



# City of Jonesboro

Municipal Center  
300 S. Church Street  
Jonesboro, AR 72401

## Meeting Agenda Finance & Administration Council Committee

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Tuesday, November 25, 2014

4:00 PM

Municipal Center

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### 1. Call To Order

### 2. Roll Call by City Clerk Donna Jackson

### 3. Approval of minutes

[MIN-14:131](#) Minutes for the Finance Committee meeting on October 28, 2014

**Attachments:** [Minutes](#)

[MIN-14:140](#) Minutes for the special called Finance Committee meeting on November 18, 2014

**Attachments:** [Minutes](#)

### 4. New Business

#### *Ordinances To Be Introduced*

[ORD-14:070](#) AN ORDINANCE TO WAIVE COMPETITIVE BIDDING AND AUTHORIZE A CONTRACT WITH ARKANSAS BLUE CROSS BLUE SHIELD TO PROVIDE INSURANCE COVERAGE FOR CITY EMPLOYEES FOR 2015

**Sponsors:** Finance

**Attachments:** [Airport Contract](#)

[COJ contract](#)

[COJ Prescription contract](#)

[JURH contract](#)

[Library contract](#)

[ORD-14:071](#) AN ORDINANCE TO WAIVE COMPETITIVE BIDDING AND AUTHORIZE A CONTRACT WITH DELTA DENTAL TO PROVIDE INSURANCE COVERAGE FOR CITY EMPLOYEES FOR 2015

**Sponsors:** Finance

**Attachments:** [Contract](#)

#### *Resolutions To Be Introduced*

**RES-14:199** RESOLUTION AUTHORIZING A CONTRACT BETWEEN JETS AND GEARHEAD OUTFITTERS, INC.

**Sponsors:** JETS

**Attachments:** [Contract](#)

**RES-14:200** RESOLUTION AUTHORIZING A CONTRACT BETWEEN JETS AND ARKANSAS STATE UNIVERSITY

**Sponsors:** JETS

**Attachments:** [Contract](#)

**RES-14:202** RESOLUTION AUTHORIZING THE CITY OF JONESBORO TO ENTER INTO AGREEMENT WITH THE BLUE AND YOU FOUNDATION TO RECEIVE A GRANT FOR THE CRAIGHEAD FOREST TRAIL FITNESS PROJECT

**Sponsors:** Grants

**Attachments:** [Award and Grant Agreement.pdf](#)

[Attachment A reporting.pdf](#)

[Application in Full.pdf](#)

**5. Pending Items**

**6. Other Business**

**7. Public Comments**

**8. Adjournment**



# City of Jonesboro

300 S. Church Street  
Jonesboro, AR 72401

## Legislation Details (With Text)

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**File #:** MIN-14:131    **Version:** 1    **Name:**  
**Type:** Minutes    **Status:** To Be Introduced  
**File created:** 10/29/2014    **In control:** Finance & Administration Council Committee  
**On agenda:**    **Final action:**  
**Title:** Minutes for the Finance Committee meeting on October 28, 2014  
**Sponsors:**  
**Indexes:**  
**Code sections:**  
**Attachments:** [Minutes](#)

| Date | Ver. | Action By | Action | Result |
|------|------|-----------|--------|--------|
|------|------|-----------|--------|--------|

Minutes for the Finance Committee meeting on October 28, 2014



# City of Jonesboro

Municipal Center  
300 S. Church Street  
Jonesboro, AR 72401

## Meeting Minutes Finance & Administration Council Committee

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Tuesday, October 28, 2014

4:00 PM

Municipal Center

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### 1. Call To Order

### 2. Roll Call by City Clerk Donna Jackson

*Mayor Perrin was not in attendance.*

**Present** 5 - Ann Williams; John Street; Darrel Dover; Charles Coleman and Todd Burton

### 3. Approval of minutes

#### [MIN-14:118](#)

Minutes for the Finance Committee meeting on September 30, 2014

**Attachments:** [Minutes](#)

**A motion was made by Councilwoman Ann Williams, seconded by Councilman Todd Burton, that this matter be Passed . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams; John Street; Charles Coleman and Todd Burton

#### [MIN-14:127](#)

Minutes for the special called Finance Committee meeting on October 21, 2014

**Attachments:** [Minutes](#)

**A motion was made by Councilwoman Ann Williams, seconded by Councilman Todd Burton, that this matter be Passed . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams; John Street; Charles Coleman and Todd Burton

### 4. New Business

#### *Resolutions To Be Introduced*

#### [RES-14:163](#)

A RESOLUTION TO CONTRACT WITH FAMILIES INC. FOR SPONSORSHIP OF ONE FENCE SIGN AT MIRACLE LEAGUE COMPLEX

**Sponsors:** Parks & Recreation

**Attachments:** [families inc](#)

**A motion was made by Councilman John Street, seconded by Councilman Todd Burton, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**RES-14:164**

A RESOLUTION TO CONTRACT WITH ALEXANDER MACHINE SHOP FOR SPONSORSHIP OF ONE FENCE SIGN AT MIRACLE LEAGUE COMPLEX

**Sponsors:** Parks & Recreation

**Attachments:** [alexandar machine shop](#)

**A motion was made by Councilman John Street, seconded by Councilman Todd Burton, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**RES-14:165**

A RESOLUTION TO CONTRACT WITH GOODWILL INDUSTRIES FOR SPONSORSHIP OF ONE FENCE SIGN AT MIRACLE LEAGUE COMPLEX

**Sponsors:** Parks & Recreation

**Attachments:** [goodwill industries](#)

**A motion was made by Councilman John Street, seconded by Councilman Todd Burton, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**RES-14:166**

A RESOLUTION TO CONTRACT WITH CHRIS CONGER FOR SPONSORSHIP OF ONE FENCE SIGN AT MIRACLE LEAGUE COMPLEX

**Sponsors:** Parks & Recreation

**Attachments:** [chris conger](#)

**A motion was made by Councilman John Street, seconded by Councilman Todd Burton, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**RES-14:167**

A RESOLUTION TO CONTRACT WITH THE SENSORY SHOP FOR SPONSORSHIP OF ONE FENCE SIGN AT MIRACLE LEAGUE COMPLEX

**Sponsors:** Parks & Recreation

**Attachments:** [the sensory shop](#)

**A motion was made by Councilman John Street, seconded by Councilman Todd Burton, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**RES-14:168** A RESOLUTION TO CONTRACT WITH KIWANIS CLUB FOR SPONSORSHIP OF ONE FENCE SIGN AT MIRACLE LEAGUE COMPLEX

**Sponsors:** Parks & Recreation

**Attachments:** [kiwanis club](#)

**A motion was made by Councilman John Street, seconded by Councilman Todd Burton, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**RES-14:169** A RESOLUTION TO CONTRACT WITH EVOLVE BANK FOR SPONSORSHIP OF ONE FENCE SIGN AT MIRACLE LEAGUE COMPLEX

**Sponsors:** Parks & Recreation

**Attachments:** [evolve bank](#)

**A motion was made by Councilman John Street, seconded by Councilman Todd Burton, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**RES-14:170** A RESOLUTION TO CONTRACT WITH SOUTHERN EYE ASSOCIATES FOR SPONSORSHIP OF ONE FENCE SIGN AT MIRACLE LEAGUE COMPLEX

