	21,811,343	4.6	101% of FY16 Regular Program District Cost
-	21,972,480	4.7	FY17 Regular Program District Cost without Adjustment (Line 4.3)
=	0	4.8	FY17 Regular Program Budget Adjustment (if negative, enter zero)

OTHER DISTRICT COST CALCULATIONS

	6,446	4.9	FY17 Regular Program District Cost Per Pupil (Line 2.3)
X	93.933***	4.10	Total Supplementary Weighting (Line 3.13)
=	605,492	4.11	District Cost for Supplementary Weighting
	6,446	4.12	FY17 Regular Program District Cost Per Pupil (Line 2.3)
X	306.18**	4.13	Total Special Ed Weighting in Addition to 1.0 (Line 3.4)
=	1,973,636	4.14	Special Education Instruction District Cost
	563.29**	4.15	FY17 Teacher Salary Supplement District Cost Per Pupil (Line 2.6)
X	3,408.7*	4.16	Budget Enrollment (Line 1.1)
=	1,920,087	4.17	Unadjusted Teacher Salary Supplement District Cost

	1,887,134	4.18	FY16 Unadj Teacher Salary Suppl District Cost (Line 4.17 - FY16 Aid & Levy)
-	1,920,087	4.19	Unadjusted Teacher Salary Supplement District Cost (Line 4.17)
=	0	4.20	Teacher Salary Supplement Budget Adjustment (if negative, enter zero)
+	1,920,087	4.21	Unadjusted Teacher Salary Supplement District Cost (Line 4.17)
=	1,920,087	4.22	Teacher Salary Supplement District Cost
	66.55 **	4.23	FY17 Professional Development Supplement District Cost Per Pupil (Line 2.9)
X	3,408.7 *	4.24	Budget Enrollment (Line 1.1)
=	226,849	4.25	Unadjusted Professional Development Supplement District Cost
	222,956	4.26	FY16 Unadjusted Prof Dev Suppl District Cost (Line 4.25 - FY16 Aid & Levy)
-	226,849	4.27	Unadjusted Professional Development Supplement District Cost (Line 4.25)
=	0	4.28	Professional Development Supplement Budget Adjustment (if negative, enter zero)
+	226,849	4.29	Unadjusted Professional Development Supplement District Cost (Line 4.25)
=	226,849	4.30	Professional Development Supplement District Cost
	63.64 **	4.31	FY17 Early Intervention Supplement District Cost Per Pupil (Line 2.12)
X	3,408.7 *	4.32	Budget Enrollment (Line 1.1)
=	216,930	4.33	Unadjusted Early Intervention Supplement District Cost
	213,207	4.34	FY16 Unadj Early Intervention Suppl District Cost (Line 4.33 - FY16 Aid & Levy)
-	216,930	4.35	Unadjusted Early Intervention Supplement District Cost (Line 4.33)
=	0	4.36	Early Intervention Supplement Budget Adjustment (if negative, enter zero)
+	216,930	4.37	Unadjusted Early Intervention Supplement District Cost (Line 4.33)
=	216,930	4.38	Early Intervention Supplement District Cost
	312.68 **	4.39	FY17 Teacher Leadership Supplement District Cost Per Pupil (Line 2.16)
X	3,408.7 *	4.40	Budget Enrollment (Line 1.1 for FY16 TLC Participants Only)
=	1,065,832	4.41	Unadjusted Teacher Leadership Supplement District Cost
	1,047,541	4.42	FY16 Unadj Teacher Leadership Suppl District Cost (Line 4.41 - FY16 Aid & Levy)
-	1,065,832	4.43	Unadjusted Teacher Leadership Supplement District Cost (Line 4.41)
=	0	4.44	Teacher Leadership Supplement Budget Adjustment (if negative, enter zero)
+	1,065,832	4.45	Unadjusted Teacher Leadership Supplement District Cost (Line 4.41)
=	1,065,832	4.46	Teacher Leadership Supplement District Cost

AEA DISTRICT COST CALCULATIONS

	275.31 **	4.47	AEA Special Ed Support Cost Per Pupil
X	3,714.88 **	4.48	AEA Weighted Enrollment (Line 3.6)
=	1,022,744	4.49	AEA Special Ed Support District Cost without Adjustment
	1,009,675	4.50	FY16 AEA Special Ed Support Dist Cost (Line 4.49 - FY16 Aid & Levy)
+	0	4.51	FY16 AEA Special Ed Support Adjustment (Line 4.54 - FY16 Aid & Levy)
=	1,009,675	4.52	FY16 Total AEA Special Ed Support District Cost
-	1,022,744	4.53	AEA Special Ed Support District Cost without Adjustment (Line 4.49)
=	0	4.54	AEA Special Ed Support Adjustment (If negative, enter zero)
	3,408.7 *	4.55	Budget Enrollment (Line 1.1)
+	436	4.56	Resident Accredited Nonpublic Students
-	1.8 *	4.57	Shared-Time Nonpublic Pupils Counted in Line 1.1
=	3,843	4.58	Total Enrollment Served - AEA Media and Ed Services
X	52.61 **	4.59	FY17 AEA Media Cost Per Pupil
=	202,180	4.60	AEA Media Services District Cost
	3,843	4.61	Total Enrollment Served - AEA Media and Ed Services (Line 4.58)
X	57.75 **	4.62	FY17 AEA Ed Services Cost Per Pupil
=	221,933	4.63	AEA Ed Services District Cost
	.00 **	4.64	AEA Supplementary Weight for Sharing (Line 3.7)
X	275.31 **	4.65	AEA Special Ed Support Cost Per Pupil (Line 4.47)
=	0	4.66	AEA Sharing District Cost
	22.56 **	4.67	FY17 AEA Teacher Salary Supplement District Cost Per Pupil
X	3,714.88 **	4.68	AEA Weighted Enrollment (Line 3.6)
=	83,808	4.69	Unadjusted AEA Teacher Salary Supplement District Cost
	82,737	4.70	FY16 Unadj AEA Teacher Salary Suppl District Cost (Line 4.69-FY16 Aid & Levy)
-	83,808	4.71	Unadjusted AEA Teacher Salary Supplement District Cost (Line 4.69)
=	0	4.72	AEA Teacher Salary Supplement Budget Adjustment (if negative, enter zero)
+	83,808	4.73	Unadjusted AEA Teacher Salary Supplement District Cost (Line 4.69)
=	83,808	4.74	AEA Teacher Salary Supplement District Cost
	2.87 **	4.75	FY17 AEA Professional Development Supplement District Cost Per Pupil
X	3,714.88 **	4.76	AEA Weighted Enrollment (Line 3.6)
=	10,662	4.77	Unadjusted AEA Professional Development Supplement District Cost
	10,525	4.78	FY16 Unadj AEA Prof Dev Suppl District Cost (Line 4.77 - FY16 Aid & Levy)
-	10,662	4.79	Unadjusted AEA Professional Development Supplement District Cost (Line 4.77)
=	0	4.80	AEA Professional Development Suppl Budget Adjustment (if negative, enter zero)
+	10,662	4.81	Unadjusted AEA Professional Development Supplement District Cost (Line 4.77)
=	10,662	4.82	AEA Professional Development Supplement District Cost

COMBINED DISTRICT COST SUMMARY

	21,972,480	5.1	Regular Program District Cost without Adjustment (Line 4.3)
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+	0	5.2	Regular Program Budget Adjustment Adopted (Line 4.8)
+	605,492	5.3	District Cost for Supplementary Weighting (Line 4.11)
+	1,973,636	5.4	Special Education Instruction District Cost (Line 4.14)
+	1,920,087	5.5	Teacher Salary Supplement District Cost (Line 4.22)
+	226,849	5.6	Professional Development Supplement District Cost (Line 4.30)
+	216,930	5.7	Early Intervention Supplement District Cost (Line 4.38)
+	1,065,832	5.8	Teacher Leadership Supplement District Cost (Line 4.46)
+	1,022,744	5.9	AEA Special Ed Support District Cost without Adjustment (Line 4.49)
+	0	5.10	AEA Special Ed Support Adjustment (Line 4.54)
+	202,180	5.11	AEA Media Services District Cost (Line 4.60)
+	221,933	5.12	AEA Ed Services District Cost (Line 4.63)
+	0	5.13	AEA Sharing District Cost (Line 4.66)
+	83,808	5.14	AEA Teacher Salary Supplement District Cost (Line 4.74)
+	10,662	5.15	AEA Professional Development Supplement District Cost (Line 4.82)
-	46,437	5.16	AEA Statewide State Aid Reduction
+	409,717	5.17	FY17 SBRC Modified Supplemental Amount - Dropout
+	0	5.18	Enrollment Audit Adjustment (Line 1.4)
=	29,885,913	5.19	Combined District Cost

UNIFORM LEVY DOLLARS

	1,154,098,446	6.1	2015 Taxable Valuation with Gas & Electric Utilities (Enter on TaxCert tab)
X	5.40000	6.2	Uniform Levy Rate
=	6,232,132	6.3	Uniform Levy Dollars

UNIFORM LEVY - UTILITY REPLACEMENT ADJUSTMENT

	301,210	6.4	Uniform Levy Utility Replacement Paid FY16
-	305,986	6.5	Uniform Levy Utility Replacement Budgeted FY16
=	(4,776)	6.6	Uniform Levy Utility Replacement Adjustment
+	6,232,132	6.7	Uniform Levy Dollars Before Utility Repl and C&I Adjustments (Line 6.3)
=	6,227,356	6.8	Uniform Levy Dollars Adjusted for Utility Replacement

UNIFORM LEVY - C&I STATE REPLACEMENT ADJUSTMENT

	300,956,940	6.9	2015 Commercial & Industrial Calculated 100% Valuation
-	270,861,246	6.10	2015 Commercial & Industrial Taxable Valuation (90% Rollback)
=	30,095,694	6.11	2015 Commercial & Industrial Valuation Reduction
X	5.40000	6.12	Uniform Levy Rate (Line 6.2)
=	162,517	6.13	Uniform Levy Commercial & Industrial State Replacement Estimate
	191,639	6.14	Previous Year Uniform Levy C&I State Replacement Paid
-	172,109	6.15	Previous Year Uniform Levy C&I State Replacement Budgeted
=	19,530	6.16	Previous Year Uniform Levy C&I State Replacement Paid Minus Budgeted
+	162,517	6.17	Uniform Levy Commercial & Industrial State Replacement Est (Line 6.13)
=	182,047	6.18	Total Uniform Levy C&I State Replacement Adjustment
+	6,227,356	6.19	Uniform Levy Dollars Adjusted for Utility Replacement (Line 6.8)
=	6,409,403	6.20	Uniform Levy Dollars Adjusted for Utility Replacement & C&I Adjustment

STATE FOUNDATION AID

	5,640	7.1	State Regular Program Foundation Cost Per Pupil	
X	3,502.633	***	7.2	District Weighted Enrollment without Special Ed Weightings (Line 3.17)
=	19,754,850	7.3	District Foundation Dollars without Special Ed	
	5,640	7.4	State Special Ed Program Foundation Cost Per Pupil	
X	306.18	**	7.5	Total Special Ed Weighting in Addition to 1.0 (Line 3.4)
=	1,726,855	7.6	District Special Ed Foundation Dollars	
	224	7.7	State AEA Special Ed Support Foundation Cost Per Pupil	
X	3,714.88	**	7.8	AEA Weighted Enrollment with AEA Supplementary Weight for Sharing (Line 3.8)
=	832,133	7.9	AEA Foundation Dollars for Special Ed and Sharing	
+	83,808	7.10	AEA Teacher Salary Supplement District Cost (Line 4.74)	
+	10,662	7.11	AEA Professional Development Supplement District Cost (Line 4.82)	
=	926,603	7.12	Total AEA Foundation Dollars	
+	19,754,850	7.13	District Foundation Dollars without Special Ed (Line 7.3)	
+	1,726,855	7.14	District Special Ed Foundation Dollars (Line 7.6)	
+	0	7.15	Enrollment Audit Adjustment - State Aid Portion (Line 1.7)	
+	1,920,087	7.16	Teacher Salary Supplement District Cost (Line 4.22)	
+	226,849	7.17	Professional Development Supplement District Cost (Line 4.30)	
+	216,930	7.18	Early Intervention Supplement District Cost (Line 4.38)	
+	1,065,832	7.19	Teacher Leadership Supplement District Cost (Line 4.46)	
=	25,838,006	7.20	Total Foundation Dollars	
-	6,409,403	7.21	Uniform Levy Dollars Adj for Utility Replacement & C&I Adjustment (Line 6.20)	
=	19,428,603	7.22	Unadjusted State Foundation Aid	
	3,808.813	***	7.23	District Weighted Enrollment (Line 3.15)
X	300	7.24	\$300 Minimum Aid Per Pupil	
=	1,142,644	7.25	Minimum Aid	
-	19,428,603	7.26	Unadjusted State Foundation Aid (Line 7.22)	

=	0	7.27	Minimum Aid Adjustment (If Negative, Enter Zero)
PRESCHOOL FOUNDATION AID			
	89.5*	7.28	Preschool Budget Enrollment (Actual Enrollment X 50%)
X	6,446	7.29	FY17 Regular Program State Cost Per Pupil
=	576,917	7.30	Preschool Foundation Aid
	.0	7.31	Audited Change in October 2014 Preschool Budget Enrollment
X	6,446	7.32	FY16 Regular Program State Cost Per Pupil
=	0	7.33	Preschool Enrollment Audit Adjustment
+	576,917	7.34	Preschool Foundation Aid (Line 7.30)
=	576,917	7.35	Total Preschool Foundation Aid
ADDITIONAL DOLLAR LEVY			
	29,885,913	8.1	Combined District Cost (Line 5.19)
-	25,838,006	8.2	Total Foundation Dollars (Line 7.20)
-	0	8.3	Minimum Aid Adjustment (Line 7.27)
=	4,047,907	8.4	Additional Dollar Levy
PROPERTY TAX ADJUSTMENT AID			
	1,154,098,446	8.5	2015 Taxable Valuation with Gas & Electric Utilities (Line 6.1)
-	1,107,345,516	8.6	2014 Taxable Valuation with Gas & Electric Utilities (Line 6.1 - FY16 Aid & Levy)
=	46,752,930	8.7	Dollar Increase in Taxable Valuation (If negative, enter zero)
/	1,107,345,516	8.8	2014 Taxable Valuation with Gas & Electric Utilities (Line 8.6)
=	.0422	8.9	Increase in Taxable Valuation (to 4 Decimals)
X	36,981	8.10	FY16 Property Tax Adjustment Aid (Line 8.14 - FY16 Aid & Levy)
=	1,561	8.11	Reduction in Property Tax Adjustment Aid
	36,981	8.12	FY16 Property Tax Adjustment Aid (Line 8.10)
-	1,561	8.13	Reduction in Property Tax Adjustment Aid (Line 8.11)
=	35,420	8.14	FY17 Property Tax Adjustment Aid
PROPERTY TAX REPLACEMENT PAYMENT (PTRP)			
	806	8.15	FY17 Property Tax Portion of State Cost Per Pupil
-	750	8.16	Base Property Tax Portion of State Cost Per Pupil
=	56	8.17	Property Tax Replacement Amount Per Pupil
X	3,808,813***	8.18	District Weighted Enrollment (Line 3.15)
=	213,294	8.19	Property Tax Replacement Payment (PTRP)
ADJUSTED ADDITIONAL PROPERTY TAX LEVY AID			
	3808,813***	8.20	District Weighted Enrollment (Line 3.15)
X	6,446	8.21	FY17 Regular Program State Cost Per Pupil
X	12.50%**	8.22	Property Tax Portion of State Cost Per Pupil
=	3,069,903	8.23	Adjusted Additional Property Tax Dollar Levy
-	213,294	8.24	Property Tax Replacement Payment (PTRP) (Line 8.19)
=	2,856,609	8.25	Adjusted Additional Property Tax Dollar Levy less PTRP
/	1,154,098,446	8.26	2015 Taxable Valuation with Gas & Electric Utilities (Line 6.1)
=	2.47519	8.27	Adjusted Additional Property Tax Levy Rate
-	3.20000	8.28	Statewide Maximum Adjusted Additional Property Tax Levy Rate
=	0.00000	8.29	Adjusted Additional Property Tax Levy Rate Reduction (if negative, enter zero)
X	1,154,098,446	8.30	2015 Taxable Valuation with Gas & Electric Utilities (Line 6.1)
=	0	8.31	FY17 Adjusted Additional Property Tax Levy Aid
PROPERTY TAX EQUITY AND RELIEF (PTER) FUNDING			
	6,446	8.32	FY17 Regular Program State Cost Per Pupil
X	0.00%**	8.33	Increase in State Foundation Cost Per Pupil Percentage
=	0	8.34	Increase in Foundation Cost Per Pupil
X	3,808,813***	8.35	District Weighted Enrollment (Line 3.15)
=	0	8.36	Additional District Foundation Dollars from Property Tax Equity and Relief Fund
ADDITIONAL LEVY BEFORE UTILITY REPLACEMENT ADJUSTMENT			
	4,047,907	8.37	Additional Dollar Levy (Line 8.4)
-	35,420	8.38	Property Tax Adjustment Aid (Line 8.14)
-	0	8.39	FY15 District Special Ed Positive Balance, Property & Utility Repl Tax Portion
-	0	8.40	FY15 AEA Special Ed Reduction, Property & Utility Replacement Tax Portion
+	46,437	8.41	AEA Statewide State Aid Reduction (Line 5.16)
-	213,294	8.42	Property Tax Replacement Payment (PTRP) (Line 8.19)
-	0	8.43	Adjusted Additional Property Tax Levy Aid (Line 8.31)
-	0	8.44	Additional District Foundation Dollars from PTER Fund (Line 8.36)
=	3,845,630	8.45	Additional Levy before Utility Replacement Adjustment
FINAL STATE FOUNDATION AID			
	19,428,603	9.1	Unadjusted State Foundation Aid (Line 7.22)
+	0	9.2	Minimum Aid Adjustment (Line 7.27)
+	35,420	9.3	Property Tax Adjustment Aid (Line 8.14)
+	0	9.4	FY15 District Special Ed Positive Balance, Property & Util Repl Portion (Line 8.39)
+	0	9.5	FY15 AEA Special Ed Reduction, Property & Utility Repl Tax Portion (Line 8.40)
-	46,437	9.6	AEA Statewide State Aid Reduction (Line 5.16)

+	213,294	9.7	Property Tax Replacement Payment (PTRP) (Line 8.19)
+	0	9.8	Adjusted Additional Property Tax Levy Aid (Line 8.31)
+	0	9.9	Additional District Foundation Dollars from PTER Fund (Line 8.36)
+	55,620	9.10	Adjustment for Property Tax Repayment due to Property Assessment Appeal
+	576,917	9.11	Total Preschool Foundation Aid (Line 7.35)
=	20,263,417	9.12	State Foundation Aid

INSTRUCTIONAL SUPPORT PROGRAM

	21,972,480	10.1	FY17 Regular Program District Cost without Adjustment (Line 4.3)
+	0	10.2	Regular Program Budget Adjustment Adopted (Line 4.8)
=	21,972,480	10.3	Total Regular Program District Cost
X	.1000	10.4	Maximum Portion (Can't exceed .1000)
=	2,197,248	10.5	Unadjusted Instructional Support Program Dollars
	1,154,098,446	10.6	2015 Taxable Valuation with Gas & Electric Utilities (Line 6.1)
/	3,408.7*	10.7	Budget Enrollment (Line 1.1)
=	338,574	10.8	District Taxable Valuation Per Pupil
	319,000	10.9	State Taxable Valuation Per Pupil
/	338,574	10.10	District Taxable Valuation Per Pupil (Line 10.8)
X	.25**	10.11	.25
=	.2355	10.12	State Aid Portion of Program Dollars (Round to 4 Decimals)
X	2,197,248	10.13	Unadjusted Instructional Support Program Dollars (Line 10.5)
=	517,452	10.14	Unadjusted Instructional Support State Aid
	.00**	10.15	Instructional Support Income Surtax Rate
X	46,000,000	10.16	District Income Tax Paid in 2014
=	0	10.17	Instructional Support Income Surtax Dollars
	2,197,248	10.18	Unadjusted Instructional Support Program Dollars (Line 10.5)
-	517,452	10.19	Unadjusted Instructional Support State Aid (Line 10.14)
-	0	10.20	Instructional Support Income Surtax Dollars (Line 10.17)
=	1,679,796	10.21	Instructional Support Property & Utility Replacement Tax Dollars
	517,452	10.22	Unadjusted Instructional Support State Aid (Line 10.14)
X	.0000000	10.23	Prorata Reduction to State Appropriation Amount
=	0	10.24	Adjusted Instructional Support State Aid
+	0	10.25	Instructional Support Income Surtax Dollars (Line 10.17)
+	1,679,796	10.26	Instructional Support Property & Utility Replacement Tax Dollars (Line 10.21)
=	1,679,796	10.27	Adjusted Instructional Support Program Dollars

EDUCATIONAL IMPROVEMENT PROGRAM

	21,972,480	11.1	FY17 Total Regular Program District Cost (Line 10.3)
X	.0000	11.2	Voted Maximum Portion
=	0	11.3	Educational Improvement Program Total Dollars
	.00**	11.4	Ed Improvement Income Surtax Rate
X	46,000,000	11.5	District Income Tax Paid in 2014 (Line 10.16)
=	0	11.6	Ed Improvement Income Surtax Dollars
	0	11.7	Educational Improvement Program Total Dollars (Line 11.3)
-	0	11.8	Ed Improvement Income Surtax Dollars (Line 11.6)
=	0	11.9	Ed Improvement Property & Utility Replacement Tax Dollars

SECTION 12 IS INTENTIONALLY BLANK

ADDITIONAL LEVY - UTILITY REPLACEMENT ADJUSTMENT

	206,322	13.1	Additional Levy Utility Replacement Paid FY16
-	209,593	13.2	Additional Levy Utility Replacement Budgeted FY16
=	(3,271)	13.3	Additional Levy Utility Replacement Adjustment
	3,845,630	13.4	Additional Levy before Utility Replacement Adjustment (Line 8.45)
-	(3,271)	13.5	Additional Levy Utility Replacement Adjustment (Line 13.3)
=	3,848,901	13.6	Additional Levy Adjusted for Utility Replacement
	(4,776)	13.7	Uniform Levy Utility Replacement Adjustment (Line 6.6)
+	(3,271)	13.8	Additional Levy Utility Replacement Adjustment (Line 13.3)
=	(8,047)	13.9	Total Utility Replacement Adjustment

ADDITIONAL LEVY - C&I STATE REPLACEMENT ADJUSTMENT

	3,848,901	13.10	Additional Levy Adjusted for Utility Replacement (Line 13.6)
/	1,154,098,446	13.11	2015 Taxable Valuation with Gas & Electric Utilities (Line 6.1)
=	3.33498	13.12	Additional Tax Rate Adjusted for Utility Replacement
X	30,095,694	13.13	2015 Commercial & Industrial Valuation Reduction (Line 6.11)
=	100,369	13.14	Additional Levy Commercial & Industrial State Replacement Estimate
	131,268	13.15	Previous Year Additional Levy C&I State Replacement Paid
-	121,775	13.16	Previous Year Additional Levy C&I State Replacement Budgeted
=	9,493	13.17	Previous Year Additional Levy C&I State Replacement Paid Minus Budgeted
+	100,369	13.18	Additional Levy Commercial & Industrial State Replacement Est (Line 13.14)
=	109,862	13.19	Total Additional Levy C&I State Replacement Adjustment
	3,848,901	13.20	Additional Levy Adjusted for Utility Replacement (Line 13.6)
-	109,862	13.21	Total Additional Levy C&I State Replacement Adjustment (Line 13.19)

=	3,739,039	13.22	Additional Levy Adjusted for Utility Replacement & C&I State Replacement
	182,047	13.23	Total Uniform Levy C&I State Replacement Adjustment (Line 6.18)
+	109,862	13.24	Total Additional Levy C&I State Replacement Adjustment (Line 13.19)
=	291,909	13.25	Total C&I State Replacement Adjustment
SECTION 14 IS INTENTIONALLY BLANK			
SUMMARY OF GENERAL FUND LEVIES			
	6,232,132	15.1	Uniform Levy Dollars before Utility Repl and C&I State Repl Adj (Line 6.3)
+	3,739,039	15.2	Additional Levy Dollars Adjusted for Utility Repl & C&I State Repl (Line 13.22)
=	9,971,171	15.3	Total Levy to Fund Combined District Cost
+	1,679,796	15.4	Instructional Support Levy (Line 10.21)
+	0	15.5	Ed Improvement Levy (Line 11.9)
		15.6	This Line is Intentionally Blank
		15.7	This Line is Intentionally Blank
=	11,650,967	15.8	Levy to Fund Budget Authority
+	2,241,304	15.9	Cash Reserve Levy - SBRC
+	695,000	15.10	Cash Reserve Levy - Other
-	0	15.11	Use of Fund Balance to Reduce Levy
=	14,587,271	15.12	Total General Fund Levy
-	1,679,796	15.13	Instructional Support Levy (Line 10.21)
=	12,907,475	15.14	Subtotal General Fund Levy without Instructional Support
/	1,154,098,446	15.15	2015 Taxable Valuation with Gas & Electric Utilities (Line 6.1)
=	11.18403	15.16	Subtotal General Fund Levy Rate
	1,679,796	15.17	Instructional Support Levy (Line 10.21)
/	1,237,521,509	15.18	2015 Taxable and TIF Valuations with Gas & Electric (enter TIF on TaxCert tab)
=	1.35739	15.19	Instructional Support Levy Rate
+	11.18403	15.20	Subtotal General Fund Levy Rate (Line 15.16)
=	12.54142	15.21	Total General Fund Levy Rate
STATE PAYMENTS TO AEA AND DISTRICT			
	1,022,744	16.1	AEA Special Ed Support District Cost without Adjustment (Line 4.49)
+	0	16.2	AEA Special Ed Support Adjustment (Line 4.54)
+	202,180	16.3	AEA Media Services District Cost (Line 4.60)
+	221,933	16.4	AEA Ed Services District Cost (Line 4.63)
+	0	16.5	AEA Sharing District Cost (Line 4.66)
+	83,808	16.6	AEA Teacher Salary Supplement District Cost (Line 4.74)
+	10,662	16.7	AEA Professional Development Supplement District Cost (Line 4.82)
-	46,437	16.8	AEA Statewide State Aid Reduction (Line 5.16)
=	1,494,890	16.9	State Payments to AEA
	20,263,417	16.10	State Foundation Aid (Line 9.12)
-	1,494,890	16.11	State Payments to AEA (Line 16.9)
=	18,768,527	16.12	State Payments to District
SUMMARY OF GENERAL FUND BUDGET AUTHORITY			
+	29,885,913	17.1	Combined District Cost (Line 5.19)
+	5,855,000	17.2	Estimated FY16 Unspent Budget Authority
+		17.3	Allowance for Construction Project by SBRC
+	1,679,796	17.4	Adjusted Instructional Support Program Dollars (Line 10.27)
+	0	17.5	Ed Improvement Program (Line 11.3)
+	576,917	17.6	Total Preschool Foundation Aid (Line 7.35)
		17.7	This Line is Intentionally Blank
+	6,000,000	17.8	Estimated FY17 Other Miscellaneous Income
=	43,997,626	17.9	Estimated Total Maximum General Fund Budget Authority
SUMMARY OF FINANCING FOR GENERAL FUND MAXIMUM BUDGET			
	5,855,000	18.1	Estimated FY16 Unspent Budget Authority (Line 17.2)
+	0	18.2	Allowance for Construction Project by SBRC (Line 17.3)
+	11,650,967	18.3	Levy to Fund Budget Authority (Line 15.8)
+	20,263,417	18.4	State Foundation Aid (Line 9.12)
+	0	18.5	Adjusted Instructional Support State Aid (Line 10.24)
+	0	18.6	Instructional Support Income Surtax Dollars (Line 10.25)
+	0	18.7	Ed Improvement Income Surtax Dollars (Line 11.6)
+	291,909	18.8	Total C&I State Replacement Adjustment (Line 13.25)
+	(8,047)	18.9	Total Utility Replacement Adjustment (Line 13.9)
+	6,000,000	18.10	Estimated FY17 Other Miscellaneous Income (Line 17.8)
=	44,053,246	18.11	Estimated Financing for Total General Fund Maximum Budget
VOTED PHYSICAL PLANT & EQUIPMENT (VPPEL)			
	1,237,521,509	19.1	2015 Taxable and TIF Valuations with Gas & Electric (Line 15.18)
X	.65000	19.2	Voted PPEL Rate Limit
=	804,389	19.3	Maximum Voted PPEL Dollars (Enter loan agreements on Line 1, Form 703)
	.00**	19.4	Voted PPEL Income Surtax Rate
X	46,000,000	19.5	District Income Tax Paid in 2014 (Line 10.16)

=	0	19.6	Voted PPEL Income Surtax Dollars
	804,389	19.7	Maximum Voted PPEL Dollars (Line 19.3)
-	0	19.8	Voted PPEL Income Surtax Dollars (Line 19.6)
=	804,389	19.9	Voted PPEL Levy
ALL INCOME SURTAX RATES & GENERAL FUND SURTAX DOLLARS			
	.00	**	20.1 Instructional Support Income Surtax Rate (Line 10.15)
+	.00	**	20.2 Ed Improvement Income Surtax Rate (Line 11.4)
			20.3 This Line is Intentionally Blank
			20.4 This Line is Intentionally Blank
+	.00	**	20.5 Voted PPEL Income Surtax Rate (Line 19.4)
=	.00	**	20.6 Total Income Surtax Rate (cannot exceed .20)
	0		20.7 Instructional Support Income Surtax Dollars (Line 10.25)
+	0		20.8 Ed Improvement Income Surtax Dollars (Line 11.6)
			20.9 This Line is Intentionally Blank
			20.10 This Line is Intentionally Blank
=	0		20.11 Total General Fund Income Surtax Dollars
OTHER PROPERTY & UTILITY REPLACEMENT TAXES			
	750,000		21.1 Management
	0		21.2 Amana Library
	408,382		21.3 Regular Physical Plant & Equipment
	0		21.4 Reorganization Equalization Levy
	0		21.5 Emergency Levy (for Disaster Recovery)
	155,803		21.6 Public Education and Recreation
	4,202,989		21.7 Debt Service (Complete Form 703)

NOTICE OF PUBLIC HEARING
 PROPOSED URBANDALE SCHOOL BUDGET SUMMARY
 FISCAL YEAR 2016-2017

Department of Management - Form S-PB-8

		Budget 2017	Re-est. 2016	Actual 2015	Avg % 15-17
Taxes Levied on Property	1	19,926,543	19,126,145	18,550,169	3.6%
Utility Replacement Excise Tax	2	982,291	1,007,933	994,437	-0.6%
Income Surtaxes	3	0	0	0	
Tuition\Transportation Received	4	8,000,000	7,000,000	6,579,151	
Earnings on Investments	5	15,550	20,550	54,088	
Nutrition Program Sales	6	1,300,000	1,300,000	1,091,761	
Student Activities and Sales	7	1,280,000	1,120,000	766,666	
Other Revenues from Local Sources	8	4,235,000	3,935,000	2,700,191	
Revenue from Intermediary Sources	9	60,000	55,000	47,159	
State Foundation Aid	10	20,263,417	18,978,057	18,855,635	
Instructional Support State Aid	11	0	85,379	0	
Other State Sources	12	4,717,865	4,442,865	3,509,105	
Commercial & Industrial State Replacement	13	582,646	614,651	172,594	
Title I Grants	14	300,000	300,000	273,763	
IDEA and Other Federal Sources	15	1,600,000	1,600,000	1,600,126	
Total Revenues	16	63,263,312	59,585,580	55,194,845	
General Long-Term Debt Proceeds	17	0	0	5,794,395	
Transfers In	18	2,109,460	2,108,391	2,108,966	
Proceeds of Fixed Asset Dispositions	19	0	0	11,152	
Total Revenues & Other Sources	20	65,372,772	61,693,971	63,109,358	
Beginning Fund Balance	21	9,458,056	16,431,142	30,061,827	
Total Resources	22	74,830,828	78,125,113	93,171,185	
*Instruction	23	31,833,728	30,914,087	28,535,395	5.6%
Student Support Services	24	2,552,585	2,214,837	1,950,183	
Instructional Staff Support Services	25	2,632,447	2,394,799	1,752,508	
General Administration	26	953,298	810,394	864,054	
School/Building Administration	27	3,325,606	3,218,917	2,740,189	
Business & Central Administration	28	1,910,504	1,874,707	1,443,148	
Plant Operation and Maintenance	29	5,400,718	5,122,394	4,124,234	
Student Transportation	30	1,526,685	1,462,559	1,235,065	
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*Total Support Services (lines 24-31)	31A	18,301,843	17,098,607	14,109,381	13.9%
*Noninstructional Programs	32	4,814,552	4,794,552	3,219,866	22.3%
Facilities Acquisition and Construction	33	3,800,000	5,790,000	904,966	
Debt Service	34	6,312,449	6,485,000	25,037,314	
AEA Support - Direct to AEA	35	1,494,890	1,476,420	1,378,897	
*Total Other Expenditures (lines 33-35)	35A	11,607,339	13,751,420	27,321,177	-34.8%
Total Expenditures	36	66,557,462	66,558,666	73,185,819	
Transfers Out	37	2,109,460	2,108,391	3,554,224	
Total Expenditures & Other Uses	38	68,666,922	68,667,057	76,740,043	
Ending Fund Balance	39	6,163,906	9,458,056	16,431,142	
Total Requirements	40	74,830,828	78,125,113	93,171,185	

Proposed Tax Rate (per \$1,000 taxable valuation)

17.70258

Location of Public Hearing:

Date of Hearing:

Time of Hearing:

**URBANDALE MIDDLE SCHOOL
 7701 AURORA AVENUE, URBANDALE IA**

04/11/16

7:00 P.M.

xx/xx/xx

The Board of Directors will conduct a public hearing on the proposed 2016/17 school budget at the above-noted location and time. At the hearing, any resident or taxpayer may present objections to, or arguments in favor of, any part of the proposed budget. This notice represents a summary of the supporting detail of revenues and expenditures on file with the district secretary. A copy of the details will be furnished upon request.

**ADOPTION OF BUDGET AND TAXES
JULY 1, 2016-JUNE 30, 2017**

Department of Management - Form S-TX

URBANDALE

District Number 6579

Total Special Program Funding

Instructional Support (A&L line 10.5)	097	2,197,248
Educational Improvement (A&L line 11.3)	099	0
Voted Physical Plant & Equipment (A&L line 19.3)	105	804,389

Special Program Income Surtax Rates

Instructional Support (A&L line 10.15)	096	0
Educational Improvement (A&L line 11.4)	098	0
Voted Physical Plant & Equipment (A&L line 19.4)	104	0

Utility Replacement and Property Taxes Adopted

		Utility Replacement AND Property Tax Dollars	Levy Rate	Property Taxes Levied	Estimated Utility Replacement Dollars
Levy to Fund Combined District Cost (A&L line 15.3)	1	9,971,171			
+Educational Improvement Levy (A&L line 15.5)	2	0			
+Cash Reserve Levy - SBRC (A&L line 15.9)	3	2,241,304			
+Cash Reserve Levy - Other (A&L line 15.10)	4	695,000			
-Use of Fund Balance to Reduce Levy (A&L line 15.11)	5	0			
=Subtotal General Fund Levy (A&L line 15.14)	6	12,907,475	11.18403	12,286,881	620,594
+Instructional Support Levy (A&L line 15.13)	7	1,679,796	1.35739	1,604,479	75,317
=Total General Fund Levy (A&L line 15.12)	8	14,587,271	12.54142	13,891,360	695,911
	9				
Management	10	750,000	.64986	713,942	36,058
Amana Library	11	0	.00000	0	0
Voted Physical Plant & Equipment (Loan Agreement)	12	0			
+Voted Physical Plant & Equipment (Capital Project)	13	804,389			
=Subtotal Voted Physical Plant & Equipment	14	804,389	.65000	768,321	36,068
+Regular Physical Plant & Equipment	15	408,382	.33000	390,071	18,311
=Total Physical Plant & Equipment	16	1,212,771			
	17				
Reorganization Equalization Levy	18	0	.00000	0	0
Emergency Levy (for Disaster Recovery)	19	0	.00000	0	0
Public Education/Recreation (Playground)	20	155,803	.13500	148,312	7,491
Debt Service	21	4,202,989	3.39630	4,014,537	188,452
GRAND TOTAL	22	20,908,834	17.70258	19,926,543	982,291

1-1-15 Taxable Valuation	WITH Gas & Electric Utilities	1,154,098,446	WITHOUT Gas&Elec	1,098,609,487
1-1-15 Tax Increment Valuation	WITH Gas & Electric Utilities	83,423,063	WITHOUT Gas&Elec	83,423,063
1-1-15 Debt Service, PPEL, ISL Valuation	WITH Gas & Electric Utilities	1,237,521,509	WITHOUT Gas&Elec	1,182,032,550

I certify this budget is in compliance with the following statements:

- The prescribed Notice of Public Hearing and Proposed Budget Summary (Form S-PB) was lawfully published, with said publication being evidenced by verified and filed proof of publication.
- The budget hearing notice was published not less than 10 days, nor more than 20 days, prior to the budget hearing.
- Adopted property taxes do not exceed published amounts.
- Adopted expenditures do not exceed published amounts for any of the four individual expenditure categories, or in total.
- Adopted property taxes meet the debt service and loan agreement needs identified on Form 703. Debt service levy for GO bond payments only.
- This budget was certified on or before April 15, 2016.

_____ District Secretary

_____ County Auditor

		Special Revenue						This Column is Blank
		General (10)	Activity (21)	Management (22)	PERL (24)	Entpr(23)Equal(25) Lhb(29)SpecRev(27)	Emg Levy (26) / Disaster R (28)	
Resources:								
Taxes Levied on Property	1	13,891,360		713,942	148,312	0	0	
Utility Replacement Excise Tax	2	695,911		36,058	7,491	0	0	
Income Surtaxes	3							
Tuition/Transportation Received	4	8,000,000						
Earnings on Investments	5	5,000	100	100	50			
Nutrition Program Sales	6							
Student Activities and Sales	7	30,000	1,250,000					
Other Revenues from Local Sources	8	700,000		35,000				
Revenue from Intermediary Sources	9	60,000						
State Foundation Aid	10	20,263,417						
Instructional Support State Aid	11	0						
Other State Sources	12	1,250,000		300	65			
Commercial & Industrial State Replacement	13	387,642		19,558	4,063	0	0	
Title I Grants	14	300,000						
IDEA and Other Federal Sources	15	800,000						
Total Revenues	16	46,383,330	1,250,100	804,958	159,981	0	0	
General Long-Term Debt Proceeds	17							
Transfers In/Special Items/Upward Adj	18							
Proceeds of Fixed Asset Dispositions	19							
Total Revenues & Other Sources	20	46,383,330	1,250,100	804,958	159,981	0	0	
Beginning Fund Balance	21	2,055,571	266,982	707,644	51,681	0	0	
Total Resources	22	48,438,901	1,517,082	1,512,602	211,662	0	0	
Requirements:								
Instruction	23	29,958,728	1,150,000	275,000				
Student Support Services	24	2,497,585		25,000				
Instructional Staff Support Services	25	1,782,447		25,000				
General Administration	26	798,298		25,000	130,000			
School/Building Administration	27	3,300,606		25,000				
Business & Central Administration	28	1,510,504		25,000				
Plant Operation and Maintenance	29	4,375,718		575,000				
Student Transportation	30	1,426,685	100,000					
This row is intentionally left blank	31							
Noninstructional Programs	32							
Facilities Acquisition and Construction	33				50,000			
Debt Service (Principal, interest, fiscal charges)	34							
AEA Support - Direct to AEA	35	1,494,890						
Total Expenditures	36	47,145,461	1,250,000	975,000	180,000	0	0	
Transfers Out/Special Items/Down Adj	37							
Total Expenditures & Other Uses	38	47,145,461	1,250,000	975,000	180,000	0	0	
Ending Fund Balance	39	1,293,440	267,082	537,602	31,662	0	0	
Total Requirements	40	48,438,901	1,517,082	1,512,602	211,662	0	0	

URBANDALE Resources:	Capital Projects (30-39)			Debt Service (40)	Proprietary		Re-estimated FY16	Actual FY15	
	Sales Tax (33)	PP&L (36)	Other Cap Proj		Nutrition (61)	Off Emp (62-69)			
Taxes Levied on Property	1						19,126,145	18,550,169	
Utility Replacement Expose Tax	2	1,158,392		4,014,537			1,007,933	994,437	
Income Surtaxes	3		54,379	188,452			0	0	
Tuition/Transportation Received	4						7,000,000	6,579,151	
Earnings on Investments	5	5,000		5,000			20,550	54,088	
Nutrition Program Sales	6		100				1,300,000	1,091,761	
Student Activities and Sales	7						1,120,000	766,666	
Other Revenues from Local Sources	8						3,935,000	2,700,191	
Revenue from Intermediate Sources	9						55,000	47,159	
State Foundation Aid	10						18,978,057	18,855,635	
Instructional Support State Aid	11						85,379	0	
Other State Sources	12	3,350,000	1,000	1,500	1,500	100,000	4,442,865	3,509,105	
Commercial & Industrial State Replacement	13		38,378	133,005			614,651	172,594	
Title I Grants	14						300,000	273,763	
IDEA and Other Federal Sources	15						1,600,000	1,600,126	
Total Revenues	16	3,355,000	1,252,249	4,342,494	800,000	3,550,100	59,585,580	55,194,845	
General Long-Term Debt Proceeds	17						0	5,794,395	
Transfers In/Special Items/Upward Adj	18			2,109,460			2,108,391	2,108,966	
Proceeds of Fixed Asset Dispositions	19						0	1,152,190	
Total Revenues & Other Sources	20	3,355,000	1,252,249	6,451,954	2,165,100	3,550,100	61,693,971	63,109,358	
Beginning Fund Balance	21	3,744,858	330,342	1,875,275	1,117,953	(692,250)	16,431,142	30,061,827	
Total Resources	22	7,099,858	1,582,591	8,327,229	3,283,053	2,857,850	78,125,113	93,171,185	
Requirements:									
Instruction	23					450,000	30,914,087	28,535,395	
Student Support Services	24					30,000	2,214,837	1,950,183	
Instructional Staff Support Services	25	300,000	500,000			25,000	2,394,799	1,752,508	
General Administration	26						810,394	864,054	
School/Building Administration	27						3,218,917	2,740,189	
Business & Central Administration	28				150,000	225,000	1,874,707	1,443,148	
Plant Operation and Maintenance	29		250,000		200,000		5,122,394	4,124,234	
Student Transportation	30						1,462,559	1,235,065	
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Noninstructional Programs	32				2,000,000	2,814,552	4,794,552	3,219,866	
Facilities Acquisition and Construction	33	3,000,000	750,000				5,790,000	904,966	
Debt Service (Principal, interest, fiscal charges)	34			6,312,449			6,485,000	25,037,314	
AEA Support - Direct to AEA	35						1,476,420	1,378,897	
Total Expenditures	36	3,300,000	1,500,000	6,312,449	2,350,000	3,544,552	66,558,666	73,185,819	
Transfers Out/Special Items/Down Adj	37	2,109,460		0			2,108,391	3,554,224	
Total Expenditures & Other Uses	38	5,409,460	1,500,000	6,312,449	2,350,000	3,544,552	68,667,057	76,740,043	
Ending Fund Balance	39	1,690,398	82,591	2,014,780	933,053	(686,702)	9,458,056	16,431,142	
Total Requirements	40	7,099,858	1,582,591	8,327,229	3,283,053	2,857,850	78,125,113	93,171,185	

**LONG TERM DEBT SCHEDULE
GENERAL OBLIGATION BONDS, REVENUE BONDS, LOANS, LEASE-PURCHASE PAYMENTS
URBANDALE**

Form includes ALL long term debt. Row 1 FINAL COLUMN is only Loans paid by VPPEL Tax. Rows 3-25 FINAL COLUMN is only GO Debt paid by Debt Service Tax.