**Sponsors:** Parks & Recreation

**Attachments:** [southern eye associates](#)

**A motion was made by Councilman John Street, seconded by Councilman Todd Burton, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**RES-14:171** A RESOLUTION TO CONTRACT WITH ITECHS COMPUTER AND SERVICE FOR SPONSORSHIP OF ONE FENCE SIGN AT MIRACLE LEAGUE COMPLEX

**Sponsors:** Parks & Recreation

**Attachments:** [itechs computer and service](#)

**A motion was made by Councilman John Street, seconded by Councilman Todd Burton, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**RES-14:172** A RESOLUTION TO CONTRACT WITH MORGAN FOODS DBA GIGI CUPCAKES FOR SPONSORSHIP OF ONE FENCE SIGN AT MIRACLE LEAGUE COMPLEX

**Sponsors:** Parks & Recreation

**Attachments:**     [morgan foods dba gigi cupcakes](#)

**A motion was made by Councilman John Street, seconded by Councilman Todd Burton, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**RES-14:173**

A RESOLUTION TO CONTRACT WITH NATIONWIDE INSURANCE FOR SPONSORSHIP OF ONE FENCE SIGN AT MIRACLE LEAGUE COMPLEX

**Sponsors:**     Parks & Recreation

**Attachments:**     [nationwide insurance](#)

**A motion was made by Councilman John Street, seconded by Councilman Todd Burton, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**RES-14:178**

RESOLUTION BY THE CITY COUNCIL OF THE CITY OF JONESBORO, ARKANSAS LEVY A ONE-HALF (.5) MILL TAX ON ALL REAL AND PERSONAL PROPERTY FOR THE JONESBORO POLICE PENSION PLANS

**Sponsors:**     Finance

*Chairman Dover explained this resolution, along with the resolutions relating to the levying of a tax for the fire pension plan and the library, is a formality and is done every year. Chief Financial Officer Ben Barylske added the city has to give these resolutions to the county in order to assess the taxes.*

**A motion was made by Councilman John Street, seconded by Councilman Charles Coleman, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**5. Pending Items**

**6. Other Business**

*Councilman Street motioned, seconded by Councilwoman Williams, to suspend the rules and place RES-14:188 and RES-14:189 on the agenda. All voted aye.*

**RES-14:188**

A RESOLUTION BY THE CITY COUNCIL OF THE CITY OF JONESBORO, ARKANSAS TO LEVY A ONE-HALF (.5) MILL TAX ON ALL REAL AND PERSONAL PROPERTY FOR THE LOCAL FIREMENS PENSION PLANS

**Sponsors:**     Finance

**A motion was made by Councilman Todd Burton, seconded by Councilman Charles Coleman, that this matter be Recommended to Council . The motion PASSED with the following vote:**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**RES-14:189**

A RESOLUTION BY THE CITY COUNCIL OF THE CITY OF JONESBORO, ARKANSAS TO LEVY A 2 MILL TAX ON ALL REAL AND PERSONAL PROPERTY FOR THE PUBLIC LIBRARY TAX

**Sponsors:** Finance

**A motion was made by Councilman John Street, seconded by Councilwoman Ann Williams, that this matter be Recommended to Council . The motion PASSED with the following vote:**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

2015 proposed budget meetings

*Councilwoman Williams asked that when the committee has meetings to consider the 2015 proposed budget that the department heads be present in order to answer any questions that may be brought up. She added she would also like to ensure the meeting time is sufficient enough to fully go over the proposed budget and not be limited in time.*

*Councilwoman Williams motioned, seconded by Councilman Street, to have department heads present when the Finance Committee considers the 2015 proposed budget. All voted aye.*

*Chairman Dover questioned whether there will be any discussion about project-based taxation. Mr. Barylske explained that will not be part of the budget process, but there has been discussion about that among the Mayor and several department heads. They are putting together numbers in order to look at a possible bond issue. Chairman Dover noted there may be projects other than streets that they may want to look at for a bond issue, such as swimming pools and bypasses.*

**7. Public Comments**

**8. Adjournment**

**A motion was made by Councilman John Street, seconded by Councilwoman Ann Williams, that this meeting be Adjourned . The motion PASSED with the following vote.**

**Aye:** 5 - Ann Williams;John Street;Darrel Dover;Charles Coleman and Todd Burton





# City of Jonesboro

300 S. Church Street  
Jonesboro, AR 72401

## Legislation Details (With Text)

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**File #:** MIN-14:140    **Version:** 1    **Name:**  
**Type:** Minutes    **Status:** To Be Introduced  
**File created:** 11/19/2014    **In control:** Finance & Administration Council Committee  
**On agenda:**    **Final action:**  
**Title:** Minutes for the special called Finance Committee meeting on November 18, 2014  
**Sponsors:**  
**Indexes:**  
**Code sections:**  
**Attachments:** [Minutes](#)

| Date | Ver. | Action By | Action | Result |
|------|------|-----------|--------|--------|
|------|------|-----------|--------|--------|

Minutes for the special called Finance Committee meeting on November 18, 2014



# City of Jonesboro

Municipal Center  
300 S. Church Street  
Jonesboro, AR 72401

## Meeting Minutes - Draft Finance & Administration Council Committee

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Tuesday, November 18, 2014

5:00 PM

Municipal Center

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### Special Called Meeting

#### 1. Call To Order

*Mayor Perrin was unable to attend.*

#### 2. Roll Call by City Clerk Donna Jackson

**Present** 5 - Ann Williams; John Street; Darrel Dover; Charles Coleman and Todd Burton

#### 3. New Business

##### *Resolutions To Be Introduced*

##### RES-14:195

RESOLUTION AUTHORIZING THE CITY OF JONESBORO, ARKANSAS TO JOIN THE CITIES OF SERVICE ORGANIZATION

**Sponsors:** Grants

**Attachments:** [Declaration of Service to Join form](#)

*Grants Administrator Heather Clements explained there is no cost to the city to join the Cities of Service Organization. The only requirement is the city promotes community involvement. She added the North Jonesboro Neighborhood Initiative was a pilot project and they have always wanted to go city wide with the project. This will allow the city to receive additional grant funds and vista members and the grant amount is \$30,000 for technical assistance to promote community service. She added the city will be allowed to unjoin the organization at anytime.*

*Chairman Dover asked if this is time sensitive. Ms. Clements answered yes because the grant is due November 21 and they just found the grant last week.*

*Councilman Moore asked if there are any requirements for this grant. Chairman Dover answered it will allow the city to join the organization and it is a letter of recommendation to them. Councilman Street explained he spoke with this organization and the city does not have to hire anyone, but the city does have to be a part of this organization to be able to receive the grant money.*

*Councilman Moore asked if the City of Jonesboro's name will be used to promote a particular agenda. Ms. Clements answered the Cities of Services Organization has a particular declaration of service to promote community service and any agenda that Michael Bloomberg is associated with outside of the Cities of Service Organization*

*the City of Jonesboro will have nothing to do with.*

*Councilman Street noted he has no problem with this as long as it doesn't cost the city anything and the city can get out of it if they want and they don't have to adhere to any philosophy.*

**A motion was made by Councilwoman Ann Williams, seconded by Councilman John Street, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**RES-14:197**

A RESOLUTION BY THE CITY COUNCIL OF THE CITY OF JONESBORO, ARKANSAS TO AMEND THE CITY SALARY & ADMINISTRATION PLAN FOR THE CITY OF JONESBORO TO ADD A PLANNER I & II POSITION TO THE PLANNING DEPARTMENT

**Sponsors:** Finance and Planning

**Attachments:** [Planner I](#)

[Planner II](#)

*City Planner Otis Spriggs explained since the Senior Planner left in August it has been difficult to find someone who has the qualifications for that position. So he wants to restructure the department to downgrade the position to include two Planner one positions. He added they will be able to provide more coverage and be more efficient when it comes to land use planning. He noted it will allow the city to utilize the skills at ASU in the Public Administration and Geography Departments.*

*Chairman Dover asked if these positions are included in the City's salary plan. Mr. Spiggs answered they are attached and the change will not exceed \$1,000 in the budget. Councilman Street noted Chief Financial Officer Ben Barylske supports this and it will be only an additional \$400.*

**A motion was made by Councilman John Street, seconded by Councilwoman Ann Williams, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**RES-14:198**

A RESOLUTION TO AMEND THE CITY OF JONESBORO EMPLOYEE HANDBOOK TO ADD A SOCIAL MEDIA POLICY AND AMEND THE DRUG FREE WORKPLACE POLICY

**Sponsors:** Finance and Human Resources

**Attachments:** [Drug Free Workplace Policy](#)

[Social Media Policy 2014](#)

*Human Resources Director Gloria Roark stated this will add two changes to the handbook. She noted the first change is the drug free workplace policy which is because of the JETS triannual review and will affect all employees. She noted the second change is for the social media policy and they have done training for all employees*

*Chairman Dover asked if this needs to be placed on tonight's Council agenda. Ms. Roark answered yes.*

**A motion was made by Councilman John Street, seconded by Councilwoman**

**Ann Williams, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

*Ordinances To Be Introduced*

**ORD-14:072**

AN ORDINANCE TO WAIVE COMPETITIVE BIDDING AND AUTHORIZE CITY OF JONESBORO TO CONTRACT WITH ROUTE MATCH TO INSTALL THE MOBILE DATA SYSTEM TO THE CURRENT PARATRANSIT VEHICLES

**Sponsors:** JETS

*JETS Director Steve Ewart explained they have been working on replacing the current AVLs for the last two years and the best way to replace them is by using the current mapping system. He added there are currently two buses that have AVLs that don't work. He further explained the City will be able to work with ASU so the student's can have a link on their iPhone so they will know the location and time of buses and ASU will give the technology to the city.*

*He stated the purpose of the sole source is that it extends the investment into Route Match that the city currently has a major software investment with.*

*Councilman Street asked if this is time sensitive. Mr. Ewart answered yes. He noted this will allow the city to see where a bus is and to be used as driver evaluation.*

**A motion was made by Councilman John Street, seconded by Councilman Charles Coleman, that this matter be Recommended to Council . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton

**4. Public Comments**

**5. Adjournment**

**A motion was made by Councilman John Street, seconded by Councilwoman Ann Williams, that this meeting be Adjourned . The motion PASSED with the following vote.**

**Aye:** 4 - Ann Williams;John Street;Charles Coleman and Todd Burton



## Legislation Details (With Text)

|                       |  |                      |   |                    |  |
|-----------------------|--|----------------------|---|--------------------|--|
| <b>File #:</b>        | ORD-14:070   | <b>Version:</b>      | 1 | <b>Name:</b>       | Contract with Blue Cross Blue Shield for city employee insurance coverage for 2015 |
| <b>Type:</b>          | Ordinance  | <b>Status:</b>       |   | <b>Status:</b>     | To Be Introduced   |
| <b>File created:</b>  | 11/14/2014   | <b>In control:</b>   |   | <b>In control:</b> | Finance & Administration Council Committee   |
| <b>On agenda:</b>     |  | <b>Final action:</b> |   |                    |  |
| <b>Title:</b>         | AN ORDINANCE TO WAIVE COMPETITIVE BIDDING AND AUTHORIZE A CONTRACT WITH ARKANSAS BLUE CROSS BLUE SHIELD TO PROVIDE INSURANCE COVERAGE FOR CITY EMPLOYEES FOR 2015                  |                      |   |                    |  |
| <b>Sponsors:</b>      | Finance  |                      |   |                    |  |
| <b>Indexes:</b>       | Employee benefits  |                      |   |                    |  |
| <b>Code sections:</b> |  |                      |   |                    |  |
| <b>Attachments:</b>   | <a href="#">Airport Contract</a><br><a href="#">COJ contract</a><br><a href="#">COJ Prescription contract</a><br><a href="#">JURH contract</a><br><a href="#">Library contract</a> |                      |   |                    |  |

| Date | Ver. | Action By | Action | Result |
|------|------|-----------|--------|--------|
|------|------|-----------|--------|--------|

AN ORDINANCE TO WAIVE COMPETITIVE BIDDING AND AUTHORIZE A CONTRACT WITH ARKANSAS BLUE CROSS BLUE SHIELD TO PROVIDE INSURANCE COVERAGE FOR CITY EMPLOYEES FOR 2015

WHEREAS, the current contract expires on December 31, 2014; and

WHEREAS, the City has negotiated a favorable rate for insurance coverage for January 1 through December 31, 2015, that it would not be feasible or practical to require bids

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF JONESBORO, ARKANSAS THAT:

SECTION 1: That the City of Jonesboro shall enter into a contract for insurance coverage with Arkansas Blue Cross Blue Shield for a 2 1/2% increase in premiums. Single coverage will be \$386.16 per month and \$829.62 for family coverage. The City will pay 71% of the premium for both single and family coverage

SECTION 2: Due to the need to maintain adequate coverage for the city employees at an advantageous rate, competitive bidding would neither be feasible nor practical. As such, pursuant to the provisions of ACA 14-58-303 and 14-58-304, competitive bidding is hereby waived.

SECTION 3: That Mayor Harold Perrin and City Clerk Donna Jackson are hereby authorized to execute such documents as are necessary to effectuate the contract.



**Arkansas  
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

## EMPLOYER APPLICATION

Renewal APPLICATION by: City of Jonesboro Municipal Airport

(hereinafter called "Policyholder")

for a Group Policy covering the employees of the Policyholder and the eligible dependents of such employees. The Policyholder intends hereby to establish and maintain an employee benefit plan (the "Plan") for the Policyholder's employees and eligible dependents, to contribute to the cost of the Plan, and to actively promote the Plan to the Policyholder's employees.

### GROUP INFORMATION

Legal Name of Business: CITY OF JONESBORO

D/B/A: City of Jonesboro Municipal Airport

Street Address: 4116 Linbergh Drive

City, State, Zip: Jonesboro , AR , 72403

County: Craighead

Mailing Address: (if different from Street) P.O. Box 1293

City, State, Zip: Jonesboro , AR , 72403

Telephone #: 870-933-4640

Fax #: -

Fed. Tax I.D #: 71-0028290

Exec. Contact:

E-Mail:

Group Administrator: Gloria Roark

E-Mail:

Primary SIC Code: 9199 SIC Description: General Government, NEC

Business Type: Government Entity

Agent:

Agent's Lic #:

Agent's Company:

Agent's Tax Id:

### POLICYHOLDER AS PLAN ADMINISTRATOR

The Policyholder, as Plan Administrator, assumes responsibility for the accuracy of information presented to Arkansas Blue Cross and Blue Shield ("ABCBS"), including all information on the employment status and eligibility of individuals to be covered under the Plan, as well as medical information provided with respect to each such individual. The Policyholder agrees that if misrepresentations are made in any of the information provided for rating or in this Group Application or any of the materials submitted with it, including, but not limited to, individual applications and medical information, then ABCBS may cancel or rescind this Group Policy. The Policyholder further agrees that if misrepresentations or false or misleading information is presented in filing of any claims hereunder ("improper claims"), ABCBS may cancel or rescind the coverage of any individual involved in presenting such a claim. Further, ABCBS may cancel or rescind the entire Group Policy if the Policyholder or any representative of the Policyholder knew or should have known of the improper claims, or if the Policyholder's action or inaction contributed to presentation of improper claims.