(1) Project Name (A)	Amount of Issue (B)	Type of Issue - Indicate GO (General Obligation Bond) or Non-GO (C)	Date General Obligation Bond Certified to Auditor (D)	Principal Due FY17 (E)	Interest Due FY17 +(F)	Bond Registration Due FY17 +(G)	Total Obligation Due FY17 =(H)	Amount Paid from Other Sources & Fund Balance in Appropriate Fund -(I)	VPPEL Loan Paid by VPPEL Taxes or GO Bond Amount Paid by Budget Year Debt Service Taxes =(J)
(1) All Voted PP&L Loan agreements on this line		Non-GO					0		0
(2) All Other Long Term Debt Below this line									
(3) Series 2009 Sales Tax Revenue Bonds	26,160,000	Non-GO	4/9/09	1,110,000	997,960	1,500	2,109,460	2,109,460	0
(4) Series 2010A General Obligation Bonds	12,395,000	GO	5/3/10		540,770	500	541,270		541,270
(5) Series 2010B General Obligation Bonds	16,000,000	GO	5/3/10	1,085,000	334,988	500	1,420,488		1,420,488
(6) Series 2011 Crossover Refunding Bonds	10,000,000	GO	11/22/11	670,000	204,318	500	874,818		874,818
(7) Series 2012 Crossover Refunding Bonds	10,000,000	GO	11/22/11	1,035,000	166,663	500	1,202,163		1,202,163
(8) Series 2015 Crossover Refunding Bonds	5,655,000	GO	3/30/15		163,750	500	164,250		164,250
(9)							0		0
(10)							0		0
(11)							0		0
(12)							0		0
(13)							0		0
(14)							0		0
(15)							0		0
(16)							0		0
(17)							0		0
(18)							0		0
(19)							0		0
(20)							0		0
(21)							0		0
(22)							0		0
(23)							0		0
(24)							0		0
(25)							0		0
(26) Totals (Lines 3-25)				3,900,000	2,408,449	4,000	6,312,449	2,109,460	4,202,989

**NOTICE OF PUBLIC HEARING
PROPOSED URBAN DALE SCHOOL BUDGET SUMMARY
FISCAL YEAR 2016-2017**

Location of Public Hearing: **URBAN DALE MIDDLE SCHOOL**
7701 AURORA AVENUE, URBAN DALE IA Date of Hearing: **04/11/16** Time of Hearing: **7:00 P.M.**

The Board of Directors will conduct a public hearing on the proposed 2016/17 school budget at the above-noted location and time. At the hearing, any resident or taxpayer may present objections to, or arguments in favor of, any part of the proposed budget. This notice represents a summary of the supporting detail of revenues and expenditures on file with the district secretary. A copy of the details will be furnished upon request.

		Budget 2017	Re-estimated 2016	Actual 2015	Avg % 15-17
Taxes Levied on Property	1	19,926,543	19,126,145	18,550,169	3.6%
Utility Replacement Excise Tax	2	982,291	1,007,933	994,437	-0.6%
Income Surtaxes	3	0	0	0	
Tuition/Transportation Received	4	8,000,000	7,000,000	6,379,151	
Earnings on Investments	5	15,550	20,550	54,088	
Nutrition Program Sales	6	1,300,000	1,300,000	1,091,761	
Student Activities and Sales	7	1,280,000	1,120,000	766,666	
Other Revenues from Local Sources	8	4,235,000	3,935,000	2,700,191	
Revenue from Intermediary Sources	9	60,000	55,000	47,159	
State Foundation Aid	10	20,263,417	18,978,057	18,855,635	
Instructional Support State Aid	11	0	85,379	0	
Other State Sources	12	4,717,865	4,442,865	3,509,105	
Commercial & Industrial State Replacement	13	582,646	614,651	172,594	
Title I Grants	14	300,000	300,000	273,763	
IDEA & Other Federal Sources	15	1,600,000	1,600,000	1,600,126	
Total Revenues	16	63,263,312	59,585,580	55,194,845	
General Long-Term Debt Proceeds	17	0	0	5,794,395	
Transfers In	18	2,109,460	2,108,391	2,108,966	
Proceeds of Fixed Asset Dispositions	19	0	0	11,152	
Total Revenues & Other Sources	20	65,372,772	61,693,971	63,109,358	
Beginning Fund Balance	21	9,458,056	16,431,142	30,061,827	
Total Resources	22	74,830,828	78,125,113	93,171,185	
*Instruction	23	31,833,728	30,914,087	28,535,395	5.6%
Student Support Services	24	2,552,585	2,214,837	1,950,183	
Instructional Staff Support Services	25	2,632,447	2,394,799	1,752,508	
General Administration	26	953,298	810,394	864,054	
School/Building Administration	27	3,325,606	3,218,917	2,740,189	
Business & Central Administration	28	1,910,504	1,874,707	1,443,148	
Plant Operation and Maintenance	29	5,400,718	5,122,394	4,124,234	
Student Transportation	30	1,526,685	1,462,559	1,235,065	
This row is intentionally left blank	31	0	0	0	
*Total Support Services (lines 24-31)	31A	18,301,843	17,098,607	14,109,381	13.9%
*Noninstructional Programs (lines 32-35)	32	4,814,552	4,794,552	3,219,866	22.3%
Facilities Acquisition and Construction	33	3,800,000	5,790,000	904,966	
Debt Service	34	6,312,449	6,485,000	25,037,314	
AEA Support - Direct to AEA	35	1,494,890	1,476,420	1,378,897	
*Total Other Expenditures (lines 33-35)	35A	11,607,339	13,751,420	27,321,177	-34.8%
Total Expenditures	36	66,557,462	66,558,666	73,185,819	
Transfers Out	37	2,109,460	2,108,391	3,554,224	
Total Expenditures & Other Uses	38	68,666,922	68,667,057	76,740,043	
Ending Fund Balance	39	6,163,906	9,458,056	16,431,142	
Total Requirements	40	74,830,828	78,125,113	93,171,185	

Proposed Property Tax Rate (per \$1,000 taxable valuation) 17.70258

2016-2017 Metro West Learning Academy Calendar

April 11, 2016 - Special Report # 3

August

M	T	W	Th	F
1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

September

			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

October

3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28
31				

November

	1	2	3	4
7	8	9	10	11
14	15	16	17	18
21	22	23	24	25
28	29	30		

December

			1	2
5	6	7	8	9
12	13	14	15	16
19	20	21	22	23
26	27	28	29	30

January

2	3	4	5	6
9	10	11	12	13
16	17	18	19	20
23	24	25	26	27
30	31			

February

		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28			

March

		1	2	3
6	7	8	9	10
13	14	15	16	17
20	21	22	23	24
27	28	29	30	31

April

3	4	5	6	7
10	11	12	13	14
17	18	19	20	21
24	25	26	27	28

May

1	2	3	4	5
8	9	10	11	12
15	16	17	18	19
22	23	24	25	26
29	30	31		

Date **Events**

Aug. 15 & 16 New Teacher In-Service

Aug. 17-19, 22 Teacher In-Service

Aug. 23 Begin 1st Semester

Sept. 5 Labor Day (No School)

Sept. 9 No AM Session/Prof Dev

Sept. 23 No PM Session/Prof Dev

Oct. 14 No PM Session/Prof Dev

Oct. 21 End of 1st Qtr. (43 days)

Oct. 27 Parent Teacher Conferences

Oct. 31 Prof Dev Day (No School)

Nov. 3 Parent Teacher Conferences

Nov. 11 No AM Session/Prof Dev

Nov. 23 Recess Day/No School

Nov. 24-25 Thanksgiving Holiday (No School)

Dec. 2 No PM Session/Prof Dev

Dec. 22 End of 2nd Qtr. (41 days)

Dec. 22 End of 1st Semester (84 days)

Dec. 23-Jan.2 Winter Break (No School)

Jan. 16 Martin Luther King Day (No School)

Jan. 20 No AM Session/Prof Dev

Feb. 3 No PM Session/Prof Dev

Feb. 17 No AM Session/Prof Dev

Feb. 20 Teacher In-Service (No School)

Feb. 23 Parent Teacher Conferences

Mar. 2 Parent Teacher Conferences

Mar. 10 End of 3rd Qtr. (46 days)

Mar. 10 Recess Day/No School

Mar. 13-17 Spring Break/No School

Apr. 14 No AM Session/Prof Dev

Apr. 28 No PM Session/Prof Dev

May 12 No AM Session/Prof Dev

May Graduation Dinner (tentative)

May 26 End of 4th Qtr. (50 days)

May 26 End of 2nd Semester (96 Days)

May 30 Teacher's Last Day

**URBANDALE COMMUNITY SCHOOL DISTRICT
BOARD OF DIRECTORS' MEETING
MONDAY, NOVEMBER 23, 2015
BOARD MEETING – 7:00 P.M.
URBANDALE CITY HALL – 3600 86TH STREET
CHRIS GUNNARE, PRESIDENT**

Call to Order and Roll Call

President Chris Gunnare called the board meeting to order at 7:00 P.M. Upon roll call, the following members were present: Directors Aaron Applegate, Aldrich Cabildo, Graham Giles, Katherine Howsare, Tanya Ruden, and President Gunnare. Vice President Cate Newberg was absent.

Approval of Agenda

Director Giles moved, and Director Cabildo seconded the motion to approve the agenda as posted. Motion passed with all ayes 6-0.

Program Review

Abby Veenstra, Urbandale High School math teacher and Student Senate advisor, and two members of the High School Student Senate shared with board members what they have accomplished so far in the 2015-2016 school year, as well as upcoming projects. UHS will be celebrating the 80th day of school and continuing fundraising efforts for the Miracle League.

Report of the Superintendent of Schools

A. Board Policy Review

Mr. Steve Bass, Superintendent shared an updated schedule for board policy review.

B. Revised Dates for Retreat

Mr. Steve Bass, Superintendent, asked for Board approval of revised dates for upcoming board retreats. Director Howsare moved, and Director Applegate seconded the motion to approve the revised dates. Motion passed with all ayes 6-0.

C. Student Services Update

Dr. Keri Schlueter, Coordinator of Student Services, presented to Board members updates on programming regarding English Language Learners (ELL), At-risk and Extended Learning Program (ELP).

D. SBRC Application

Shelly Clifford, Chief Financial Officer, requested Board approval of the SBRC application for increased enrollment in the amount of \$377,091, open enrollment not on prior year count in the amount of \$16,552, and LEP services in excess of five years

in the amount of \$114, 868. Director Giles moved, and Director Applegate seconded the motion to approve the SBRC application. Motion passed with all ayes 6-0.

E. IASB Conference Follow Up

Mr. Steve Bass, Superintendent, asked Board members who attended the Iowa Association of School Boards Convention to highlight some of the things they learned. Directors Howsare, Cabildo, Ruden, and President Gunnare shared their key takeaways from the conference.

Report of the President

Discussion regarding Smarter Balanced Assessments. Mr. Steve Bass, Superintendent, shared information about the Smarter Balanced Assessments which have received mixed reviews from pilot schools. More information will be shared as it becomes available and direction is provided from the Dept of Education.

Director Ruden requested an update on the Karen Acres Elementary remodel and construction project. Mr. Steve Bass, Superintendent, will provide an update during the next Board meeting.

Consent Agenda Items

- A. Approval of Monday, October 26, 2015 Board Meeting Minutes
- B. Approval of Open Enrollment
- C. Approval of Personnel Report
- D. Approval of Agreement with Merle Hay Mall for Holiday Performances
- E. Approval of Inter-fund Transfer for Loan Repayment
- ~~F. Approval of Fall 2016 UMS Performing Arts Fundraiser~~
- G. Approval of Financials
- H. Approval to Pay Bills

Director Giles moved, and Director Applegate seconded the motion to pull out item F, "Approval of Fall 2016 UMS Performing Arts Fundraiser" from the consent agenda list. Motion passed with all ayes 6-0.

Director Howsare moved, and Director Giles seconded the motion to table item F, "Approval of Fall 2016 UMS Performing Arts Fundraiser." Mr. Steve Bass, Superintendent, will confirm more information regarding the fundraiser and the District's involvement in order to provide more information to the Board for consideration during the next Board meeting. Motion passed with all ayes 6-0.

Director Cabildo moved, and Director Howsare seconded the motion to approve the consent agenda items A through E, G, & H as submitted. Motion passed with all ayes 6-0.

Adjourn

Director Giles moved, and Director Cabildo seconded the motion to adjourn the meeting at 8:00 P.M. Motion passed with all ayes 6-0.

Board President

Date

ATTEST:

Board Secretary

Date

These minutes are unofficial until approved by the Board of Directors at their meeting on December 21, 2015.

**URBANDALE COMMUNITY SCHOOL DISTRICT
BOARD OF DIRECTORS' MEETING
MONDAY, DECEMBER 21, 2015
BOARD MEETING – 7:00 P.M.
URBANDALE CITY HALL – 3600 86TH STREET
CHRIS GUNNARE, PRESIDENT**

Call to Order and Roll Call

Vice President Cate Newberg called the board meeting to order at 7:00 P.M. Upon roll call, the following members were present: Directors Aaron Applegate, Aldrich Cabildo, Graham Giles, Katherine Howsare, Tanya Ruden and Vice President Newberg. President Chris Gunnare was absent.

Approval of Agenda

Director Giles moved, and Director Applegate seconded the motion to approve the agenda as posted. Motion passed with all ayes 6-0.

Presentation and Acceptance of Audit for 2014-2015

Jeff Van Maanen, CPA with Van Maanen, Sietstra, Meyer & Nikkel, P.C., and Shelly Clifford, Chief Financial Officer, presented and answered any questions concerning the District Audit for FY 2014-2015. Significant changes in the report included the implementation of GASB-68, requiring that long term pension debt, such as the District's share of IPERS liability is now presented in the reports. Ms. Clifford reported in the management's audit analysis that the District's key financial indicators are within established targets. Director Ruden moved, and Director Cabildo seconded the motion to approve the District Audit for FY 2014-2015.

Update on Self-Insurance Program

Insurance Consultant Mark Becker, Mark J. Becker and Associates LLC, updated the Board on the District's self-insurance program. The District transitioned to a self-insured program for health and dental insurance, and currently holds about \$2.1 million in reserves, allowing for stable premium costs.

Report of the Superintendent of Schools

A. School Rankings

Steve Bass, Superintendent, shared information with Board members regarding the Iowa School Report Card school ranking system, his letter to parents regarding ISRC, and website information.

B. Retreat Reflection

Steve Bass, Superintendent, and Board members reflected on the Board Retreat held on December 7, 2015. A second Retreat session is scheduled for January.

C. Discussion and Approval of Date Change for Future Board Meetings/Work Sessions

Steve Bass, Superintendent, initiated discussion regarding a change of structure for the future Board Meetings/Work Sessions. Mr. Bass suggested scheduling one Work Session per month and one Board Meeting per month instead of conducting both at each meeting twice per month. The Board will consider a revised meeting schedule with this new format at a future meeting. The Board also discussed cancellation of the January 4th meeting. Director Howsare moved, and Director Cabildo seconded the motion to cancel the January 4, 2016 meeting and conduct a short Board Meeting, followed by a Board Retreat on January 18, 2016. Motion passed with all ayes 6-0.

D. Set Public Hearing Date for 2016-17 School Calendars

Steve Bass, Superintendent recommended setting January 18, 2016 as the public hearing date regarding the proposed 2016-17 Regular Calendar and Rolling Green Calendar. The proposed hearing notice is to be published on the district website. Director Giles moved, and Director Howsare seconded the motion to approve the date of January 18, 2016 as the public hearing date for the proposed 2016-17 Regular Calendar and Rolling Green Calendar. Motion passed with all ayes 6-0.

E. Approval of SNDA Agreement and Estoppel Certificate for Administration Center Lease

R&R Realty, the Lessor of the Administration Center office space is in the process of securing a business loan, and requests all tenants of the Aurora Business Park to execute a Subordination Non-Disturbance and Attornment (SNDA) Agreement and Estoppel Certificate with the Lender. Shelly Clifford, CFO and Steve Bass, Superintendent recommended approval. Director Cabildo moved, and Director Applegate seconded the motion to approve the SNDA Agreement and Estoppel Certification for Administration Center Lease. Motion passed with all ayes 6-0.

F. Iowa Recognition for Performance Excellence (IRPE) Award

Steve Bass, Superintendent, shared news that the District was recognized by the Iowa Quality Center with a Silver Performance Award for 2015. The IRPE process provides organizations in the state of Iowa the opportunity to be evaluated on the National Baldrige criteria in order to improve their leadership and management practices.

G. Learning Together Activity

Steve Bass, Superintendent, and the Board members discussed the November issue of *Board and Administrator*.

Consent Agenda Items

- A. Approval of December 7, 2015 Board Meeting Minutes

- B. Approval of UHS Track Re-Surfacing Proposal from DLR Group
- C. Approval of Lease Agreement between City of Urbandale and Urbandale Community School District for use of Lions Park
- D. Approval of Education to Go Financial Arrangement
- E. Approval of Presto Sports Website Management/Hosting Partnership Proposal
- F. Approval of Iowa High School Battle of the Books School-Sponsored Club Application
- G. Approval of Open Enrollment
- H. Approval of Personnel Report
- I. Acceptance of Financials
- J. Authorization to Pay Bills

The Board discussed ensuring that new track surfacing would not be damaged if future work is done on the football field. Director Ruden moved, and Director Applegate seconded the motion to approve the consent agenda items A through J as submitted. Motion passed with all ayes 6-0.

Adjourn

Director Applegate moved, and Director Howsare seconded the motion to adjourn the meeting at 9:05 P.M. Motion passed with all ayes 6-0.

Board President Date

ATTEST:

Board Secretary Date

**URBANDALE COMMUNITY SCHOOL DISTRICT
BOARD OF DIRECTORS' MEETING
MONDAY, MARCH 28, 2016
BOARD MEETING – 7:00 P.M.
URBANDALE CITY HALL – 3600 86TH STREET
CHRIS GUNNARE, PRESIDENT**

Call to Order and Roll Call

President Chris Gunnare called the board meeting to order at 7:00 P.M. Upon roll call, the following members were present: Directors Aaron Applegate, Aldrich Cabildo, Katherine Howsare, and Tanya Ruden, Vice President Cate Newberg, and President Gunnare. Director Graham Giles was absent.

Approval of Agenda

Director Cabildo moved, and Director Newberg seconded the motion to approve the agenda as posted. Motion passed with all ayes 6-0.

Report of the President

Approval of Revisions to Board Mission Statement

Directors discussed final revisions to their mission statement. Director Ruden moved, and Director Applegate seconded the motion to approve the following Board of Directors' Mission Statement:

*Partnering with stakeholders to teach and reach all,
by forming District policy and operating protocols.*

Motion passed with all ayes 6-0.

Report of the Superintendent of Schools

Certified Budget Presentation - 2016-2017 School Year

Shelly Clifford, Chief Financial Officer, presented an overview of the Certified Budget process for 2016-17. Ms. Clifford and the Board of Directors discussed financial targets for solvency and balance of spending authority.

Set Public Hearing Date for 2016-2017 Certified Budget

Shelly Clifford, Chief Financial Officer, recommended April 11, 2016 at 7:00 P.M. at the Urbandale Middle School as the date, time, and place for a public hearing regarding the proposed 2016-2017 Certified Budget for the 2016-2017 fiscal year. Director Howsare

moved, and Vice President Newberg seconded the motion to approve publication of a hearing notice. Motion passed with all ayes 6-0.

Discussion and Approval to Publish Proposed 2016-2017 Certified Budget

Shelly Clifford, Chief Financial Officer, discussed a proposed 2016-2017 Certified Budget with the Board of Directors, using a State Supplemental Aid (SSA) percentage of 0%, since the Governor has not signed a bill to finalize school funding. A rate of 2.25% has passed both Senate and House of Representatives, and is expected to be signed by the Governor. The proposed budget with SSA of 0% includes a tax rate of \$17.70. The District will have an opportunity to adjust the budget if finalized funding on the SSA impacts the tax rate. Vice President Newberg moved, and Director Howsare seconded the motion to approve publication of the proposed budget as presented. Motion passed with all ayes 6-0.

Set Public Hearing Date for the 2016-2017 Metro West Learning Academic Calendar

Steve Bass, Superintendent, recommended April 11, 2016 at 7:00 P.M. at the Urbandale Middle School as the date, time, and place for a public hearing regarding the proposed 2016-2017 Metro West Academic Calendar. Vice President Newberg moved, and Director Applegate seconded the motion to approve publication of a hearing notice. Motion passed with all ayes 6-0

Set Board Meeting Dates - 2016-2017 School Year

Steve Bass, Superintendent, and board members discussed the proposed Board of Directors' meeting dates for the upcoming 2016-2017 school year. Slight revisions were made, and then Director Ruden moved, and Director Applegate seconded the motion to approve the dates. Motion passed with all ayes 6-0. The meeting dates will be posted on the District website.

Set Hearing Date and Bid Date - High School Track Resurfacing

Shelly Clifford, Chief Financial Officer, recommended setting April 25th, 2016 as the hearing date, and April 19th as the bid date for the High School track resurfacing project. Vice President Newberg moved, and Director Howsare seconded the motion to approve publication of the hearing notice. Motion passed with all ayes 6-0.

Discussion and Approval of Food Service Software System Purchase

Cathy Conklin, Nutrition Services Director, and Shelly Clifford, Chief Financial Officer, requested approval to purchase the PrimeroEdge Food Service Software System. The vendor was chosen among others who answered a request for proposals for the new system. Vice President Newberg moved, and Director Applegate seconded the motion to approve purchase of the new system. Motion passed with all ayes 6-0.

Discussion and Approval of Proxy Card Time Card System Purchase

Mark Lane, Human Resources Director, and Steve Bass, Superintendent, requested approval for purchase and Installation of 16 proxy card time clocks, from TouchPoint Kiosk throughout the District. Total cost, including the equipment is \$39,200, to be paid from PPEL fund. An additional \$2,400 will be the costs for annual service and support in future years. Vice President Newberg moved, and Director Howsare seconded the motion to approve the purchase. Motion passed all ayes 6-0.

President Gunnare left the meeting at 8:45 P.M.

Discussion and Approval of Naviance Career Track Software for HS and MS

Jason Volmer, Coordinator of Special Education, and Steve Bass, Superintendent, requested approval for purchase of Naviance Career Track Software for the High School and Middle School. The system will be used for career tracking purposes by students, as required by Iowa Code. Initial cost of the system will be \$18,075, and \$11,078 for the following year. Director Howsare moved, and Director Aldrich seconded the motion to approve purchase of the Naviance system. Motion passed with all ayes 5-0.

Discussion and Approval of Follett Library Software System Purchase

Crista Carlile, Director of Teaching and Learning, and Steve Bass, Superintendent, requested approval for purchase of the Follett Destiny Solution Software Suite for the Library. The total purchase price will be \$24,315.14, with the Annual Licensing and Maintenance costs totaling \$9,047.00. Director Howsare moved, and Director Applegate seconded the motion to approve the Follett Software purchase. Motion passed with all ayes 5-0.

Learning Together Activity

Steve Bass, Superintendent, and the Board members discussed the February issue of *Board and Administrator*.

Consent Agenda Items

- A. Approval of Monday, March 7, 2016 Board Meeting Minutes
- B. Approval of Open Enrollment
- C. Approval of Personnel Report
- D. Approval of Spanish Program Field Trip Summer 2017
- E. Approval of German Program Field Trip Summer 2016
- F. Approval of Olmsted Elementary Henry Doorly Zoo Field Trip Request
- G. Approval of Webster Elementary Henry Doorly Zoo Field Trip Request
- H. Approval of Mowing Contract for 2016 – 2018 with The Grounds Keeper Co.

- I. Acceptance of Donated Sculptures from Quality Manufacturing, and the Approval to Install Sculptures on District grounds.
- J. Approval of Student Teaching, Field Experience and Practicums with Buena Vista University
- K. Approval of Student Teaching, Field Experience and Practicums with University of Northern Iowa
- L. Approval of Luther College Clinical Field Experience Contractual Agreement for the 2016-2017 Academic Year.
- M. Approval of Agreement with Educatius International
- N. Approval of a Change Order for the KA Project
- O. Approval of the Imaging Technologies Copier Maintenance Agreement for Webster Elementary
- P. Approval of Transfer From Building Trades Fund to the General Fund
- Q. Approval of Voya Life Insurance Renewal
- R. Approval of Voya Disability Insurance Renewal
- S. Acceptance of Financials for February
- T. Approval to Pay Bills

Director Howsare moved, and Director Ruden seconded the motion to approve the consent agenda items A through e as submitted. Motion passed with all ayes 5-0.

Adjourn

Director Howsare moved, and Director Ruden seconded the motion to adjourn the meeting at 9:45 P.M. Motion passed with all ayes 5-0.

 Board President Date

ATTEST:

 Board Secretary Date

These minutes are unofficial until approved by the Board of Directors at their meeting on April 11, 2016.

URBANDALE COMMUNITY SCHOOL DISTRICT
PERSONNEL REPORT FOR BOARD APPROVAL

Board Meeting – April 11, 2016

1. ADMINISTRATIVE RESIGNATIONS

DR. GREG CARENZA, Webster Elementary School, Principal, personal. Effective June 30, 2016.

KELLEY HARRISON, Jensen Elementary School, Principal, personal. Effective June 30, 2016.

2. CERTIFIED RETIREMENT

ESTHER BURGETT, Olmsted Elementary School, 2nd Grade Teacher, personal. Effective end of 2015-16 school year.

3. CERTIFIED RESIGNATIONS

MALLORY HACKFORT, Rolling Green Elementary School, Kindergarten Teacher, personal. Effective end of 2015-16 school year.

KELSEY WOOD, Karen Acres Elementary School, 4th Grade Teacher, personal. Effective end of 2015-16 school year.

4. CLASSIFIED APPOINTMENTS

SHERRIE PRUITT, Urbandale High School, Special Education/General Education Associate, Class II/I, Step I, \$13.74/hr/12.38/hr, 28.75 hr/week. Effective April 11, 2016. [Replacement]

ANTONIA MELO, Urbandale High School, Special Education Associate, Class II, Step I, \$13.74/hr, 5.75 hr/day. Effective April 11, 2016. [Replacement]

5. CLASSIFIED RESIGNATIONS

TOMMY REA, Urbandale High School, Special Education Associate, personal. Effective April 4, 2016.

RANEE ROSS, Urbandale High School, Special Education Associate, personal. Effective April 8, 2016.

6. CLASSIFIED TERMINATION

ALMIR DOGIC, Urbandale Middle School, Custodian, termination. Effective March 29, 2016.

7. CO-CURRICULAR RESIGNATIONS

JAYME AMMANN-LARSON, Urbandale High School, Assistant Jaywalkers Coach, personal. Effective April 7, 2016.

ETHAN FREEMAN, Urbandale High School, Assistant Basketball Coach, personal. Effective April 6, 2016.



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

Board Meeting Agenda

April 11, 2016 - Special Amendment to Binder dated ____/____/____

Report #8

RENEWAL GROUP BINDER AGREEMENT - IOWA

Account Legal Name, Account Rep & #, Effective Date

Physical Address: Address Line 1, Address Line 2, City, State, ZIP+4, Group/Section #'s

Physical Address of Billing contact: Address Line 1, Address Line 2, City, State, ZIP+4

If billing contact address is different than Accounts Physical Address shown above, this is:
Alternate location of above Account; or 3rd Party Billing Service. (If 3rd party billing service, Account acknowledges that Wellmark Group Statement of premium invoice delivered periodically to any third party service provider can be viewed by Account by registering for electronic billing at www.wellmark.com.)

Account Key, Plan Year Month, Unique Alpha Prefix

NO YES ADDITIONAL PRODUCTS
Dental Attached Rate Exhibit(s) Blue Dental Blue Dental PPO
ADDITIONAL SERVICES
COBRA Administration (Attached Addendum)
Standard Full Service (SF only)
Health and Care Management Services Include Rate Exhibit
Self Funded Self Funded over 5000 contracts
Fully Insured and Minimum Premium Buy Up
Third-Party EOBs \$10/EE/Yr
OTHER
ACA Addendum See Attached (FI and SF Grandfathered Plans Only)
Is group part of an association? If yes, name and association code?
Savings Guarantee (500+ Contracts) See Attached Exhibit(s)
Performance Guarantee (500+ Contracts) See Attached Exhibit(s)
Terminal Rider (Must be signed) See Attached Rate Exhibit(s)
Admin Guarantee See Attached
ENROLLMENT
MSP Status MSP Addendum regardless of group size
Paper Applications EDI Blues Enroll NA Excel Spreadsheet
When will Enrollment Information be Received?
Does the open enrollment date differ from the renewal date?
If so OE date is:

CARRIER INFORMATION
Is Wellmark the Exclusive Carrier/Administrator?
Yes No
If No, identify carrier(s) & # of Enrolled by carrier.
Is Wellmark the Stop Loss Carrier?
Yes No N/A
If No, identify Stop Loss Carrier
Stop-Loss Terms:
Stop-Loss LOB:

DENTAL COVERAGE
If group is adding dental coverage, please answer the questions below
When health and dental are both offered, are Employees required to take both products?
Yes No
When health and dental are both offered and the Employee selects both products, are Spouse/Dependents also required to take both products?
Yes No

WHPI Only
Yes No* Employer is accountable for communicating
covered benefits
noncovered benefits
practitioner and provider availability
a summary of UM procedures (prior approval, referral, etc.)
potential network, service or benefit restrictions
pharmaceutical management procedures
a summary of Wellmark's policy on collection use and disclosure of PHI
*If no, JITKits/Enrollment Guides must be distributed

RENEWAL GROUP BINDER AGREEMENT - IOWA

Benefit Product Selected					
Benefit Name	Health OBS Number	Rx OBS Number	Benefit Name	Health OBS Number	Rx OBS Number

For Internal Use Only

Set Up/Description (attach additional sheet of paper if needed; include group membership, billing, funding changes, if applicable)

Completed by _____

<input type="checkbox"/> Change <input type="checkbox"/> No Change <input type="checkbox"/> Retro <input type="checkbox"/> Off Renewal	CONTRACTED AGENCY NAME	SELLING AGENT NAME	SELLING AGENT NUMBER	CONTRACTED AGENCY TAX ID

This Binder Agreement serves solely as evidence of Wellmark’s agreement to provide the health coverage and administrative services and to provide services for any applicable stop loss insurance coverage indicated above. The Account agrees to the terms and payment obligations stated herein and agrees to pay Wellmark the applicable rates, administrative fees, and stop loss premium stated in the proposal(s). Execution of this Binder Agreement by the Account authorizes Wellmark to implement the administration of this coverage including the processing and settlement of claims for members of the Account’s group plan incurred within the Rating Period. On or about the effective date of the coverage, Wellmark shall issue and execute a definitive agreement setting forth the rights and responsibilities of Wellmark and Account. Account’s payment to Wellmark of the applicable fees as of the effective date is evidence of Account’s agreement to the terms specified in the definitive agreement

Account understands and agrees that Wellmark defines a National Account as any company headquartered in Iowa but which also has employees in other states whose claims are processed through the Blue Card program. Signatures on this Binder Agreement confirm that it is issued for delivery in Iowa. Only persons associated with a National Account or with Account locations in Iowa are eligible for coverage. If the entity is not headquartered in Iowa, coverage will be void for any persons associated with Account locations outside of Iowa.

Account acknowledges and agrees that Wellmark will rely on the information contained in the Affordable Care Act (“ACA”) Addendum. Account represents to Wellmark that the information contained in the ACA Addendum is correct. Account agrees that it will provide Wellmark at least 60 days prior written notice of any change that may affect grandfather status.

This Binder Agreement shall expire upon Wellmark’s issuance and execution of the definitive agreement, except the COBRA Addendum, Affordable Care Act Addendum, and/or Health and Care Management Programs/Services Rating Exhibit, if any, which will remain in effect and become a part of the definitive agreement. It is hereby agreed and understood that the terms and conditions of the definitive agreement and benefits document(s) issued by Wellmark to the Account, and the terms and conditions of the definitive stop loss policy issued by stop loss carrier, if any, shall govern and control the terms stated in this Binder. Any inconsistency between this Binder Agreement, including any attachments, and any subsequently issued executed definitive agreement(s) shall be construed in favor of the subsequently issued document.

This Binder Agreement shall be governed in accordance with Iowa Law.

Group/Account _____

By _____ Title _____

Printed Name _____ Date ____/____/____



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

Self Funded Renewal Rates

Group Name: *Urbandale Community School District*
Account Key: *00017284*
Renewal Period: *07/01/2016 to 06/30/2017*

Current Benefit Offerings	Current Enrollment	Stop Loss Terms
OBS #126488-37 / 4719-41	265 Single	24/12 Contract
Blue Choice	30 Family	
Deductible: See OBS	49 2-Person	
Coinsurance: See OBS	_____	Weekly Draw
OPM: See OBS	344 Total	
Office Visit Copay: See OBS		
BlueRx Complete		
Deductible: \$0 / \$0		
Copay: \$5/\$5		
Coinsurance: 25%/25%		

FINAL RATES

	Level	Fee/Contract	Estimated Annual Premium Based on Current Enrollment
Individual Stop Loss	\$35,000	\$62.96	\$259,899
Aggregate Stop Loss	125%	\$4.86	\$20,062
Administrative Fees - Health	w/weekly settlement	\$34.86	\$143,902
Administrative Fees - PBM		\$0.70	\$2,890
Consultant Fee		\$0.00	\$0
Total Administrative Fees		\$103.38	\$426,753
Network Access Fee		\$7.66	\$31,620

	<u>Single</u>	<u>Family</u>	<u>2-Person</u>	<u>Annual Projection</u>
Expected Claims	\$362.20	\$1,101.09	\$690.72	\$1,954,332
Admin, NAF & Stop Loss Fees	<u>\$87.09</u>	<u>\$264.75</u>	<u>\$166.08</u>	<u>\$469,911</u>
Estimated Suggested Rates*	\$449.29	\$1,365.84	\$856.80	\$2,424,243
Attachment Points	\$452.75	\$1,376.36	\$863.39	\$2,442,908
Admin, NAF & Stop Loss Fees	<u>\$87.09</u>	<u>\$264.75</u>	<u>\$166.08</u>	<u>\$469,911</u>
Estimated Max Liability to Fund*	\$539.84	\$1,641.11	\$1,029.47	\$2,912,819

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

Employer Signature: _____ Date: _____

Comments:



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Self Funded Renewal Rates

Group Name: *Urbandale Community School District*

Account Key: *00017284*

Renewal Period: *07/01/2016 to 06/30/2017*

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

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

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



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Self Funded Renewal Rates

Group Name: *Urbandale Community School District*

Account Key: *00017284*

Renewal Period: *07/01/2016 to 06/30/2017*

Current Benefit Offerings	Current Enrollment	Stop Loss Terms
OBS #115-171 / 180-104	68 Single	24/12 Contract
Alliance Select	4 Family	
Deductible: \$600/\$1,200;\$5,000/\$10,000	1 2-Person	
Coinsurance: 30%/40%		Weekly Draw
OPM: \$1,800/\$3,600;\$10,000/\$20,000	73 Total	
Office Visit Copay: See OBS		
BlueRx Complete		
Deductible: \$0 / \$0		
Copay: \$5/\$5		
Coinsurance: 25%/25%		

FINAL RATES

	Level	Fee/Contract	Estimated Annual Premium Based on Current Enrollment
Individual Stop Loss	\$35,000	\$62.96	\$55,153
Aggregate Stop Loss	125%	\$4.86	\$4,257
Administrative Fees - Health	w/weekly settlement	\$34.86	\$30,537
Administrative Fees - PBM		\$0.70	\$613
Consultant Fee		\$0.00	\$0
Total Administrative Fees		\$103.38	\$90,561
Network Access Fee		\$7.66	\$6,710

	<u>Single</u>	<u>Family</u>	<u>2-Person</u>	<u>Annual Projection</u>
Expected Claims	\$386.75	\$1,175.72	\$737.53	\$380,873
Admin, NAF & Stop Loss Fees	\$87.09	\$264.75	\$166.08	\$85,766
Estimated Suggested Rates*	\$473.84	\$1,440.47	\$903.61	\$466,639
Attachment Points	\$483.44	\$1,469.66	\$921.92	\$476,094
Admin, NAF & Stop Loss Fees	\$87.09	\$264.75	\$166.08	\$85,766
Estimated Max Liability to Fund*	\$570.53	\$1,734.41	\$1,088.00	\$561,860

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

Employer Signature: _____ Date: _____

Comments:



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Self Funded Renewal Rates

Group Name: *Urbandale Community School District*

Account Key: *00017284*

Renewal Period: *07/01/2016 to 06/30/2017*

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

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

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



Your Health. Well Protected.™

An Independent Licensee of the Blue Cross and Blue Shield Association

Drug Rebates

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

Explanation of Contribution Requirement

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

Explanation of Enrollment Fluctuation Guidelines

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

Explanation of Updated Information Guidelines

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

Explanation of Medical Claims Projection

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

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

Explanation of Participation Requirements

To avoid adverse selection, Wellmark Blue Cross and Blue Shield requires a minimum participation level in all groups with 101 or more eligible employees. Wellmark Blue Cross and Blue Shield requires 75% of the eligible employees not covered under other insurance to be enrolled in the Wellmark Blue Cross and Blue Shield plan. If these participation requirements are not met, the employer group will not be allowed to enroll or renew upon the effective date.

Wellmark Health Plan of Iowa requires 10% of the total eligible employees be enrolled in the Wellmark Health Plan of Iowa plan. If these participation requirements are not met, the employer group will not be allowed to enroll or renew in the Wellmark Health Plan of Iowa plan upon the effective date.

Important MHPAEA and ACA Disclaimer

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



Your Health. Well Protected.™

An Independent Licensee of the Blue Cross and
Blue Shield Association

Important MHPAEA and ACA Disclaimer (cont.)

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

Urbandale Community School District Health & Pharmacy Plan Executive Summary

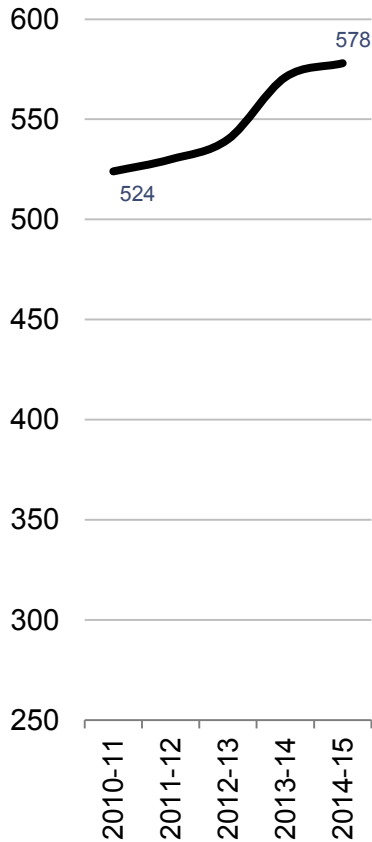
Incurred November 1, 2014 to October 31, 2015, Paid through November 30, 2015

Sandi Jensen, Sr. Healthcare Consultant
Analytic Consulting Services

January 2016

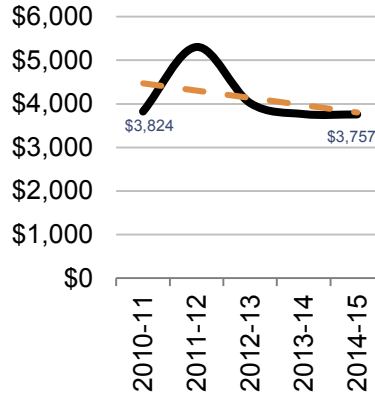
Average membership increased 1%.

Membership



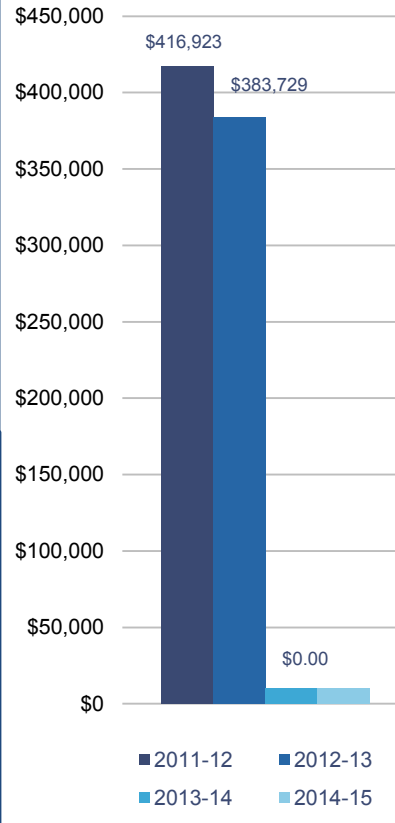
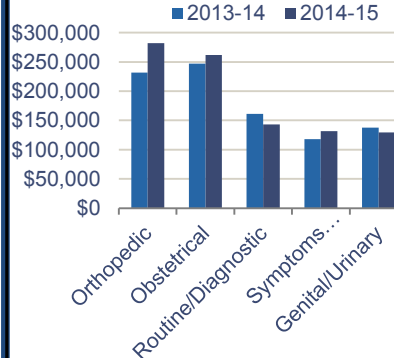
Claims paid PMPY decreased 0.2% from the prior period

Claims Paid PMPY



There were no members with claims paid >\$100K in the current period.

Claims Paid



Cost Trends

- Combined health and pharmacy claims paid per member decreased 0.2% from the prior period.
- There were no members in the current or prior period with claims paid greater than \$100,000.

Prevalent Conditions

- Orthopedic claims paid accounted for 16% of claims paid. There were 7 admissions which accounted for 18% of the total. There were 4 members that had a hip or knee replacement all at Blue Distinction Centers.

Place of Service

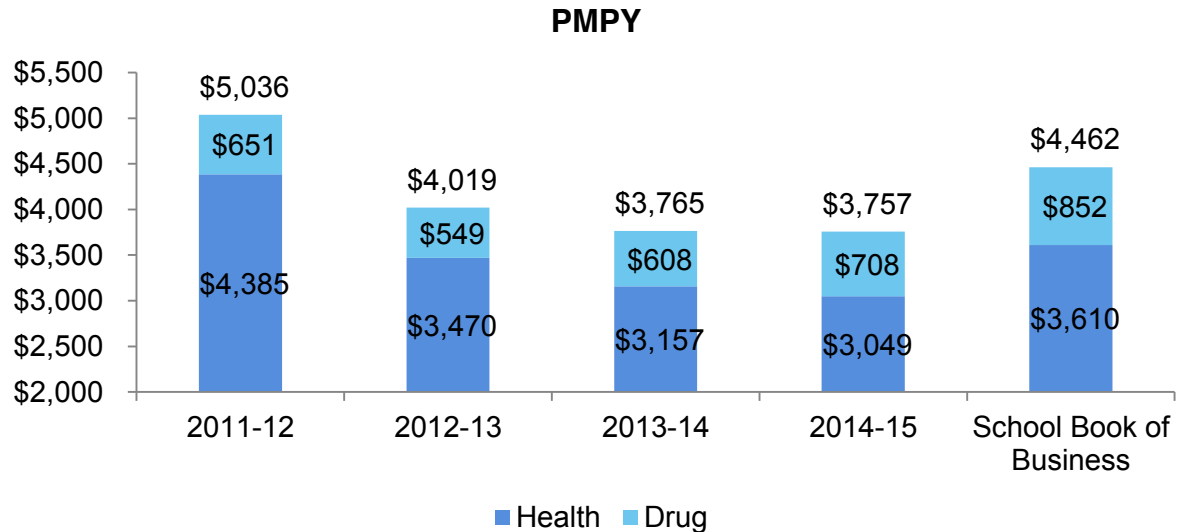
- Claims paid in the office setting decreased 3% from the prior period and accounted for 33% of the claims paid.