### PROXY

The Policyholder hereby appoints the Board of Directors ("Board") of Arkansas Blue Cross and Blue Shield ("ABCBS"), as its proxy to act on its behalf at all meetings of members of ABCBS. This appointment shall include such persons as the Board may designate by resolution to act on its behalf. This proxy gives the Board, or its designee, full power to vote for the Policyholder on all matters that may be voted upon at any meeting. The annual meeting of Members is held each year at the home office of ABCBS located at 601 S. Gaines Street, Little Rock, Arkansas, on the third Monday of March, at 1:00 p.m. If the third Monday of March is a legal holiday, then the meeting will be at the same time and place on the next day after, which is not a legal holiday. A special meeting may be called upon notice mailed not less than ten (10) or more than sixty (60) days prior to such meeting. This proxy, unless revoked, shall remain in effect during the Policyholder's membership in ABCBS. The Policyholder may revoke this proxy in writing by advising ABCBS, attention Legal Division, of such at least five (5) days prior to any meeting. The Policyholder may also revoke its proxy by attending and voting in person at any Member's meeting.

**BENEFIT SELECTION****PREFERRED PROVIDER ORGANIZATION (PPO) - PPO XXX - 1****REQUESTED EFFECTIVE DATE, PENDING APPROVAL IS: 1/1/2015****Waiting Period Note:** Effective Date is first of the month following the Waiting Period.Date of Open Enrollment December*If a month is not specified, the Group's Open Enrollment will be the month prior to the Group's renewal date.*

| Class | Class Description       | Waiting Period | Contribution                    |
|-------|-------------------------|----------------|---------------------------------|
| 1     | All Full Time Employees | 1 Month        | Employee 71 %    Dependent 71 % |

Note: The Employer must pay a minimum of 50% of the Employee premium. This Policy may be terminated by the company if the Policyholder fails to contribute the percentage of Employees' premium specified above.

**Maximum Dependent Age 26****Mandated Mental Health Parity: Yes**

Please Indicate whether a HRA, or mechanisms utilized to reduce the employee's portion of health plan costs, is either in place or planned to be purchased.    **No**

Rates offered for this plan are contingent on assertions submitted by the insurance applicant (or its agent) that there is no HRA or other funding mechanism in place, nor intent to purchase such an arrangement. Upon evidence to the contrary, the group health plan is subject to termination.

|  |           |                                 |
|--|-----------|---------------------------------|
| <b>Deductible:</b>                                   | \$500     | <b>Deductible Carryover:</b> No |
| <b>Family Deductible:</b>                            | 3         | <b>Basis:</b> Fulfillment       |
| <b>Coinsurance:</b>                                  | 80%/60%   |                                 |
| <b>In-Network Calendar Year Coinsurance Max:</b>     | \$2000    |                                 |
| <b>Family Calendar Year Coinsurance Max:</b>         | 3         | <b>Basis:</b> Fulfillment       |
| <b>Out-of-Network Calendar Year Coinsurance Max:</b> | None      |                                 |
| <b>Lifetime Maximum:</b>                             | Unlimited |                                 |
| Traditional Wellness                                 |           |                                 |

**Prescription Drug Rider Plan:** \$10/\$30/\$50/100% Value Formulary

Mail Order Drug - 2x Copay (90 days)

*Based on actuarial review, this drug benefit option is creditable to the standard Medicare Part D prescription coverage.*

| <b>PPO Optional Benefits:</b> |  |
|-------------------------------|--|
| Inpatient Copay - None        |  |
| Office Visit Copayment - \$30 | Maternity - Elected                            |
| Blue Card                     | Supplemental Accidental Endorsement - Declined |
|                               | ER Copayment - \$100                           |

**Arkansas Mandated Offer Benefit Riders:****You Must Elect or Reject Each Rider:**

|                                |                          |
|--------------------------------|--------------------------|
| Mammography - Reject           | Substance Abuse - Reject |
| Psychiatric Condition - Reject | TMJ* - Reject            |
| Hearing Aid - Reject           |                          |

\*Rejection of the TMJ Benefit Rider means covered benefits provided to Covered Persons will not include temporomandibular Joint disorders (TMJ) or craniomandibular disorders.

**Term Life and AD&D through USABLE Life is not Provided**

**RATES - PPO XXX - 1**

| Two Tier Composite | Total Premium |
|--------------------|---------------|
| Employee           | \$386.16      |
| Family             | \$829.62      |
| Life / AD&D        | \$0           |
| STD                | \$0           |

If there is an agent or broker involved in this coverage transaction they may receive compensation from Arkansas Blue Cross and Blue Shield, or one of its affiliates, for his or her services related to the placement of this coverage. Any such compensation is included in the premium paid by the covered person. For more information on the compensation involved in this transaction, please direct your inquiry to the agent or broker.

**Grandfather Status** - Our records indicate that your health plan is grandfathered.

**Please confirm if you agree with the grandfathered status as indicated above.**

Yes, I agree with the status as shown.

No, I disagree with the status as shown because \_\_\_\_\_



## ATTESTATIONS

### COBRA

Group health plans for employers with 20 or more employees on more than 50% of the business days in the previous calendar year are subject to Cobra. Employers are required to provide qualified beneficiaries an election period during which the beneficiary can elect to continue coverage under the guidelines. We offer the services of a vendor, "Ceridian", to assist you in administering Cobra (no additional cost).

Both full time and part time employees are counted to determine if a plan is subject to Cobra. Each part-time employee counts as a fraction of an employee, with the fraction equal to the number of hours worked divided by the number of hours used to determine full time status.<sup>1</sup>

(Yes ) (No ) As an employer, are you currently obligated by law to comply with COBRA?

(Yes ) (No ) Do you want to use the services of Ceridian?

(Yes ) (No ) If yes, are you currently contracting directly with Ceridian?

1 COBRA Handbook 2009, ¶4.03[E][2]; 26 CFR §54.4980B-2 Q/A 5(e).  
2 42 CFR §411.170.

**Medical Loss Ratio** - The determination of Large and Small Groups is based upon the average number of employees employed by the employer on business days during the preceding calendar year. The Public Health Services Act §2791(e) provides

(1) The term "large employer" means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 101 employees on business days during the preceding calendar year and who employs at least 2 employees on the first day of the plan year.

(2) The term "small employer" means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 1 but not more than 100 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year.

The policyholder is a  large employer  small employer (check one).

### L. Policyholder to Distribute and Account for Premium Rebates

In the event federal or state law requires the Company to rebate a portion of an annual premium payment, Company will pay the Policyholder the total rebate applicable to the Policy, and Policyholder shall use the amount of the rebate that is proportionate to the total amount of premium paid by all Employees under the policy for the benefit of Employees in one of the following ways, at the option of the Policyholder:

1. For all Employees covered under any option offered under the policyholder's group health plan at the time the rebate is received by the policyholder, to reduce the Employees' portion of premium for the subsequent policy year;
  2. For Employees covered, at the time the rebate is received by the policyholder, under the group health plan option for which the Company is providing a rebate, to reduce the Employees' portion of premium for the subsequent policy year;
  3. A cash refund to Employees enrolled in the group health plan option, at the time the rebate is received by the policyholder, for which the Company is providing a rebate; and
  4. The reduction in future premium or the cash refund provided under paragraphs 1, 2 or 3 of this section may, at the option of the policyholder, be: divided evenly among such Employees; divided based on each Employee's actual contributions to premium; or apportioned in a manner that reasonably reflects each Employee's contributions to premium.
  5. The portion of a rebate based upon former Employees' contributions to premium must be aggregated and used for the benefit of current Employees in the group health plan in any manner permitted by this section.
- Policyholder will indemnify the Company in the event the Company suffers any fines, penalties or expenses, including reasonable attorney's fees, due to the Policyholder's failure to carry out its obligations under this Section L of the Group Policy.

**EMPLOYEE INFORMATION**

**MINIMUM NUMBER OF INSURED EMPLOYEES & MINIMUM PARTICIPATION REQUIREMENTS.**

Under the Medicare Secondary Payer Rules, it is the Employer's responsibility to annually inform Arkansas Blue Cross of proper employee counts for the purpose of determining payment priority between Medicare and Arkansas Blue Cross. Arkansas Blue Cross is required to furnish these counts to the Centers for Medicare and Medicaid Services (CMS).

Full-Time = means an active employee with a minimum of 30 hrs/week & 48 weeks/year

|   | In State | Out of State | Total |
|---|----------|--------------|-------|
| Full-Time Employees enrolling (including those satisfying their waiting period within 3 months after the effective date): | 1        |              | 1     |
| Full-Time Employees waiving (including those satisfying their waiting period within 3 months after the effective date):   |          |              |       |
| COBRA Continuees (Enrolling):   |          |              |       |
| Life ONLY Contracts:  |          |              |       |
| Total Enrolling and Waiving:  |          |              | 1     |
| Part Time/Seasonal/Temporary Employees :  |          |              |       |
| Total # of Employees:   |          |              | 1     |

**Minimum Number of Insured Employees.** To meet large group enrollment guidelines a group must have at least fifty-one full-time enrolled employees. Groups whose enrollment subsequently drops below fifty-one enrolled must be rated as a small group upon renewal.

**Minimum Participation Requirements.** Employees covered through other comprehensive major medical-type coverage may be waived from the eligibility count. 75% of all eligible employees without waivers must be insured, and no less than 25% of the full-time employees must enroll.

**This Policy may be terminated by the Company if the number of insured Employees falls below the minimum number of insured Employees specified above or if the percentage of eligible Employees of the Policyholder covered by the Policy becomes less than the percentage of Employee participation specified above.**

Special Group Considerations Form# 23-2186, Description no deductible carryover

Special Group Considerations Form# 23-2242, Description \$100 ER co-pay

**SIGNATURES**

This Application is made and delivered in the State of Arkansas and is governed by the laws of Arkansas and the United States of America. This Application is incorporated in and made a part of the Group Policy and Benefit Certificate.

I hereby renew the above referenced coverage and agree the group insurance, subject to the terms and conditions of the policies renewed, will take effect as of the renewal date, provided this application is approved and the premium is received by the home office of Arkansas Blue Cross and Blue Shield. **I also understand that my signature below represents my agreement and acceptance of the premium rate schedule.**

I understand the Life and Accidental Death & Dismemberment coverage is provided through a policy issued to the Trustee of the USABLE Life Group Insurance Trust, and I hereby renew participation in said trust, which is insured by USABLE Life. A copy of the trust policy is maintained in USABLE Life's home office in Little Rock, Arkansas and is subject to examination by participating employers.

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in connection with an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**1. Policyholder**

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
(City, State)

\_\_\_\_\_ [full legal name of Policyholder]

By: \_\_\_\_\_  
Authorized Signature Printed Name

\_\_\_\_\_  
Title or Position

**2. Agent**

I hereby certify that all of the information contained in this employer application is correct to the best of my knowledge, and I know nothing unfavorable about this firm or any individual proposed for coverage (except as noted on the employee applications). I have complied with the underwriting rules and regulations and have explained in detail the coverage to the member firm and its employees including the preexisting condition limitations and the qualifications of the effective date provisions. I understand that Arkansas Blue Cross and Blue Shield will have no liability until this application has been approved and the premium is received.

\_\_\_\_\_ I will provide the applicant with a signed copy of this application.

\_\_\_\_\_ I have emailed the applicant a signed copy of this application.

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Insurance License # / Agency Fed. Tax ID #

\_\_\_\_\_  
Agent Printed Name

\_\_\_\_\_  
Date



**Arkansas  
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

Date: 10/31/2014

Group Name: City of Jonesboro Municipal Airport  
4116 Linbergh Drive  
Jonesboro, AR 72403

Group Number: 028290

Dear Group Administrator:

Please be advised that the current benefit you offer (PPO XXX - 1), meets the minimum essential coverage requirements as defined in § 5000A of the Internal Revenue Code (employer-sponsored plan), and provides minimum value within the meaning of § 36B(c)(2)(C) (ii).

Effective 1/1/2015, employers are required by law to inform their employees of coverage options under the new health care law. You will find the compliant notification document at this link:

<http://www.dol.gov/ebsa/pdf/FLSAwithplans.pdf>. Please distribute copies of this notice to all your employees.

If you have any questions or concerns, please contact your agent or an Arkansas Blue Cross representative. We are happy to help you through the implementation of this new requirement.

The Patient Protection and Affordable Care Act (PPACA) mandates a Summary of Benefits and Coverage (SBC) document be created for every health insurance plan. An SBC that applies to this plan(s) can be found online at [www.arkansasbluecross.com/esbc](http://www.arkansasbluecross.com/esbc). After we receive and process your signed contract, you may access the SBC(s) for this plan by going to our SBC locator tool and entering the following unique identifier(s) into the SBC locator:

10311415155604

Groups with more than one plan type may have more than one link. You may download and electronic copy (PDF) of the appropriate SBC(s) to fulfill distribution requirements as mandated by the Patient Protection and Affordable Care Act (PPACA). A printed version is available by calling your group service representative.