Cost Trends



- Health and pharmacy claims paid per member decreased slightly from the prior period, compared to a 4% increase in Wellmark's school book of business.
- Health and pharmacy costs on a per member basis were nearly 16% below the School book of business.
- The decrease in health claims paid was primarily driven by lower utilization in all places of service.
- A school book of business of over 77,000 members was created for comparison purposes.

Urbandale Community School District	Prior		Current		% of Change-Claims Paid Per Member
	Claims Paid	Claims Paid per Member	Claims Paid	Claims Paid Per Member	
Health	\$1,802,883	\$3,157	\$1,762,354	\$3,049	-3.4%
Pharmacy	\$347,419	\$608	\$409,281	\$708	16.4%
Total	\$2,150,302	\$3,765	\$2,171,635	\$3,757	-0.2%

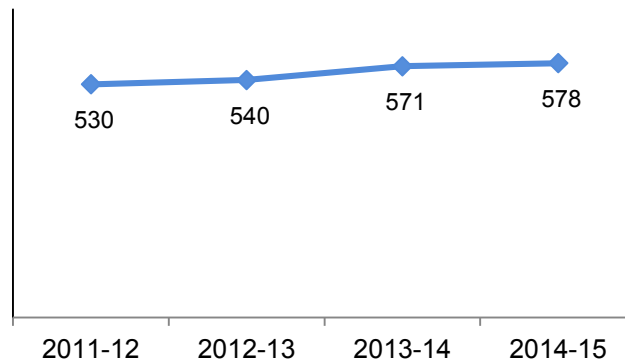


Enrollment Trends

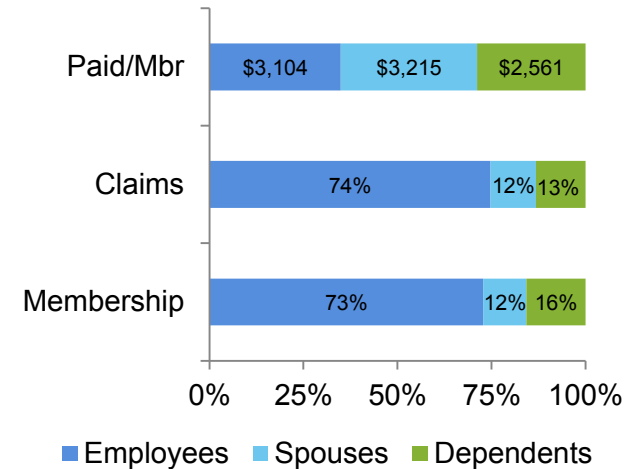


- Membership has steadily increased and was 1% greater than in the prior period and 9% more than 2011-12.
- Employees accounted for the majority of the membership and health claims paid. Claims paid per spouse were 4% greater than paid per employee.
- Half of claims paid were for members over 45 or older, compared to the school book of business (58%).
- 83% of the members were enrolled in a HMO plan who accounted for 79% of claims paid.
- The Alliance Select plan accounted for the remaining 17% of enrollment and 21% of health claims paid.

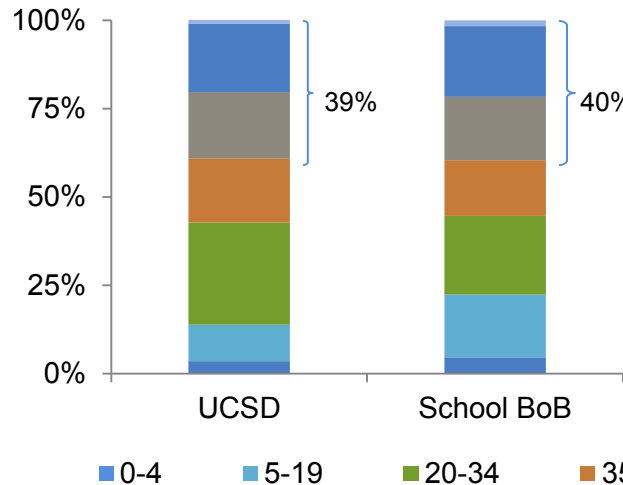
Average Members



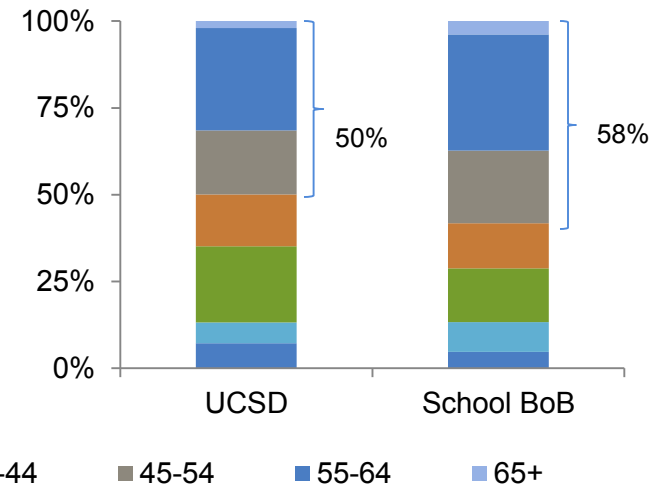
Member Relationship



Membership by Age Range



Claims paid by Age Range

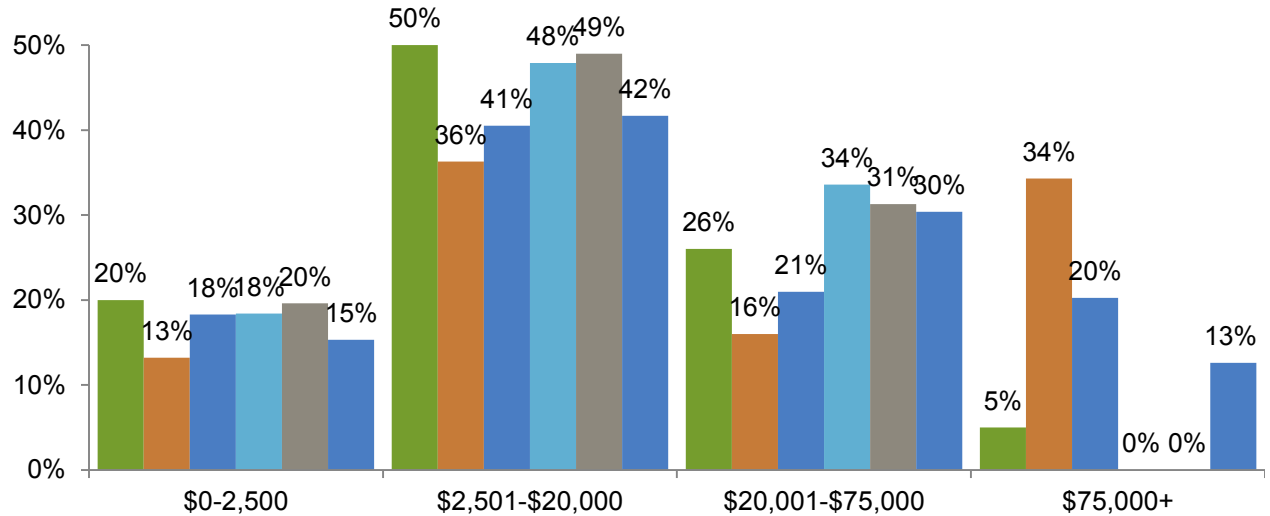


Cost Trends

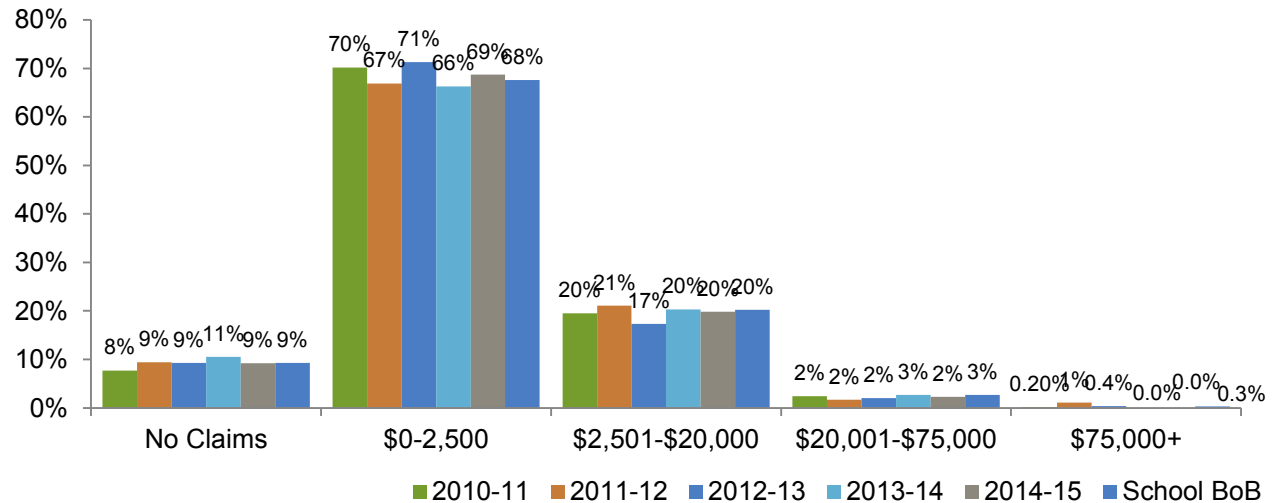


- Nearly 78% of the membership accounted for 20% of claims paid.
- There were no members with claims paid greater than \$75,000 in the current or prior period.
- Urbandale had less members with no claims paid, 9%, compared to the prior years of 11% and similar to the school book of business.

Health Claims Paid by Paid Range



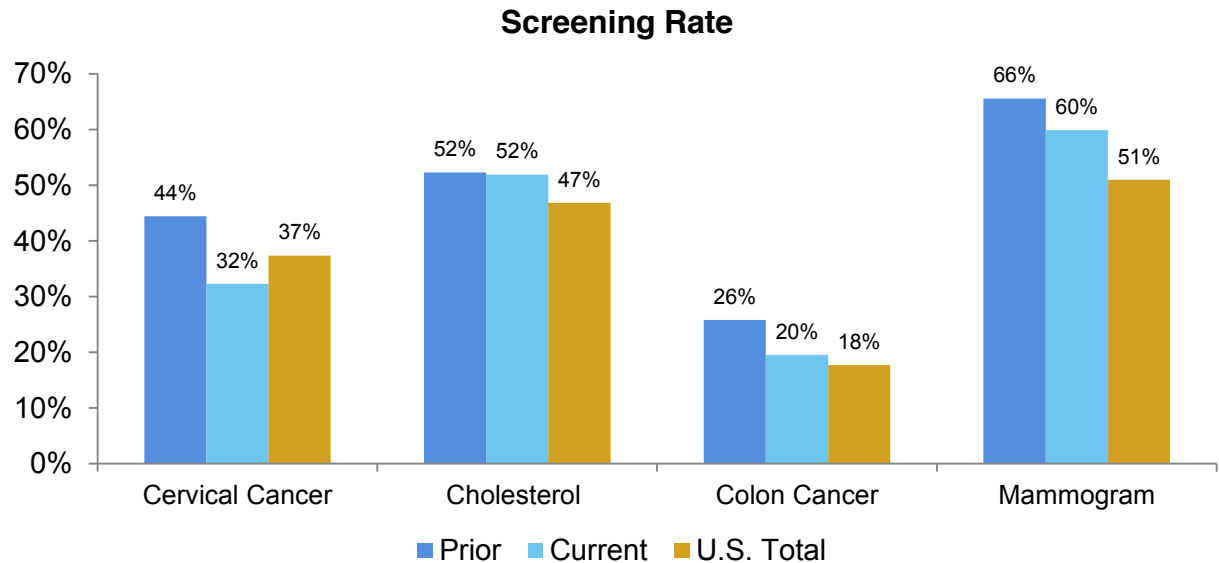
Percent of Members by Paid Range



- When comparing adult preventive screening rates to the MarketScan benchmark, all except cervical cancer screenings were above to the U.S Total benchmark.
- Comparing to the prior rates, metrics were all lower.
- Routine/diagnostic services were 8.2% of claims paid and 377 members received services.

Preventive Screening Measures					
	Oct 2013 – Sept 2014	Oct 2014 – Sept 2015	Percent Change	U.S. Total Benchmark*	% Difference
Cervical Cancer Screening Rate	44.4%	32.3%	-27.3%	37.4%	-13.6%
Cholesterol Screening Rate	52.3%	51.9%	-0.7%	46.8%	10.9%
Colon Cancer Screening Rate	25.8%	19.6%	-24.2%	17.7%	10.6%
Mammogram Screening Rate	65.6%	59.9%	-8.6%	51.0%	17.5%

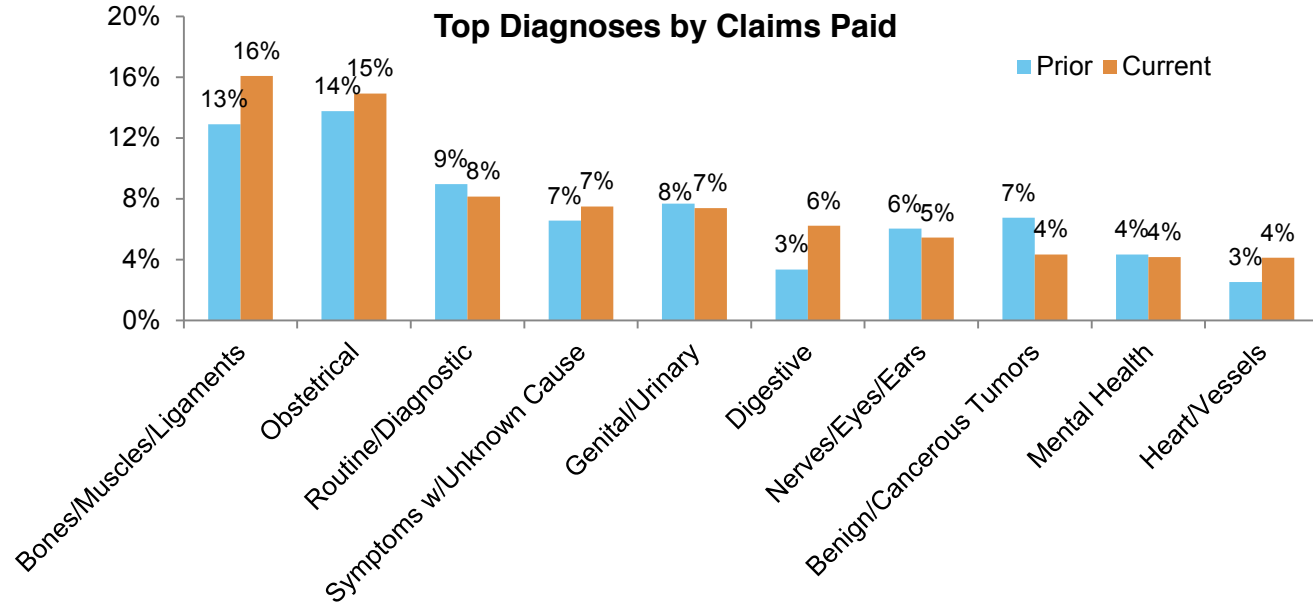
*MarketScan® Commercial Benchmarks



Prevalent Conditions



- Muscular/skeletal claims paid accounted for 16% of claims paid and increased 22% from the prior year led by osteoarthritis (joint replacements), acquired deformities and joint disorders.
- Obstetrical conditions followed with 15% of claims paid and 50% of admissions.
- Symptoms with unknown cause accounted for 7% of health claims paid led by a large claimant with symptoms related to the urinary system.



Inpatient		Outpatient		Office	
Condition	% of Claims of Paid	Condition	% of Claims of Paid	Condition	% of Claims of Paid
Obstetrical	36.0%	Bones/Muscles/Ligaments	14.8%	Routine/Diagnostic	14.4%
Bones/Muscles/Ligaments	23.2%	Symptoms with Unknown Cause	10.7%	Bones/Muscles/Ligaments	13.2%
Digestive	13.0%	Nerves/Eyes/Ears	9.7%	Mental Health	10.2%
Genital/Urinary	10.9%	Injuries/Poisonings	9.4%	Nose/Throat/Lungs	7.5%
Heart/Vessel	7.0%	Cancers/Tumors	9.0%	Obstetrical	6.6%

Member Health—CRG Health Risk



- **34% of the members in the “low” category are considered “healthy” and suffered no acute illness or injury in the current year.**
- **As a percentage of the total, more members were in the moderate, elevated and high level when compared to the Wellmark book of business.**
- **Hypertension was the most prevalent condition in the “elevated” category with 5%.**
- **Multiple minor chronic conditions, chronic joint diagnoses and hyperlipidemia were the most prevalent conditions in the “moderate” category.**
- **The health risk of nearly 16% of members continuously enrolled for 24 months changed for the worse. While 11% made improvements in their risk level.**

Number and percent of Members by 5 level CRG					
	Low	Moderate	Elevated	High	Extreme
Prior Period	49.3%	19.5%	29.8%	1.3%	0.2%
Current Period	50.7%	18.3%	28.9%	2.1%	0.0%
Wellmark Book of Business	58.9%	14.2%	24.9%	1.7%	0.3%

Health Risk Status for Continuously Enrolled Members					
	Low	Moderate	Elevated	High	Extreme
Prior Period	264	112	160	6	0
	48.7%	20.7%	29.5%	1.1%	0.0%
Current Period	259	103	168	12	0
	47.8%	19.0%	31.0%	2.2%	0.0%

Change in GRG Health Risk Status			
	Better	No Change	Worse
Urbandale Schools	61	396	85
	11.3%	73.1%	15.7%

Prevalence of Chronic Conditions



- The patients/1,000 members were lower than the MarketScan benchmarks for many conditions.
- Anxiety disorders, asthma, bipolar disorder, coronary artery disease, COPD, depression, hypertension and osteoarthritis declined from the prior period.
- The most prevalent conditions are hypertension, diabetes, and depression.

Chronic Conditions Prevalence/1,000 Members			
Patients Per 1,000	Sep 2013 – Aug 2014	Sep 2014 – Aug 2015	Us Total Benchmark*
Anxiety Disorder	46.6	32.9	25.1 ↑
Asthma	21.7	18.0	21.7 ↓
Bipolar Disorder	1.6	0.0	5.2 ↓
Coronary Art Dis	7.8	6.0	12.5 ↓
CHF	0.0	0.0	2.2 ↓
COPD	6.2	3.0	6.1 ↓
Depression	74.5	65.9	42.3 ↑
Diabetes	65.2	68.9	53.4 ↑
HIV Infection	1.6	3.0	1.1 ↑
Hypertension	114.9	100.3	90.6 ↑
Osteoarthritis	51.2	40.4	47.8 ↓
Rheum Arthritis	0.0	1.5	4.5 ↓

*MarketScan® Commercial Benchmarks

Top Providers



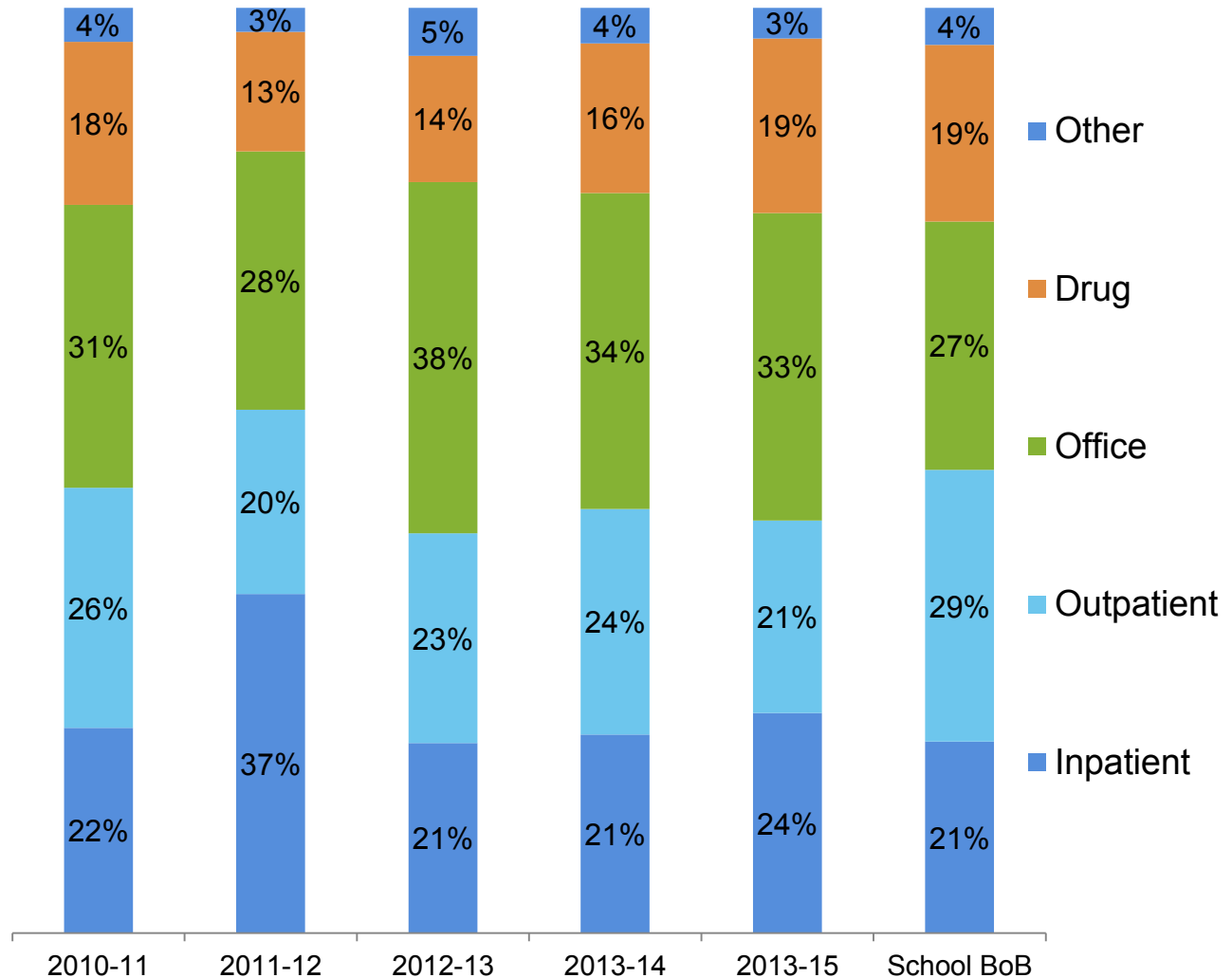
- Iowa Methodist Medical Center was the top facility with 19% of facility claims paid followed by Mercy Des Moines with nearly 18%.
- Urbandale saved nearly \$2.1M in health claims due to Wellmark provider payment arrangements for 2014-2015.
- Nearly 96% of claims were paid to in-network providers.

Provider Name	City	ST	Claims Paid	% Claims Paid
Iowa Methodist Medical Center	Des Moines	IA	\$134,672	19.2%
Mercy Medical Center	Des Moines	IA	\$125,407	17.9%
Methodist West Hospital	West Des Moines	IA	\$117,541	16.8%
Mayo Clinic Hospital	Rochester	MN	\$43,633	6.2%
Valley Regional Medical Center	Atlanta	GA	\$39,236	5.6%
Lakeview Surgery Center	West Des Moines	IA	\$37,582	5.4%
Iowa Lutheran Hospital	Des Moines	IA	\$28,555	4.1%
West Lake Surgery Center	Clive	IA	\$24,686	3.5%
Mercy Medical Ctr. West Lakes	West Des Moines	IA	\$23,521	3.4%
The Iowa Clinic Endoscopy Center	West Des Moines	IA	\$12,547	1.8%

Place of Service Trend

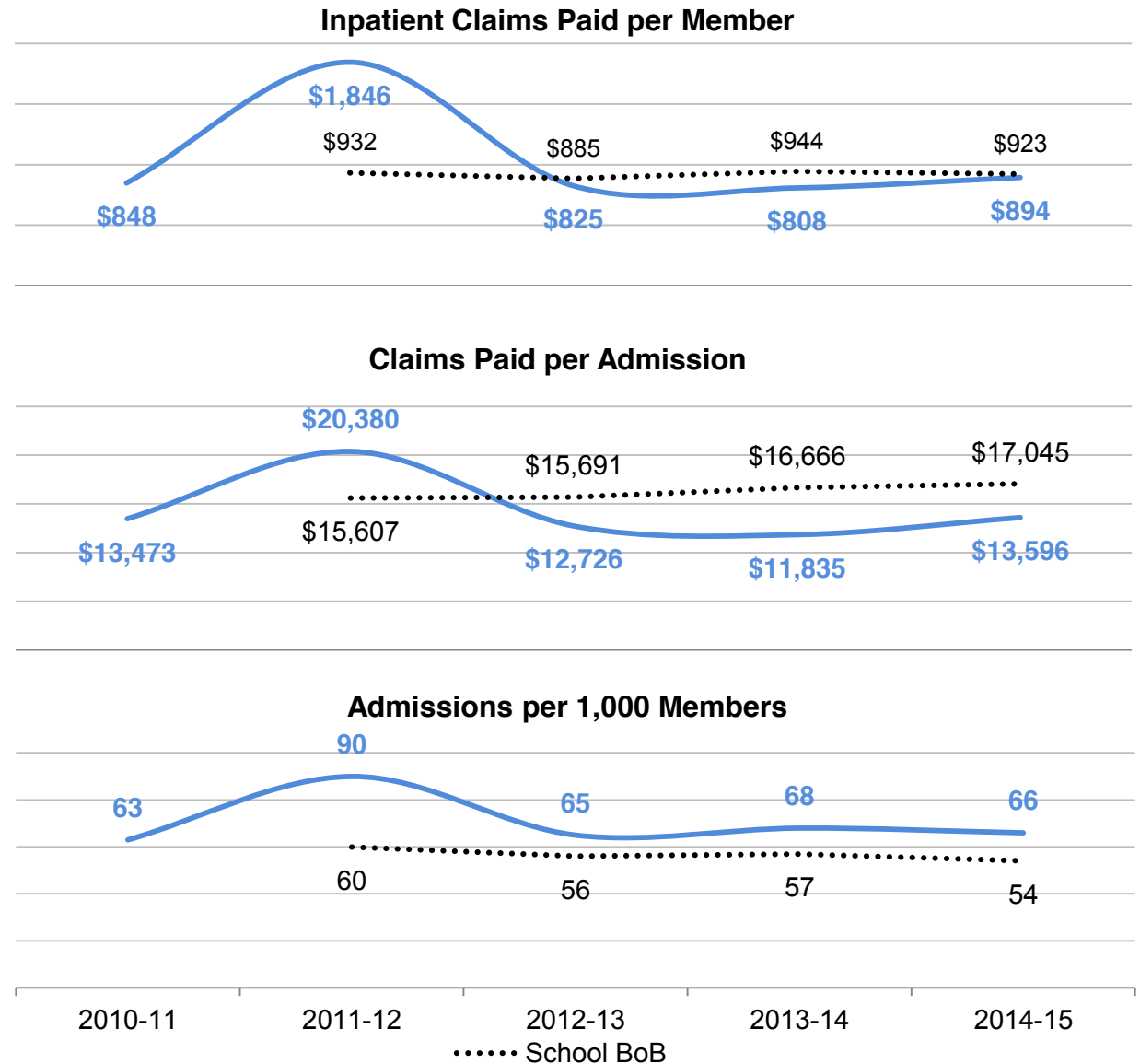
- Office services accounted for the most claims paid, 33% of the current period.
- Compared to the School book of business, outpatient was higher with 29% compared to 21% for Urbandale.
- As a percentage of the total, drug paid per member increased 3 percentage points but was consistent with the School book of business.

Place of Service Percent of Total Claims Paid



Place of Service Analysis - Inpatient

- Inpatient claims paid per member increased nearly 11% from the prior period.
- Claims paid per admission increased 15% driven by a 24% increase in claims paid per admission for surgical services.
- Admissions per 1,000 decreased but remained above the school book of business.
- Obstetrical claims paid accounted for 36% of the claims paid and 50% of the admissions.
- Orthopedic conditions accounted for 23% of claims paid with osteoarthritis accounting for 66% of claims costs.

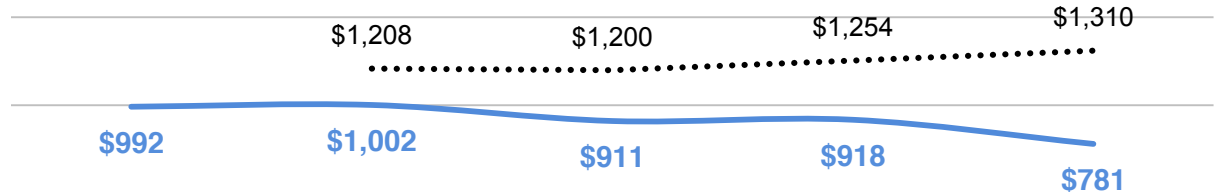


Place of Service Analysis - Outpatient

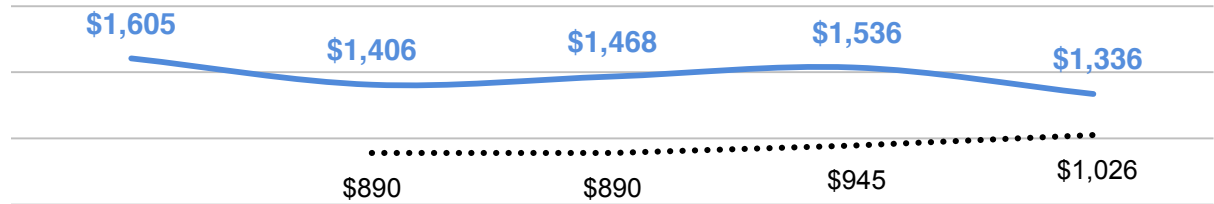


- Outpatient claims paid per member decreased 15% from the prior period and were lower than the School book of business.
- Claims paid per visit for outpatient services decreased 13% from the prior period driven by a decline in surgical and medical claims paid per member.
- Outpatient claims per 1,000 members decreased 2% and more than half the school and the Wellmark book of business.

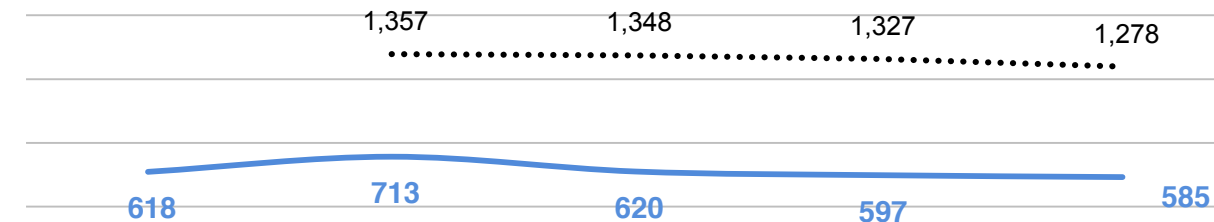
Outpatient Claims Paid per Member



Outpatient Claims Paid per Visit



Claims per 1,000 Members



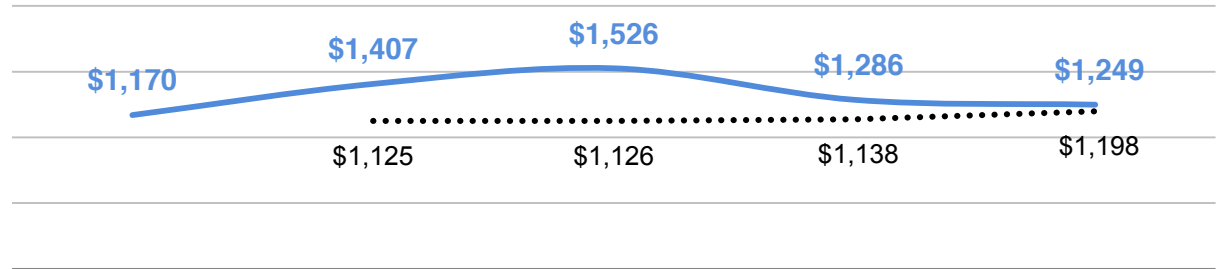
..... School BOB



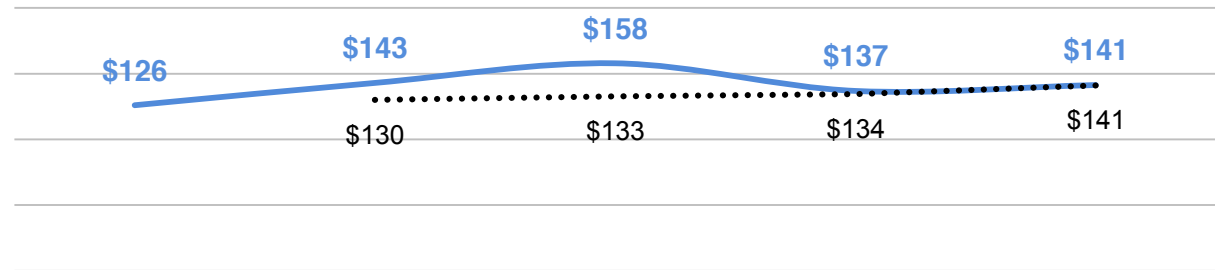
Place of Service Analysis - Office

- Claims paid per member in the office setting decreased 3% and was higher than the School book of business.
- Claims paid per visit increased 3% to \$141 consistent with the school book of business.
- Visits per 1,000 decreased 6% and remained above the book of business.
- Routine/diagnostic routine services accounted for 14% of the office claims paid. Routine gyn exams, routine exams, cancer screenings and well child visits were the top services.

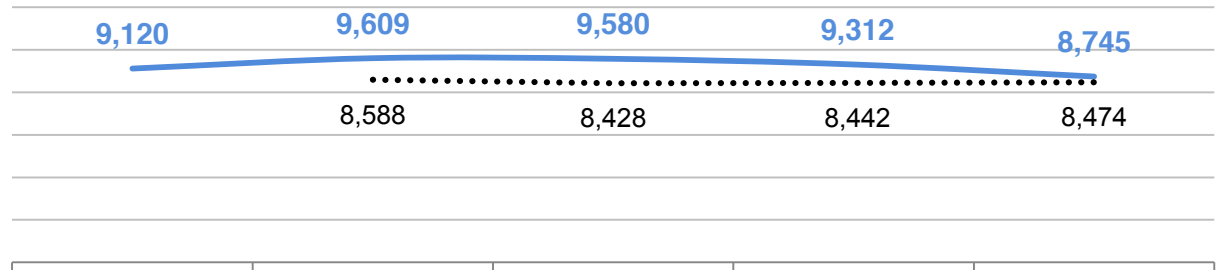
Office Claims Paid per Member



Office Claims Paid per Visit



Visits per 1,000 Members



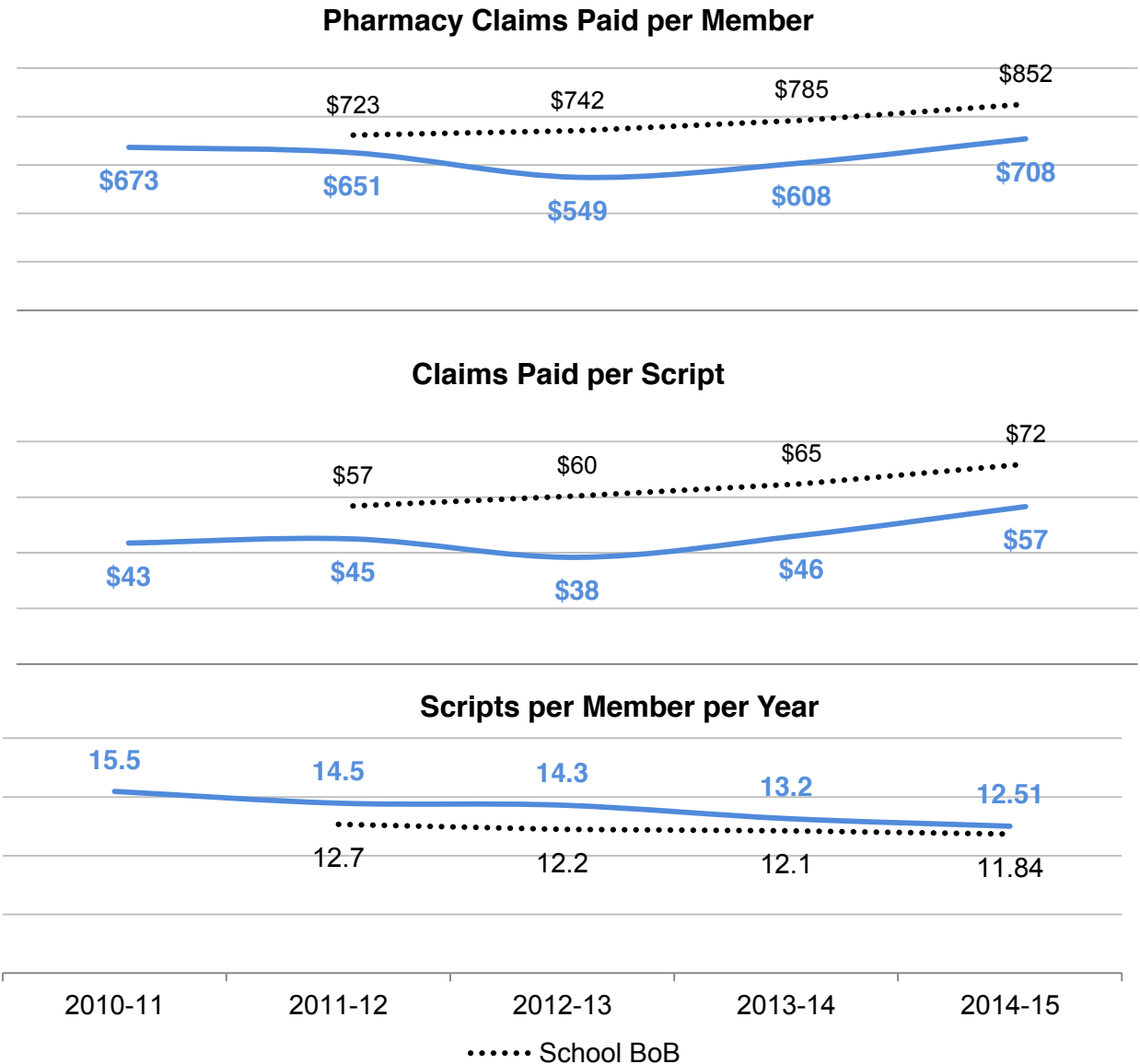
2010-11 2011-12 2012-13 2013-14 2014-15

..... School BoB

Place of Service Analysis - Pharmacy



- Pharmacy claims paid per member increased 16% from the prior period. Claims paid per Rx increased 22%. Both metrics were below the school book of business.
- Generic utilization was consistent with last year at 82% and below the 86% for Wellmark book of business and 84% for the School book of business.
- Enbrel (rheumatoid arthritis), and Januvia (diabetes) were the top 2 drugs and accounted for 12% of the pharmacy claims paid.
- 14% of members had pharmacy claims paid over \$1,000; these members accounted for 79% of pharmacy claims paid while only 45% of the scripts.





An Independent Licensee of the Blue Cross and Blue Shield Association



Annual Core Report

Urbandale Community School District

Current Period: Nov 1, 2014 – Oct 31, 2015; Paid through Nov 30, 2015

Prior Period: Nov 1, 2013 – Oct 31, 2014; Paid through Nov 30, 2015



Savings Overview

How This Report Can Help You

The Wellmark Financial and Utilization Summary report provides medical cost and utilization information to help your organization make informed decisions regarding health care benefit programs. This report can help answer the following questions:

- ⌵ How do my claims per employee for medical care compare with the prior period?
- ⌵ What are the demographics of my employees (i.e., age/sex)?
- ⌵ How have the rates and types of medical service and utilization changed?
- ⌵ What types of services accounted for the largest portions of my group's health care dollars?
- ⌵ How much savings did my group reap from using the network of providers?

Purpose of This Report

This report is designed to:

- ⌵ Interpret trends in medical cost and utilization.
- ⌵ Provide a comparative analysis of two years of data.
- ⌵ Provide a comparison to a composite of other Wellmark enrolled groups. These comparisons are general indicators, since benefit elements such as co-payments may vary somewhat among individual groups and may account for cost differences. Employee demographics (age/sex), retired member population, geographic location, and health status may also vary significantly among groups.

Contents of This Report

- ⌵ Comparative data for the current and prior period
- ⌵ Enrollment Statistics
- ⌵ Charge Detail – Charge per: Admission, Visit, and Service
- ⌵ Utilization Detail - Number of: Days, Admissions, Visits, Services, and Length of Inpatient Facility Stay
- ⌵ Payments by provider type - Inpatient versus Outpatient versus Practitioner
- ⌵ Payments Per Member
- ⌵ Key areas of concern by diagnostic category

Study Period

The information in this report is for medical and pharmaceutical benefits received by members during the following service dates:

Current Period:

November 01, 2014 through October 31, 2015, paid through November 30, 2015.

Prior Period:

November 01, 2013 through October 31, 2014, paid through November 30, 2015.

Note: there is a run-out of claims included to account for the majority of claims that were incurred, but had not been processed during the specified time periods.

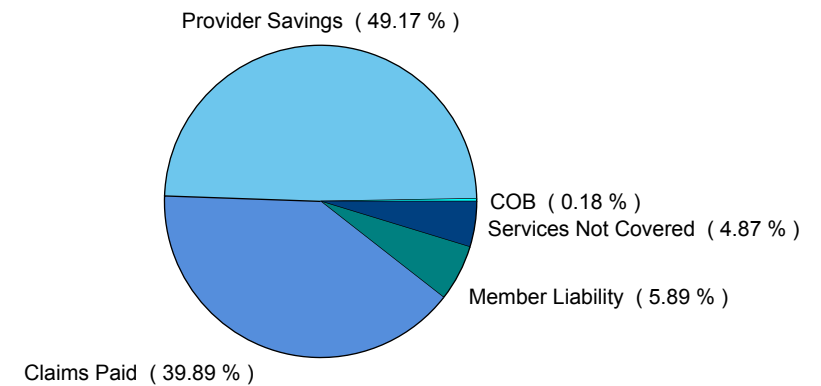
Urbandale Community School District Savings - Combined Products *

Savings

November 01, 2014 through October 31, 2015

Claims Paid	\$1,681,578	
Provider Savings	\$2,072,949	
Facility Savings		\$1,395,661
Practitioner Savings		\$587,245
Blue Card Savings		\$90,043
Coordination of Benefits Savings	\$3,704	
Medicare		\$0
Primary Payor Liability		\$2,163
Worker's Compensation		\$0
Subrogation		\$1,541
Member Liability	\$248,152	
Deductible		\$79,663
Coinsurance		\$92,786
Co-Payments		\$75,703
 Covered Charges	 \$4,022,052	
Services Not Covered (i.e., duplicate claims, members not covered)	\$205,472	
Fully Paid by Other Payor	\$4,069	
Provider Savings as a Percentage of Covered Charge	51.54 %	

Distribution of Billed Charges



* Capitated services and IBNR are excluded.