**Arkansas  
BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association

## EMPLOYER APPLICATION

### Blues Enroll

|   |  |
|---|--|
| Renewal APPLICATION by: CITY OF JONESBORO   |  |
| (hereinafter called "Policyholder")   |  |
| for a Group Policy covering the employees of the Policyholder and the eligible dependents of such employees. The Policyholder intends hereby to establish and maintain an employee benefit plan (the "Plan") for the Policyholder's employees and eligible dependents, to contribute to the cost of the Plan, and to actively promote the Plan to the Policyholder's employees.   |  |
| <b>GROUP INFORMATION</b>  |  |
| Legal Name of Business: CITY OF JONESBORO   |  |
| D/B/A: CITY OF JONESBORO  |  |
| Street Address: 300 S Church Street   |  |
| City, State, Zip: Jonesboro , AR , 72401  | County: Craighead                        |
| Mailing Address: (if different from Street) P O BOX 1845  |  |
| City, State, Zip: Jonesboro , AR , 72403  |  |
| Telephone #: 870-933-4640   |  |
| Fax #: -  |  |
| Fed. Tax I.D #: 71-6013749  |  |
| Exec. Contact: Harold Perrin  | E-Mail: hperrin@jonesboro.org            |
| Group Administrator: GLORIA ROARK   | E-Mail: groark@jonesboro.org             |
| Primary SIC Code: 9199  | SIC Description: General Government, NEC |
| Business Type: Government Entity  |  |
| Agent:  | Agent's Lic #:                           |
| Agent's Company:  | Agent's Tax Id:                          |
| <b>POLICYHOLDER AS PLAN ADMINISTRATOR</b>   |  |
| The Policyholder, as Plan Administrator, assumes responsibility for the accuracy of information presented to Arkansas Blue Cross and Blue Shield ("ABCBS"), including all information on the employment status and eligibility of individuals to be covered under the Plan, as well as medical information provided with respect to each such individual. The Policyholder agrees that if misrepresentations are made in any of the information provided for rating or in this Group Application or any of the materials submitted with it, including, but not limited to, individual applications and medical information, then ABCBS may cancel or rescind this Group Policy. The Policyholder further agrees that if misrepresentations or false or misleading information is presented in filing of any claims hereunder ("improper claims"), ABCBS may cancel or rescind the coverage of any individual involved in presenting such a claim. Further, ABCBS may cancel or rescind the entire Group Policy if the Policyholder or any representative of the Policyholder knew or should have known of the improper claims, or if the Policyholder's action or inaction contributed to presentation of improper claims.  |  |
| <b>PROXY</b>  |  |
| The Policyholder hereby appoints the Board of Directors ("Board") of Arkansas Blue Cross and Blue Shield ("ABCBS"), as its proxy to act on its behalf at all meetings of members of ABCBS. This appointment shall include such persons as the Board may designate by resolution to act on its behalf. This proxy gives the Board, or its designee, full power to vote for the Policyholder on all matters that may be voted upon at any meeting. The annual meeting of Members is held each year at the home office of ABCBS located at 601 S. Gaines Street, Little Rock, Arkansas, on the third Monday of March, at 1:00 p.m. If the third Monday of March is a legal holiday, then the meeting will be at the same time and place on the next day after, which is not a legal holiday. A special meeting may be called upon notice mailed not less than ten (10) or more than sixty (60) days prior to such meeting. This proxy, unless revoked, shall remain in effect during the Policyholder's membership in ABCBS. The Policyholder may revoke this proxy in writing by advising ABCBS, attention Legal Division, of such at least five (5) days prior to any meeting. The Policyholder may also revoke its proxy by attending and voting in person at any Member's meeting. |  |

**BENEFIT SELECTION**

PREFERRED PROVIDER ORGANIZATION (PPO) - PPO XXX - 1

REQUESTED EFFECTIVE DATE, PENDING APPROVAL IS: 1/1/2015

Waiting Period Note: Effective Date is first of the month following the Waiting Period.

Date of Open Enrollment December

If a month is not specified, the Group's Open Enrollment will be the month prior to the Group's renewal date.

| Class | Class Description | Waiting Period | Contribution                    |
|-------|-------------------|----------------|---------------------------------|
| 1     | full time         | 1 Month        | Employee 71 %    Dependent 71 % |
| 2     | retirees          | 0 Days         | Employee 0 %    Dependent 0 %   |

Note: The Employer must pay a minimum of 50% of the Employee premium. This Policy may be terminated by the company if the Policyholder fails to contribute the percentage of Employees' premium specified above. This minimum contribution requirement does not apply to k-1 recipients.

**Maximum Dependent Age 26****Mandated Mental Health Parity: Yes**

Please Indicate whether a HRA, or mechanisms utilized to reduce the employee's portion of health plan costs, is either in place or planned to be purchased.    **No**

Rates offered for this plan are contingent on assertions submitted by the insurance applicant (or its agent) that there is no HRA or other funding mechanism in place, nor intent to purchase such an arrangement. Upon evidence to the contrary, the group health plan is subject to termination.

|  |           |                                 |
|--|-----------|---------------------------------|
| <b>Deductible:</b>                                   | \$500     | <b>Deductible Carryover:</b> No |
| <b>Family Deductible:</b>                            | 3         | <b>Basis:</b> Fulfillment       |
| <b>Coinsurance:</b>                                  | 80%/60%   |                                 |
| <b>In-Network Calendar Year Coinsurance Max:</b>     | \$2000    |                                 |
| <b>Family Calendar Year Coinsurance Max:</b>         | 3         | <b>Basis:</b> Fulfillment       |
| <b>Out-of-Network Calendar Year Coinsurance Max:</b> | None      |                                 |
| <b>Lifetime Maximum:</b>                             | Unlimited |                                 |
| Traditional Wellness                                 |           |                                 |

**Prescription Drug Rider Plan: \$10/\$30/\$50/100% Value Formulary**

Mail Order Drug - 2x Copay (90 days)

Based on actuarial review, this drug benefit option is creditable to the standard Medicare Part D prescription coverage.

| <b>PPO Optional Benefits:</b> |  |
|-------------------------------|--|
| Inpatient Copay - None        |  |
| Office Visit Copayment - \$30 | Maternity - Elected                            |
| Blue Card                     | Supplemental Accidental Endorsement - Declined |
|                               | ER Copayment - \$100                           |

**Arkansas Mandated Offer Benefit Riders:****You Must Elect or Reject Each Rider:**

|                                |                          |
|--------------------------------|--------------------------|
| Mammography - Reject           | Substance Abuse - Reject |
| Psychiatric Condition - Reject | TMJ* - Reject            |
| Hearing Aid - Reject           |                          |

\*Rejection of the TMJ Benefit Rider means covered benefits provided to Covered Persons will not include temporomandibular Joint disorders (TMJ) or craniomandibular disorders.

**Term Life and AD&D through US Able Life is not Provided**

**RATES - PPO XXX - 1**

| Two Tier Composite | Total Premium |
|--------------------|---------------|
| Employee           | \$386.16      |
| Family             | \$829.62      |

If there is an agent or broker involved in this coverage transaction they may receive compensation from Arkansas Blue Cross and Blue Shield, or one of its affiliates, for his or her services related to the placement of this coverage. Any such compensation is included in the premium paid by the covered person. For more information on the compensation involved in this transaction, please direct your inquiry to the agent or broker.

**Grandfather Status** - Our records indicate that your health plan is grandfathered.

**Please confirm if you agree with the grandfathered status as indicated above.**

Yes, I agree with the status as shown.

No, I disagree with the status as shown because \_\_\_\_\_



## ATTESTATIONS

### COBRA

Group health plans for employers with 20 or more employees on more than 50% of the business days in the previous calendar year are subject to Cobra. Employers are required to provide qualified beneficiaries an election period during which the beneficiary can elect to continue coverage under the guidelines. We offer the services of a vendor, "Ceridian", to assist you in administering Cobra (no additional cost).

Both full time and part time employees are counted to determine if a plan is subject to Cobra. Each part-time employee counts as a fraction of an employee, with the fraction equal to the number of hours worked divided by the number of hours used to determine full time status.<sup>1</sup>

(Yes ) (No ) As an employer, are you currently obligated by law to comply with COBRA?

(Yes ) (No ) Do you want to use the services of Ceridian?

(Yes ) (No ) If yes, are you currently contracting directly with Ceridian?

<sup>1</sup> COBRA Handbook 2009, ¶4.03[E][2]; 26 CFR §54.4980B-2 Q/A 5(e).

<sup>2</sup> 42 CFR §411.170.

**Medical Loss Ratio** - The determination of Large and Small Groups is based upon the average number of employees employed by the employer on business days during the preceding calendar year. The Public Health Services Act §2791(e) provides

(1) The term "large employer" means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 101 employees on business days during the preceding calendar year and who employs at least 2 employees on the first day of the plan year.

(2) The term "small employer" means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 1 but not more than 100 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year.

The policyholder is a  large employer  small employer (check one).

### L. Policyholder to Distribute and Account for Premium Rebates

In the event federal or state law requires the Company to rebate a portion of an annual premium payment, Company will pay the Policyholder the total rebate applicable to the Policy, and Policyholder shall use the amount of the rebate that is proportionate to the total amount of premium paid by all Employees under the policy for the benefit of Employees in one of the following ways, at the option of the Policyholder:

1. For all Employees covered under any option offered under the policyholder's group health plan at the time the rebate is received by the policyholder, to reduce the Employees' portion of premium for the subsequent policy year;
2. For Employees covered, at the time the rebate is received by the policyholder, under the group health plan option for which the Company is providing a rebate, to reduce the Employees' portion of premium for the subsequent policy year;
3. A cash refund to Employees enrolled in the group health plan option, at the time the rebate is received by the policyholder, for which the Company is providing a rebate; and
4. The reduction in future premium or the cash refund provided under paragraphs 1, 2 or 3 of this section may, at the option of the policyholder, be: divided evenly among such Employees; divided based on each Employee's actual contributions to premium; or apportioned in a manner that reasonably reflects each Employee's contributions to premium.
5. The portion of a rebate based upon former Employees' contributions to premium must be aggregated and used for the benefit of current Employees in the group health plan in any manner permitted by this section.

Policyholder will indemnify the Company in the event the Company suffers any fines, penalties or expenses, including reasonable attorney's fees, due to the Policyholder's failure to carry out its obligations under this Section L of the Group Policy.

**EMPLOYEE INFORMATION****MINIMUM NUMBER OF INSURED EMPLOYEES & MINIMUM PARTICIPATION REQUIREMENTS.**

Under the Medicare Secondary Payer Rules, it is the Employer's responsibility to annually inform Arkansas Blue Cross of proper employee counts for the purpose of determining payment priority between Medicare and Arkansas Blue Cross. Arkansas Blue Cross is required to furnish these counts to the Centers for Medicare and Medicaid Services (CMS).

Full-Time = means an active employee with a minimum of 30 hrs/week & 48 weeks/year

|   | In State | Out of State | Total |
|---|----------|--------------|-------|
| Full-Time Employees enrolling (including those satisfying their waiting period within 3 months after the effective date): | 529      |              | 529   |
| Full-Time Employees waiving (including those satisfying their waiting period within 3 months after the effective date):   |          |              |       |
| COBRA Continuees (Enrolling):   |          |              |       |
| Life ONLY Contracts:  |          |              |       |
| Total Enrolling and Waiving:  |          |              |       |
| Part Time/Seasonal/Temporary Employees :  |          |              | 59    |
| Total # of Employees:   |          |              | 588   |

**Minimum Number of Insured Employees.** To meet large group enrollment guidelines a group must have at least fifty-one full-time enrolled employees. Groups whose enrollment subsequently drops below fifty-one enrolled must be rated as a small group upon renewal.

**Minimum Participation Requirements.** Employees covered through other comprehensive major medical-type coverage may be waived from the eligibility count. 75% of all eligible employees without waivers must be insured, and no less than 25% of the full-time employees must enroll.

**This Policy may be terminated by the Company if the number of insured Employees falls below the minimum number of insured Employees specified above or if the percentage of eligible Employees of the Policyholder covered by the Policy becomes less than the percentage of Employee participation specified above.**

Special Group Considerations Form# 23-2170, Description Continuation for Municipal Emps 55+

Special Group Considerations Form# 23-2186, Description No Deductible Carryover

Special Group Considerations Form# 23-2432, Description Contin for City Cnsl Mbrs & Elect Officials

Special Group Considerations Form# 23-2242, Description \$100 ER co-pay

Special Group Considerations Form# 23-2232, Description retiree elected officials RX

**SIGNATURES**

This Application is made and delivered in the State of Arkansas and is governed by the laws of Arkansas and the United States of America. This Application is incorporated in and made a part of the Group Policy and Benefit Certificate.

I hereby renew the above referenced coverage and agree the group insurance, subject to the terms and conditions of the policies renewed, will take effect as of the renewal date, provided this application is approved and the premium is received by the home office of Arkansas Blue Cross and Blue Shield. **I also understand that my signature below represents my agreement and acceptance of the premium rate schedule.**

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in connection with an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**1. Policyholder**

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
(City, State)

\_\_\_\_\_ [full legal name of Policyholder]

By: \_\_\_\_\_  
Authorized Signature Printed Name

\_\_\_\_\_ Title or Position

**2. Agent**

I hereby certify that all of the information contained in this employer application is correct to the best of my knowledge, and I know nothing unfavorable about this firm or any individual proposed for coverage (except as noted on the employee applications). I have complied with the underwriting rules and regulations and have explained in detail the coverage to the member firm and its employees including the preexisting condition limitations and the qualifications of the effective date provisions. I understand that Arkansas Blue Cross and Blue Shield will have no liability until this application has been approved and the premium is received.

\_\_\_\_\_ I will provide the applicant with a signed copy of this application.

\_\_\_\_\_ I have emailed the applicant a signed copy of this application.

\_\_\_\_\_ Agent Signature

\_\_\_\_\_ Insurance License # / Agency Fed. Tax ID #

\_\_\_\_\_ Agent Printed Name

\_\_\_\_\_ Date



**Arkansas  
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

Date: 10/31/2014

Group Name: CITY OF JONESBORO  
515 W Washigton  
Jonesboro, AR 72401

Group Number: 011649

Dear Group Administrator:

Please be advised that the current benefit you offer (PPO XXX - 1), meets the minimum essential coverage requirements as defined in § 5000A of the Internal Revenue Code (employer-sponsored plan), and provides minimum value within the meaning of § 36B(c)(2)(C) (ii).

Effective 1/1/2015, employers are required by law to inform their employees of coverage options under the new health care law. You will find the compliant notification document at this link:

<http://www.dol.gov/ebsa/pdf/FLSAwithplans.pdf>. Please distribute copies of this notice to all your employees.

If you have any questions or concerns, please contact your agent or an Arkansas Blue Cross representative. We are happy to help you through the implementation of this new requirement.

The Patient Protection and Affordable Care Act (PPACA) mandates a Summary of Benefits and Coverage (SBC) document be created for every health insurance plan. An SBC that applies to this plan(s) can be found online at [www.arkansasbluecross.com/esbc](http://www.arkansasbluecross.com/esbc). After we receive and process your signed contract, you may access the SBC(s) for this plan by going to our SBC locator tool and entering the following unique identifier(s) into the SBC locator:

10311414455923

Groups with more than one plan type may have more than one link. You may download an electronic copy (PDF) of the appropriate SBC(s) to fulfill distribution requirements as mandated by the Patient Protection and Affordable Care Act (PPACA). A printed version is available by calling your group service representative.