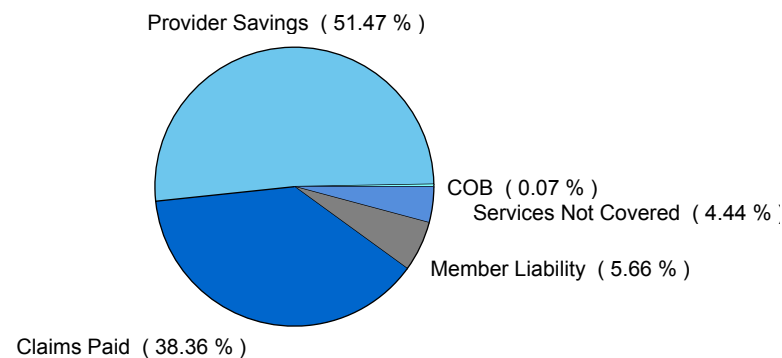
Urbandale Community School District Savings - HMO *

Savings

November 01, 2014 through October 31, 2015

Claims Paid	\$1,333,853	
Provider Savings	\$1,789,679	
Facility Savings		\$1,267,237
Practitioner Savings		\$490,726
Blue Card Savings		\$31,716
Coordination of Benefits Savings	\$1,031	
Medicare		\$0
Primary Payor Liability		\$1,031
Worker's Compensation		\$0
Subrogation		\$0
Member Liability	\$196,641	
Deductible		\$62,465
Coinsurance		\$76,265
Co-Payments		\$57,911
 Covered Charges	 \$3,336,842	
Services Not Covered (i.e., duplicate claims, members not covered)	\$154,449	
Fully Paid by Other Payor	\$1,452	
Provider Savings as a Percentage of Covered Charge	53.63 %	

Distribution of Billed Charges



* Capitated services and IBNR are excluded.

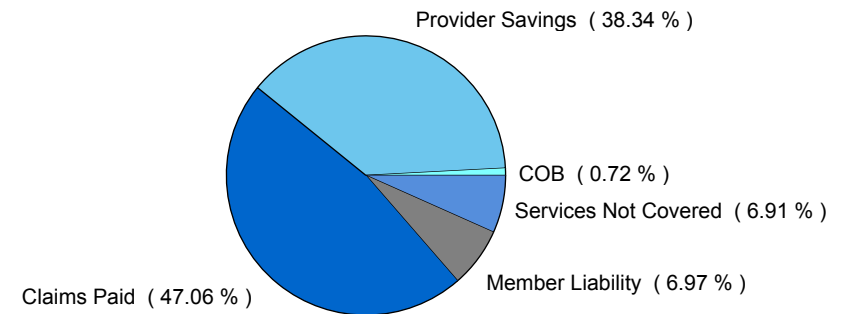
Urbandale Community School District Savings - PPO (Non-HMO)*

Savings

November 01, 2014 through October 31, 2015

Claims Paid	\$347,724	
Provider Savings	\$283,270	
Facility Savings		\$128,424
Practitioner Savings		\$96,519
Blue Card Savings		\$58,327
Coordination of Benefits Savings	\$2,673	
Medicare		\$0
Primary Payor Liability		\$1,132
Worker's Compensation		\$0
Subrogation		\$1,541
Member Liability	\$51,511	
Deductible		\$17,198
Coinsurance		\$16,521
Co-Payments		\$17,792
 Covered Charges	 \$685,210	
Services Not Covered (i.e., duplicate claims, members not covered)	\$51,023	
Fully Paid by Other Payor	\$2,617	
Provider Savings as a Percentage of Covered Charge	41.34 %	

Distribution of Billed Charges



* Capitated services and IBNR are excluded.

Urbandale Community School District Financial And Utilization Summary - Combined

Cost and Enrollment Trends

The Financial and Utilization Summary provides information to help you understand how benefits are used by your employees and their dependents and what those benefits cost. This section includes demographic information, charge, claims paid and utilization by place and type of service as well as your group's previous 12-month statistics for comparison purposes.

Pharmacy drugs covered under your drug card are summarized in a separate report. Pharmacy charges covered under your health plan are included in this report, except as noted on specific pages.

	Prior	Current	Percent Change		Prior	Current	Percent Change	
Covered Charge ³	\$4,344,136	\$4,233,575	(2.5 %)		Covered Charge Per Member ^{2,3}	\$7,608	\$7,325	(3.7 %)
Inpatient	\$1,297,829	\$1,492,115	15.0 %		Inpatient	\$2,273	\$2,582	13.6 %
Outpatient	\$1,665,931	\$1,362,461	(18.2 %)		Outpatient	\$2,918	\$2,357	(19.2 %)
Office	\$1,249,077	\$1,257,596	0.7 %		Office	\$2,188	\$2,176	(0.5 %)
Other	\$131,299	\$121,403	(7.5 %)		Other	\$230	\$210	(8.7 %)
Claims Paid ^{1,3}	\$1,802,883	\$1,762,354	(2.2 %)		Claims Paid Per Member ^{1,2,3}	\$3,157	\$3,049	(3.4 %)
Inpatient	\$461,554	\$516,650	11.9 %		Inpatient	\$808	\$894	10.6 %
Outpatient	\$523,929	\$451,515	(13.8 %)		Outpatient	\$918	\$781	(14.9 %)
Office	\$734,337	\$721,810	(1.7 %)		Office	\$1,286	\$1,249	(2.9 %)
Other	\$83,063	\$72,380	(12.9 %)		Other	\$145	\$125	(13.8 %)
					Average Number of Members (Employees and their Dependents)	571	578	1.2 %

¹ Includes capitation if applicable.

² Annualized if less than 12 months of data.

³ Includes IBNR.

Urbandale Community School District Financial And Utilization Summary - Combined

Aggregate Claims Paid for a Member by Range *

	Prior				Current		
	Claims Paid	# of Members**	% of Membership		Claims Paid	# of Members**	% of Membership
No Claims	\$0	69	10.5 %	No Claims	\$0	61	9.2 %
\$.00 - \$250	\$14,459	98	14.8 %	\$.00 - \$250	\$17,012	124	18.8 %
\$251 - \$500	\$34,426	93	14.1 %	\$251 - \$500	\$35,766	92	13.9 %
\$501 - \$1,000	\$90,054	122	18.5 %	\$501 - \$1,000	\$84,970	115	17.4 %
\$1,001 - \$2,500	\$192,331	125	18.9 %	\$1,001 - \$2,500	\$206,342	123	18.6 %
\$2,501 - \$5,000	\$252,067	74	11.2 %	\$2,501 - \$5,000	\$267,061	74	11.2 %
\$5,001 - \$20,000	\$609,175	60	9.1 %	\$5,001 - \$20,000	\$593,896	57	8.6 %
\$20,001 - \$35,000	\$303,056	12	1.8 %	\$20,001 - \$35,000	\$248,560	9	1.4 %
\$35,001 - \$50,000	\$76,811	2	0.3 %	\$35,001 - \$50,000	\$181,325	4	0.6 %
\$50,001 - \$75,000	\$224,089	4	0.6 %	\$50,001 - \$75,000	\$120,186	2	0.3 %
Other	(\$263)	1	0.2 %	Total	\$1,755,117	661	100.0 %
Total	\$1,796,205	660	100.0 %				

Note: Valid bands are \$.00 - \$250, \$251 - \$500, \$501 - \$1,000, \$1,001 - \$2,500, \$2,501 - \$5,000, \$5,001 - \$20,000, \$20,001 - \$35,000, \$35,001 - \$50,000, \$50,001 - \$75,000, \$75,001 - \$100,000, \$100,001 - \$200,000, \$200,001 - \$500,000, \$500,000 +

* Excludes capitation.

** A member is counted as any one individual covered at least one day during the plan period.

Urbandale Community School District Financial And Utilization Summary - Combined

Costs by Member Type

	Prior			Current		
	% of Membership	Covered Charges	Claims Paid	% of Membership	Covered Charges	Claims Paid
Employee	74.6 %	\$3,638,821	\$1,487,259	72.8 %	\$3,047,338	\$1,306,662
Spouse	9.4 %	\$313,906	\$128,558	11.5 %	\$563,392	\$215,382
Dependents	16.0 %	\$391,409	\$180,389	15.7 %	\$622,845	\$233,073
Capitation			\$6,678			\$7,237
Total	100.0 %	\$4,344,136	\$1,802,883	100.0 %	\$4,233,575	\$1,762,354

Urbandale Community School District Financial And Utilization Summary - Combined

Inpatient use and cost trends show your company's covered charge and use information in a manner that reflects how the health care delivery system is used. This inpatient section of the report combines all facility, practitioner and other claims for services provided in the hospital inpatient setting.

Hospital Inpatient Utilization and Costs - Combined

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	68	66	(2.9 %)	55
Days per 1,000 Members	193	204	5.7 %	214
Average Length of Stay	2.8	3.1	10.7 %	3.9
Covered Charge per Adm	\$33,278	\$39,266	18.0 %	\$38,709
Claims Paid per Admission	\$11,835	\$13,596	14.9 %	\$12,353

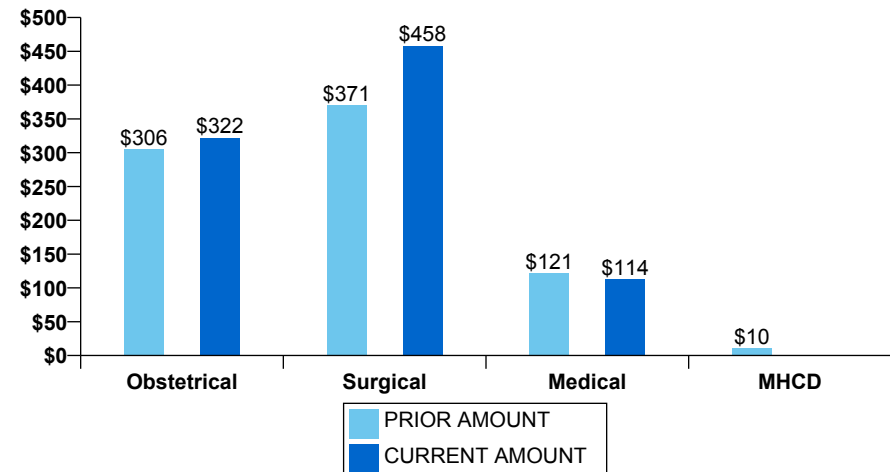
Inpatient Covered Charges and Claims Paid - Combined

	Prior		Current	
	Covered Charges	Claims Paid	Covered Charges	Claims Paid
Obstetrical	\$443,601	\$174,642	\$495,241	\$186,167
Surgical	\$691,143	\$211,774	\$768,216	\$264,866
Medical	\$153,548	\$69,251	\$228,658	\$65,617
MHCD	\$9,537	\$5,887	\$0	\$0
Total	\$1,297,829	\$461,554	\$1,492,115	\$516,650

Inpatient Covered Charge Per Member - Combined

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	\$777	\$857	10.3%	\$358
Surgical	\$1,211	\$1,329	9.7%	\$1,327
Medical	\$269	\$396	47.2%	\$393
MHCD	\$17	\$0	(100.0%)	\$60
Total	\$2,273	\$2,582	13.6%	\$2,137

Inpatient Claims Paid per Member by Type of Service - Combined



Note on Covered Charges

We use "covered charges" when we compare your utilization and cost statistics to Wellmark Book of Business. This is done so a valid comparison can be made between your group and our book of business. Comparisons of "claims paid" to the book of business may vary significantly from group to group due to benefit differences.

Urbandale Community School District Financial And Utilization Summary - Combined

Inpatient Services Summary - Obstetrical - Combined

The number of obstetrical admissions experienced by your group may be due to the number of covered members of childbearing age. It is, therefore, of greater value to evaluate outcomes of those pregnancies.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	32	33	3.1 %	15
Average Length of Stay	2.9	3.4	17.2 %	3.0
Covered Charge per Admission	\$24,645	\$26,065	5.8 %	\$24,714
Claims Paid per Admission	\$9,702	\$9,798	1.0 %	\$7,020

Inpatient Services Summary - Surgical Services - Combined

Understanding the conditions resulting in surgical interventions for your employee group allows insight into potential prevention, education and cost control initiatives.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	19	26	36.8 %	22
Average Length of Stay	3.4	2.5	(26.5 %)	4.3
Covered Charge per Admission	\$62,831	\$51,214	(18.5 %)	\$60,490
Claims Paid per Admission	\$19,252	\$17,658	(8.3 %)	\$19,423

Pregnancy Outcomes - Combined

	Prior	Current	Wellmark Book of Business
Normal Deliveries	0.0 %	0.0 %	3.6 %
Deliveries with Minor Complications	25.0 %	44.4 %	36.2 %
Complicated Deliveries	37.5 %	27.8 %	24.7 %
Complications of Pregnancy	37.5 %	27.8 %	35.5 %
Caesareans as Percent of Total Deliveries	31.3 %	27.8 %	25.6 %

Most Costly Surgical Admissions - Percent of Charges - Combined

	Prior	Current	Wellmark Book of Business
Osteoarthritis	7.5 %	38.8%	14.7 %
Appendicitis And Other Appendiceal Co	N/A	13.7%	0.9 %
Intestinal Obstruction Without Hernia	N/A	10.6%	0.7 %
Acute Myocardial Infarction	N/A	9.2%	4.6 %
Endometriosis	N/A	8.2%	0.1 %
Total Most Costly	7.5%	80.6%	21.0 %

Urbandale Community School District Financial And Utilization Summary - Combined

Inpatient Services Summary - Medical - Combined

Understanding the medical conditions for which your employee group is seeking health care services allows insight into potential prevention, education and cost control initiatives.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	14	7	(50.0 %)	14
Average Length of Stay	1.9	3.8	100.0 %	3.4
Covered Charge per Admission	\$19,193	\$57,165	197.8 %	\$27,121
Claims Paid per Admission	\$8,656	\$16,404	89.5 %	\$9,355

Inpatient Services Summary - MHCD - Combined

Mental health and chemical dependency problems are often associated with long lengths of stay and recurrent admissions. Education and awareness programs may encourage individuals to seek treatment earlier and, thus, avoid extended and costly hospital stays.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	4	0	(100.0 %)	4
Average Length of Stay	2.5	0.0	(100.0 %)	6.1
Covered Charge per Admission	\$4,768	\$0	(100.0 %)	\$13,859
Claims Paid per Admission	\$2,944	\$0	(100.0 %)	\$4,376

Most Costly Medical Admissions - Percent of Charges - Combined

	Prior	Current	Wellmark Book of Business
Acute Bronchitis	N/A	42.8 %	0.7 %
Pulmonary Heart Disease	N/A	13.1 %	1.5 %
Short Gestation; Low Birth Weight; And	N/A	8.8 %	1.8 %
Transient Cerebral Ischemia	N/A	7.3 %	0.4 %
Other Connective Tissue Disease	N/A	5.6 %	0.6 %
Total Most Costly	N/A	77.7 %	5.0 %

Admissions by Diagnostic Category - Combined

	Prior	Current
Depression	1	0
Bipolar Disorder	0	0
Adjustment Reactions	1	0
Alcohol Dependency	0	0
Drug Dependency	0	0
Conduct/Behavior Disorder	0	0
Other	0	0
Total	2	0

Urbandale Community School District Financial And Utilization Summary - Combined

Admissions - Combined

	Surgical	Medical
Admissions For:		
Employee	12	17
Spouse	3	2
Dependent	0	4

MHCD Readmission within 180 Days - Combined

Readmissions within 180 days for the same diagnosis category:

	Mental Health and Chemical Dependency
Mental Health	0
Alcohol Dependency	0
Chemical Dependency	0

Readmissions within 30 Days - Combined

Readmissions within 30 days for the same diagnosis category:

Diagnosis Category	Surgical	Medical
Viruses/Bacterial Infections	0	0
Benign/Cancerous Tumors	0	0
Glands/Metabolism/Immune System	0	0
Blood/Spleen	0	0
Nerves/Eyes/Ears	0	0
Heart/Vessels	0	0
Nose/Throat/Lungs	0	0
Digestive	0	0
Genital/Urinary	0	0
Obstetrical	0	0
Skin/Nails/Hair	0	0
Bones/Muscles/Ligaments	0	0
Birth Defects	0	0
Perinatal Disorders	0	0
Symptoms With Unknown Cause	0	0
Injuries/Poisonings	0	0
Other	0	0
Chest Pain	0	0
Abdominal Pain	0	0
Radiotherapy/Chemo/Aftercare	0	0

Total

Urbandale Community School District Financial And Utilization Summary - Combined

Inpatient Use by General Diagnosis - Combined

Diagnosis Category	Prior				Current			
	Adm Per 1,000 Mbrs	ALOS*	Days Per 1,000 Mbrs	Days Per 1,000 Mbrs Wellmark Book of Business	Adm Per 1,000 Mbrs	ALOS*	Days Per 1,000 Mbrs	Days Per 1,000 Mbrs Wellmark Book of Business
Viruses/Bacterial Infections	0	0.0	0	11	0	0.0	0	11
Benign/Cancerous Tumors	2	1.0	2	15	0	0.0	0	16
Glands/Metabolism/Immune System	2	9.0	16	6	2	3.0	5	6
Blood/Spleen	0	0.0	0	2	0	0.0	0	2
Mental Health	4	2.5	9	21	0	0.0	0	22
Alcohol Dependency	0	0.0	0	2	0	0.0	0	3
Drug Dependency	0	0.0	0	2	0	0.0	0	1
Nerves/Eyes/Ears	2	3.0	5	4	0	0.0	0	4
Heart/Vessels	0	0.0	0	19	5	2.3	12	19
Nose/Throat/Lungs	2	2.0	4	13	2	10.0	17	12
Digestive	4	2.0	7	19	5	4.0	21	19
Genital/Urinary	7	1.8	12	6	5	1.3	7	5
Obstetrical	32	2.9	93	43	33	3.4	112	43
Skin/Nails/Hair	0	0.0	0	3	0	0.0	0	3
Bones/Muscles/Ligaments	5	2.7	14	15	12	2.0	24	15
Birth Defects	2	6.0	11	2	0	0.0	0	2
Perinatal Disorders	0	0.0	0	1	0	0.0	0	2
Symptoms With Unknown Cause ***	2	4.0	7	2	0	0.0	0	2
Injuries/Poisonings	7	2.0	14	17	0	0.0	0	15
Other **	0	0.0	0	8	2	3.0	5	7
Chest Pain	0	0.0	0	1	0	0.0	0	1
Abdominal Pain	0	0.0	0	1	0	0.0	0	1
Organ/Tissue Replaced	0	0.0	0	0	0	0.0	0	0
Radiotherapy/Chemo/Aftercare	0	0.0	0	3	0	0.0	0	3
Routine/Diagnostic	0	0.0	0	0	0	0.0	0	0
Prescription Drugs	0	0.0	0	0	0	0.0	0	0
Not Elsewhere Classified	0	0.0	0	0	0	0.0	0	0
Total	68	2.8	193	214	66	3.1	204	214

NOTE: * ALOS - is the abbreviation for Average Length of Stay ** Other - examples include therapeutic & remedial exercises, multiple therapies, sterilization.

*** Symptoms with Unknown Cause - examples includes vomiting, convulsions, dizziness, fever.

Urbandale Community School District Financial And Utilization Summary - Combined

Inpatient Cost Trends by General Diagnosis - Combined

Diagnosis Category	Prior				Current			
	# of Adm	Covered Charges	Covered Charge Member	Covered Charge Mbr Wellmark Book of Business	# of Adm	Covered Charges	Covered Charge Member	Covered Charge Member Wellmark Book of Business
Viruses/Bacterial Infections	0	\$0	\$0	\$75	0	\$9,287	\$16	\$85
Benign/Cancerous Tumors	1	\$10,565	\$19	\$177	0	\$733	\$1	\$191
Glands/Metabolism/Immune System	1	\$97,298	\$170	\$57	1	\$43,693	\$76	\$68
Blood/Spleen	0	\$1,132	\$2	\$16	0	\$166	\$0	\$14
Mental Health	2	\$9,537	\$17	\$44	0	\$0	\$0	\$49
Alcohol Dependency	0	\$0	\$0	\$7	0	\$0	\$0	\$8
Drug Dependency	0	\$0	\$0	\$3	0	\$0	\$0	\$3
Nerves/Eyes/Ears	1	\$15,614	\$27	\$43	0	\$2,652	\$5	\$45
Heart/Vessels	0	\$2,713	\$5	\$275	3	\$120,943	\$209	\$293
Nose/Throat/Lungs	1	\$23,166	\$41	\$91	1	\$98,169	\$170	\$88
Digestive	2	\$33,663	\$59	\$157	3	\$190,795	\$330	\$174
Genital/Urinary	4	\$113,143	\$198	\$53	3	\$90,221	\$156	\$50
Obstetrical	18	\$443,601	\$777	\$340	19	\$495,241	\$857	\$359
Skin/Nails/Hair	0	\$0	\$0	\$17	0	\$0	\$0	\$18
Bones/Muscles/Ligaments	3	\$219,242	\$384	\$332	7	\$378,903	\$656	\$347
Birth Defects	1	\$99,183	\$174	\$43	0	\$2,334	\$4	\$33
Perinatal Disorders	0	\$7,951	\$14	\$31	0	\$23,033	\$40	\$35
Symptoms With Unknown Cause ***	1	\$50,305	\$88	\$23	0	\$2,025	\$4	\$23
Injuries/Poisonings	4	\$165,283	\$290	\$180	0	\$0	\$0	\$174
Other **	0	\$1,650	\$3	\$38	1	\$31,884	\$55	\$36
Chest Pain	0	\$2,510	\$4	\$9	0	\$1,311	\$2	\$9
Abdominal Pain	0	\$1,141	\$2	\$9	0	\$414	\$1	\$9
Organ/Tissue Replaced	0	\$0	\$0	\$0	0	\$0	\$0	\$1
Radiotherapy/Chemo/Aftercare	0	\$133	\$0	\$20	0	\$312	\$1	\$25
Routine/Diagnostic	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Prescription Drugs	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Not Elsewhere Classified	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Total	39	\$1,297,829	\$2,273	\$2,041	38	\$1,492,115	\$2,582	\$2,137

NOTE: ** Other - examples include therapeutic & remedial exercises, multiple therapies, sterilization. *** Symptoms with Unknown Cause - examples include vomiting, convulsions, dizziness, fever

Urbandale Community School District Financial And Utilization Summary - Combined

Outpatient use and cost trends combines all facility, practitioner and other claims for services provided in the hospital outpatient setting.

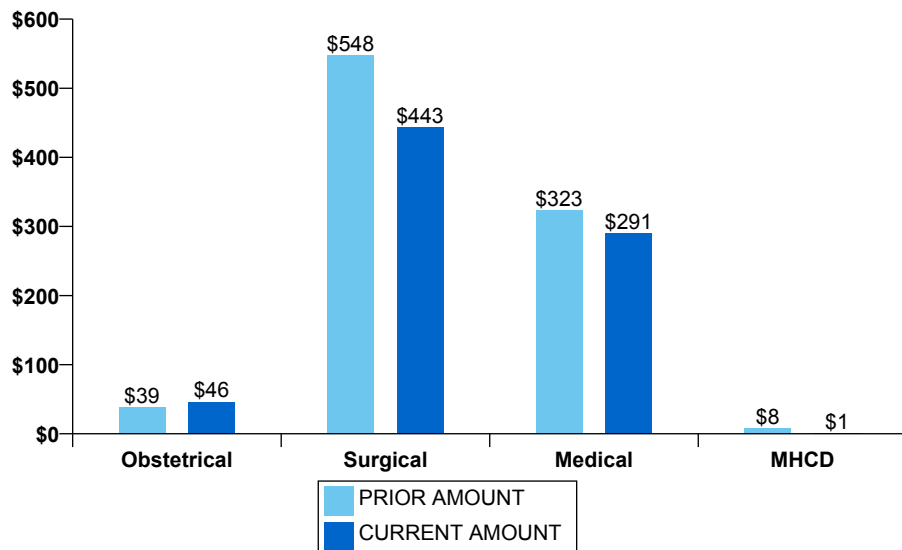
Outpatient Claims per 1,000 Members - Combined

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	61	48	(21.3 %)	61
Surgical	98	109	11.2 %	101
Medical	431	422	(2.1 %)	1,142
MHCD	7	5	(28.6 %)	43
Total	597	585	(2.0 %)	1,346

Outpatient Covered Charges and Claims Paid - Combined

	Prior		Current	
	Covered Charges	Claims Paid	Covered Charges	Claims Paid
Obstetrical	\$52,679	\$22,211	\$66,843	\$26,790
Surgical	\$879,148	\$312,840	\$644,837	\$256,212
Medical	\$696,775	\$184,498	\$648,212	\$168,061
MHCD	\$37,329	\$4,380	\$2,570	\$452
Total	\$1,665,931	\$523,929	\$1,362,461	\$451,515

Outpatient Claims Paid per Member by Type of Service - Combined



Outpatient Covered Charge Per Member - Combined

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	\$92	\$116	26.1%	\$71
Surgical	\$1,540	\$1,116	(27.5%)	\$1,440
Medical	\$1,221	\$1,122	(8.1%)	\$2,019
MHCD	\$65	\$4	(93.8%)	\$62
Total	\$2,918	\$2,358	-19.2 %	\$3,592

Urbandale Community School District Financial And Utilization Summary - Combined

Outpatient Use and Cost Trends by General Diagnosis - Combined

Diagnosis Category	Prior				Current			
	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Mbr Wellmark Book of Business	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Mbr Wellmark Book of Business
Viruses/Bacterial Infections	1	\$11,337	\$20	\$16	2	\$27,458	\$48	\$19
Benign/Cancerous Tumors	9	\$86,226	\$151	\$310	11	\$93,168	\$161	\$347
Glands/Metabolism/Immune System	16	\$99,056	\$174	\$86	16	\$17,672	\$31	\$93
Blood/Spleen	9	\$9,967	\$17	\$24	7	\$4,817	\$8	\$29
Mental Health	4	\$37,329	\$65	\$25	3	\$2,570	\$4	\$28
Alcohol Dependency	0	\$0	\$0	\$15	0	\$0	\$0	\$19
Drug Dependency	0	\$0	\$0	\$9	0	\$0	\$0	\$14
Nerves/Eyes/Ears	21	\$90,292	\$158	\$222	30	\$125,932	\$218	\$241
Heart/Vessels	9	\$74,948	\$131	\$209	7	\$35,274	\$61	\$232
Nose/Throat/Lungs	8	\$49,017	\$86	\$131	4	\$5,806	\$10	\$145
Digestive	13	\$111,750	\$196	\$303	16	\$77,865	\$135	\$325
Genital/Urinary	21	\$196,436	\$344	\$348	20	\$94,289	\$163	\$361
Obstetrical	35	\$52,679	\$92	\$66	28	\$66,843	\$116	\$70
Skin/Nails/Hair	3	\$57,746	\$101	\$34	5	\$17,863	\$31	\$38
Bones/Muscles/Ligaments	14	\$157,358	\$276	\$419	33	\$196,361	\$340	\$440
Birth Defects	5	\$34,324	\$60	\$29	6	\$37,124	\$64	\$28
Perinatal Disorders	2	\$2,484	\$4	\$2	0	\$0	\$0	\$1
Symptoms With Unknown Cause **	25	\$101,168	\$177	\$183	22	\$136,352	\$236	\$197
Injuries/Poisonings	34	\$174,930	\$306	\$275	22	\$127,637	\$221	\$285
Other *	32	\$112,736	\$197	\$128	26	\$46,291	\$80	\$132
Chest Pain	7	\$38,102	\$67	\$104	13	\$90,603	\$157	\$105
Abdominal Pain	12	\$37,071	\$65	\$141	14	\$56,860	\$98	\$146
Organ/Tissue Replaced	0	\$0	\$0	\$5	0	\$0	\$0	\$6
Radiotherapy/Chemo/Aftercare	0	\$1,061	\$2	\$124	4	\$5,833	\$10	\$128
Routine/Diagnostic	61	\$129,913	\$228	\$161	49	\$95,844	\$166	\$162
Prescription Drugs	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Not Elsewhere Classified	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Total	341	\$1,665,931	\$2,918	\$3,369	338	\$1,362,461	\$2,358	\$3,592

NOTE: * Other - examples include therapeutic and remedial exercises, multiple therapies, sterilization.

** Symptoms with Unknown Causes - examples include vomiting, convulsions, dizziness, fever.

Urbandale Community School District Financial And Utilization Summary - Combined

Office use and trends combines all practitioners and related claims for services provided in the office setting.

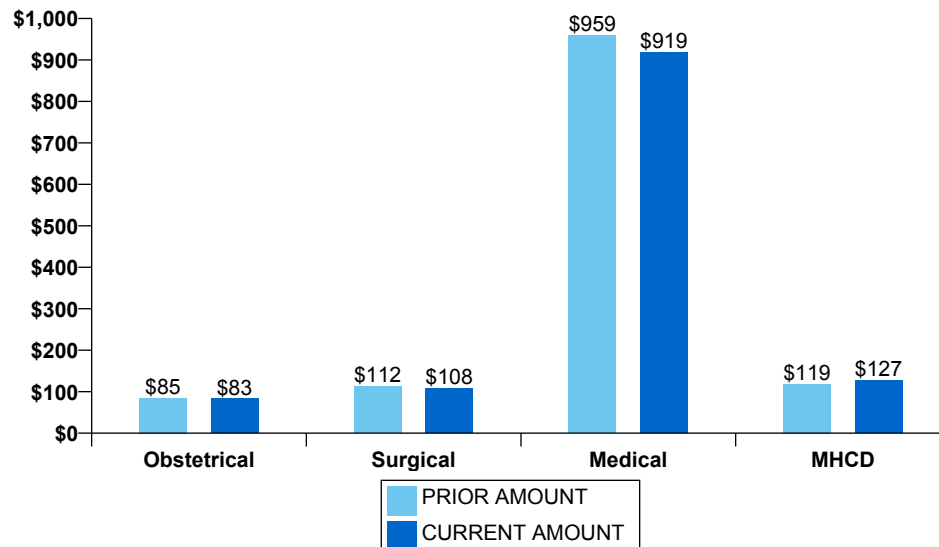
Office Visits per 1,000 Members - Combined

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	331	356	7.6 %	139
Surgical	459	344	(25.1 %)	282
Medical	7,586	7,159	(5.6 %)	5,970
MHCD	935	886	(5.2 %)	683
Total	9,312	8,745	(6.1 %)	7,075

Office Covered Charges and Claims Paid - Combined

	Prior		Current	
	Covered Charges	Claims Paid	Covered Charges	Claims Paid
Obstetrical	\$78,255	\$48,592	\$88,146	\$47,813
Surgical	\$101,827	\$64,033	\$99,281	\$62,625
Medical	\$986,264	\$547,251	\$979,827	\$530,955
MHCD	\$82,732	\$67,783	\$90,342	\$73,180
Total	\$1,249,077	\$727,659	\$1,257,596	\$714,573

Office Claims Paid per Member by Type of Service - Combined



Office Covered Charge Per Member - Combined

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	\$137	\$153	11.7%	\$55
Surgical	\$178	\$172	(3.4%)	\$129
Medical	\$1,728	\$1,695	(1.9%)	\$1,467
MHCD	\$145	\$156	7.6%	\$122
Total	\$2,188	\$2,176	(0.5%)	\$1,772

Urbandale Community School District Financial And Utilization Summary - Combined

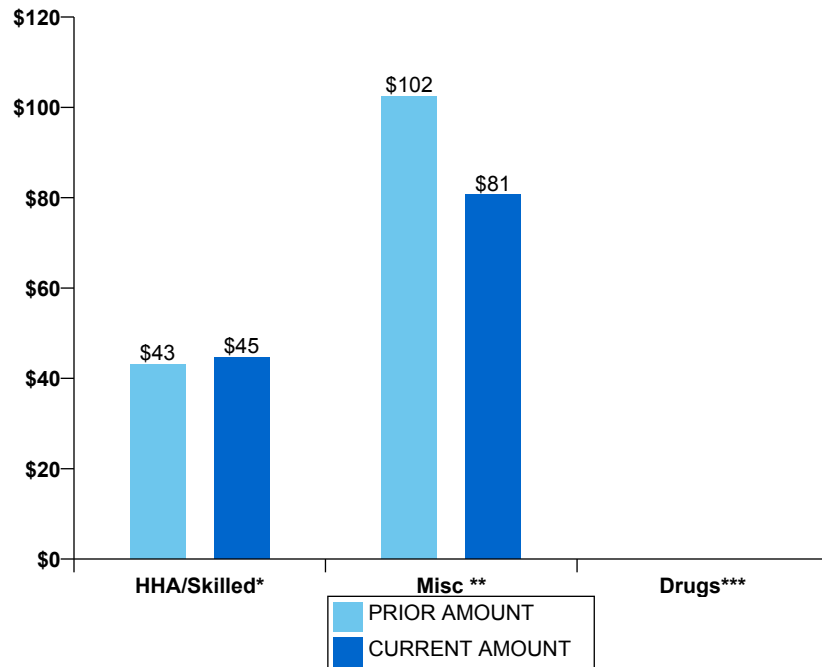
Office Use and Cost Trends by General Diagnosis - Combined

Diagnosis Category	Prior				Current			
	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Mbr Wellmark Book of Business	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Mbr Wellmark Book of Business
Viruses/Bacterial Infections	89	\$19,058	\$33	\$26	77	\$21,292	\$37	\$26
Benign/Cancerous Tumors	129	\$93,070	\$163	\$170	88	\$50,970	\$88	\$172
Glands/Metabolism/Immune System	232	\$55,829	\$98	\$85	210	\$59,175	\$102	\$86
Blood/Spleen	8	\$2,745	\$5	\$14	20	\$6,436	\$11	\$16
Mental Health	533	\$82,562	\$145	\$106	509	\$89,762	\$155	\$115
Alcohol Dependency	0	\$0	\$0	\$2	0	\$0	\$0	\$2
Drug Dependency	1	\$170	\$0	\$4	2	\$486	\$1	\$4
Nerves/Eyes/Ears	344	\$91,163	\$160	\$123	329	\$74,442	\$129	\$129
Heart/Vessels	124	\$36,647	\$64	\$73	119	\$47,802	\$83	\$73
Nose/Throat/Lungs	612	\$90,021	\$158	\$112	511	\$87,376	\$151	\$118
Digestive	50	\$13,728	\$24	\$40	62	\$24,352	\$42	\$43
Genital/Urinary	203	\$64,491	\$113	\$63	213	\$56,760	\$98	\$63
Obstetrical	189	\$78,255	\$137	\$51	203	\$87,388	\$151	\$53
Skin/Nails/Hair	232	\$50,319	\$88	\$58	168	\$39,532	\$68	\$59
Bones/Muscles/Ligaments	1,233	\$225,708	\$395	\$294	1,195	\$228,913	\$396	\$301
Birth Defects	16	\$12,019	\$21	\$7	12	\$3,705	\$6	\$6
Perinatal Disorders	5	\$1,188	\$2	\$1	2	\$310	\$1	\$1
Symptoms With Unknown Cause **	198	\$70,513	\$124	\$98	251	\$94,560	\$164	\$104
Injuries/Poisonings	186	\$37,631	\$66	\$58	207	\$41,026	\$71	\$56
Other *	229	\$34,112	\$60	\$38	156	\$35,089	\$61	\$47
Chest Pain	56	\$12,500	\$22	\$26	63	\$20,966	\$36	\$26
Abdominal Pain	55	\$20,013	\$35	\$31	64	\$16,306	\$28	\$30
Organ/Tissue Replaced	9	\$1,675	\$3	\$3	8	\$1,497	\$3	\$3
Radiotherapy/Chemo/Aftercare	4	\$1,427	\$2	\$19	47	\$14,062	\$24	\$21
Routine/Diagnostic	579	\$154,233	\$270	\$212	538	\$155,388	\$269	\$217
Prescription Drugs	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Not Elsewhere Classified	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Total	5,316	\$1,249,077	\$2,188	\$1,713	5,054	\$1,257,596	\$2,176	\$1,772

NOTE: * Other - examples include therapeutic and remedial exercises, multiple therapies, sterilization. ** Symptoms with Unknown Causes - examples include vomiting, convulsions, dizziness, fever

Urbandale Community School District Financial And Utilization Summary - Combined

Other Claims Paid per Member by Type of Service - Combined



Other Covered Charge per Member - Combined

	Prior	Current	Percent Change	Wellmark Book of Business
HHA/Skilled*	\$96	\$96	0.0%	\$218
Misc **	\$134	\$114	(14.9%)	\$80
Drugs***	\$0	\$0	0.0%	\$70
Total	\$230	\$210	-8.7 %	\$368

Cost Trends of Other Places of Service - Combined

	Prior				Current			
	HHA/Skilled*	Misc **	Drugs***	Total	HHA/Skilled*	Misc **	Drugs***	Total
Total Covered Charge	\$54,975	\$76,324	\$0	\$131,299	\$55,253	\$66,150	\$0	\$121,403
Total Paid Claims	\$24,566	\$58,496	\$0	\$83,063	\$25,775	\$46,605	\$0	\$72,380
Members Using Services	54	19	0	73	61	16	0	77

NOTE: *Home Health Agency or Skilled Nursing

** Miscellaneous includes providers such as hospice, ambulance, durable medical equipment suppliers.

***Drugs paid through Health Coverage.

Urbandale Community School District Financial And Utilization Summary - Combined

Percentage of Workforce - Combined

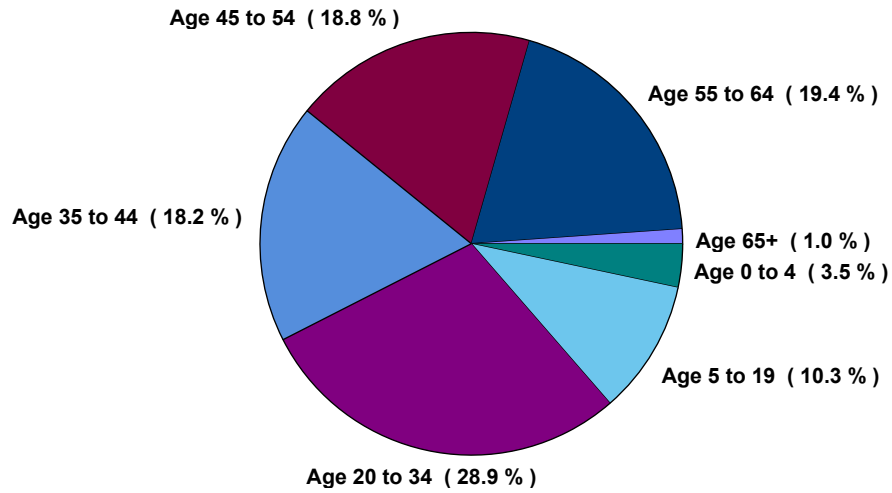
Ages	Your Group		Wellmark Book of Business	
	Male	Female	Male	Female
Age 0 to 4	0.0 %	0.0 %	0.5 %	0.5 %
Age 5 to 19	0.0 %	0.0 %	2.5 %	2.3 %
Age 20 to 34	5.6 %	28.0 %	13.1 %	10.9 %
Age 35 to 44	7.2 %	13.4 %	10.9 %	8.5 %
Age 45 to 54	6.4 %	15.3 %	12.4 %	10.5 %
Age 55 to 64	7.3 %	15.9 %	12.1 %	11.5 %
Age 65+	0.2 %	0.7 %	2.2 %	2.0 %
Total	26.6 %	73.4 %	53.8 %	46.2 %

Percentage of Members - Combined

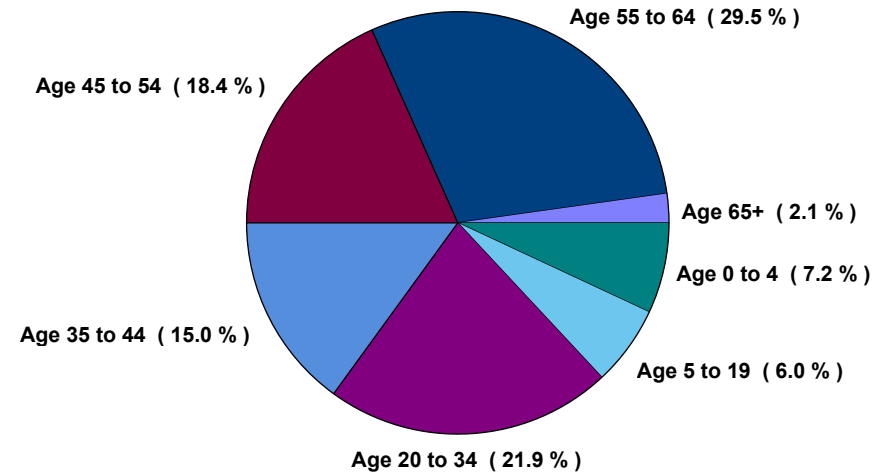
Ages	Your Group		Wellmark Book of Business	
	Male	Female	Male	Female
Age 0 to 4	1.6 %	1.9 %	3.0 %	2.9 %
Age 5 to 19	5.7 %	4.6 %	11.4 %	10.9 %
Age 20 to 34	6.5 %	22.4 %	11.2 %	11.3 %
Age 35 to 44	7.2 %	11.0 %	6.8 %	7.0 %
Age 45 to 54	6.5 %	12.3 %	7.9 %	8.3 %
Age 55 to 64	7.3 %	12.1 %	7.9 %	8.3 %
Age 65+	0.5 %	0.5 %	1.5 %	1.4 %
Total	35.2 %	64.8 %	49.9 %	50.1 %

Urbandale Community School District Financial And Utilization Summary - Combined

Distribution of Members by Age Category - Combined



Distribution of Claims Paid by Age Category - Combined



Urbandale Community School District Financial And Utilization Summary - Combined

Most Costly Conditions by Age Category - Combined

The best wellness, education, and prevention programs are those that target the needs of your members. An understanding of the health care conditions faced by your employee group is the first step in building a targeted program. The tables on this page display the five most costly diagnosis categories by age category.

Age 0 to 4 (3.5% of Members)	
	% of Covered
<u>Diagnosis Category</u>	<u>Charge</u>
Liveborn	32.7 %
Acute Bronchitis	22.7 %
Other Congenital Anomalies	9.6 %
Otitis Media And Related Conditio	7.7 %
Other	27.2 %
Total	100.0 %

Age 5 to 19 (10.3% of Members)	
	% of Covered
<u>Diagnosis Category</u>	<u>Charge</u>
Residual Codes; Unclassified	21.7 %
Abdominal Pain	10.9 %
Prolonged Pregnancy	6.3 %
Other Upper Respiratory Infection:	5.6 %
Other	55.5 %
Total	100.0 %

Age 20 to 34 (28.9% of Members)	
	% of Covered
<u>Diagnosis Category</u>	<u>Charge</u>
Appendicitis And Other Appendice	7.7 %
Prolonged Pregnancy	7.3 %
Ob-related Trauma To Perineum /	6.8 %
Other Complications Of Birth; Pue	6.0 %
Other	72.2 %
Total	100.0 %

Age 35 to 44 (18.2% of Members)	
	% of Covered
<u>Diagnosis Category</u>	<u>Charge</u>
Endometriosis	12.6 %
Appendicitis And Other Appendice	8.1 %
Calculus Of Urinary Tract	4.6 %
Headache; Including Migraine	4.4 %
Other	70.3 %
Total	100.0 %

Age 45 to 54 (18.8% of Members)	
	% of Covered
<u>Diagnosis Category</u>	<u>Charge</u>
Osteoarthritis	22.8 %
Other Non-traumatic Joint Disorde	11.0 %
Other Nutritional; Endocrine; And I	6.2 %
Spondylosis; Intervertebral Disc D	6.1 %
Other	53.8 %
Total	100.0 %

Age 55 to 64 (19.4% of Members)	
	% of Covered
<u>Diagnosis Category</u>	<u>Charge</u>
Osteoarthritis	13.2 %
Intestinal Obstruction Without Her	6.3 %
Acute Myocardial Infarction	5.6 %
Other Screening For Suspected C	5.5 %
Other	69.4 %
Total	100.0 %

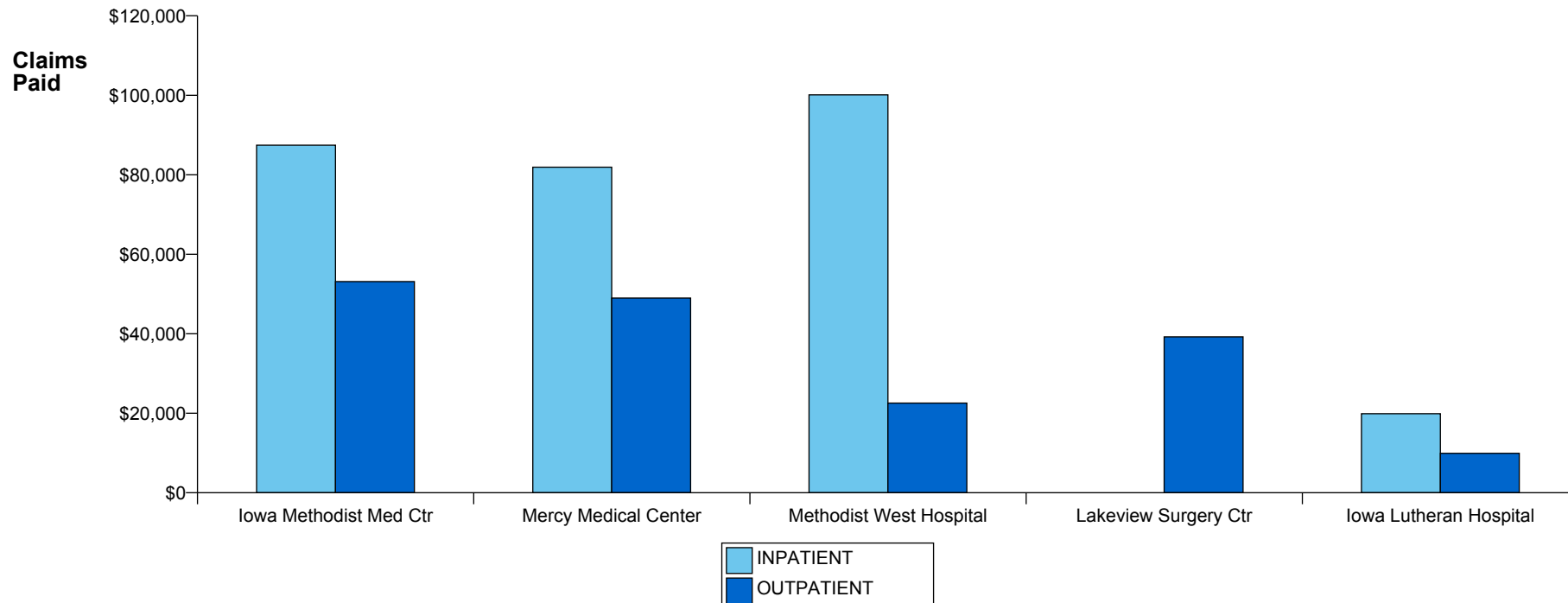
Age 65+ (1.0% of Members)	
	% of Covered
<u>Diagnosis Category</u>	<u>Charge</u>
Nonmalignant Breast Conditions	24.7 %
Cataract	13.4 %
Gastritis And Duodenitis	12.9 %
Other Non-epithelial Cancer Of Sk	11.6 %
Other	37.4 %
Total	100.0 %

Urbandale Community School District Financial And Utilization Summary - Combined

Your members highest claims paid amounts based on inpatient and outpatient claims by facility are shown below.

Facility Summary - Combined

Facility	City	Inpatient			Outpatient		Total	
		Cases	Days	Claims Paid	Cases	Claims Paid	Claims Paid	
Iowa Methodist Med Ctr	Des Moines	IA	11	44	\$87,442	59	\$53,120	\$140,562
Mercy Medical Center	Des Moines	IA	11	42	\$81,907	69	\$48,985	\$130,891
Methodist West Hospital	West Des Moines	IA	8	19	\$100,115	24	\$22,567	\$122,682
Lakeview Surgery Ctr	West Des Moines	IA	0	0	\$0	6	\$39,226	\$39,226
Iowa Lutheran Hospital	Des Moines	IA	1	2	\$19,887	25	\$9,917	\$29,804
Other In-State			5	9	\$25,844	132	\$127,523	\$153,367
Other Out-of-State			2	2	\$68,181	23	\$46,065	\$114,246
Total			38	118	\$383,374	338	\$347,403	\$730,778



Urbandale Community School District Financial And Utilization Summary - Combined

Out-of-network costs are for health care services members of your group received from non-network providers. The information on this page shows in-network and out-of-network use and costs.

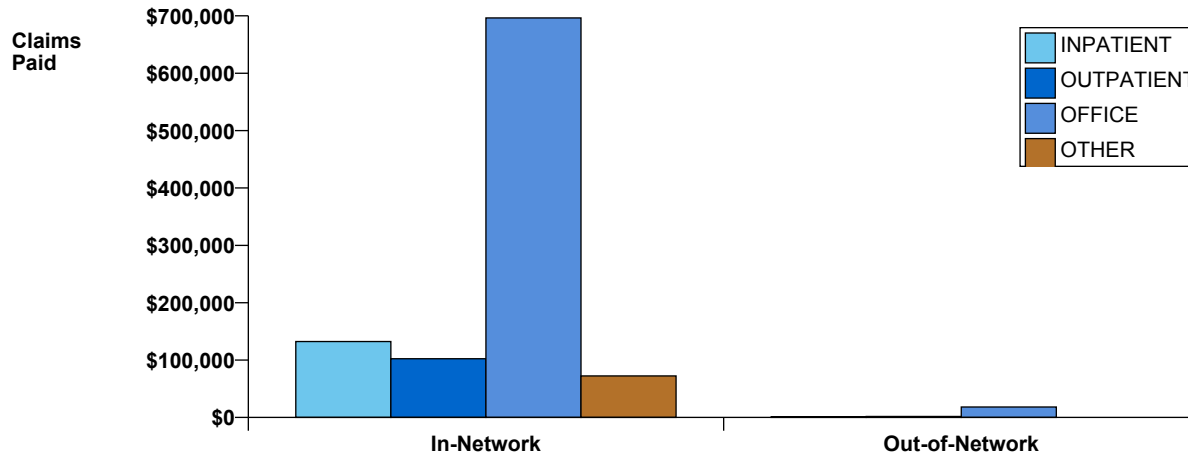
In - vs. Out-of-Network Facility Costs - Combined

	In-Network				Out-of-Network			
	Cases	Covered Charge	Claims Paid	% of Paid Claims In-Network	Cases	Covered Charge	Claims Paid	% of Paid Claims Out-of-Network
Inpatient	37	\$1,196,920	\$342,422	50.8 %	1	\$60,114	\$40,952	72.9 %
Outpatient	331	\$1,083,641	\$332,160	49.2 %	7	\$19,924	\$15,243	27.1 %
Total	368	\$2,280,560	\$674,582	100.0 %	8	\$80,038	\$56,195	100.0 %

In - vs. Out-of-Network Practitioner Costs - Combined

	In-Network			Out-of-Network		
	Covered Charge	Claims Paid	% of Paid Claims In-Network	Covered Charge	Claims Paid	% of Paid Claims Out-of-Network
Inpatient	\$231,393	\$132,261	13.2 %	\$3,689	\$1,014	4.8 %
Outpatient	\$249,673	\$102,321	10.2 %	\$9,223	\$1,790	8.5 %
Office	\$1,212,290	\$696,362	69.4 %	\$45,306	\$18,211	86.5 %
Other	\$119,203	\$72,354	7.2 %	\$2,200	\$26	0.1 %
Total	\$1,812,560	\$1,003,299	100.0 %	\$60,418	\$21,041	100.0 %

Practitioner Claims Paid



Urbandale Community School District Financial And Utilization Summary - HMO

Cost and Enrollment Trends for your HMO Plan

The Financial and Utilization Summary provides information to help you understand how benefits are used by your employees and their dependents and what those benefits cost. This section includes demographic information, charge, claims paid and utilization by place and type of service as well as your group's previous 12-month statistics for comparison purposes.

Pharmacy drugs covered under your drug card are summarized in a separate report. Pharmacy charges covered under your health plan are included in this report, except as noted on specific pages.

	Prior	Current	Percent Change		Prior	Current	Percent Change
				Covered Charge Per Member ^{2,3}	\$6,482	\$7,300	12.6 %
Covered Charge ³	\$2,903,888	\$3,518,399	21.2 %	Inpatient	\$1,932	\$2,910	50.6 %
Inpatient	\$865,424	\$1,402,849	62.1 %	Outpatient	\$2,266	\$2,132	(5.9 %)
Outpatient	\$1,015,346	\$1,027,447	1.2 %	Office	\$2,061	\$2,054	(0.3 %)
Office	\$923,126	\$989,883	7.2 %	Other	\$223	\$204	(8.5 %)
Other	\$99,992	\$98,220	(1.8 %)				
				Claims Paid Per Member ^{1,2,3}	\$2,685	\$2,903	8.1 %
Claims Paid ^{1,3}	\$1,202,996	\$1,399,423	16.3 %	Inpatient	\$662	\$952	43.8 %
Inpatient	\$296,556	\$458,849	54.7 %	Outpatient	\$688	\$661	(3.9 %)
Outpatient	\$308,030	\$318,509	3.4 %	Office	\$1,184	\$1,166	(1.5 %)
Office	\$530,629	\$562,067	5.9 %	Other	\$151	\$124	(17.9 %)
Other	\$67,780	\$59,998	(11.5 %)				
				Average Number of Members	448	482	7.6 %
				(Employees and Their Dependents)			

¹ Includes capitation if applicable.

² Annualized if less than 12 months of data.

³ Includes IBNR.

Urbandale Community School District Financial And Utilization Summary - HMO

Aggregate Claims Paid for a Member by Range *

	Prior				Current		
	Claims Paid	# of Members**	% of Membership		Claims Paid	# of Members**	% of Membership
No Claims	\$0	61	11.2 %	No Claims	\$0	55	9.8 %
\$.00 - \$250	\$13,043	90	16.5 %	\$.00 - \$250	\$15,689	114	20.2 %
\$251 - \$500	\$29,131	78	14.3 %	\$251 - \$500	\$30,434	80	14.2 %
\$501 - \$1,000	\$78,969	107	19.6 %	\$501 - \$1,000	\$72,496	98	17.4 %
\$1,001 - \$2,500	\$145,284	94	17.2 %	\$1,001 - \$2,500	\$172,113	102	18.1 %
\$2,501 - \$5,000	\$193,351	56	10.2 %	\$2,501 - \$5,000	\$201,009	55	9.8 %
\$5,001 - \$20,000	\$504,466	51	9.3 %	\$5,001 - \$20,000	\$510,219	49	8.7 %
\$20,001 - \$35,000	\$232,337	9	1.6 %	\$20,001 - \$35,000	\$192,721	7	1.2 %
Other	(\$263)	1	0.2 %	\$35,001 - \$50,000	\$139,812	3	0.5 %
Total	\$1,196,318	547	100.0 %	\$50,001 - \$75,000	\$57,693	1	0.2 %
				Total	\$1,392,186	564	100.0 %

Note: Valid bands are \$.00 - \$250, \$251 - \$500, \$501 - \$1,000, \$1,001 - \$2,500, \$2,501 - \$5,000, \$5,001 - \$20,000, \$20,001 - \$35,000, \$35,001 - \$50,000, \$50,001 - \$75,000, \$75,001 - \$100,000, \$100,001 - \$200,000, \$200,001 - \$500,000, \$500,000 +

* Excludes capitation.

** A member is counted as any one individual covered at least one day during the plan period.

Urbandale Community School District Financial And Utilization Summary - HMO

Costs by Member Type

	Prior			Current		
	% of Membership	Covered Charges	Claims Paid	% of Membership	Covered Charges	Claims Paid
Employee	71.7 %	\$2,229,327	\$906,792	70.9 %	\$2,389,511	\$976,935
Spouse	10.6 %	\$295,759	\$117,419	12.6 %	\$533,304	\$194,100
Dependents	17.8 %	\$378,802	\$172,107	16.5 %	\$595,584	\$221,151
Capitation			\$6,678			\$7,237
Total	100.0 %	\$2,903,888	\$1,202,996	100.0 %	\$3,518,399	\$1,399,423

Urbandale Community School District Financial And Utilization Summary - HMO

Inpatient use and cost trends show your company's covered charge and use information in a manner that reflects how the health care delivery system is used. This inpatient section of the report combines all facility, practitioner and other claims for services provided in the hospital inpatient setting.

Hospital Inpatient Utilization and Costs - HMO

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	71	73	2.8 %	54
Days per 1,000 Members	187	230	23.0 %	212
Average Length of Stay	2.6	3.2	23.1 %	3.9
Covered Charge per Adm	\$27,044	\$40,081	48.2 %	\$36,198
Claims Paid per Admission	\$9,267	\$13,110	41.5 %	\$13,936

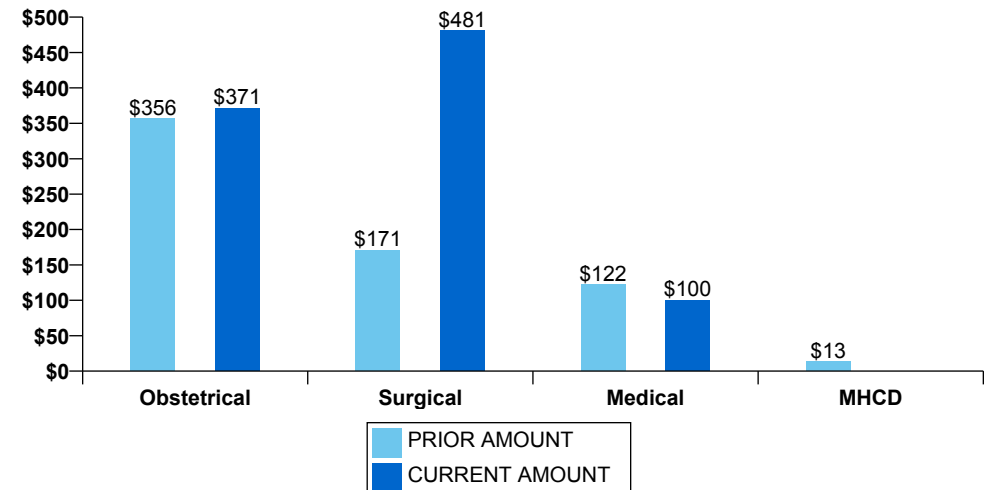
Inpatient Covered Charges and Claims Paid - HMO

	Prior		Current	
	Covered Charges	Claims Paid	Covered Charges	Claims Paid
Obstetrical	\$409,213	\$159,665	\$478,284	\$178,983
Surgical	\$327,874	\$76,468	\$731,738	\$231,660
Medical	\$118,800	\$54,536	\$192,827	\$48,206
MHCD	\$9,537	\$5,887	\$0	\$0
Total	\$865,424	\$296,556	\$1,402,849	\$458,849

Inpatient Covered Charge Per Member - HMO

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	\$913	\$992	8.7 %	\$441
Surgical	\$731	\$1,518	107.7 %	\$1,096
Medical	\$265	\$400	50.9 %	\$352
MHCD	\$21	\$0	(100.0 %)	\$70
Total	\$1,931	\$2,910	50.7 %	\$1,958

Inpatient Claims Paid per Member by Type of Service - HMO



Note on Covered Charges

We use "covered charges" when we compare your utilization and cost statistics to Wellmark Book of Business. This is done so a valid comparison can be made between your group and our book of business. Comparisons of "claims paid" to the book of business may vary significantly from group to group due to benefit differences.

Urbandale Community School District Financial And Utilization Summary - HMO

Inpatient Services Summary - Obstetrical - HMO

The number of obstetrical admissions experienced by your group may be due to the number of covered members of childbearing age. It is, therefore, of greater value to evaluate outcomes of those pregnancies.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	38	37	(2.6 %)	16
Average Length of Stay	2.9	3.4	17.2 %	3.2
Covered Charge per Admission	\$24,071	\$26,571	10.4 %	\$26,875
Claims Paid per Admission	\$9,392	\$9,943	5.9 %	\$11,599

Inpatient Services Summary - Surgical Services - HMO

Understanding the conditions resulting in surgical interventions for your employee group allows insight into potential prevention, education and cost control initiatives.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	13	29	123.1 %	19
Average Length of Stay	2.7	2.6	(3.7 %)	4.3
Covered Charge per Admission	\$54,646	\$52,267	(4.4 %)	\$56,768
Claims Paid per Admission	\$12,745	\$16,547	29.8 %	\$19,656

Pregnancy Outcomes - HMO

	Prior	Current	Wellmark Book of Business
Normal Deliveries	0.0 %	0.0 %	2.7 %
Deliveries with Minor Complications	26.7 %	47.1 %	38.6 %
Complicated Deliveries	33.3 %	29.4 %	23.7 %
Complications of Pregnancy	40.0 %	23.5 %	35.0 %
Caesareans as Percent of Total Deliveries	26.7 %	29.4 %	24.3 %

Most Costly Surgical Admissions - Percent of Charges - HMO

	Prior	Current	Wellmark Book of Business
Osteoarthritis	15.9 %	40.8 %	16.6 %
Appendicitis And Other Appendi	N/A	14.3 %	0.9 %
Intestinal Obstruction Without Hi	N/A	11.2 %	0.6 %
Acute Myocardial Infarction	N/A	9.7 %	4.5 %
Other Non-traumatic Joint Disor	2.9 %	8.1 %	0.3 %
Total Most Costly	18.8 %	84.1 %	22.9 %

Urbandale Community School District Financial And Utilization Summary - HMO

Inpatient Services Summary - Medical - HMO

Understanding the medical conditions for which your employee group is seeking health care services allows insight into potential prevention, education and cost control initiatives.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	16	6	(62.5 %)	13
Average Length of Stay	2.0	4.0	100.0 %	3.4
Covered Charge per Admission	\$16,971	\$64,276	278.7 %	\$26,344
Claims paid per Admission	\$7,791	\$16,069	106.3 %	\$11,241

Inpatient Services Summary - MHCD - HMO

Mental health and chemical dependency problems are often associated with long lengths of stay and recurrent admissions. Education and awareness programs may encourage individuals to seek treatment earlier and, thus, avoid extended and costly hospital stays.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	4	0	(100.0 %)	5
Average Length of Stay	2.5	0.0	(100.0 %)	6.3
Covered Charge per Admission	\$4,768	\$0	(100.0 %)	\$13,857
Claims Paid per Admission	\$2,944	\$0	(100.0 %)	\$6,777

Most Costly Medical Admissions - Percent of Charges - HMO

	Prior	Current	Wellmark Book of Business
Acute Bronchitis	0.1%	50.8%	1.0 %
Short Gestation; Low Birth Weig	N/A	10.5%	3.0 %
Transient Cerebral Ischemia	N/A	8.7%	0.5 %
Other Connective Tissue Diseas	0.1%	6.7%	0.6 %
Viral Infection	N/A	4.8%	0.3 %
Total Most Costly	0.2%	81.5%	5.4 %

Admissions by Diagnostic Category - HMO

	Prior	Current
Depression	1	0
Bipolar Disorder	0	0
Adjustment Reactions	1	0
Alcohol Dependency	0	0
Drug Dependency	0	0
Conduct/Behavior Disorder	0	0
Other	0	0
Total	2	0

Urbandale Community School District Financial And Utilization Summary - HMO

Admissions - HMO

	Surgical	Medical
Admissions For:		
Employee	11	15
Spouse	3	2
Dependent	0	4

MHCD Readmission within 180 Days - HMO

Readmissions within 180 days for the same diagno	Mental Health and Chemical Dependency
Mental Health	0
Alcohol Dependency	0
Chemical Dependency	0

Readmissions within 30 Days - HMO

Readmissions within 30 days for the same diagnosis category:

Diagnosis Category	Surgical	Medical
Viruses/Bacterial Infections	0	0
Benign/Cancerous Tumors	0	0
Glands/Metabolism/Immune System	0	0
Blood/Spleen	0	0
Nerves/Eyes/Ears	0	0
Heart/Vessels	0	0
Nose/Throat/Lungs	0	0
Digestive	0	0
Genital/Urinary	0	0
Obstetrical	0	0
Skin/Nails/Hair	0	0
Bones/Muscles/Ligaments	0	0
Birth Defects	0	0
Perinatal Disorders	0	0
Symptoms With Unknown Cause	0	0
Injuries/Poisonings	0	0
Other	0	0
Chest Pain	0	0
Abdominal Pain	0	0
Radiotherapy/Chemo/Aftercare	0	0
Total	0	0

Urbandale Community School District Financial And Utilization Summary - HMO

Inpatient Use by General Diagnosis - HMO

Diagnosis Category	Prior				Current			
	Adm Per 1,000 Mbrs	ALOS*	Days Per 1,000 Mbrs	Days Per 1,000 Mbrs Wellmark Book of Business	Adm Per 1,000 Mbrs	ALOS*	Days Per 1,000 Mbrs	Days Per 1,000 Mbrs Wellmark Book of Business
Viruses/Bacterial Infections	0	0.0	0	10	0	0.0	0	10
Benign/Cancerous Tumors	2	1.0	2	13	0	0.0	0	14
Glands/Metabolism/Immune System	0	0.0	0	5	2	3.0	6	6
Blood/Spleen	0	0.0	0	2	0	0.0	0	1
Mental Health	4	2.5	11	24	0	0.0	0	29
Alcohol Dependency	0	0.0	0	2	0	0.0	0	2
Drug Dependency	0	0.0	0	2	0	0.0	0	1
Nerves/Eyes/Ears	2	3.0	7	4	0	0.0	0	4
Heart/Vessels	0	0.0	0	16	4	2.0	8	16
Nose/Throat/Lungs	2	2.0	4	11	2	10.0	21	11
Digestive	2	3.0	7	15	6	4.0	25	16
Genital/Urinary	9	1.8	16	5	4	1.5	6	5
Obstetrical	38	2.9	109	49	37	3.4	129	53
Skin/Nails/Hair	0	0.0	0	2	0	0.0	0	3
Bones/Muscles/Ligaments	2	3.0	7	14	15	2.0	29	14
Birth Defects	0	0.0	0	2	0	0.0	0	1
Perinatal Disorders	0	0.0	0	1	0	0.0	0	2
Symptoms With Unknown Cause ***	2	4.0	9	2	0	0.0	0	2
Injuries/Poisonings	7	2.3	16	14	0	0.0	0	13
Other **	0	0.0	0	6	2	3.0	6	6
Chest Pain	0	0.0	0	0	0	0.0	0	0
Abdominal Pain	0	0.0	0	1	0	0.0	0	1
Organ/Tissue Replaced	0	0.0	0	0	0	0.0	0	0
Radiotherapy/Chemo/Aftercare	0	0.0	0	2	0	0.0	0	3
Routine/Diagnostic	0	0.0	0	0	0	0.0	0	0
Prescription Drugs	0	0.0	0	0	0	0.0	0	0
Not Elsewhere Classified	0	0.0	0	0	0	0.0	0	0
Total	71	2.6	187	200	73	3.2	230	212

NOTE: * ALOS is the abbreviation for Average Length of Stay *** Symptoms with Unknown Cause - examples include vomiting, convulsions, dizziness, fever.

** Other - examples include therapeutic & remedial exercises, multiple therapies, sterilization.

Urbandale Community School District Financial And Utilization Summary - HMO

Inpatient Cost Trends by General Diagnosis - HMO

Diagnosis Category	Prior				Current			
	# of Adm	Covered Charges	Covered Charge Member	Covered Charge Member Wellmark Book of Business	# of Adm	Covered Charges	Covered Charge Member	Covered Charge Member Wellmark Book of Business
Viruses/Bacterial Infections	0	\$0	\$0	\$65	0	\$9,287	\$19	\$67
Benign/Cancerous Tumors	1	\$10,260	\$23	\$135	0	\$733	\$2	\$157
Glands/Metabolism/Immune System	0	\$2,841	\$6	\$49	1	\$43,693	\$91	\$60
Blood/Spleen	0	\$1,132	\$3	\$15	0	\$166	\$0	\$11
Mental Health	2	\$9,537	\$21	\$50	0	\$0	\$0	\$60
Alcohol Dependency	0	\$0	\$0	\$7	0	\$0	\$0	\$8
Drug Dependency	0	\$0	\$0	\$2	0	\$0	\$0	\$3
Nerves/Eyes/Ears	1	\$14,987	\$33	\$35	0	\$2,652	\$6	\$37
Heart/Vessels	0	\$1,415	\$3	\$221	2	\$91,014	\$189	\$231
Nose/Throat/Lungs	1	\$20,130	\$45	\$72	1	\$98,169	\$204	\$74
Digestive	1	\$14,140	\$32	\$118	3	\$190,795	\$396	\$138
Genital/Urinary	4	\$113,143	\$252	\$45	2	\$48,722	\$101	\$46
Obstetrical	17	\$409,213	\$913	\$389	18	\$478,284	\$992	\$442
Skin/Nails/Hair	0	\$0	\$0	\$13	0	\$0	\$0	\$14
Bones/Muscles/Ligaments	1	\$64,657	\$144	\$296	7	\$378,903	\$786	\$316
Birth Defects	0	\$1,766	\$4	\$35	0	\$2,334	\$5	\$24
Perinatal Disorders	0	\$7,951	\$18	\$29	0	\$23,033	\$48	\$37
Symptoms With Unknown Cause ***	1	\$49,826	\$111	\$22	0	\$2,025	\$4	\$22
Injuries/Poisonings	3	\$141,666	\$316	\$143	0	\$0	\$0	\$144
Other **	0	\$1,650	\$4	\$26	1	\$31,884	\$66	\$29
Chest Pain	0	\$497	\$1	\$8	0	\$428	\$1	\$9
Abdominal Pain	0	\$614	\$1	\$8	0	\$414	\$1	\$9
Organ/Tissue Replaced	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Radiotherapy/Chemo/Aftercare	0	\$0	\$0	\$15	0	\$312	\$1	\$20
Routine/Diagnostic	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Prescription Drugs	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Not Elsewhere Classified	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Total	32	\$865,424	\$1,931	\$1,797	35	\$1,402,849	\$2,910	\$1,958

NOTE: * Other - examples include therapeutic & remedial exercises, multiple therapies, sterilization. ** Symptoms with Unknown Cause - examples include vomiting, convulsions, dizziness, fever.

Urbandale Community School District Financial And Utilization Summary - HMO

Outpatient use and cost trends combines all facility, practitioner and other claims for services provided in the hospital outpatient setting.

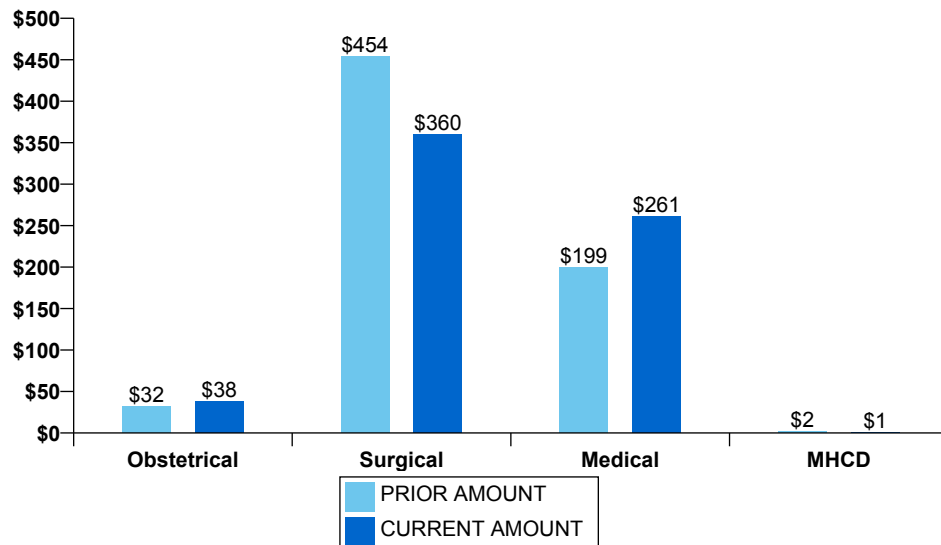
Outpatient Claims per 1,000 Members - HMO

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	47	29	(38.3 %)	68
Surgical	87	91	4.6 %	99
Medical	379	384	1.3 %	1,130
MHCD	7	6	(14.3 %)	52
Total	520	510	(1.9 %)	1,348

Outpatient Covered Charges and Claims Paid - HMO

	Prior		Current	
	Covered Charges	Claims Paid	Covered Charges	Claims Paid
Obstetrical	\$33,625	\$14,198	\$48,096	\$18,448
Surgical	\$591,003	\$203,657	\$468,863	\$173,732
Medical	\$386,775	\$89,382	\$507,919	\$125,877
MHCD	\$3,941	\$794	\$2,570	\$452
Total	\$1,015,346	\$308,030	\$1,027,447	\$318,509

Outpatient Claims Paid per Member by Type of Service - HMO



Outpatient Covered Charge Per Member - HMO

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	\$75	\$100	33.3%	\$81
Surgical	\$1,319	\$973	(26.2%)	\$1,432
Medical	\$863	\$1,054	22.1%	\$1,835
MHCD	\$9	\$5	(44.4%)	\$70
Total	\$2,265	\$2,132	(5.9%)	\$3,418

Urbandale Community School District Financial And Utilization Summary - HMO

Outpatient Use and Cost Trends by General Diagnosis - HMO

Diagnosis Category	Prior				Current			
	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Mbr Wellmark Book of Business	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Mbr Wellmark Book of Business
Viruses/Bacterial Infections	0	\$0	\$0	\$16	2	\$27,458	\$57	\$20
Benign/Cancerous Tumors	4	\$22,234	\$50	\$257	7	\$74,156	\$154	\$307
Glands/Metabolism/Immune System	14	\$97,978	\$219	\$98	15	\$17,552	\$36	\$101
Blood/Spleen	1	\$3,223	\$7	\$18	0	\$0	\$0	\$27
Mental Health	3	\$3,941	\$9	\$30	3	\$2,570	\$5	\$32
Alcohol Dependency	0	\$0	\$0	\$19	0	\$0	\$0	\$21
Drug Dependency	0	\$0	\$0	\$10	0	\$0	\$0	\$17
Nerves/Eyes/Ears	14	\$76,332	\$170	\$228	19	\$77,452	\$161	\$254
Heart/Vessels	7	\$70,285	\$157	\$177	4	\$14,437	\$30	\$192
Nose/Throat/Lungs	7	\$39,430	\$88	\$140	4	\$5,806	\$12	\$149
Digestive	8	\$86,838	\$194	\$292	10	\$52,212	\$108	\$306
Genital/Urinary	19	\$187,265	\$418	\$327	13	\$76,062	\$158	\$327
Obstetrical	21	\$33,625	\$75	\$77	14	\$48,096	\$100	\$80
Skin/Nails/Hair	0	\$0	\$0	\$33	4	\$16,707	\$35	\$37
Bones/Muscles/Ligaments	11	\$44,435	\$99	\$395	25	\$145,602	\$302	\$420
Birth Defects	4	\$21,512	\$48	\$29	6	\$37,124	\$77	\$30
Perinatal Disorders	2	\$2,484	\$6	\$2	0	\$0	\$0	\$1
Symptoms With Unknown Cause **	17	\$56,746	\$127	\$181	15	\$52,481	\$109	\$197
Injuries/Poisonings	24	\$98,536	\$220	\$264	16	\$111,814	\$232	\$279
Other *	24	\$46,717	\$104	\$117	23	\$41,263	\$86	\$127
Chest Pain	3	\$7,213	\$16	\$97	10	\$75,280	\$156	\$98
Abdominal Pain	11	\$35,404	\$79	\$134	14	\$56,334	\$117	\$143
Organ/Tissue Replaced	0	\$0	\$0	\$4	0	\$0	\$0	\$6
Radiotherapy/Chemo/Aftercare	0	\$0	\$0	\$92	1	\$5,264	\$11	\$94
Routine/Diagnostic	39	\$81,146	\$181	\$157	41	\$89,776	\$186	\$155
Prescription Drugs	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Not Elsewhere Classified	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Total	233	\$1,015,346	\$2,265	\$3,191	246	\$1,027,447	\$2,132	\$3,418

NOTE: * Other - examples include therapeutic and remedial exercises, multiple therapies, sterilization. ** Symptoms with Unknown Causes - examples include vomiting, convulsions, dizziness, fever.

Urbandale Community School District Financial And Utilization Summary - HMO

Office use and trends combines all practitioners and related claims for services provided in the office setting, excluding capitation.

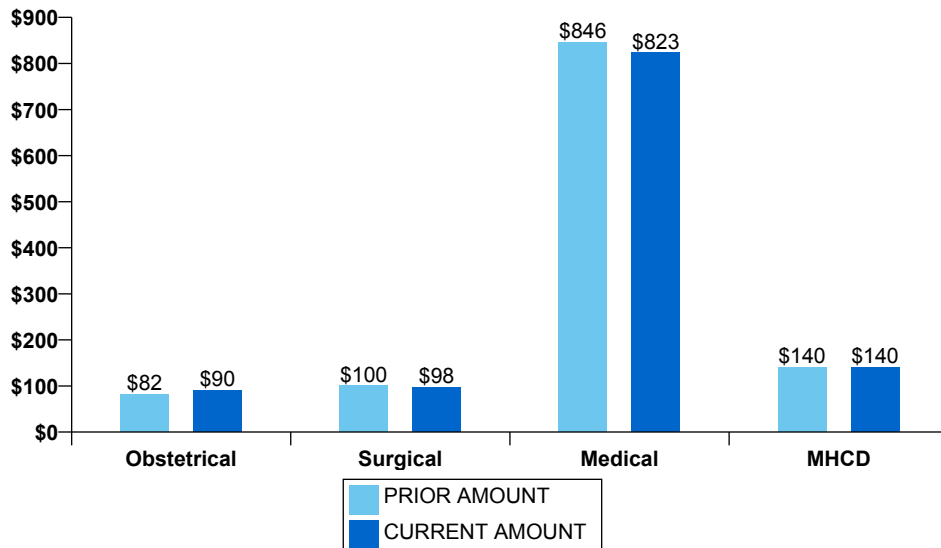
Office Visits per 1,000 Members - HMO

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	323	380	17.6 %	156
Surgical	455	315	(30.8 %)	282
Medical	7,048	6,732	(4.5 %)	5,769
MHCD	1,075	952	(11.4 %)	914
Total	8,902	8,380	(5.9 %)	7,121

Office Covered Charges and Claims Paid - HMO

	Prior		Current	
	Covered Charges	Claims Paid	Covered Charges	Claims Paid
Obstetrical	\$61,503	\$36,861	\$81,040	\$43,498
Surgical	\$76,836	\$44,927	\$75,937	\$47,091
Medical	\$710,564	\$379,337	\$751,355	\$396,773
MHCD	\$74,223	\$62,826	\$81,552	\$67,467
Total	\$923,126	\$523,951	\$989,883	\$554,830

Office Claims Paid per Member by Type of Service - HMO



Office Covered Charge Per Member - HMO

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	\$137	\$168	22.6%	\$59
Surgical	\$171	\$158	(7.6%)	\$114
Medical	\$1,585	\$1,559	(1.6%)	\$1,385
MHCD	\$166	\$169	1.8%	\$160
Total	\$2,060	\$2,054	(0.3%)	\$1,719

Urbandale Community School District Financial And Utilization Summary - HMO

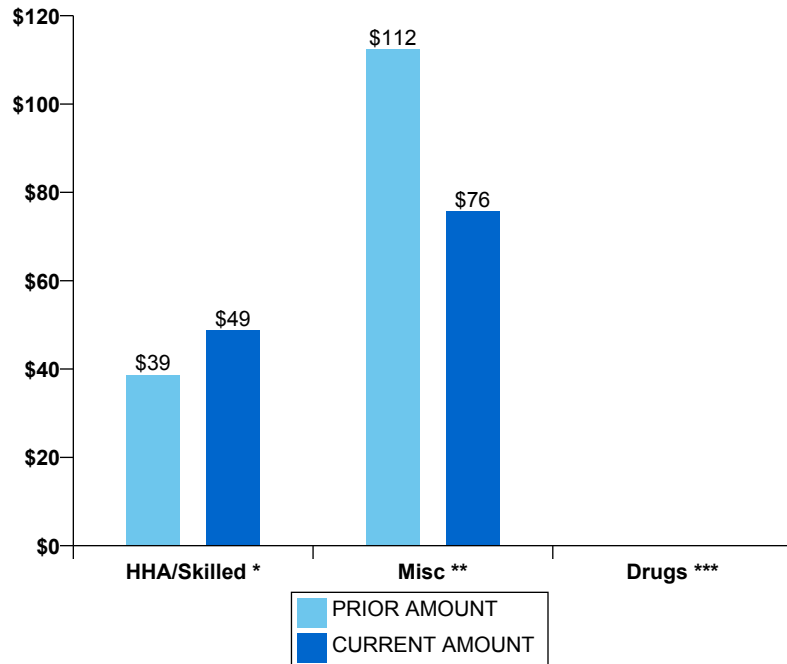
Office Use and Cost Trends by General Diagnosis - HMO

Diagnosis Category	Prior				Current			
	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Mbr Wellmark Book of Business	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Mbr Wellmark Book of Business
Viruses/Bacterial Infections	73	\$16,076	\$36	\$27	65	\$18,573	\$39	\$28
Benign/Cancerous Tumors	89	\$54,629	\$122	\$132	65	\$32,489	\$67	\$133
Glands/Metabolism/Immune System	156	\$39,768	\$89	\$74	155	\$46,177	\$96	\$76
Blood/Spleen	8	\$2,592	\$6	\$11	13	\$4,304	\$9	\$14
Mental Health	482	\$74,223	\$166	\$143	456	\$80,972	\$168	\$155
Alcohol Dependency	0	\$0	\$0	\$2	0	\$0	\$0	\$2
Drug Dependency	0	\$0	\$0	\$2	2	\$486	\$1	\$3
Nerves/Eyes/Ears	248	\$54,491	\$122	\$119	269	\$57,330	\$119	\$128
Heart/Vessels	83	\$22,961	\$51	\$62	84	\$38,481	\$80	\$62
Nose/Throat/Lungs	476	\$70,151	\$157	\$117	416	\$72,216	\$150	\$123
Digestive	34	\$10,084	\$22	\$37	48	\$12,993	\$27	\$41
Genital/Urinary	149	\$42,429	\$95	\$56	174	\$42,852	\$89	\$57
Obstetrical	145	\$61,503	\$137	\$54	181	\$80,679	\$167	\$57
Skin/Nails/Hair	177	\$39,731	\$89	\$55	129	\$29,810	\$62	\$56
Bones/Muscles/Ligaments	832	\$159,856	\$357	\$263	862	\$154,835	\$321	\$275
Birth Defects	12	\$10,958	\$24	\$7	12	\$3,705	\$8	\$7
Perinatal Disorders	5	\$1,188	\$3	\$1	2	\$310	\$1	\$1
Symptoms With Unknown Cause **	148	\$55,820	\$125	\$93	192	\$71,311	\$148	\$99
Injuries/Poisonings	136	\$29,116	\$65	\$54	173	\$36,691	\$76	\$53
Other *	191	\$29,426	\$66	\$44	141	\$31,796	\$66	\$54
Chest Pain	32	\$6,880	\$15	\$26	48	\$17,154	\$36	\$26
Abdominal Pain	37	\$14,545	\$32	\$31	54	\$13,556	\$28	\$29
Organ/Tissue Replaced	9	\$1,675	\$4	\$3	8	\$1,497	\$3	\$3
Radiotherapy/Chemo/Aftercare	3	\$1,154	\$3	\$15	43	\$12,163	\$25	\$16
Routine/Diagnostic	465	\$123,872	\$276	\$218	447	\$129,505	\$269	\$224
Prescription Drugs	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Not Elsewhere Classified	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Total	3,990	\$923,126	\$2,060	\$1,647	4,039	\$989,883	\$2,054	\$1,719

NOTE: * Other - examples include therapeutic & remedial exercises, multiple therapies, sterilization. ** Symptoms with Unknown Causes - examples include vomiting, convulsions, dizziness, fever.

Urbandale Community School District Financial And Utilization Summary - HMO

Other Claims Paid per Member by Type of Service - HMO



Other Covered Charge per Member - HMO

	Prior	Current	Percent Change	Wellmark Book of Business
HHA/Skilled *	\$81	\$99	22.2%	\$190
Misc **	\$142	\$105	(26.1%)	\$76
Drugs ***	\$0	\$0	(100.0%)	\$0
Total	\$223	\$204	(8.5%)	\$266

Cost Trends of Other Places of Service - HMO

	Prior				Current			
	HHA/Skilled *	Misc **	Drugs ***	Total	HHA/Skilled *	Misc **	Drugs ***	Total
Total Covered Charge	\$36,412	\$63,580	\$0	\$99,992	\$47,579	\$50,641	\$0	\$98,220
Total Paid Claims	\$17,360	\$50,420	\$0	\$67,780	\$23,477	\$36,521	\$0	\$59,998
Members Using Services	37	13	0	50	52	11	0	63

NOTE: * Home Health Agency or Skilled Nursing

** Miscellaneous includes providers such as hospice, ambulance, durable medical equipment suppliers.

***Drugs paid through Health Coverage.

Urbandale Community School District Financial And Utilization Summary - HMO

Percentage of Workforce - HMO

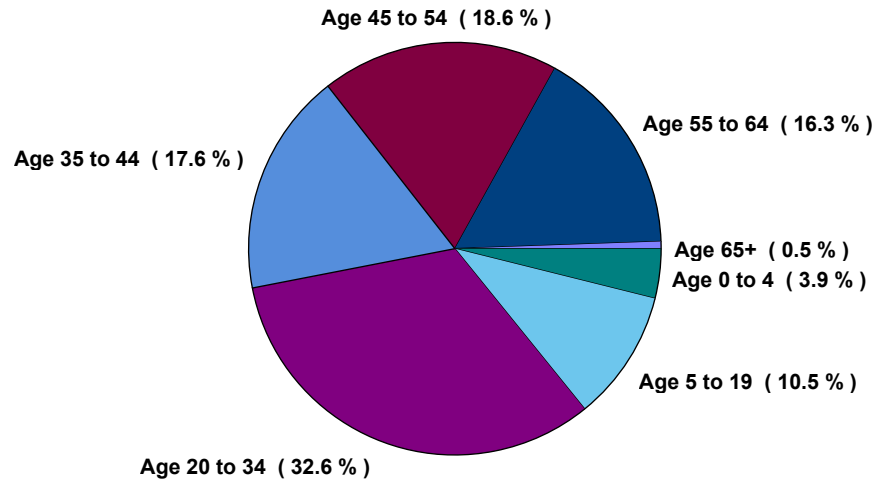
Ages	Your Group		Wellmark Book of Business	
	Male	Female	Male	Female
Age 0 to 4	0.0 %	0.0 %	1.7 %	1.7 %
Age 5 to 19	0.0 %	0.0 %	7.3 %	6.9 %
Age 20 to 34	6.3 %	32.6 %	8.3 %	13.7 %
Age 35 to 44	7.0 %	13.3 %	7.5 %	10.3 %
Age 45 to 54	6.2 %	15.1 %	7.8 %	11.4 %
Age 55 to 64	5.9 %	13.2 %	7.3 %	11.4 %
Age 65+	0.2 %	0.2 %	2.1 %	2.5 %
Total	25.6 %	74.4 %	42.1 %	57.9 %

Percentage of Members - HMO

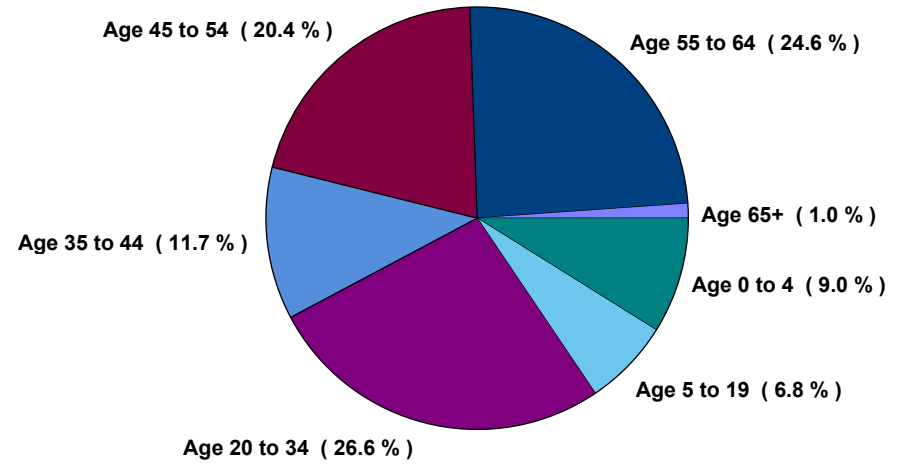
Ages	Your Group		Wellmark Book of Business	
	Male	Female	Male	Female
Age 0 to 4	1.6 %	2.3 %	3.8 %	3.7 %
Age 5 to 19	5.8 %	4.7 %	13.6 %	12.8 %
Age 20 to 34	7.4 %	25.3 %	9.3 %	12.2 %
Age 35 to 44	7.0 %	10.7 %	6.0 %	7.5 %
Age 45 to 54	6.7 %	11.9 %	6.3 %	7.9 %
Age 55 to 64	6.4 %	10.0 %	6.1 %	7.5 %
Age 65+	0.3 %	0.2 %	1.7 %	1.6 %
Total	35.1 %	64.9 %	46.8 %	53.2 %

Urbandale Community School District Financial And Utilization Summary - HMO

Distribution of Members by Age Category - HMO



Distribution of Claims Paid by Age Category - HMO



Urbandale Community School District Financial And Utilization Summary - HMO

Most Costly Conditions by Age Category - HMO

The best wellness, education, and prevention programs are those that target the needs of your members. An understanding of the health care conditions faced by your employee group is the first step in building a targeted program. The tables on this page display the five most costly diagnosis categories by age category.

Age 0 to 4 (3.9% of Members)

Diagnosis Category	% of Covered
	Charge
Liveborn	32.8 %
Acute Bronchitis	22.8 %
Other Congenital Anomalies	9.7 %
Otitis Media And Related Conditio	7.8 %
Other	27.0 %
Total	100.0 %

Age 5 to 19 (10.5% of Members)

Diagnosis Category	% of Covered
	Charge
Residual Codes; Unclassified	24.9 %
Abdominal Pain	12.5 %
Prolonged Pregnancy	7.2 %
Other Upper Respiratory Infection:	5.0 %
Other	50.3 %
Total	100.0 %

Age 20 to 34 (32.6% of Members)

Diagnosis Category	% of Covered
	Charge
Appendicitis And Other Appendice	8.0 %
Ob-related Trauma To Perineum /	6.6 %
Other Complications Of Birth; Pue	6.2 %
Prolonged Pregnancy	6.0 %
Other	73.2 %
Total	100.0 %

Age 35 to 44 (17.6% of Members)

Diagnosis Category	% of Covered
	Charge
Appendicitis And Other Appendice	11.8 %
Endometriosis	7.0 %
Calculus Of Urinary Tract	6.7 %
Previous C-section	5.4 %
Other	69.2 %
Total	100.0 %

Age 45 to 54 (18.6% of Members)

Diagnosis Category	% of Covered
	Charge
Osteoarthritis	25.7 %
Other Non-traumatic Joint Disorde	12.2 %
Other Nutritional; Endocrine; And I	7.0 %
Spondylosis; Intervertebral Disc D	5.1 %
Other	50.0 %
Total	100.0 %

Age 55 to 64 (16.3% of Members)

Diagnosis Category	% of Covered
	Charge
Osteoarthritis	18.0 %
Intestinal Obstruction Without Heri	8.6 %
Acute Myocardial Infarction	7.7 %
Other Screening For Suspected C	7.0 %
Other	58.6 %
Total	100.0 %

Age 65+ (0.5% of Members)

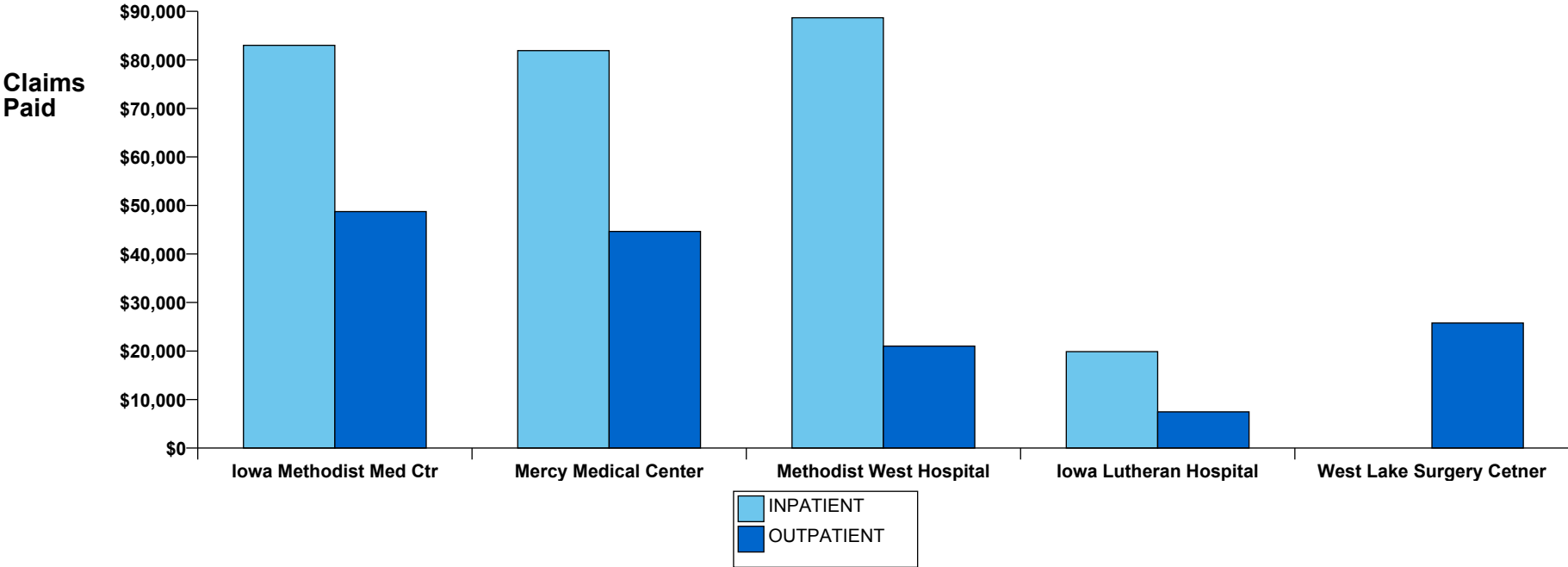
Diagnosis Category	% of Covered
	Charge
Nonmalignant Breast Conditions	51.6 %
Residual Codes; Unclassified	24.1 %
Cancer Of Prostate	10.3 %
Other Screening For Suspected C	5.7 %
Other	8.3 %
Total	100.0 %

Urbandale Community School District Financial And Utilization Summary - HMO

Your members highest claims paid amounts based on inpatient and outpatient claims by facility are shown below.

Facility Summary - HMO

Facility	City	Inpatient			Outpatient		Total	
		Cases	Day	Claims Paid	Cases	Claims Paid	Claims Paid	
Iowa Methodist Med Ctr	Des Moines	IA	10	41	\$83,001	48	\$48,752	\$131,753
Mercy Medical Center	Des Moines	IA	11	42	\$81,907	56	\$44,637	\$126,543
Methodist West Hospital	West Des Moines	IA	7	16	\$88,694	19	\$21,008	\$109,702
Iowa Lutheran Hospital	Des Moines	IA	1	2	\$19,887	12	\$7,478	\$27,365
West Lake Surgery Cetner	Clive	IA	0	0	\$0	6	\$25,765	\$25,765
Other In-State			5	9	\$25,844	98	\$82,126	\$107,970
Other Out-of-State			1	1	\$40,952	7	\$15,243	\$56,195
Total			35	111	\$340,285	246	\$245,009	\$585,294



Urbandale Community School District Financial And Utilization Summary - HMO

Out-of-network costs are for health care services members of your group received from non-network providers. The information on this page shows in-network and out-of-network use and costs.

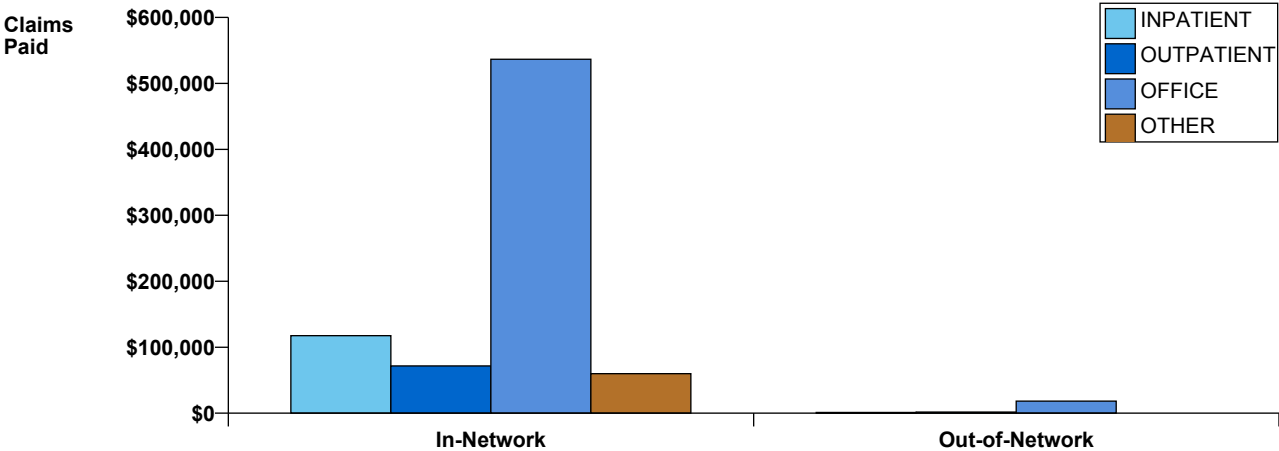
In - vs. Out-of-Network Facility Costs - HMO

	In-Network				Out-of-Network			
	Cases	Covered Charge	Claims Paid	% of Paid Claims In-Network	Cases	Covered Charge	Claims Paid	% of Paid Claims Out-of- Network
Inpatient	34	\$1,125,470	\$299,332	56.6 %	1	\$60,114	\$40,952	72.9 %
Outpatient	239	\$816,787	\$229,766	43.4 %	7	\$19,924	\$15,243	27.1 %
Total	273	\$1,942,256	\$529,098	100.0 %	8	\$80,038	\$56,195	100.0 %

In - vs. Out-of-Network Practitioner Costs - HMO

	In-Network			Out-of-Network		
	Covered Charge	Claims Paid	% of Paid Claims In-Network	Covered Charge	Claims Paid	% of Paid Claims Out-of- Network
Inpatient	\$213,577	\$117,551	15.0 %	\$3,689	\$1,014	4.8 %
Outpatient	\$181,513	\$71,710	9.1 %	\$9,223	\$1,790	8.5 %
Office	\$944,959	\$536,619	68.3 %	\$44,924	\$18,211	86.5 %
Other	\$96,021	\$59,972	7.6 %	\$2,200	\$26	0.1 %
Total	\$1,436,069	\$785,851	100.0 %	\$60,036	\$21,041	100.0 %

Practitioner Claims Paid



Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Cost and Enrollment Trends for your PPO (Non-HMO) Plan

The Financial and Utilization Summary provides information to help you understand how benefits are used by your employees and their dependents and what those benefits cost. This section includes demographic information, charge, claims paid and utilization by place and type of service as well as your group's previous 12-month statistics for comparison purposes.

Pharmacy drugs covered under your drug card are summarized in a separate report. Pharmacy charges covered under your health plan are included in this report, except as noted on specific pages.

	Prior	Current	Percent Change		Prior	Current	Percent Change
Covered Charge ²	\$1,440,248	\$715,176	(50.3 %)	Covered Charge Per Member ^{1,2}	\$11,709	\$7,450	(36.4 %)
Inpatient	\$432,405	\$89,267	(79.4 %)	Inpatient	\$3,515	\$930	(73.5 %)
Outpatient	\$650,586	\$335,014	(48.5 %)	Outpatient	\$5,289	\$3,490	(34.0 %)
Office	\$325,951	\$267,713	(17.9 %)	Office	\$2,650	\$2,789	5.2 %
Other	\$31,307	\$23,183	(25.9 %)	Other	\$255	\$241	(5.5 %)
Claims Paid ²	\$599,887	\$362,931	(39.5 %)	Claims Paid Per Member ^{1,2}	\$4,877	\$3,781	(22.5 %)
Inpatient	\$164,998	\$57,800	(65.0 %)	Inpatient	\$1,341	\$602	(55.1 %)
Outpatient	\$215,899	\$133,005	(38.4 %)	Outpatient	\$1,755	\$1,385	(21.1 %)
Office	\$203,708	\$159,743	(21.6 %)	Office	\$1,656	\$1,664	0.5 %
Other	\$15,282	\$12,382	(19.0 %)	Other	\$124	\$129	4.0 %
				Average Number of Members (Employees and Their Dependents)	123	96	(22.0 %)

¹ Annualized if less than 12 months of data.

² Includes IBNR.

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Aggregate Claims Paid for a Member by Range

	Prior				Current		
	Claims Paid	# of Members**	% of Membership		Claims Paid	# of Members**	% of Membership
No Claims	\$0	12	8.8 %	No Claims	\$0	8	7.8 %
\$.00 - \$250	\$2,701	17	12.4 %	\$.00 - \$250	\$1,807	13	12.7 %
\$251 - \$500	\$6,389	18	13.1 %	\$251 - \$500	\$5,481	12	11.8 %
\$501 - \$1,000	\$18,800	25	18.2 %	\$501 - \$1,000	\$12,853	17	16.7 %
\$1,001 - \$2,500	\$46,435	30	21.9 %	\$1,001 - \$2,500	\$36,635	22	21.6 %
\$2,501 - \$5,000	\$52,859	16	11.7 %	\$2,501 - \$5,000	\$62,632	18	17.6 %
\$5,001 - \$20,000	\$124,972	11	8.0 %	\$5,001 - \$20,000	\$83,677	8	7.8 %
\$20,001 - \$35,000	\$46,832	2	1.5 %	\$20,001 - \$35,000	\$55,839	2	2.0 %
\$35,001 - \$50,000	\$76,811	2	1.5 %	\$35,001 - \$50,000	\$41,513	1	1.0 %
\$50,001 - \$75,000	\$224,089	4	2.9 %	\$50,001 - \$75,000	\$62,493	1	1.0 %
Total	\$599,887	137	100.0 %	Total	\$362,931	102	100.0 %

Note: Valid bands are \$.00 - \$250, \$251 - \$500, \$501 - \$1,000, \$1,001 - \$2,500, \$2,501 - \$5,000, \$5,001 - \$20,000, \$20,001 - \$35,000, \$35,001 - \$50,000, \$50,001 - \$75,000, \$75,001 - \$100,000, \$100,001 - \$200,000, \$200,001 - \$500,000, \$500,000 +

** A member is counted as any one individual covered at least one day during the plan period.

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Costs by Member Type

	Prior			Current		
	% of Membership	Covered Charges	Claims Paid	% of Membership	Covered Charges	Claims Paid
Employee	85.4 %	\$1,409,494	\$580,467	82.4 %	\$657,828	\$329,727
Spouse	5.1 %	\$18,147	\$11,139	6.1 %	\$30,087	\$21,282
Dependents	9.5 %	\$12,607	\$8,281	11.6 %	\$27,261	\$11,922
Total	100.0 %	\$1,440,248	\$599,887	100.0 %	\$715,176	\$362,931

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Inpatient use and cost trends show your company's covered charge and use information in a manner that reflects how the health care delivery system is used. This inpatient section of the report combines all facility, practitioner and other claims for services provided in the hospital inpatient setting.

Hospital Inpatient Utilization and Costs - PPO (Non-HMO)

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	57	31	(45.6 %)	56
Days per 1,000 Members	212	73	(65.6 %)	215
Average Length of Stay	3.7	2.3	(37.8 %)	3.9
Covered Charge per Adm	\$61,772	\$29,756	(51.8 %)	\$39,744
Claims Paid per Admission	\$23,571	\$19,267	(18.3 %)	\$17,450

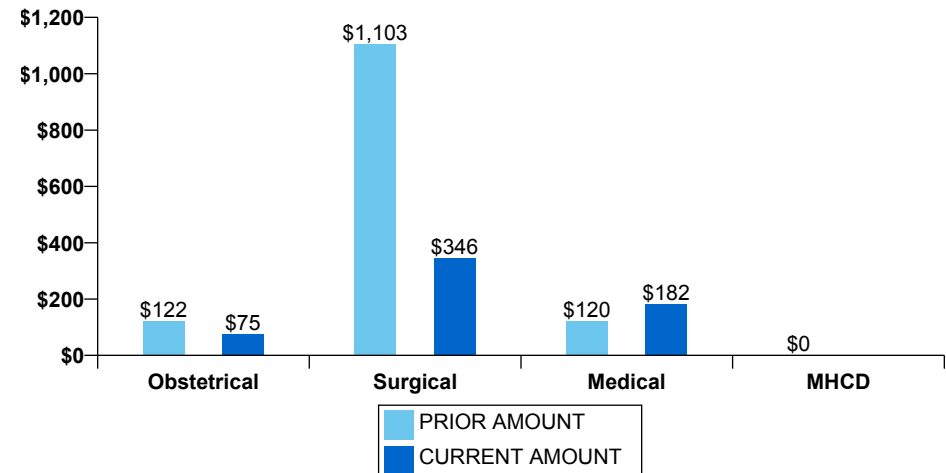
Inpatient Covered Charges and Claims Paid - PPO (Non-HMO)

	Prior		Current	
	Covered Charges	Claims Paid	Covered Charges	Claims Paid
Obstetrical	\$34,389	\$14,977	\$16,957	\$7,184
Surgical	\$363,269	\$135,306	\$36,478	\$33,206
Medical	\$34,747	\$14,715	\$35,832	\$17,410
MHCD	\$0	\$0	\$0	\$0
Total	\$432,405	\$164,998	\$89,267	\$57,800

Inpatient Covered Charge Per Member - PPO (Non-HMO)

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	\$280	\$177	(36.8%)	\$323
Surgical	\$2,961	\$380	(87.2%)	\$1,424
Medical	\$283	\$374	32.2%	\$410
MHCD	\$0	\$0	N/A	\$55
Total	\$3,525	\$931	(73.6%)	\$2,214

Inpatient Claims Paid per Member by Type of Service - PPO (Non-HMO)



Note on Covered Charges

We use "covered charges" when we compare your utilization and cost statistics to Wellmark Book of Business. This is done so a valid comparison can be made between your group and our book of business. Comparisons of "claims paid" to the book of business may vary significantly from group to group due to benefit differences.

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Inpatient Services Summary - Obstetrical - PPO (Non-HMO)

The number of obstetrical admissions experienced by your group may be due to the number of covered members of childbearing age. It is, therefore, of greater value to evaluate outcomes of those pregnancies.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	8	10	25.0 %	14
Average Length of Stay	4.0	3.0	(25.0 %)	2.8
Covered Charge per Admission	\$34,389	\$16,957	(50.7 %)	\$23,614
Claims Paid per Admission	\$14,977	\$7,184	(52.0 %)	\$10,592

Inpatient Services Summary - Surgical Services - PPO (Non-HMO)

Understanding the conditions resulting in surgical interventions for your employee group allows insight into potential prevention, education and cost control initiatives.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	41	10	(75.6 %)	23
Average Length of Stay	4.2	1.0	(76.2 %)	4.4
Covered Charge per Admission	\$72,654	\$36,478	(49.8 %)	\$61,814
Claims Paid per Admission	\$27,061	\$33,206	22.7 %	\$26,335

Pregnancy Outcomes - PPO (Non-HMO)

	Prior	Current	Wellmark Book of Business
Normal Deliveries	0.0 %	0.0 %	4.1 %
Deliveries with Minor Complications	0.0 %	0.0 %	34.9 %
Complicated Deliveries	100.0 %	0.0 %	25.3 %
Complications of Pregnancy	0.0 %	100.0 %	35.7 %
Caesareans as Percent of Total Deliveries	100.0 %	N/A	26.3 %

Most Costly Surgical Admissions Percent of Charges - PPO (Non-HMO)

	Prior	Current	Wellmark Book of Business
Endometriosis	N/A	100.0%	0.1 %
Total Most Costly	N/A	100.0%	0.1 %

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Inpatient Services Summary - Medical - PPO (Non-HMO)

Understanding the medical conditions for which your employee group is seeking health care services allows insight into potential prevention, education and cost control initiatives.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	8	10	25.0 %	15
Average Length of Stay	1.0	3.0	200.0 %	3.5
Covered Charge per Admission	\$34,747	\$35,832	3.1 %	\$27,415
Claims Paid per Admission	\$14,715	\$17,410	18.3 %	\$12,900

Inpatient Services Summary - MHCD - PPO (Non-HMO)

Mental health and chemical dependency problems are often associated with long lengths of stay and recurrent admissions. Education and awareness programs may encourage individuals to seek treatment earlier and, thus, avoid extended and costly hospital stays.

	Prior	Current	Percent Change	Wellmark Book of Business
Admissions per 1,000 Members	0	0	N/A	4
Average Length of Stay	0.0	0.0	N/A	6.0
Covered Charge per Admission	\$0	\$0	N/A	\$13,859
Claims Paid per Admission	\$0	\$0	0.0 %	\$6,729

Most Costly Medical Admissions Percent of Charges - PPO (Non-HMO)

	Prior	Current	Wellmark Book of Business
Pulmonary Heart Disease	N/A	83.4 %	1.6 %
Endometriosis	N/A	14.0 %	0.0 %
Nonspecific Chest Pain	4.2 %	2.5 %	0.9 %
Cardiac Dysrhythmias	3.1 %	0.1 %	2.6 %
Total Most Costly	7.3 %	100.0 %	5.1 %

Admissions by Diagnostic Category PPO (Non-HMO)

	Prior	Current
Depression	0	0
Bipolar Disorder	0	0
Adjustment Reactions	0	0
Alcohol Dependency	0	0
Drug Dependency	0	0
Conduct/Behavior Disorder	0	0
Other	0	0
Total	0	0

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Admissions - PPO (Non-HMO)

	Surgical	Medical
Admissions For:		
Employee	1	2
Spouse	0	0
Dependent	0	0

MHCD Readmission within 180 Days - PPO (Non-HMO)

Readmissions within 180 days for the same diagnosis category:	Mental Health and Chemical Dependency
Mental Health	0
Alcohol Dependency	0
Chemical Dependency	0

Readmissions within 30 Days - PPO (Non-HMO)

Readmissions within 30 days for the same diagnosis category:

Diagnosis Category	Surgical	Medical
Viruses/Bacterial Infections	0	0
Benign/Cancerous Tumors	0	0
Glands/Metabolism/Immune System	0	0
Blood/Spleen	0	0
Nerves/Eyes/Ears	0	0
Heart/Vessels	0	0
Nose/Throat/Lungs	0	0
Digestive	0	0
Genital/Urinary	0	0
Obstetrical	0	0
Skin/Nails/Hair	0	0
Bones/Muscles/Ligaments	0	0
Birth Defects	0	0
Perinatal Disorders	0	0
Symptoms With Unknown Cause	0	0
Injuries/Poisonings	0	0
Other	0	0
Chest Pain	0	0
Abdominal Pain	0	0
Radiotherapy/Chemo/Aftercare	0	0

Total

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Inpatient Use by General Diagnosis - PPO (Non-HMO)

Diagnosis Category	Prior				Current			
	Adm Per 1,000 Mbrs	ALOS*	Days Per 1,000 Mbrs	Days Per 1,000 Mbrs Wellmark Book of Business	Adm Per 1,000 Mbrs	ALOS*	Days Per 1,000 Mbrs	Days Per 1,000 Mbrs Wellmark Book of Business
Viruses/Bacterial Infections	0	0.0	0	11	0	0.0	0	12
Benign/Cancerous Tumors	0	0.0	0	16	0	0.0	0	17
Glands/Metabolism/Immune System	8	9.0	73	6	0	0.0	0	6
Blood/Spleen	0	0.0	0	2	0	0.0	0	2
Mental Health	0	0.0	0	20	0	0.0	0	20
Alcohol Dependency	0	0.0	0	2	0	0.0	0	3
Drug Dependency	0	0.0	0	1	0	0.0	0	1
Nerves/Eyes/Ears	0	0.0	0	4	0	0.0	0	4
Heart/Vessels	0	0.0	0	20	10	3.0	31	21
Nose/Throat/Lungs	0	0.0	0	13	0	0.0	0	13
Digestive	8	1.0	8	20	0	0.0	0	21
Genital/Urinary	0	0.0	0	6	10	1.0	10	5
Obstetrical	8	4.0	33	40	10	3.0	31	39
Skin/Nails/Hair	0	0.0	0	3	0	0.0	0	4
Bones/Muscles/Ligaments	16	2.5	41	16	0	0.0	0	15
Birth Defects	8	6.0	49	2	0	0.0	0	2
Perinatal Disorders	0	0.0	0	2	0	0.0	0	2
Symptoms With Unknown Cause ***	0	0.0	0	2	0	0.0	0	2
Injuries/Poisonings	8	1.0	8	18	0	0.0	0	16
Other **	0	0.0	0	9	0	0.0	0	8
Chest Pain	0	0.0	0	1	0	0.0	0	1
Abdominal Pain	0	0.0	0	1	0	0.0	0	1
Organ/Tissue Replaced	0	0.0	0	0	0	0.0	0	0
Radiotherapy/Chemo/Aftercare	0	0.0	0	3	0	0.0	0	3
Routine/Diagnostic	0	0.0	0	0	0	0.0	0	0
Prescription Drugs	0	0.0	0	0	0	0.0	0	0
Not Elsewhere Classified	0	0.0	0	0	0	0.0	0	0
Total	57	3.7	212	220	31	2.3	73	215

NOTE: * ALOS - is the abbreviation for Average Length of Stay ** Other - examples include therapeutic & remedial exercises, multiple therapies, sterilization.

*** Symptoms with Unknown Cause - examples include vomiting, convulsions, dizziness, fever.

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Inpatient Cost Trends by General Diagnosis - PPO (Non-HMO)

Diagnosis Category	Prior				Current			
	# of Adm	Covered Charges	Covered Charge Member	Covered Charge Mbr Wellmark Book of Business	# of Adm	Covered Charges	Covered Charge Member	Covered Charge Mbr Wellmark Book of Business
Viruses/Bacterial Infections	0	\$0	\$0	\$80	0	\$0	\$0	\$92
Benign/Cancerous Tumors	0	\$305	\$2	\$195	0	\$0	\$0	\$205
Glands/Metabolism/Immune System	1	\$94,457	\$770	\$61	0	\$0	\$0	\$71
Blood/Spleen	0	\$0	\$0	\$17	0	\$0	\$0	\$16
Mental Health	0	\$0	\$0	\$42	0	\$0	\$0	\$44
Alcohol Dependency	0	\$0	\$0	\$7	0	\$0	\$0	\$8
Drug Dependency	0	\$0	\$0	\$3	0	\$0	\$0	\$3
Nerves/Eyes/Ears	0	\$627	\$5	\$46	0	\$0	\$0	\$48
Heart/Vessels	0	\$1,298	\$11	\$298	1	\$29,928	\$312	\$319
Nose/Throat/Lungs	0	\$3,036	\$25	\$100	0	\$0	\$0	\$95
Digestive	1	\$19,523	\$159	\$175	0	\$0	\$0	\$189
Genital/Urinary	0	\$0	\$0	\$57	1	\$41,498	\$433	\$52
Obstetrical	1	\$34,389	\$280	\$318	1	\$16,957	\$177	\$324
Skin/Nails/Hair	0	\$0	\$0	\$18	0	\$0	\$0	\$20
Bones/Muscles/Ligaments	2	\$154,585	\$1,260	\$348	0	\$0	\$0	\$360
Birth Defects	1	\$97,417	\$794	\$46	0	\$0	\$0	\$37
Perinatal Disorders	0	\$0	\$0	\$32	0	\$0	\$0	\$34
Symptoms With Unknown Cause ***	0	\$479	\$4	\$23	0	\$0	\$0	\$24
Injuries/Poisonings	1	\$23,617	\$193	\$197	0	\$0	\$0	\$187
Other **	0	\$0	\$0	\$44	0	\$0	\$0	\$40
Chest Pain	0	\$2,013	\$16	\$10	0	\$883	\$9	\$10
Abdominal Pain	0	\$527	\$4	\$10	0	\$0	\$0	\$8
Organ/Tissue Replaced	0	\$0	\$0	\$1	0	\$0	\$0	\$1
Radiotherapy/Chemo/Aftercare	0	\$133	\$1	\$23	0	\$0	\$0	\$27
Routine/Diagnostic	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Prescription Drugs	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Not Elsewhere Classified	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Total	7	\$432,405	\$3,525	\$2,148	3	\$89,267	\$931	\$2,214

NOTE: ** Other - examples include therapeutic & remedial exercises, multiple therapies, sterilization.

*** Symptoms with Unknown Cause - examples include vomiting, convulsions, dizziness, fever.

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Outpatient use and cost trends combines all facility, practitioner and other claims for services provided in the hospital outpatient setting.

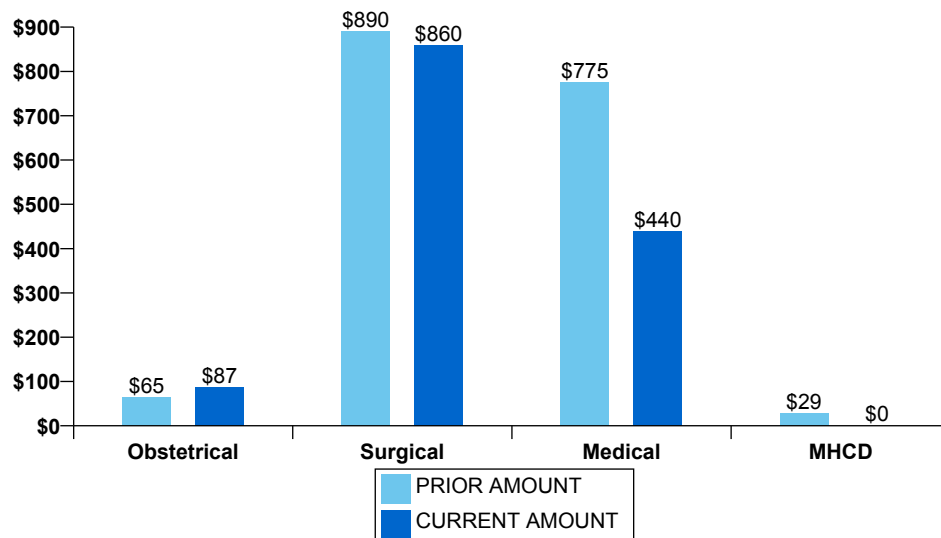
Outpatient Claims per 1,000 Members - PPO (Non-HMO)

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	114	146	28.1 %	58
Surgical	139	198	42.4 %	102
Medical	620	615	(0.8 %)	1,147
MHCD	8	0	(100.0 %)	39
Total	880	959	9.0 %	1,345

Outpatient Covered Charges and Claims Paid - PPO (Non-HMO)

	Prior		Current	
	Covered Charges	Claims Paid	Covered Charges	Claims Paid
Obstetrical	\$19,054	\$8,013	\$18,747	\$8,342
Surgical	\$288,145	\$109,183	\$175,974	\$82,480
Medical	\$310,000	\$95,117	\$140,293	\$42,184
MHCD	\$33,387	\$3,586	\$0	\$0
Total	\$650,586	\$215,899	\$335,014	\$133,005

Outpatient Claims Paid per Member by Type of Service - PPO (Non-HMO)



Outpatient Covered Charge Per Member - PPO (Non-HMO)

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	\$155	\$195	25.8%	\$66
Surgical	\$2,349	\$1,835	(21.9%)	\$1,444
Medical	\$2,527	\$1,463	(42.1%)	\$2,098
MHCD	\$272	\$0	0.0%	\$58
Total	\$5,304	\$3,493	-34.1 %	\$3,666

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Outpatient Use and Cost Trends by General Diagnosis - PPO (Non-HMO)

Diagnosis Category	Prior				Current			
	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Mbr Wellmark Book of Business	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Mbr Wellmark Book of Business
Viruses/Bacterial Infections	1	\$11,337	\$92	\$16	0	\$0	\$0	\$19
Benign/Cancerous Tumors	5	\$63,992	\$522	\$333	4	\$19,011	\$198	\$364
Glands/Metabolism/Immune System	2	\$1,078	\$9	\$81	1	\$120	\$1	\$90
Blood/Spleen	8	\$6,744	\$55	\$27	7	\$4,817	\$50	\$31
Mental Health	1	\$33,387	\$272	\$23	0	\$0	\$0	\$26
Alcohol Dependency	0	\$0	\$0	\$14	0	\$0	\$0	\$18
Drug Dependency	0	\$0	\$0	\$9	0	\$0	\$0	\$13
Nerves/Eyes/Ears	7	\$13,960	\$114	\$219	11	\$48,480	\$505	\$236
Heart/Vessels	2	\$4,663	\$38	\$223	3	\$20,837	\$217	\$249
Nose/Throat/Lungs	1	\$9,587	\$78	\$128	0	\$0	\$0	\$142
Digestive	5	\$24,912	\$203	\$308	6	\$25,653	\$267	\$333
Genital/Urinary	2	\$9,172	\$75	\$356	7	\$18,227	\$190	\$375
Obstetrical	14	\$19,054	\$155	\$61	14	\$18,747	\$195	\$66
Skin/Nails/Hair	3	\$57,746	\$471	\$34	1	\$1,155	\$12	\$39
Bones/Muscles/Ligaments	3	\$112,924	\$921	\$430	8	\$50,758	\$529	\$449
Birth Defects	1	\$12,812	\$104	\$29	0	\$0	\$0	\$28
Perinatal Disorders	0	\$0	\$0	\$2	0	\$0	\$0	\$1
Symptoms With Unknown Cause **	8	\$44,422	\$362	\$184	7	\$83,870	\$874	\$197
Injuries/Poisonings	10	\$76,393	\$623	\$279	6	\$15,823	\$165	\$288
Other *	8	\$66,020	\$538	\$133	3	\$5,029	\$52	\$133
Chest Pain	4	\$30,888	\$252	\$107	3	\$15,323	\$160	\$108
Abdominal Pain	1	\$1,667	\$14	\$144	0	\$526	\$5	\$148
Organ/Tissue Replaced	0	\$0	\$0	\$5	0	\$0	\$0	\$6
Radiotherapy/Chemo/Aftercare	0	\$1,061	\$9	\$138	3	\$569	\$6	\$142
Routine/Diagnostic	22	\$48,767	\$398	\$163	8	\$6,068	\$63	\$165
Prescription Drugs	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Not Elsewhere Classified	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Total	108	\$650,586	\$5,304	\$3,447	92	\$335,014	\$3,493	\$3,666

NOTE: * Other - examples include therapeutic and remedial exercises, multiple therapies, sterilization.

** Symptoms with Unknown Causes - examples include vomiting, convulsions, dizziness, fever.

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Office use and trends combines all practitioners and related claims for services provided in the office setting.

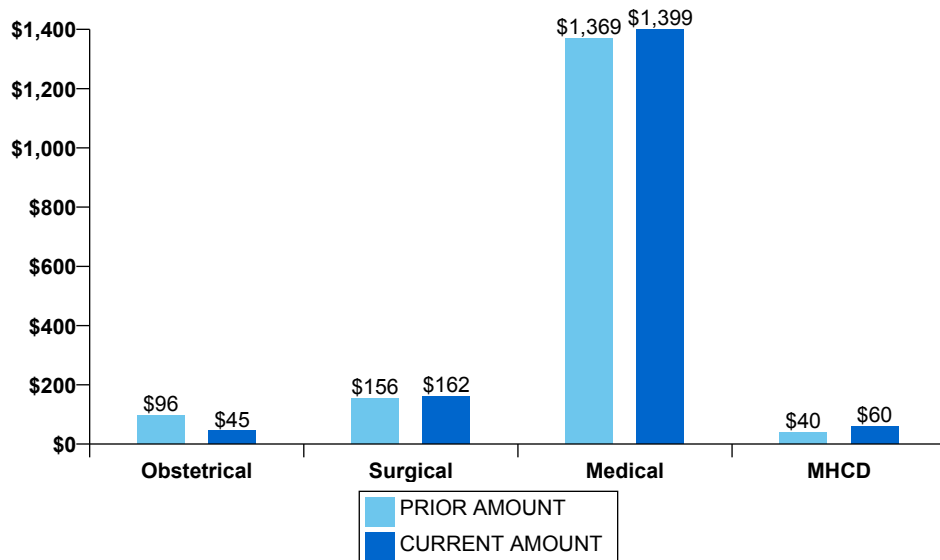
Office Visits per 1,000 Members - PPO (Non-HMO)

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	359	240	(33.1 %)	132
Surgical	473	490	3.6 %	282
Medical	9,554	9,300	(2.7 %)	6,056
MHCD	424	553	30.4 %	586
Total	10,810	10,582	(2.1 %)	7,056

Office Covered Charges and Claims Paid - PPO (Non-HMO)

	Prior		Current	
	Covered Charges	Claims Paid	Covered Charges	Claims Paid
Obstetrical	\$16,752	\$11,731	\$7,106	\$4,314
Surgical	\$24,990	\$19,105	\$23,344	\$15,534
Medical	\$275,700	\$167,914	\$228,472	\$134,182
MHCD	\$8,509	\$4,958	\$8,790	\$5,713
Total	\$325,951	\$203,708	\$267,713	\$159,743

Office Claims Paid per Member by Type of Service - PPO (Non-HMO)



Office Covered Charge Per Member - PPO (Non-HMO)

	Prior	Current	Percent Change	Wellmark Book of Business
Obstetrical	\$137	\$74	(46.0%)	\$53
Surgical	\$204	\$243	19.1%	\$135
Medical	\$2,248	\$2,382	6.0%	\$1,502
MHCD	\$69	\$92	33.3%	\$105
Total	\$2,657	\$2,791	5.0%	\$1,795

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

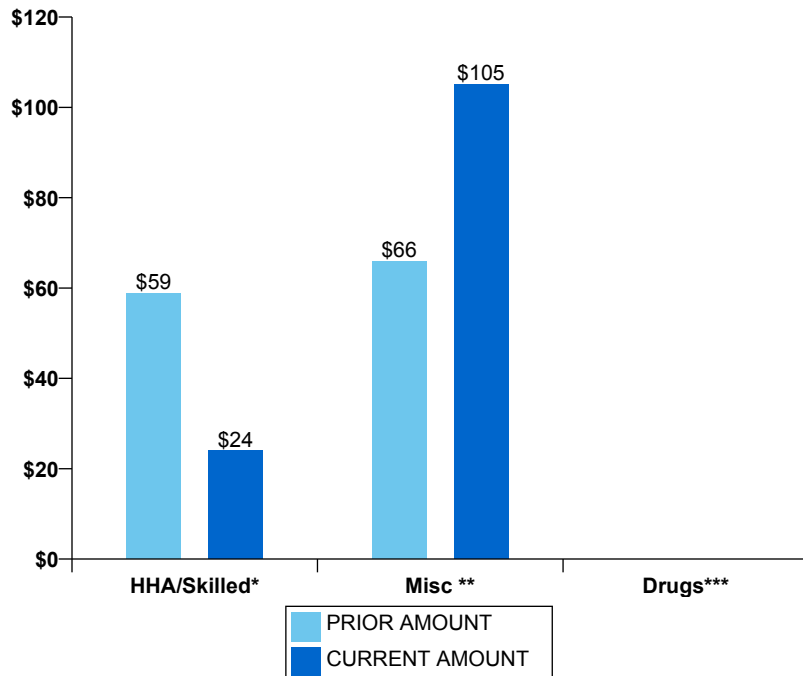
Office Use and Cost Trends by General Diagnosis - PPO (Non-HMO)

Diagnosis Category	Prior				Current			
	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Mbr Wellmark Book of Business	# of Visits	Covered Charges	Covered Charge Member	Covered Charge Mbr Wellmark Book of Business
Viruses/Bacterial Infections	16	\$2,982	\$24	\$26	12	\$2,719	\$28	\$26
Benign/Cancerous Tumors	40	\$38,442	\$313	\$187	23	\$18,481	\$193	\$189
Glands/Metabolism/Immune System	76	\$16,061	\$131	\$90	55	\$12,999	\$136	\$90
Blood/Spleen	0	\$153	\$1	\$15	7	\$2,132	\$22	\$16
Mental Health	51	\$8,339	\$68	\$90	53	\$8,790	\$92	\$98
Alcohol Dependency	0	\$0	\$0	\$2	0	\$0	\$0	\$2
Drug Dependency	1	\$170	\$1	\$4	0	\$0	\$0	\$5
Nerves/Eyes/Ears	96	\$36,672	\$299	\$124	60	\$17,112	\$178	\$130
Heart/Vessels	41	\$13,686	\$112	\$78	35	\$9,321	\$97	\$78
Nose/Throat/Lungs	136	\$19,870	\$162	\$110	95	\$15,161	\$158	\$116
Digestive	16	\$3,644	\$30	\$41	14	\$11,359	\$118	\$44
Genital/Urinary	54	\$22,062	\$180	\$65	39	\$13,908	\$145	\$65
Obstetrical	44	\$16,752	\$137	\$49	22	\$6,709	\$70	\$52
Skin/Nails/Hair	55	\$10,588	\$86	\$59	39	\$9,722	\$101	\$60
Bones/Muscles/Ligaments	401	\$65,852	\$537	\$308	333	\$74,078	\$772	\$313
Birth Defects	4	\$1,061	\$9	\$7	0	\$0	\$0	\$6
Perinatal Disorders	0	\$0	\$0	\$1	0	\$0	\$0	\$1
Symptoms With Unknown Cause **	50	\$14,693	\$120	\$101	59	\$23,249	\$242	\$106
Injuries/Poisonings	50	\$8,515	\$69	\$60	34	\$4,336	\$45	\$58
Other *	38	\$4,686	\$38	\$36	15	\$3,293	\$34	\$43
Chest Pain	24	\$5,620	\$46	\$26	15	\$3,813	\$40	\$26
Abdominal Pain	18	\$5,468	\$45	\$31	10	\$2,751	\$29	\$30
Organ/Tissue Replaced	0	\$0	\$0	\$3	0	\$0	\$0	\$3
Radiotherapy/Chemo/Aftercare	1	\$273	\$2	\$20	4	\$1,898	\$20	\$24
Routine/Diagnostic	114	\$30,362	\$248	\$209	91	\$25,884	\$270	\$215
Prescription Drugs	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Not Elsewhere Classified	0	\$0	\$0	\$0	0	\$0	\$0	\$0
Total	1,326	\$325,951	\$2,657	\$1,741	1,015	\$267,713	\$2,791	\$1,795

NOTE: * Other - examples include therapeutic and remedial exercises, multiple therapies, sterilization. ** Symptoms with Unknown Causes - examples include vomiting, convulsions, dizziness, fever

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Other Claims Paid per Member by Type of Service - PPO (Non-HMO)



Other Covered Charge per Member - PPO (Non-HMO)

	Prior	Current	Percent Change	Wellmark Book of Business
HHA/Skilled*	\$151	\$80	(47.0%)	\$229
Misc **	\$104	\$162	55.8%	\$81
Drugs***	\$0	\$0	0.0%	\$100
Total	\$255	\$242	-5.1 %	\$411

Cost Trends of Other Places of Service - PPO (Non-HMO)

	Prior				Current			
	HHA/Skilled*	Misc **	Drugs***	Total	HHA/Skilled*	Misc **	Drugs***	Total
Total Covered Charge	\$18,563	\$12,744	\$0	\$31,307	\$7,675	\$15,508	\$0	\$23,183
Total Paid Claims	\$7,206	\$8,076	\$0	\$15,282	\$2,298	\$10,084	\$0	\$12,382
Members Using Services	17	6	0	23	9	5	0	14

NOTE: *Home Health Agency or Skilled Nursing

** Miscellaneous includes providers such as hospice, ambulance, durable medical equipment suppliers.

***Drugs paid through Health Coverage.

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Percentage of Workforce - PPO (Non-HMO)

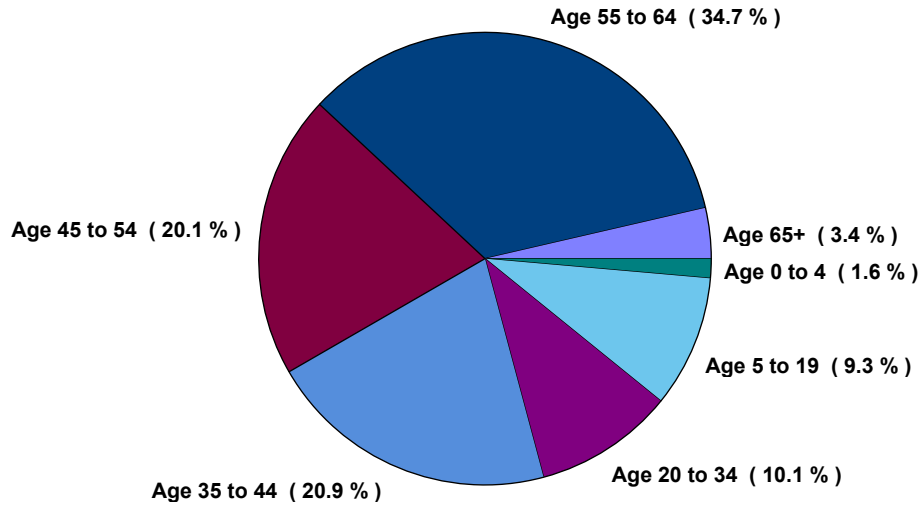
Ages	Your Group		Wellmark Book of Business	
	Male	Female	Male	Female
Age 0 to 4	0.0 %	0.0 %	0.0 %	0.0 %
Age 5 to 19	0.0 %	0.0 %	0.4 %	0.3 %
Age 20 to 34	2.6 %	8.1 %	15.2 %	9.7 %
Age 35 to 44	8.0 %	14.0 %	12.4 %	7.7 %
Age 45 to 54	6.9 %	16.2 %	14.4 %	10.1 %
Age 55 to 64	13.4 %	27.8 %	14.2 %	11.5 %
Age 65+	0.0 %	2.8 %	2.2 %	1.7 %
Total	30.9 %	69.1 %	59.0 %	41.0 %

Percentage of Members - PPO (Non-HMO)

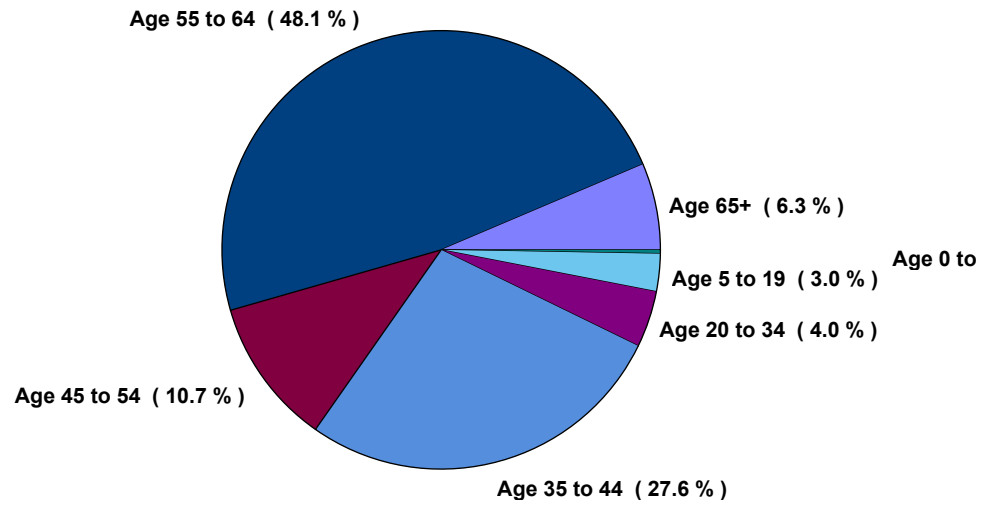
Ages	Your Group		Wellmark Book of Business	
	Male	Female	Male	Female
Age 0 to 4	1.5 %	0.1 %	2.7 %	2.6 %
Age 5 to 19	5.1 %	4.2 %	10.5 %	10.0 %
Age 20 to 34	2.2 %	7.9 %	12.0 %	11.0 %
Age 35 to 44	8.3 %	12.6 %	7.2 %	6.8 %
Age 45 to 54	5.6 %	14.4 %	8.6 %	8.5 %
Age 55 to 64	11.7 %	22.9 %	8.7 %	8.6 %
Age 65+	1.0 %	2.3 %	1.5 %	1.3 %
Total	35.5 %	64.5 %	51.2 %	48.8 %

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Distribution of Members by Age Category - PPO (Non-HMO)



Distribution of Claims Paid by Age Category - PPO (Non-HMO)



Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Most Costly Conditions by Age Category - PPO (Non-HMO)

The best wellness, education, and prevention programs are those that target the needs of your members. An understanding of the health care conditions faced by your employee group is the first step in building a targeted program. The tables on this page display the five most costly diagnosis categories by age category.

Age 0 to 4 (1.6% of Members)

	% of Covered
<u>Diagnosis Category</u>	<u>Charge</u>
Administrative/social Admission	66.6 %
Other Upper Respiratory Infection:	22.6 %
Inflammation; Infection Of Eye (ex	10.8 %
Other	0.0 %
Total	100.0 %

Age 5 to 19 (9.3% of Members)

	% of Covered
<u>Diagnosis Category</u>	<u>Charge</u>
Headache; Including Migraine	27.0 %
Sprains And Strains	21.9 %
Other Upper Respiratory Infection:	9.7 %
Spondylosis; Intervertebral Disc D	5.4 %
Other	36.0 %
Total	100.0 %

Age 20 to 34 (10.1% of Members)

	% of Covered
<u>Diagnosis Category</u>	<u>Charge</u>
Prolonged Pregnancy	43.1 %
Ob-related Trauma To Perineum /	12.9 %
Other Bone Disease And Musculo	8.2 %
Contraceptive And Procreative Ma	4.3 %
Other	31.4 %
Total	100.0 %

Age 35 to 44 (20.9% of Members)

	% of Covered
<u>Diagnosis Category</u>	<u>Charge</u>
Endometriosis	25.1 %
Contraceptive And Procreative Ma	10.7 %
Headache; Including Migraine	9.1 %
Cardiac Dysrhythmias	8.8 %
Other	46.2 %
Total	100.0 %

Age 45 to 54 (20.1% of Members)

	% of Covered
<u>Diagnosis Category</u>	<u>Charge</u>
Other Acquired Deformities	38.9 %
Spondylosis; Intervertebral Disc D	14.0 %
Other Screening For Suspected C	6.6 %
Other Injuries And Conditions Due	4.2 %
Other	36.2 %
Total	100.0 %

Age 55 to 64 (34.7% of Members)

	% of Covered
<u>Diagnosis Category</u>	<u>Charge</u>
Genitourinary Symptoms And Ill-d	19.1 %
Cataract	10.3 %
Pulmonary Heart Disease	8.9 %
Spondylosis; Intervertebral Disc D	8.8 %
Other	52.9 %
Total	100.0 %

Age 65+ (3.4% of Members)

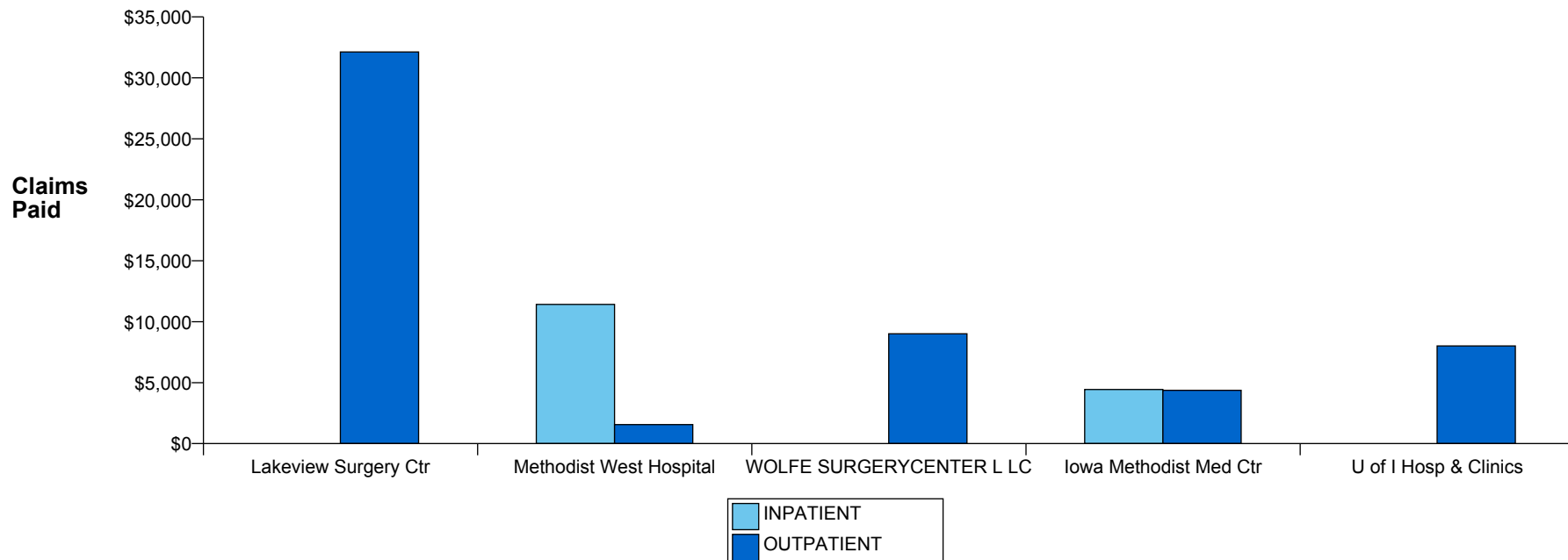
	% of Covered
<u>Diagnosis Category</u>	<u>Charge</u>
Cataract	24.7 %
Gastritis And Duodenitis	24.7 %
Other Non-epithelial Cancer Of Sk	21.9 %
Abdominal Pain	4.0 %
Other	24.7 %
Total	100.0 %

Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Your members highest claims paid amounts based on inpatient and outpatient claims by facility are shown below.

Facility Summary - PPO (Non-HMO)

Facility	City	Inpatient			Outpatient		Total
		Cases	Days	Claims Paid	Cases	Claims Paid	Claims Paid
Lakeview Surgery Ctr	West Des Moines IA	0	0	\$0	2	\$32,129	\$32,129
Methodist West Hospital	West Des Moines IA	1	3	\$11,420	5	\$1,559	\$12,980
WOLFE SURGERYCENTER L LC	WEST DES MOINE IA	0	0	\$0	4	\$9,012	\$9,012
Iowa Methodist Med Ctr	Des Moines IA	1	3	\$4,441	11	\$4,368	\$8,809
U of I Hosp & Clinics	Iowa City IA	0	0	\$0	19	\$8,015	\$8,015
Other In-State		0	0	-\$0	35	\$16,489	\$16,489
Other Out-of-State		1	1	\$27,228	16	\$30,822	\$58,051
Total		3	7	\$43,090	92	\$102,394	\$145,484



Urbandale Community School District Financial And Utilization Summary - PPO (Non-HMO)

Out-of-network costs are for health care services members of your group received from non-network providers. The information on this page shows in-network and out-of-network use and costs.

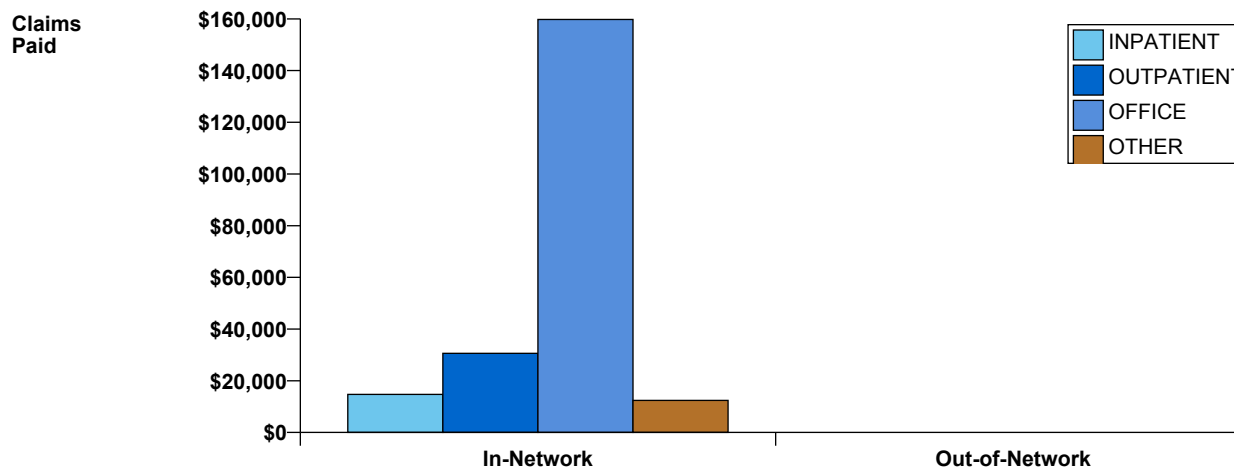
In - vs. Out-of-Network Facility Costs - PPO (Non-HMO)

	In-Network				Out-of-Network			
	Cases	Covered Charge	Claims Paid	% of Paid Claims In-Network	Cases	Covered Charge	Claims Paid	% of Paid Claims Out-of- Network
Inpatient	3	\$71,450	\$43,090	29.6 %	0	\$0	\$0	0.0 %
Outpatient	92	\$266,854	\$102,394	70.4 %	0	\$0	\$0	0.0 %
Total	95	\$338,304	\$145,484	100.0 %	0	\$0	\$0	0.0 %

In - vs. Out-of-Network Practitioner Costs - PPO (Non-HMO)

	In-Network			Out-of-Network		
	Covered Charge	Claims Paid	% of Paid Claims In-Network	Covered Charge	Claims Paid	% of Paid Claims Out-of- Network
Inpatient	\$17,817	\$14,711	6.8 %	\$0	\$0	0.0 %
Outpatient	\$68,160	\$30,611	14.1 %	\$0	\$0	0.0 %
Office	\$267,331	\$159,743	73.5 %	\$382	\$0	0.0 %
Other	\$23,183	\$12,382	5.7 %	\$0	\$0	0.0 %
Total	\$376,490	\$217,447	100.0 %	\$382	\$0	0.0 %

Practitioner Claims Paid



Annual Pharmacy Drug Card Report

Urbandale Community School District

Incurred Dates November 01, 2014 through October 31, 2015

Paid Dates November 01, 2014 through November 30, 2015

Urbandale Community School District Pharmacy Benefit Report - Blue Rx

Utilization Summary

General Information	Prior	Current	% Change
Ava. # Members	571	578	1.2 %
Employee	426	421	
Spouse	54	67	
Dependent	91	91	
# of Utilizers	517	522	1.0 %
Employee**	396	387	
Spouse**	60	61	
Dependent**	67	77	
# of Rxs	7,514	7,228	(3.8) %
Employee	6,412	5,983	(6.7) %
Spouse	712	932	30.9 %
Dependent	390	313	(19.7) %
Rx Claim Dollars			
Covered Charges	\$835,027	\$953,094	14.1 %
Pharmacy Savings	\$377,254	\$412,507	9.3 %
COB / Other	\$212	\$5,481	2485.4 %
Member Liability	\$110,142	\$125,825	14.2 %
Coinsurance/Copay	\$110,142	\$125,825	
Deductible	\$0	\$0	
Claims Paid	\$347,419	\$409,281	17.8 %
% Generic	82.0 %	81.8 %	(0.2) %
\$ Covered Charge per Rx *	\$111.13	\$137.63	23.8 %
\$ Paid per Rx *	\$46.24	\$59.10	27.8 %
\$ Mbr Liability per Rx	\$14.66	\$17.41	18.8 %

Per Member Statistics ***	Prior	Current	% Change
# Rx PMPM	1.10	1.04	(5.5) %
\$ Covered Charge PMPM *	\$121.87	\$143.42	17.7 %
\$ Paid PMPM *	\$50.70	\$61.59	21.5 %
\$ Mbr Liability PMPM	\$16.07	\$18.14	12.9 %
# Rx PMPY	13.16	12.51	(4.9) %
\$ Covered Charge PMPY *	\$1,462.39	\$1,721.06	17.7 %
\$ Paid PMPY *	\$608.44	\$739.07	21.5 %
\$ Mbr Liability PMPY	\$192.89	\$217.69	12.9 %
# Rx / Utilizer PY	14.53	13.85	(4.7) %
\$ Covered Charge / Utilizer PY *	\$1,615.14	\$1,905.70	18.0 %
\$ Paid / Utilizer PY *	\$671.99	\$818.35	21.8 %
\$ Mbr Liability / Utilizer PY	\$213.04	\$241.04	13.1 %

* IBNR included in current year only

** Due to dual coverage, some members will be counted twice

*** Annualized if less than 12 months of data

Urbandale Community School District Pharmacy Benefit Report - Blue Rx

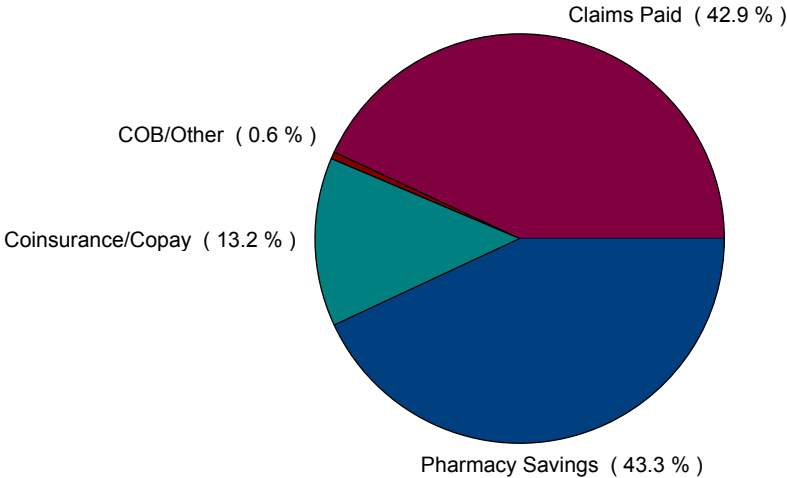
Book of Business Comparison & Benefit Administration

Comparison of Your Group To Wellmark Group Business Averages

	Your Group	Wellmark Book of Business
% Generic (#Rx)	81.8 %	85.5 %
\$ Covered Charge per Rx	\$137.63	\$166.65
# Rx PMPY	12.51	11.23
\$ Covered Charge PMPY	\$1,721.06	\$1,871.24
# Rx / Utilizer PY	13.85	12.75
\$ Covered Charge / Utilizer PY	\$1,905.70	\$2,125.57

Benefit Administration and Savings Detail

Covered Charges	\$953,094
Pharmacy Savings	\$412,507
COB / Other	\$5,481
Member Liability	\$125,825
Coinsurance/Copay	\$125,825
Deductible	\$0
Claims Paid	\$409,281



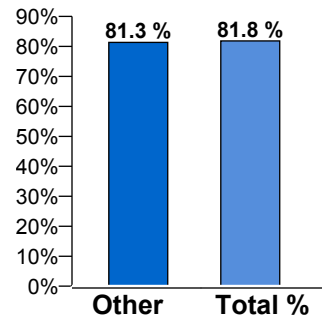
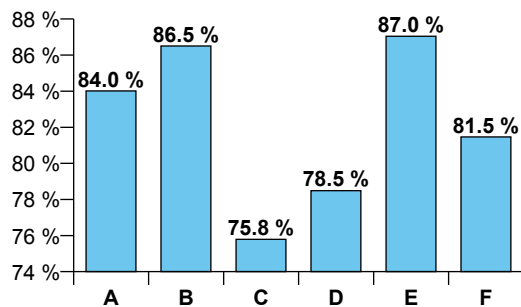
Pharmacy Benefit Report - Blue Rx

Retail Pharmacy Summary

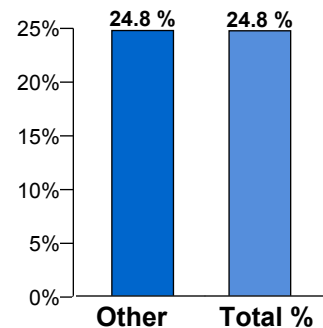
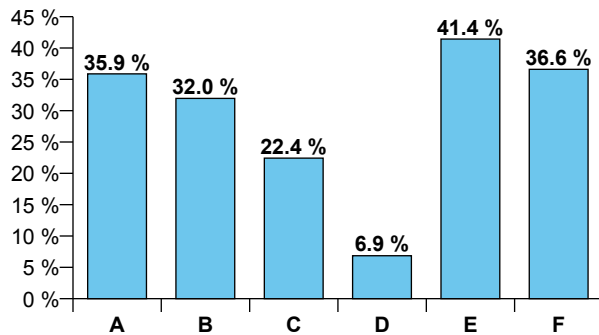
Top Pharmacies - Percent of Total Prescriptions

A	WALGREENS 03773	4600 86TH ST	URBANDALE	IA	13.6 %
B	WALGREENS 04973	7000 DOUGLAS AVE	DES MOINES	IA	8.5 %
C	HY VEE PHARMACY 1759	8601 DOUGLAS AVE	URBANDALE	IA	7.4 %
D	TARGET PHARMACY T-1791	11148 PLUM DR	URBANDALE	IA	4.6 %
E	WALGREENS 05060	12753 UNIVERSITY AVE	CLIVE	IA	4.2 %
F	WALGREENS	6200 MERLE HAY RD	JOHNSTON	IA	3.2 %
	All Others				58.5 %

Top Pharmacies - Percent Generic by Number of Prescriptions



Top Pharmacies - Percent Generic by Claims Paid Amount



Urbandale Community School District Pharmacy Benefit Report - Blue Rx

Payment Distributions

Top Therapeutic Drug Classifications by Total Claims Paid

Therapeutic Drug Classification	Total Claims Paid	% Generic	Generic Target
Antiretroviral Agents	\$56,919	0.0 %	11.7 %
Disease-modifying Antirheumati	\$36,109	0.0 %	19.1 %
Contraceptives	\$32,573	82.3 %	87.5 %
Insulins	\$30,513	0.0 %	5.5 %
Antidepressants	\$22,010	94.7 %	97.9 %
Dipeptidyl Peptidase-4(dpp-4)	\$17,054	0.0 %	5.0 %
Hmg-coa Reductase Inhibitors	\$15,116	81.7 %	91.1 %
Anti-inflammatory Agents	\$14,417	0.0 %	17.7 %
Beta Adrenergic Agonists	\$13,282	11.9 %	22.9 %
Angiotensin li Receptor Antago	\$10,982	67.0 %	90.1 %

"Miscellaneous Therapeutic Agents" includes but is not limited to the following brand name drugs - Singulair, Fosamax, Plavix, Actonel as well as many immunosuppressive, anti-gout and anti-Parkinson agents.

Claims Paid Distribution

Dollar Range	Members in Range		Prescription Count		Total Paid	
	Count of Members	% Mbrs	Number of Rx	% Total #	Rx Dollars	% Total \$
No Claims	139	21.0 %	0	0.0 %	\$0	0.0 %
\$00 - \$100	192	29.0 %	834	11.5 %	\$6,327	1.5 %
\$101 - \$200	81	12.3 %	736	10.2 %	\$11,783	2.9 %
\$201 - \$300	55	8.3 %	696	9.6 %	\$13,652	3.3 %
\$301 - \$400	32	4.8 %	371	5.1 %	\$11,167	2.7 %
\$401 - \$500	23	3.5 %	406	5.6 %	\$10,557	2.6 %
\$501 - \$600	18	2.7 %	359	5.0 %	\$9,944	2.4 %
\$601 - \$700	10	1.5 %	113	1.6 %	\$6,497	1.6 %
\$701 - \$800	10	1.5 %	220	3.0 %	\$7,399	1.8 %
\$801 - \$900	8	1.2 %	80	1.1 %	\$6,811	1.7 %
\$901 - \$1K	4	0.6 %	137	1.9 %	\$3,768	0.9 %
\$1K +	89	13.5 %	3,276	45.3 %	\$321,377	78.5 %
Total	661	100.0 %	7,228	100.0 %	\$409,281	100.0 %

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

Benefit Summary - URBANDALE COMM SCHOOL DISTRICT

Group Number/BU: 73047- Group Product Summary ID: 126488-37 Coverage Code:
 Alpha Prefix: XQW Benefit Dates: 7/1/2016 - 6/30/2017 Summary Status: **SBC Completed**
 Account Manager: Bowlin, Sharon
 Renewal: \$600/1200 ded; \$1800/3600 sep opm

Group Information

Group Street Address 1:	11152 Aurora Avenue
Group Street Address 2:	
City/State/ZIP:	Urbandale , IA 50322
Product/Version:	Blue Choice (201009)

[Covered Benefits](#)

[Exclusions](#)

[Help Text](#)

[Mandate](#)

General

Renewing group

Self-funded arrangement

Group is a government entity

Union group

Plan year begins on: 07/01

Healthcare Reform Non-Grandfathered Plan

Benefit period is calendar year

Eligibility

An eligible child is married or unmarried and is under 26 years of age.

An eligible child is an unmarried dependent full-time student regardless of age.

An eligible child is disabled before age 26 and remains unmarried after age 26.

An eligible child is unmarried and disabled while a full-time student after age 26.

Dependent coverage terminates at the end of the month

Three-way rate (single/family/two-person)

Unmarried domestic partners are NOT covered

Certificate coverage ends at the end of the month

Subrogation applies

Standard administration of coordination of benefits (COB)

Routine maternity benefits apply to enrollee/spouse/dependent

Do not include ERISA Information Requirements language

Coordination of benefits rules apply to enrollees when Medicare is the primary payer

Preexisting Condition Exclusion Periods

New hires and special enrollees are covered when first eligible.

New hires and special enrollees are NOT subject to preexisting condition exclusion periods

Late enrollees (a member who is not a new hire or special enrollee) may enroll at each group renewal.

Late enrollees are NOT subject to preexisting condition exclusion periods

Deductibles

Coverage has benefit period deductibles

Deductibles are aggregate for Levels 1, 2 and 3

Single deductible for benefit Levels 1 and 2 is \$ 600

Single deductible for benefit Level 3 is \$ 5,000

Family deductible for benefit Levels 1 and 2 is \$ 1,200

Family deductible for benefit Level 3 is \$ 10,000

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

Deductible from the previous 4th quarter will carry over to this benefit period deductible

Common accident deductible applies

Wellmark to Wellmark deductible credit applies. Deductible credits transfer from one Wellmark employer group to another Wellmark employer group as long as the member keeps the same identification number.

All services with copays are NOT subject to the deductible

Network independent labs are NOT subject to the deductible

Network urgent care services are NOT subject to the deductible

Most outpatient x-ray/lab services from network facilities are NOT subject to the deductible when x-ray/lab are the only services billed

Network physician maternity care services are NOT subject to the deductible

Level 1 preventive care (other than routine vision exams) is NOT subject to the deductible

Preventive care from participating providers is NOT subject to the deductible. (Some care is required to be performed by your PCP)

Level 1 Physician services for well-child care and newborn care, are NOT subject to the deductible

One postpartum home visit if released within 48 hours after a vaginal delivery/96 hours after a cesarean delivery is NOT subject to the deductible

Facility services for newborn's initial hospitalization are NOT subject to the deductible


Prosthetic limbs from network providers are NOT subject to the deductible

Copay

Emergency room copay is \$ 75

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

Emergency room copay is taken once per facility per date of service


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

Deductible does NOT follow emergency room copay


Emergency room copay is NOT followed by coinsurance

Urgent care copay is: \$ 15

Urgent care copay applies to services received from both facility and practitioner combined

 Urgent care copay is taken once per date of service

Urgent care copay applies to all urgent care services

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

Deductible does NOT follow urgent care copay

Coinsurance does NOT follow urgent care copay

Office visit copay for Level 1 is: \$ 15

Chiropractors, Speech Pathologists, Physical Therapists, and Occupational Therapists office copay amount is the same as the office Level 1 amount listed above


Office visit copay for Level 2 is: \$ 40


Office visit copay is taken once per practitioner per date of service


Office visit copay applies to any office services

Level 1 preventive care (other than routine vision exams) is NOT subject to the office visit copay (copay is waived for preventive care)

Copay is waived for level 1 physician services related to maternity care services

 Copay is waived for network independent labs

 Other services NOT subject to office visit copay are: In Network MHCD services

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

Deductible does NOT follow office visit copay

Coinsurance does NOT follow office visit copay

Inpatient facility copay does NOT apply

Coinsurance

Coinsurance percentage for benefit Levels 1 and 2 is: 30

Coinsurance percentage for benefit Level 3 is: 40

Prosthetic limbs from network providers have the following coinsurance percentage: 20

Services subject to copay (except inpatient copays) are NOT subject to coinsurance

Network independent labs are NOT subject to coinsurance

Network physician maternity care services are NOT subject to coinsurance

Level 1 preventive care (other than routine vision exams) is NOT subject to the coinsurance

Preventive care from participating providers is NOT subject to the coinsurance. (Some care is required to be performed by your PCP)

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

 Other services NOT subject to coinsurance:

-In Network outpatient/office MHCD services

Out of Pocket Maximum

Out-of-pocket maximums are aggregate for Levels 1, 2 and 3

Single out-of-pocket maximum for benefit Levels 1 and 2 is \$ 1,800

Single out-of-pocket maximum for benefit Level 3 is \$ 10,000

Family out-of-pocket maximum for benefit Levels 1 and 2 is \$ 3,600

Family out-of-pocket maximum for benefit Level 3 is \$ 20,000

Participating providers are subject to the Level 1 and 2 OPM

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

Deductible amounts apply to the out-of-pocket maximum

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

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

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

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

Lifetime Maximum

Lifetime maximum is unlimited

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

Facility Services

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

The cost of blood is NOT covered

The cost of blood components and derivatives are covered

Non-network facility claims are based on maximum allowable fee

Days for skilled nursing services received in a hospital or nursing facility are limited to 90 days per benefit period. Services must be ordered and certified by your attending physician.

Practitioner Services

Advanced nurse practitioners are covered


Physician assistants are covered

Licensed marriage family therapists are covered.

Licensed mental health counselors are covered.

Dental treatment for accidental injury is covered if completed within 12 months

Surgical removal of impacted teeth is covered as an inpatient or outpatient, but only with a concurrent medical condition

 Treatment for temporomandibular joint disorder is NOT covered

Chiropractor services are covered as medically necessary

Preventive Care/Immunizations/Mammography

One preventive physical exam (includes separate female gyn exam and pap smear) and one preventive mammogram per benefit period are covered. Additionally, this benefit allows for well-child care according to state mandate and immunizations other than well-child care according to preventive care guidelines

Women's preventive care services are covered according to the ACA mandate

One routine vision exam (including refraction) per benefit period is covered

Hearing aids are NOT covered

Routine hearing exams are NOT covered

Prescription Drugs/Contraceptives

Retail drugs are covered under a Prescription Drug Program

Prescription drugs/items for smoking cessation are covered under a Rx Program; related exams are covered under health

Smoking cessation consultations are included as part of preventive care

Contraceptives are covered. Oral and drug delivery devices, such as insertable rings and patches, are covered under a Rx Program; injected, implanted, and medical devices, such as intrauterine devices and diaphragms, are covered under health

Contraceptives covered under health are included as part of preventive care

Most specialty self-administered drugs are covered under the Prescription Drug Program, NOT under Health. This drug listing can be found on www.wellmark.com under the General Pharmacy Information

Other Services

Diabetic education programs are covered according to mandate

Reminder Programs are available

Hospice services are covered



Infertility services and prescription drugs for infertility are covered.* Coinsurance DOES apply to out-of-pocket maximum. *Note: Artificial insemination, IVF, GIFT, ZIFT and other transfer procedures are limited to the following per lifetime: \$ 15,000

Major organ transplants are covered. Prior approval required.

Transplant services may be provided by a Blue Distinction Centers for transplant or a network provider.

Coverage for Home Medical Equipment is unlimited

Bariatric surgery and related treatment is covered

MHCD

Mental health/chemical dependency treatment is unlimited

Notification Requirements

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

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

Reduction for failure to precertify is 50 percent

The amount of reduction will not exceed \$500 per admission

Certificate/ERISA Information

Group Name to appear on certificate cover: Urbandale Community School District

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

Benefit Summary - URBANDALE COMM SCHOOL DISTRICT

Group Number/BU: 73047- Group Product Summary ID: 115-171 Coverage Code:
 Alpha Prefix: XQH Benefit Dates: 7/1/2016 - 6/30/2017 Summary Status: **SBC Completed**
 Account Manager: Bowlin, Sharon
 Renewal: \$600/1200 ded; \$1800/3600 opm

Group Information

Group Street Address 1:	11152 Aurora Avenue
Group Street Address 2:	
City/State/ZIP:	Urbandale , IA 50322
Product/Version:	Alliance Select (201009)

[Covered Benefits](#)

[Exclusions](#)

[Help Text](#)

[Mandate](#)

General

Renewing group

Self-funded arrangement

Group is a government entity

Union group

Plan year begins on: 07/01

Healthcare Reform Non-Grandfathered Plan

Benefit period is calendar year

BlueCard PPO - In states with no PPO or PPO specialty, providers are NOT treated as PPO

Eligibility

An eligible child is married or unmarried and is under 26 years of age.

An eligible child is an unmarried dependent full-time student regardless of age.

An eligible child is disabled before age 26 and remains unmarried after age 26.

An eligible child is unmarried and disabled while a full-time student after age 26.

Dependent coverage terminates at the end of the month

Three-way rate (single/family/two-person)

Unmarried domestic partners are NOT covered

Certificate coverage ends at the end of the month

Subrogation applies

Standard administration of coordination of benefits (COB)

Routine maternity benefits apply to employee/spouse/dependent

Do not include ERISA Information Requirements language

Coordination of benefits rules apply to members when Medicare is the primary payer

Preexisting Condition Exclusion Periods

New hires and special enrollees are covered when first eligible.


New hires and special enrollees are NOT subject to preexisting condition exclusion periods


Late enrollees (a member who is not a new hire or special enrollee) may enroll at each group renewal.


Late enrollees are NOT subject to preexisting condition exclusion periods


Deductibles

Coverage has benefit period deductibles

 Single deductible for PPO providers is: \$ 600

 Single deductible for non-PPO providers is: \$ 5,000

 Family deductible for PPO providers is: \$ 1,200

 Family deductible for non-PPO providers is: \$ 10,000

Dual deductible amounts are aggregate (both ways) - PPO and non-PPO deductibles apply to each other

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

Deductible from the previous 4th quarter will carry over to this benefit period deductible

Common accident deductible applies

Wellmark to Wellmark deductible credit applies. Deductible credits transfer from one Wellmark employer group to another Wellmark employer group as long as the member keeps the same identification number.

Physician services for well-child care is NOT subject to the deductible

Physician services for newborn care is NOT subject to the deductible.

Facility services for well-child care is NOT subject to the deductible.

Facility services for newborn's initial hospitalization are NOT subject to the deductible

PPO outpatient preventive care is NOT subject to the deductible

PPO office services and PPO independent lab fees are NOT subject to the deductible

PPO urgent care services are NOT subject to the deductible

 Most outpatient x-ray/lab services from PPO facilities are NOT subject to the deductible

One postpartum home visit if released within 48 hours after a vaginal delivery/96 hours after a cesarean delivery is NOT subject to the deductible

All services with copays are NOT subject to the deductible

Preventive care from PPO providers is NOT subject to the deductible

Preventive care from participating providers is NOT subject to the deductible

Prosthetic limbs from PPO providers are NOT subject to the deductible

H Other services NOT subject to the deductible are:

-PPO outpatient MHCD services

Copay

H Primary Care Practitioner (PCP) is defined as General Practice (01), Family Practice (08), Internal Medicine (11), Obstetrics/gynecology (16), Pediatricians (37), and Nurse Practitioners (50 and 89), Physician Assistants (97).

H Office PCP copay - includes MHCD unless stated otherwise is: \$ 15

H Chiropractors, Speech Pathologists, Physical Therapists, and Occupational Therapists office copay amount is the same as the office PCP amount listed above

H Office Mental Health/Chemical Dependency copay amount is the same as the office PCP amount listed above

H All other providers are Non-Primary Care Practitioners (Non-PCP).

H Office non-PCP copay - includes MHCD unless stated otherwise is: \$ 40

Office visit copay applies to services received from PPO practitioners

Office visit copay is taken once per date of service

Office visit copay applies to any office services

Preventive care is NOT subject to the office visit copay (copay is waived for preventive care)

H Office visit copay applies to the out-of-pocket maximum. Copay does NOT continue after the out-of-pocket maximum is met

Deductible does NOT follow office visit copay

Coinsurance does NOT follow office visit copay

H Emergency room copay is: \$ 75

Emergency room copay applies to services received from all providers

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

Emergency room copay is taken once per date of service

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

Deductible does NOT follow emergency room copay

Emergency room copay is NOT followed by coinsurance

H Urgent care copay is: \$ 15

Urgent care copay applies to services received from both facility and practitioner combined

Urgent care copay applies to services received from PPO providers

Urgent care copay is taken once per date of service

Urgent care copay applies to all urgent care services

N Urgent care copay applies to the out-of-pocket maximum. Copay does NOT continue after the out-of-pocket maximum is met

Deductible does NOT follow urgent care copay

Coinsurance does NOT follow urgent care copay

Coinsurance

Coinsurance for PPO providers is the following percentage: 30

Coinsurance for non-PPO providers is the following percentage: 40

Prosthetic limbs from PPO providers have the following coinsurance percentage: 20

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

Services subject to copay are NOT subject to coinsurance

Preventive care from PPO providers is NOT subject to coinsurance

Preventive care from participating providers is NOT subject to the coinsurance

N Other services NOT subject to coinsurance are:

-PPO office visit and independent labs for MHCD services

Out of Pocket Maximum

Out-of-pocket maximums apply

N Single out-of-pocket maximum for PPO providers is: \$ 1,800

N Single out-of-pocket maximum for non-PPO providers is: \$ 10,000

N Family out-of-pocket maximum for PPO providers is: \$ 3,600

N Family out-of-pocket maximum for non-PPO providers is: \$ 20,000

Participating providers are subject to the PPO OPM

Dual out-of-pocket maximum amounts are aggregate (both ways) - PPO and non-PPO out-of-pocket maximum amounts apply to each other

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

Deductible amounts apply to the out-of-pocket maximum

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

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

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

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

Lifetime Maximum

Lifetime maximum is unlimited

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

Facility Services

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

The cost of blood is NOT covered

Nonparticipating facility claims are based on maximum allowable fee

Days for skilled nursing services received in a hospital or nursing facility are limited to 90 days per benefit period. Services must be ordered and certified by your attending physician.

Practitioner Services

Advanced nurse practitioners are covered

Physician assistants are covered

Licensed marriage family therapists are covered.

Licensed mental health counselors are covered.

Dental treatment for accidental injury is covered if completed within 12 months

Surgical removal of impacted teeth is covered as an inpatient or outpatient, but only with a concurrent medical condition

Treatment of temporomandibular joint disorder is covered, except for dental restorations/extractions, and orthodontic treatment

Chiropractor services are covered as medically necessary

Preventive Care/Immunizations/Mammography

Preventive physical exams are covered. A separate gynecological exam is also covered

One preventive physical exam per member per benefit period is covered

Women's preventive care services are covered according to the ACA mandate

Immunizations are covered (Travel Immunization excluded)

 Mammography benefits are covered one per benefit period

Preventive Pap smears are unlimited


Routine vision exams are NOT covered

Well-child and newborn care is covered according to mandate

Hearing aids are NOT covered

Routine hearing exams are NOT covered

Prescription Drugs/Contraceptives

 Retail drugs are covered under a Prescription Drug Program

Prescription drugs/items for smoking cessation are covered under a Rx Program; related exams are covered under health

Smoking cessation consultations are included as part of preventive care

Contraceptives are covered. Oral and drug delivery devices, such as insertable rings and patches, are covered under a Rx Program; injected, implanted, and medical devices, such as intrauterine devices and diaphragms, are covered under health

Contraceptives covered under health are included as part of preventive care

Most specialty self-administered drugs are covered under the Prescription Drug Program, NOT under Health. This drug listing can be found on www.wellmark.com under the General Pharmacy Information

Other Services

Supplemental accidental injury benefits are NOT covered

Reminder Programs are NOT available

Diabetic education programs are covered according to mandate

Hospice services are covered



Infertility services and prescription drugs for infertility are covered.* Coinsurance DOES apply to out-of-pocket maximum. *Note: Artificial insemination, IVF, GIFT, ZIFT and other transfer procedures are limited to the following per lifetime: \$ 15,000

Coverage for Home Medical Equipment is unlimited.

Bariatric surgery and related treatment is covered

Major organ transplants are covered. Prior approval required.

Transplants are NOT limited to Blue Distinction Centers for Transplant

MHCD

Mental health/chemical dependency treatment is unlimited

Notification Requirements

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

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

Reduction for failure to precertify is 50 percent

The amount of reduction will not exceed \$500 per admission

Certificate/ERISA Information

Group Name to appear on certificate cover: Urbandale Community School District

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

Benefit Summary - URBANDALE COMM SCHOOL DISTRICT

Group Number/BU: 73047- Group Product Summary ID: 180-104 Coverage Code:
 Alpha Prefix: Benefit Dates: 7/1/2016 - 6/30/2017 Summary Status: **SBC Completed**
 Account Manager: Bowlin, Sharon
 Renewal: PPO Rx \$5/25%; \$4800/9600 sep opm

Group Information

Group Street Address 1: 11152 Aurora Avenue
 Group Street Address 2:
 City/State/ZIP: Urbandale , IA 50322
 Product/Version: Prescription Drug Program - Custom (201112)

[Covered Benefits](#)

[Exclusions](#)

[Help Text](#)

[Mandate](#)

General

Wellmark Blue Cross Blue Shield of Iowa

BlueRx Complete (2-tier)

Renewal

Self-funded arrangement

Large business group (301-750)

Group is a Government Entity

Group is a Union

Benefit period is defined as calendar year

Healthcare Reform Non-Grandfathered Plan (ACA required drugs are covered and member cost-share is waived according to preventive care guidelines. A complete list of recommendations and guidelines related to ACA preventive services can be found at www.healthcare.gov)

Plan year begins on: 07/01

Eligibility

When benefits have been provided by another plan, Wellmark applies benefits the lesser of 1) the amount on the claim as the member's liability or 2) what we should have paid if the claim was submitted to us first.

Payment

Benefit period deductibles do NOT apply

Out-of-Pocket Maximum (OPM):

Single out-of-pocket maximum is \$ 4,800

- Family out-of-pocket maximum is \$ 9,600

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

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

Days Supply (per member cost-share): 30 days

Payment Application (per member cost-share):

- Tier 1 copay or coinsurance, whichever is greater

Tier 1 copayment is \$ 5

Tier 1 coinsurance is % 25

- Tier 2 copay or coinsurance, whichever is greater

Tier 2 copayment is \$ 5

Tier 2 coinsurance is % 25

Specialty Drugs Payment Application (member cost-share per 30-day supply):

- Preferred specialty drugs copayment is \$ 85

- Non-preferred specialty drugs copayment is \$ 85

90-Day Maintenance Supply:

- At retail pharmacy: 90-day supply is NOT available (30 days is available)

- Through mail order: 90-day supply of maintenance drugs available as follows (unless otherwise specified): \$5 or 25% whichever is greater

Product Selection Penalty Rule: When a brand drug is obtained and there is an equivalent generic drug available, the member is responsible for paying their payment obligation for the equivalent generic (i.e. lowest payment application) and any remaining cost difference up to the maximum allowed fee for the brand name drug except when the provider writes "Dispense as Written" (in this case, the member pays only the appropriate payment application).

-

Utilization Management Programs apply

Benefits

Contraceptives are covered

Smoking Cessation: Prescription drugs only are covered

- Coverage of specialty drugs NOT limited to Specialty Pharmacy Program

- Prescription drugs covered when purchased through Participating and Non-Participating Pharmacies. Member must submit paper claim for reimbursement when purchased through a Non-Participating pharmacy.

- Additional information for Benefits section: Prenatal vitamins are NOT covered

Certificate/ERISA Information

Group Name to appear on certificate cover: Urbandale Community School District

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

Benefit Summary - URBANDALE COMM SCHOOL DISTRICT

Group Number/BU: 73047- Group Product Summary ID: 4719-41 Coverage Code:
 Alpha Prefix: Benefit Dates: 7/1/2016 - 6/30/2017 Summary Status: **SBC Completed**
 Account Manager: Bowlin, Sharon
 Renewal: WHPI Rx \$5/25%; \$4800/9600 sep opm

Group Information

Group Street Address 1:	11152 Aurora Avenue
Group Street Address 2:	
City/State/ZIP:	Urbandale , IA 50322
Product/Version:	Prescription Drug Program - Custom (201112)

[Covered Benefits](#)

[Exclusions](#)

[Help Text](#)

[Mandate](#)

General

Wellmark Health Plan of Iowa

BlueRx Complete (2-tier)

Renewal

Self-funded arrangement

Large business group (301-750)

Group is a Government Entity

Group is a Union

Benefit period is defined as calendar year

Healthcare Reform Non-Grandfathered Plan (ACA required drugs are covered and member cost-share is waived according to preventive care guidelines. A complete list of recommendations and guidelines related to ACA preventive services can be found at www.healthcare.gov)

Plan year begins on: 07/01

Eligibility

When benefits have been provided by another plan, Wellmark applies benefits the lesser of 1) the amount on the claim as the member's liability or 2) what we should have paid if the claim was submitted to us first.

Payment

Benefit period deductibles do NOT apply

Out-of-Pocket Maximum (OPM):

Single out-of-pocket maximum is \$ 4,800

N Family out-of-pocket maximum is \$ 9,600

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

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

N Days Supply (per member cost-share): 34 days

Payment Application (per member cost-share):

N Tier 1 copay or coinsurance, whichever is greater

Tier 1 copayment is \$ 5

Tier 1 coinsurance is % 25

N Tier 2 copay or coinsurance, whichever is greater

Tier 2 copayment is \$ 5

Tier 2 coinsurance is % 25

Specialty Drugs Payment Application (member cost-share per 30-day supply):

N Preferred specialty drugs copayment is \$ 85

N Non-preferred specialty drugs copayment is \$ 85

90-Day Maintenance Supply:

N At retail pharmacy: 90-day supply of maintenance drugs available as follows (unless otherwise specified): 100-day supply

N Through mail order: 90-day supply of maintenance drugs available as follows (unless otherwise specified): 100-day supply

Product Selection Penalty Rule: When a brand drug is obtained and there is an equivalent generic drug available, the member is responsible for paying their payment obligation for the equivalent generic (i.e. lowest payment application) and any remaining cost difference up to the maximum allowed fee for the brand name drug except when the provider writes "Dispense as Written" (in this case, the member pays only the appropriate payment application).

Utilization Management Programs apply

Benefits

Contraceptives are covered

Smoking Cessation: Prescription drugs only are covered

N Coverage of specialty drugs NOT limited to Specialty Pharmacy Program

N Prescription drugs covered when purchased through Participating and Non-Participating Pharmacies. Member must submit paper claim for reimbursement when purchased through a Non-Participating pharmacy.

Certificate/ERISA Information

Group Name to appear on certificate cover: Urbandale Community School District

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

Benefit Summary - URBANDALE COMM SCHOOL DISTRICT

Group Number/BU: 73047- Group Product Summary ID: 115669-42 Coverage Code:
 Alpha Prefix: Benefit Dates: 7/1/2016 - 6/30/2017 Summary Status: **Rating Group**
 Account Manager: Bowlin, Sharon
 Renewal: \$50/150 ded; \$1,000 bp max

Group Information

Group Street Address
 1: 11152 Aurora Avenue
 Group Street Address
 2:
 City/State/ZIP: Urbandale , IA 50322
 Product/Version: Blue Dental (201009)

[Covered Benefits](#)

[Exclusions](#)

[Help Text](#)

[Mandate](#)

General

Renewing group

Self-funded arrangement

Group is a government entity

Union group

Plan year begins on: 07/01

Benefit period is calendar year

Payment level for services provided by an out-of-state non-network dentist will be based on maximum allowable fee

Eligibility

An eligible child is married or unmarried and is under 26 years of age.

An eligible child is an unmarried dependent full-time student regardless of age.

An eligible child is disabled before age 26 and remains unmarried after age 26.

An eligible child is unmarried and disabled while a full-time student after age 26.

Dependent coverage terminates at the end of the month

Four-way rate (single/family/employee-spouse/employee-child)

Unmarried domestic partners are NOT covered

Certificate coverage ends at the end of the month

Standard administration of coordination of benefits (COB)

Do not include ERISA Information Requirements language

Benefit Exclusion Periods

Members may enroll when first eligible or at each group renewal following eligibility. For groups with Wellmark health coverage, members may also enroll in dental if coming on as a late enrollee to health.

Exclusion periods do NOT apply

Deductibles

Coverage has benefit period deductibles

Single deductible is: \$ 50

Family deductible is: \$ 150

Check-ups and teeth cleaning are NOT subject to deductibles

Deductible from the previous 4th quarter will NOT carry over to this year's benefit period deductible

Prior deductible credit applies at initial enrollment

Coinsurance

Coinsurance percentage for check-ups and teeth cleaning is: 0

Coinsurance percentage for cavity repair and tooth extractions is: 30

Coinsurance percentage for root canals is: 30

Coinsurance percentage for gum and bone disease treatment is: 30

Coinsurance percentage for high cost restorations is: 50

Coinsurance percentage for dentures and bridges is: 50

Coinsurance percentage for orthodontics is: 50



Additional coinsurance information: Gum and Bone Disease: Complex Procedures (Surgical) apply 50% coinsurance

Lifetime Maximum and Benefit Period Max

Lifetime maximum for orthodontics is \$ 1,000

Benefit period maximum is \$ 1,000

Orthodontics is NOT subject to the benefit period maximum

Check-ups and Teeth Cleaning

Dental cleanings (Prophylaxis) are covered twice per benefit period

Oral evaluations are covered twice per benefit period

Topical fluoride applications are covered for dependents under age 19 once every 12 months

Bitewing x-rays are covered once every 12 months

Full mouth x-rays are covered once every 5 years



Occlusal and Extraoral x-rays are covered as follows: Once every 12 months

Periapical x-rays are covered without a frequency limitation

- Ⓜ Periodontal Maintenance Therapy is covered as follows See Gum and Bone Diseases section

Sealant applications are covered for eligible dependent children under age 15

Sealant applications are covered once in a lifetime per permanent first and second molars

Space maintainers are covered for dependent children under age 15

Cavity Repair and Tooth Extractions

Cavity repair and tooth extractions are covered, including amalgam, silicate, acrylic and synthetic porcelain, and composite filling restorations. Posterior composites are limited to the allowance of a silver filling restoration.

- Ⓜ Additional cavity repair and tooth extractions information: Routine Oral Surgery- including removal of teeth and other surgical services to the teeth or immediate surrounding hard and soft tissues that are being performed due to disease, pathology or dysfunction of dental origin

Root Canals (Endodontics)

Root canals (Endodontics) are covered

Gum and Bone Diseases (Periodontics)

Gum and bone disease (Periodontics) treatment is covered

Conservative (non-surgical) periodontal procedures are covered once every 24 months for each quadrant

- Ⓜ Complex (surgical) periodontal procedures are covered once in a benefit period for each quadrant

- Ⓜ Additional information regarding gum and bone diseases: Periodontal Maintenance Therapy: During the 24 months following initial conservative or complex periodontal therapy, maintenance is limited to four treatments per benefit period and twice per benefit period thereafter

High Cost Restorations (Cast Restorations)

High cost restorations (Cast restorations) are covered

Cast restorations for complicated tooth decay or fracture are covered once every 5 years beginning from the date the cast restoration is cemented in place

Crowns are limited to teeth that cannot be restored with a routine filling

- Ⓜ Additional high cost restoration information: Recementation of Cast Restorations: benefits are limited to once every 12 consecutive months after 6 months have elapsed since initial placement

Dentures and Bridges (Prosthetics)

Dentures and bridges (Prosthetics) are covered

Dentures and bridges are covered once every 5 years

- Ⓜ Dentures are covered as follows: Tissue Conditioning: limited to two per denture every 36 consecutive months

- Ⓜ Dental implants are covered as follows: Not covered

Orthodontics

Orthodontics are covered

Orthodontics are covered for dependents under age 19 and at least age 8

Pretreatment Notification Program

Pretreatment notification and estimate program applies to gum and bone disease treatment

Pretreatment notification and estimate program applies to high cost restorations

Pretreatment notification and estimate program applies to bridges and dental implants if covered

Certificate/ERISA Information

Group Name to appear on certificate cover: Urbandale Community School District

 **AIA** Document G701™ – 2001

APR 01 2016

Change Order

PROJECT (Name and address): Karen Acres Elementary School Addition and Renovation Urbandale, IA	CHANGE ORDER NUMBER: CC-02 DATE: February 19, 2016	OWNER: <input type="checkbox"/> ARCHITECT: <input type="checkbox"/> CONTRACTOR: <input type="checkbox"/> FIELD: <input type="checkbox"/> OTHER: <input type="checkbox"/>
TO CONTRACTOR (Name and address): Larson & Larson Construction, LLC 10703 Justin Drive Des Moines, IA 50322	ARCHITECT'S PROJECT NUMBER: 11-15106-00 CONTRACT DATE: August 17, 2015 CONTRACT FOR: General Construction	

THE CONTRACT IS CHANGED AS FOLLOWS:

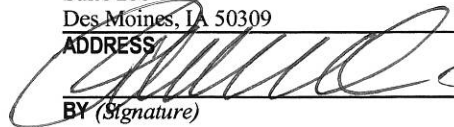
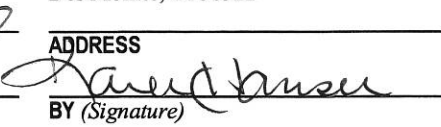
(Include, where applicable, any undisputed amount attributable to previously executed Construction Change Directives)
 See attachment for Change Order items and description.

The original Contract Sum was	\$ 4,147,420.00
The net change by previously authorized Change Orders	\$ 6,211.00
The Contract Sum prior to this Change Order was	\$ 4,153,631.00
The Contract Sum will be increased by this Change Order in the amount of	\$ 9319.00
The new Contract Sum including this Change Order will be	\$ 4,162,950.00

The Contract Time will be increased by Zero (0) days.
 The date of Substantial Completion as of the date of this Change Order therefore is on or before August 12, 2016.

NOTE: This Change Order does not include changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

<u>DLR Group, inc. (an Iowa Corp.)</u> ARCHITECT (Firm name)	<u>Larson & Larson Construction</u> CONTRACTOR (Firm name)	<u>Urbandale Community School District</u> OWNER (Firm name)
1430 Locust Street Suite 200 Des Moines, IA 50309	10703 Justin Drive Des Moines, IA 50322	11152 Aurora Avenue Urbandale, IA 50322
<u>ADDRESS</u>	<u>ADDRESS</u>	<u>ADDRESS</u>
 BY (Signature)	 BY (Signature)	BY (Signature)
Paul Arend	Karen Hansen	Christopher Gunnare, School Board President
(Typed name)	(Typed name)	(Typed name)
<u>4/4/16</u> DATE	<u>3-31-16</u> DATE	DATE

**Karen Acres Elementary School Additions and Renovations
DLR Group Project No. 11-15106-00**

Attachment to Change Order CC-02

General Contractor: Larson & Larson Construction

February 19, 2016

Item No. 1:

Cost for labor and material to revise sink S-1 to be Elkay Model DRKR 2220. Add an LK142 bubbler to sink S-1 in all classrooms. Pipe cold water through casework to supply bubbler from sink supply. For the four sinks already installed, relocate those to Art Room A148.

DLR Group Proposal Request PR CC-06 dated January 12, 2016. Pricing per Larson & Larson Construction correspondence COR #10 dated February 1, 2016.

Total Item No. 1: **Add: \$7,908.00**

Item No. 2:

Cost to provide video locations and inspection of the unknown sewers encountered by the site utility subcontractor. Smith Sewer Service provided this inspection and known locations are recorded on the asbuilt drawings. Owner was furnished with the video card documenting existing conditions of all discovered piping systems.

Pricing per Larson & Larson Construction correspondence CP #04 dated January 29, 2016, reviewed by DLR Group on February 1, 2016.

Total Item No. 2: **Add: \$1,411.00**

TOTAL AMOUNT OF CHANGE ORDER CC-02:	ADD:	\$9,319.00
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Change Order

PROJECT (Name and address): Karen Acres Elementary School Addition and Renovation Urbandale, IA	CHANGE ORDER NUMBER: CC-02 DATE: February 19, 2016	OWNER: <input type="checkbox"/> ARCHITECT: <input type="checkbox"/> CONTRACTOR: <input type="checkbox"/> FIELD: <input type="checkbox"/> OTHER: <input type="checkbox"/>
TO CONTRACTOR (Name and address): Larson & Larson Construction, LLC 10703 Justin Drive Des Moines, IA 50322	ARCHITECT'S PROJECT NUMBER: 11-15106-00 CONTRACT DATE: August 17, 2015 CONTRACT FOR: General Construction	

THE CONTRACT IS CHANGED AS FOLLOWS:

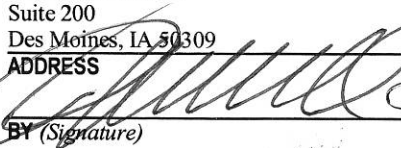
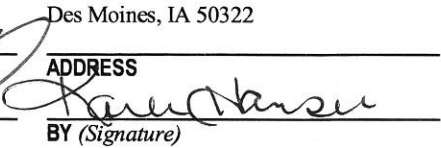
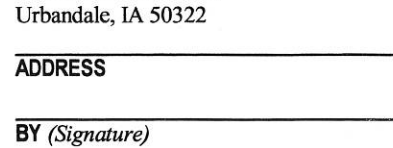
(Include, where applicable, any undisputed amount attributable to previously executed Construction Change Directives)
See attachment for Change Order items and description.

The original Contract Sum was	\$ 4,147,420.00
The net change by previously authorized Change Orders	\$ 6,211.00
The Contract Sum prior to this Change Order was	\$ 4,153,631.00
The Contract Sum will be increased by this Change Order in the amount of	\$ 9319.00
The new Contract Sum including this Change Order will be	\$ 4,162,950.00

The Contract Time will be increased by Zero (0) days.
The date of Substantial Completion as of the date of this Change Order therefore is on or before August 12, 2016.

NOTE: This Change Order does not include changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

<u>DLR Group, inc. (an Iowa Corp.)</u> ARCHITECT (Firm name) 1430 Locust Street Suite 200 Des Moines, IA 50309 ADDRESS  BY (Signature) Paul Arend (Typed name) 4/4/16 DATE	<u>Larson & Larson Construction</u> CONTRACTOR (Firm name) 10703 Justin Drive Des Moines, IA 50322 ADDRESS  BY (Signature) Karen Hansen (Typed name) 3-31-16 DATE	<u>Urbandale Community School District</u> OWNER (Firm name) 11152 Aurora Avenue Urbandale, IA 50322 ADDRESS  BY (Signature) Christopher Gunnare, School Board President (Typed name) DATE
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**Karen Acres Elementary School Additions and Renovations
DLR Group Project No. 11-15106-00**

Attachment to Change Order CC-02

General Contractor: Larson & Larson Construction

February 19, 2016

Item No. 1:

Cost for labor and material to revise sink S-1 to be Elkay Model DRKR 2220. Add an LK142 bubbler to sink S-1 in all classrooms. Pipe cold water through casework to supply bubbler from sink supply. For the four sinks already installed, relocate those to Art Room A148.

DLR Group Proposal Request PR CC-06 dated January 12, 2016. Pricing per Larson & Larson Construction correspondence COR #10 dated February 1, 2016.

Total Item No. 1: Add: \$7,908.00

Item No. 2:

Cost to provide video locations and inspection of the unknown sewers encountered by the site utility subcontractor. Smith Sewer Service provided this inspection and known locations are recorded on the asbuilt drawings. Owner was furnished with the video card documenting existing conditions of all discovered piping systems.

Pricing per Larson & Larson Construction correspondence CP #04 dated January 29, 2016, reviewed by DLR Group on February 1, 2016.

Total Item No. 2: Add: \$1,411.00

TOTAL AMOUNT OF CHANGE ORDER CC-02:	ADD:	\$9,319.00
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Change Order

PROJECT (Name and address): Karen Acres Elementary School Addition and Renovation Urbandale, IA	CHANGE ORDER NUMBER: CC-02 DATE: February 19, 2016	OWNER: <input type="checkbox"/> ARCHITECT: <input type="checkbox"/> CONTRACTOR: <input type="checkbox"/> FIELD: <input type="checkbox"/> OTHER: <input type="checkbox"/>
TO CONTRACTOR (Name and address): Larson & Larson Construction, LLC 10703 Justin Drive Des Moines, IA 50322	ARCHITECT'S PROJECT NUMBER: 11-15106-00 CONTRACT DATE: August 17, 2015 CONTRACT FOR: General Construction	

THE CONTRACT IS CHANGED AS FOLLOWS:

(Include, where applicable, any undisputed amount attributable to previously executed Construction Change Directives)
See attachment for Change Order items and description.

The original Contract Sum was	\$ 4,147,420.00
The net change by previously authorized Change Orders	\$ 6,211.00
The Contract Sum prior to this Change Order was	\$ 4,153,631.00
The Contract Sum will be increased by this Change Order in the amount of	\$ 9319.00
The new Contract Sum including this Change Order will be	\$ 4,162,950.00

The Contract Time will be increased by Zero (0) days.

The date of Substantial Completion as of the date of this Change Order therefore is on or before August 12, 2016.

NOTE: This Change Order does not include changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

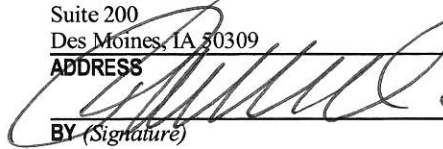
NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

DLR Group, inc. (an Iowa Corp.)

ARCHITECT (Firm name)

1430 Locust Street
Suite 200
Des Moines, IA 50309

ADDRESS


BY (Signature)

Paul Arend

(Typed name)

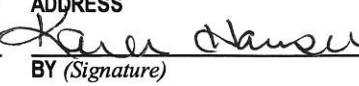
4/9/16
DATE

Larson & Larson Construction

CONTRACTOR (Firm name)

10703 Justin Drive
Des Moines, IA 50322

ADDRESS


BY (Signature)

Karen Hansen

(Typed name)

3-31-16
DATE

Urbandale Community School District

OWNER (Firm name)

11152 Aurora Avenue
Urbandale, IA 50322

ADDRESS


BY (Signature)

Christopher Gunnare, School Board
President

(Typed name)

DATE

**Karen Acres Elementary School Additions and Renovations
DLR Group Project No. 11-15106-00**

Attachment to Change Order CC-02

General Contractor: Larson & Larson Construction

February 19, 2016

Item No. 1:

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Total Item No. 2: **Add: \$1,411.00**

TOTAL AMOUNT OF CHANGE ORDER CC-02:	ADD:	\$9,319.00
--	-------------	-------------------

Board Meeting Agenda
April 11, 2016 - Special Report # 10



MidAmerican Energy Company
4299 NW Urbandale Drive
P.O. Box 657
Des Moines, IA 50306

March 23, 2016

Urbandale Community Schools
Attn: John Lees
3500 74th Street
Urbandale, IA 50322

Dear Mr. Lees:

Enclosed please find two copies of a MidAmerican Energy Company underground electric line easement covering your property on and across 3500 74th Street in Urbandale, Iowa.

Please have the easement signed and notarized and return one original to our office for recording. You may keep the copy stamped "Customer Copy" for your records.

If you have any questions concerning this matter, please feel free to contact me at 515-281-2604.

Sincerely yours,

A handwritten signature in black ink that reads "Brian Van Brogen". The signature is written in a cursive style with a long, sweeping underline.

Brian Van Brogen
Right-of-Way Services
MidAmerican Energy Company

Enclosures

Prepared by and return to: Brian Van Brogen 515-281-2604
MIDAMERICAN ENERGY ATTN: RIGHT-OF-WAY SERVICES PO BOX 657 DES MOINES, IA 50306-0657

**MIDAMERICAN ENERGY COMPANY
UNDERGROUND ELECTRIC EASEMENT**

Folder No. 072-16
Work Req. No. DR2512009
Project No. D560D

State of Iowa
County of Polk
Section 26 NE
Township 79 North
Range 25 West of the 5th P.M.

1. For and in consideration of the sum of One and no/100---Dollar (\$1.00), and other valuable consideration, in hand paid by MIDAMERICAN ENERGY COMPANY, an Iowa corporation, receipt of which is hereby acknowledged, the undersigned owner(s) **Urbandale Community Schools**, its successors and assigns ("Grantor"), does hereby grant to MIDAMERICAN ENERGY COMPANY, its successors and assigns ("Grantee"), a perpetual, non-exclusive easement to construct, reconstruct, operate, maintain, replace or remove underground conduits, wires and cables for the transmission and distribution of electric energy and for communication and electrical controls, including other reasonably necessary equipment incident thereto (collectively "Facilities") under and on the surface of the ground, through and across certain property described below, together with the right of ingress and egress to and from the same, and all the rights and privileges incident and necessary to the enjoyment of this easement ("Easement Area").

DESCRIPTION OF PROPERTY CONTAINING EASEMENT AREA:

LOT 1, OUTLOT C, AND LOT 9 OF KAREN ACRES PLAT 13, AN OFFICIAL PLAT, ALL IN URBANDALE, POLK COUNTY, IOWA.

EASEMENT AREA:

A 10' wide underground electric line easement on each parcel as generally depicted on Exhibit "A", attached hereto and made a part hereof.

2. Additionally, Grantee shall have the right to remove from the Easement Area described above, any obstructions, including but not limited to, trees, plants, undergrowth, buildings, fences and structures that interfere with the proper operation and maintenance of said Facilities and equipment.

3. Grantor agrees that it will not construct or place any permanent or temporary buildings, structures, fences, trees, plants or other objects on the Easement Area described above or make any changes in ground elevation without written permission from Grantee indicating that said construction or ground elevation changes will not result in inadequate or excessive ground cover, or otherwise interfere with the Grantee's rights to operate and maintain its Facilities.

4. In consideration of such grant, Grantee agrees that it will repair or pay for any damage which may be caused to crops, fences, or other property, real or personal of the Grantor by the construction, reconstruction, maintenance, operation, replacement or removal of the Facilities (except for damage to property placed subsequent to the granting of this easement) that Grantee determines interferes with the operation and maintenance of the Facilities and associated equipment. The cutting, recutting, trimming and removal of trees, branches, saplings, brush or other vegetation on or adjacent to the Easement Area is expected and not considered damage to the Grantor.

5. Additionally, when Grantor provides or installs duct/conduit for said Facilities, this grant shall cover and include all Facilities installed as a part of the Easement Area.

6. Grantor and Grantee each certify that they are not acting, directly or indirectly, for or on behalf of any person, group, entity or nation named by any Executive Order or the United States Treasury Department as a terrorist, "Specially Designated National and Blocked Person" or any other banned or blocked person, entity, nation or transaction pursuant to any law, order, rule or regulation that is enforced or administered by the Office of Foreign Assets Control; and are not engaged in this transaction, directly or indirectly, on behalf of, any such person, group, entity or nation. Each party hereby agrees to defend, indemnify and hold harmless the other party from and against any and all claims, damages, losses, risks, liabilities and expenses (including attorney's fees and costs) arising from or related to any breach of the foregoing certification.

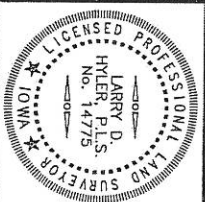
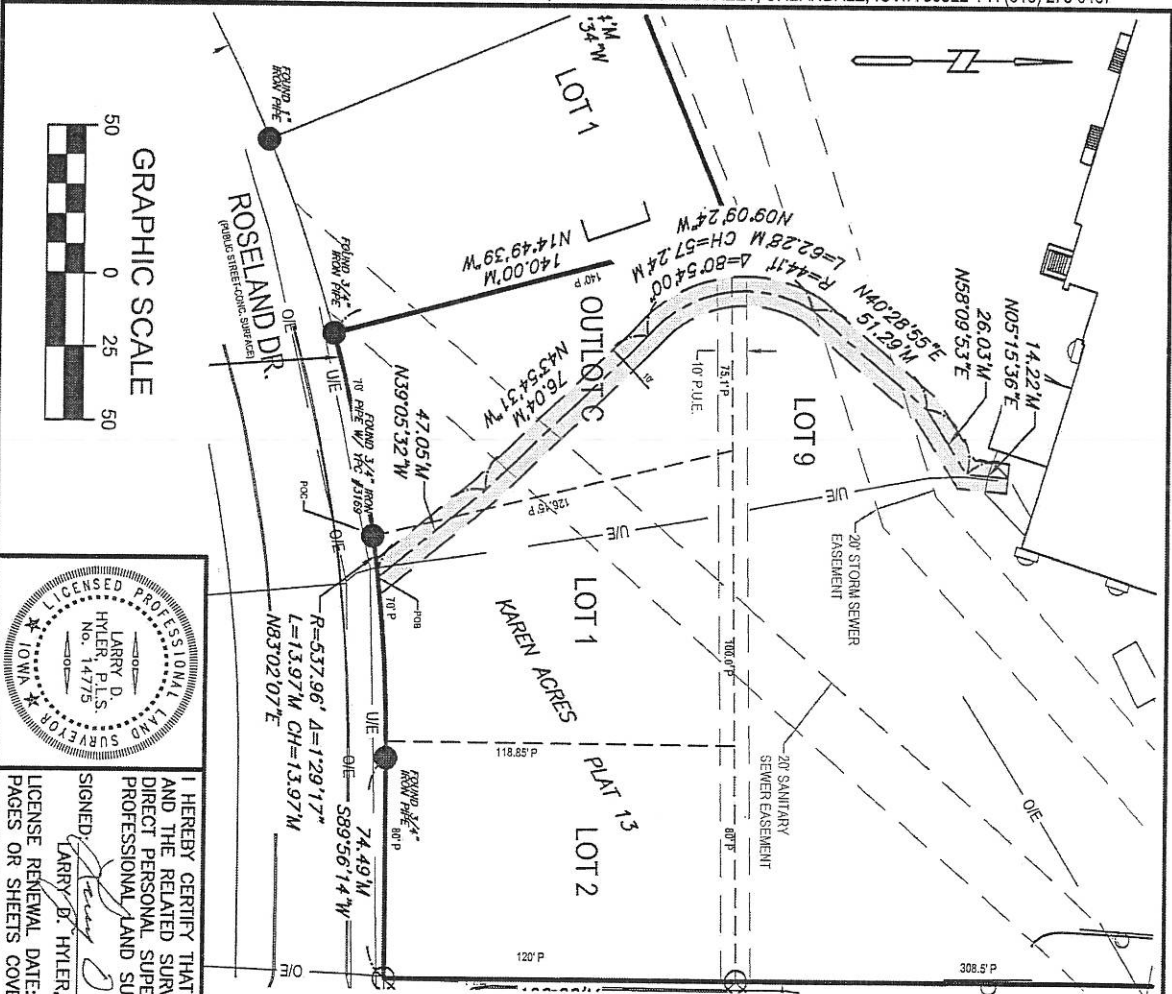
7. Each of the provisions of this easement shall be enforceable independently of any other provision of this easement and independent of any other claim or cause of action. In the event of any dispute arising under this easement, it is agreed between the parties that the law of the State of Iowa will govern the interpretation, validity and effect of this easement without regard to the place of execution or place of performance thereof. To the fullest extent permitted by law, Grantor and Grantee each hereto waive any right it may have to a trial by jury in respect of litigation directly or indirectly arising out of, under or in connection with this easement. Grantor and Grantee each further waive any right to consolidate any action in which a jury trial has been waived with any other action in which a jury trial cannot be or has not been waived.

8. Grantor hereby relinquishes all rights of dower, homestead and distributive share in and to the property and waives all rights of exemption as to any of the property. Grantor understands that homestead property is in many cases protected from the claims of creditors and exempt from judicial sale; and that by signing this easement, voluntarily gives up any right to this protection for this property with respect to claims based upon this easement.

9. Grantor warrants to Grantee that Grantor holds title to the Easement Area in fee simple and Grantor has good and lawful authority to grant the rights provided in this easement.

(Acknowledgments on following page)

EXHIBIT A



I HEREBY CERTIFY THAT THIS LAND SURVEYING DOCUMENT WAS PREPARED AND THE RELATED SURVEY WORK WAS PERFORMED BY ME OR UNDER MY DIRECT PERSONAL SUPERVISION AND THAT I AM A DULY LICENSED PROFESSIONAL LAND SURVEYOR UNDER THE LAWS OF THE STATE OF IOWA.

SIGNED: *Larry D. Hyler* DATE: 3-10-2016
 LARRY D. HYLER, P.E.S. 14775

LICENSE RENEWAL DATE: DEC. 31, 2016
 PAGES OR SHEETS COVERED BY THIS SEAL: SHEET 1 OF 1

EASEMENT DESCRIPTION:

A 10.00 FOOT WIDE ELECTRICAL EASEMENT OVER, UNDER, AND ACROSS LOTS 1, OUTLOT C, AND LOT 9 OF KAREN ACRES PLAT 13, AN OFFICIAL PLAT, ALL IN URBANDALE, POLK COUNTY, IOWA CENTERED ON THE FOLLOWING DESCRIBED CENTERLINE:
 COMMENCING AT THE SOUTHWEST CORNER OF SAID LOT 1, THENCE NORTHEASTERLY ALONG A 537.96 FOOT RADIUS CURVE SOUTHERLY, A DISTANCE OF 13.97 FEET, SAID CURVE HAVING A CHORD BEARING OF N83°02'07"E AND A CHORD LENGTH OF 13.97 FEET TO THE POINT OF BEGINNING; THENCE N39°05'32"W, A DISTANCE OF 47.05 FEET; THENCE N43°54'31"W, A DISTANCE OF 78.04 FEET; THENCE NORTHWESTERLY ALONG A 44.41 FOOT RADIUS CURVE CONCAVE EASTERLY, A DISTANCE OF 62.28 FEET, SAID CURVE HAVING A CHORD BEARING OF N03°09'24"W AND A CHORD LENGTH OF 57.24 FEET; THENCE N40°28'55"E, A DISTANCE OF 51.29 FEET; THENCE N58°09'53"E, A DISTANCE OF 26.03 FEET; THENCE N05°15'36"E, A DISTANCE OF 14.22 FEET TO THE POINT OF TERMINUS OF SAID CENTERLINE, SAID SIDES OF EASEMENT ARE MEANT TO EXTEND TO OR BE CUT OFF BY THEIR INTERSECTIONS OR THE LOT LINES.

OWNER:

URBANDALE COMMUNITY
 SCHOOL DISTRICT
 3500 74TH STREET
 URBANDALE, IOWA 50322

PREPARED FOR:

MIDAMERICAN

LEGEND:

- PROPERTY CORNER
- ◆ SECTION CORNER
- M MEASURED DISTANCE
- P PLATTED DISTANCE
- D DEEDED DISTANCE
- PRA PREVIOUSLY RECORDED AS ROW RIGHT OF WAY
- POC POINT OF COMMENCEMENT
- POB POINT OF BEGINNING

KAREN ACRES ELEM.
 3500 74TH ST, URBANDALE

EASEMENT EXHIBIT

Bishop Engineering
 "Planning Your Successful Development"

3501 104th Street
 Des Moines, Iowa 50322-3825
 Phone: (515)276-0467 Fax: (515)276-0217
 Civil Engineering & Land Surveying Established 1959

PROJECT NUMBER
 140540

CUSTOMER COPY

Prepared by and return to: Brian Van Brogen 515-281-2604
MIDAMERICAN ENERGY ATTN: RIGHT-OF-WAY SERVICES PO BOX 657 DES MOINES, IA 50306-0657

**MIDAMERICAN ENERGY COMPANY
UNDERGROUND ELECTRIC EASEMENT**

Folder No. 072-16
Work Req. No. DR2512009
Project No. D560D

State of Iowa
County of Polk
Section 26 NE
Township 79 North
Range 25 West of the 5th P.M.

1. For and in consideration of the sum of One and no/100---Dollar (\$1.00), and other valuable consideration, in hand paid by MIDAMERICAN ENERGY COMPANY, an Iowa corporation, receipt of which is hereby acknowledged, the undersigned owner(s) Urbandale Community Schools, its successors and assigns ("Grantor"), does hereby grant to MIDAMERICAN ENERGY COMPANY, its successors and assigns ("Grantee"), a perpetual, non-exclusive easement to construct, reconstruct, operate, maintain, replace or remove underground conduits, wires and cables for the transmission and distribution of electric energy and for communication and electrical controls, including other reasonably necessary equipment incident thereto (collectively "Facilities") under and on the surface of the ground, through and across certain property described below, together with the right of ingress and egress to and from the same, and all the rights and privileges incident and necessary to the enjoyment of this easement ("Easement Area").

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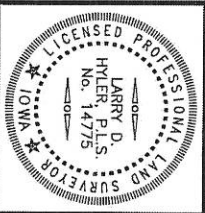
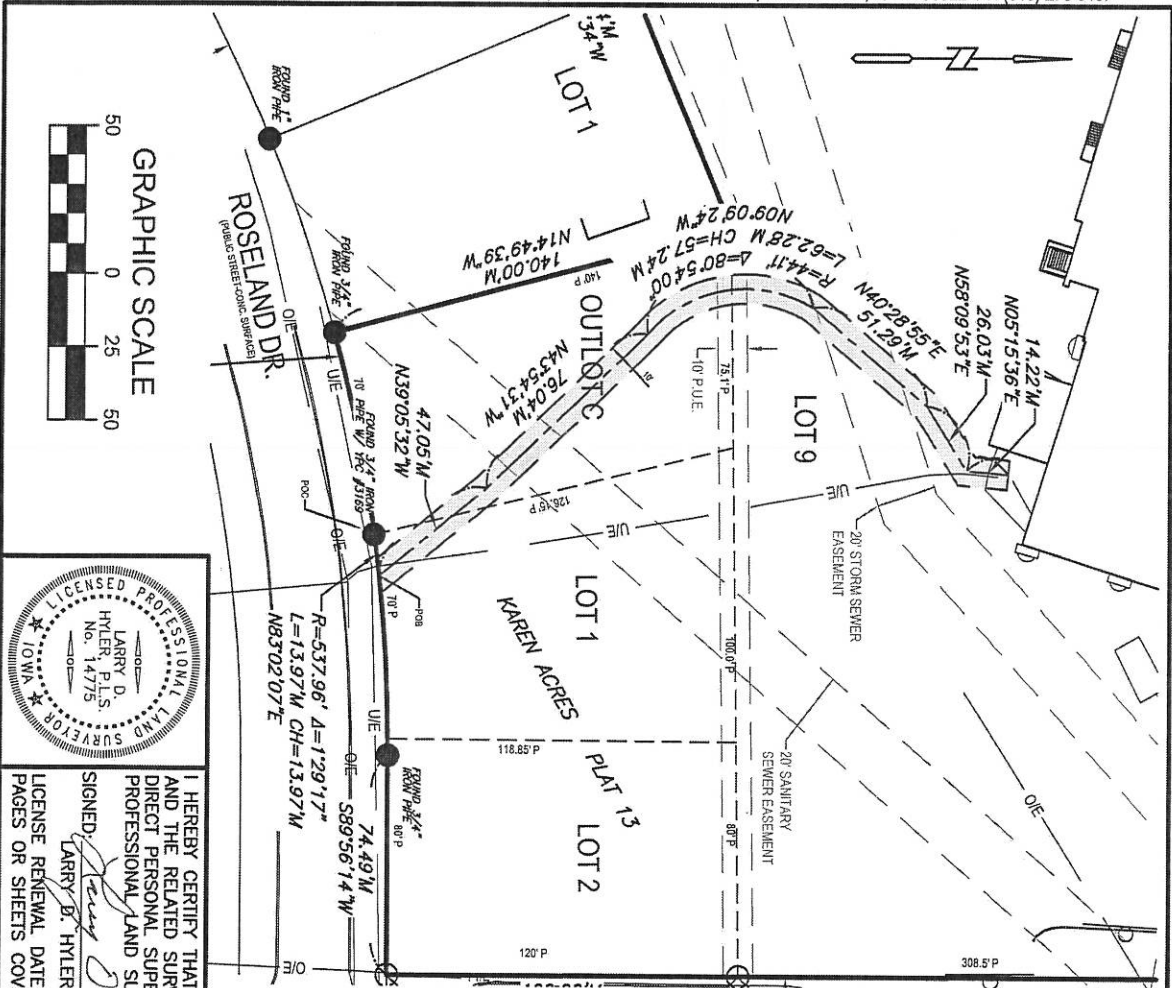
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SIGNED: *Larry D. Hyler*
 LARRY D. HYLER, P.L.S. 14775
 LICENSE RENEWAL DATE: DEC. 31, 2016
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 3500 74TH ST, URBANDALE

EASEMENT EXHIBIT

DRAWN BY: LM
 PROJECT NUMBER: 140540

REFERENCE NUMBER:

Bishop Engineering
 "Planning Your Successful Development"

3501 104th Street
 Des Moines, Iowa 50322-3825
 Phone: (515)276-0467 Fax: (515)276-0217

Civil Engineering & Land Surveying Established 1959

MEMO

DATE: April 7, 2016
TO: BOARD OF DIRECTORS
FROM: SHELLY CLIFFORD, CFO
SUBJECT: ELEMENTARY YEARBOOKS

Shelly Clifford, CFO, and the Principals from Urbandale's six Elementary School Buildings request approval to enter into agreements with Lifetouch National School Studios, Inc. for yearbook publications services.

The number of yearbooks to be provided to the six Elementary Schools totals 2339. The yearbooks feature black and white printed pages, with a soft cover, saddle stitched, ranging from 16 to 24 pages. Schools would utilize the Lifetouch WebEase system for pages layout and submission. Depending on number of pages in each yearbook, and the number of books for each school to be published, pricing ranges from \$6.30 – \$7.17 for each book.

All Elementary students are provided with a yearbook. The cost of publication will be offset by District revenues from student pictures sales in the Fall of 2016 and Spring of 2017.

With early approval by April 15, schools may choose special offer of either 5 additional yearbooks, or a montage cover, or original design cover.

Urbandale Community School District
2015-2016 Board Meeting Evaluation Form
Meeting Date: _____

Purpose of form: This form is provided as a meeting evaluation tool for the Urbandale School Board Members to keep us focused on the important issues and how we want to operate at board meetings. It further can help administration to ensure the right materials and information is provided to the directors so they can make informed decisions.

The mission of the Urbandale Community School District Board of Directors is to partner with district employees, parents, community members, and students to teach all and reach all. We will accomplish this by establishing high expectations for learning, monitoring data and input, and modeling continuous improvement through lifelong learning while being financial stewards.

Board Goals

-
-
-

Questions:

1. Were you sufficiently prepared for the decisions that you had to make tonight? If not, what other information would have been helpful?

2. What follow-up is needed for any of the items we dealt with tonight?

3. How did we hold ourselves accountable to our agreed upon Operating Protocol?

4. What topic would you like information on, for future meetings?

Assessing Tonight's Meeting

Plus (Positives)

Delta (Potential Changes)

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Assessing Tonight's Meeting

Plus (Positives)

Delta (Potential Changes)

Urbandale Board of Education Operating Protocol

For the purpose of enhancing teamwork and increase efficiency and effectiveness, the board members of the Urbandale Community School District are committed to the implementation of the following operating protocol:

Advocacy and Goals

- Our top priority is to assure that each and every student receives a quality education; the board represents the needs and interest of all the children in the Urbandale Community School District. Our mission is to “teach all and to reach all.”
- The board will set clear goals for themselves and the superintendent. They will also set clear goals for the Urbandale Community School District.
- We agree to “move the question” when discussion is repetitive. Board meetings are for decision-making, actions, and votes, not endless discussion. To be efficient and effective, long board meetings must be avoided.

Communication and Decision-making

- We will listen and direct individuals to follow policy related Chain of Command.
- We will ensure that every board member has equal access to all information and a responsibility to become well informed prior to conversations.
- We will consider research, best practice, public input, and financial impact when making decisions.
- We will listen with an open mind and be willing to change our stance based upon evidence.
- Surprises to the board or the superintendent will be the exception, not the rule. There should be no surprises at a board meeting.

Roles and Responsibilities

- We will emphasize planning, policy-making, public relations, and direction for the district.
- We will develop and nurture positive relationships that foster trust among ourselves and our administrative team.
- We will commit to an annual retreat to review strategic plan progress and establish yearly goals.