**Arkansas  
BlueCross BlueShield**  
An Independent Licensee of the Blue Cross and Blue Shield Association

## EMPLOYER APPLICATION

### Blues Enroll

|   |                               |
|---|-------------------------------|
| Renewal APPLICATION by: CITY OF JONESBORO   |                               |
| (hereinafter called "Policyholder")   |                               |
| for a Group Policy covering the employees of the Policyholder and the eligible dependents of such employees. The Policyholder intends hereby to establish and maintain an employee benefit plan (the "Plan") for the Policyholder's employees and eligible dependents, to contribute to the cost of the Plan, and to actively promote the Plan to the Policyholder's employees.   |                               |
| <b>GROUP INFORMATION</b>  |                               |
| Legal Name of Business: CITY OF JONESBORO   |                               |
| D/B/A: CITY OF JONESBORO  |                               |
| Street Address: 300 S Church Street   |                               |
| City, State, Zip: Jonesboro , AR , 72401  | County: Craighead             |
| Mailing Address: (if different from Street) P O BOX 1845  |                               |
| City, State, Zip: Jonesboro , AR , 72403  |                               |
| Telephone #: 870-933-4640   |                               |
| Fax #: -  |                               |
| Fed. Tax I.D #: 71-6013749  |                               |
| Exec. Contact: Harold Perrin  | E-Mail: hperrin@jonesboro.org |
| Group Administrator: GLORIA ROARK   | E-Mail: groark@jonesboro.org  |
| Primary SIC Code: 9199 SIC Description: General Government, NEC   |                               |
| Business Type: Government Entity  |                               |
| Agent:  | Agent's Lic #:                |
| Agent's Company:  | Agent's Tax Id:               |
| <b>POLICYHOLDER AS PLAN ADMINISTRATOR</b>   |                               |
| The Policyholder, as Plan Administrator, assumes responsibility for the accuracy of information presented to Arkansas Blue Cross and Blue Shield ("ABCBS"), including all information on the employment status and eligibility of individuals to be covered under the Plan, as well as medical information provided with respect to each such individual. The Policyholder agrees that if misrepresentations are made in any of the information provided for rating or in this Group Application or any of the materials submitted with it, including, but not limited to, individual applications and medical information, then ABCBS may cancel or rescind this Group Policy. The Policyholder further agrees that if misrepresentations or false or misleading information is presented in filing of any claims hereunder ("improper claims"), ABCBS may cancel or rescind the coverage of any individual involved in presenting such a claim. Further, ABCBS may cancel or rescind the entire Group Policy if the Policyholder or any representative of the Policyholder knew or should have known of the improper claims, or if the Policyholder's action or inaction contributed to presentation of improper claims.  |                               |
| <b>PROXY</b>  |                               |
| The Policyholder hereby appoints the Board of Directors ("Board") of Arkansas Blue Cross and Blue Shield ("ABCBS"), as its proxy to act on its behalf at all meetings of members of ABCBS. This appointment shall include such persons as the Board may designate by resolution to act on its behalf. This proxy gives the Board, or its designee, full power to vote for the Policyholder on all matters that may be voted upon at any meeting. The annual meeting of Members is held each year at the home office of ABCBS located at 601 S. Gaines Street, Little Rock, Arkansas, on the third Monday of March, at 1:00 p.m. If the third Monday of March is a legal holiday, then the meeting will be at the same time and place on the next day after, which is not a legal holiday. A special meeting may be called upon notice mailed not less than ten (10) or more than sixty (60) days prior to such meeting. This proxy, unless revoked, shall remain in effect during the Policyholder's membership in ABCBS. The Policyholder may revoke this proxy in writing by advising ABCBS, attention Legal Division, of such at least five (5) days prior to any meeting. The Policyholder may also revoke its proxy by attending and voting in person at any Member's meeting. |                               |

**BENEFIT SELECTION**

RX ONLY - medi-pak supplement

**REQUESTED EFFECTIVE DATE, PENDING APPROVAL IS: 1/1/2015****Waiting Period Note:** Effective Date is first of the month following the Waiting Period.Date of Open Enrollment December*If a month is not specified, the Group's Open Enrollment will be the month prior to the Group's renewal date.*

| Class | Class Description                               | Waiting Period | Contribution                   |
|-------|---|----------------|--------------------------------|
| 4     | med supp elected officials w20<br>Yrs cnt sc-rx | 0 Days         | Employee 25 %    Dependent 0 % |

*Note: The Employer must pay a minimum of 50% of the Employee premium. This Policy may be terminated by the company if the Policyholder fails to contribute the percentage of Employees' premium specified above.*

**Maximum Dependent Age: 26****Mandated Mental Health Parity: Yes****Prescription Drug Rider Plan: \$10/\$30/\$50 /100% Value Formulary, Mail Order Drug - 2x Copay (90 days)***Based on actuarial review, this drug benefit option is creditable to the standard Medicare Part D prescription coverage.*

**RATES** - medi-pak supplement

| One Tier Composite | Total Premium |
|--------------------|---------------|
| Employee           | \$95.29       |

If there is an agent or broker involved in this coverage transaction they may receive compensation from Arkansas Blue Cross and Blue Shield, or one of its affiliates, for his or her services related to the placement of this coverage. Any such compensation is included in the premium paid by the covered person. For more information on the compensation involved in this transaction, please direct your inquiry to the agent or broker.

**Grandfather Status** - Our records indicate that your health plan is grandfathered.

**Please confirm if you agree with the grandfathered status as indicated above.**

Yes, I agree with the status as shown.

No, I disagree with the status as shown because \_\_\_\_\_



## ATTESTATIONS

### COBRA

Group health plans for employers with 20 or more employees on more than 50% of the business days in the previous calendar year are subject to Cobra. Employers are required to provide qualified beneficiaries an election period during which the beneficiary can elect to continue coverage under the guidelines. We offer the services of a vendor, "Ceridian", to assist you in administering Cobra (no additional cost).

Both full time and part time employees are counted to determine if a plan is subject to Cobra. Each part-time employee counts as a fraction of an employee, with the fraction equal to the number of hours worked divided by the number of hours used to determine full time status.<sup>1</sup>

(Yes ) (No ) As an employer, are you currently obligated by law to comply with COBRA?

(Yes ) (No ) Do you want to use the services of Ceridian?

(Yes ) (No ) If yes, are you currently contracting directly with Ceridian?

1 COBRA Handbook 2009, ¶4.03[E][2]; 26 CFR §54.4980B-2 Q/A 5(e).  
2 42 CFR §411.170.

**Medical Loss Ratio** - The determination of Large and Small Groups is based upon the average number of employees employed by the employer on business days during the preceding calendar year. The Public Health Services Act §2791(e) provides

(1) The term "large employer" means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 101 employees on business days during the preceding calendar year and who employs at least 2 employees on the first day of the plan year.

(2) The term "small employer" means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 1 but not more than 100 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year.

The policyholder is a  large employer  small employer (check one).

### L. Policyholder to Distribute and Account for Premium Rebates

In the event federal or state law requires the Company to rebate a portion of an annual premium payment, Company will pay the Policyholder the total rebate applicable to the Policy, and Policyholder shall use the amount of the rebate that is proportionate to the total amount of premium paid by all Employees under the policy for the benefit of Employees in one of the following ways, at the option of the Policyholder:

1. For all Employees covered under any option offered under the policyholder's group health plan at the time the rebate is received by the policyholder, to reduce the Employees' portion of premium for the subsequent policy year;
2. For Employees covered, at the time the rebate is received by the policyholder, under the group health plan option for which the Company is providing a rebate, to reduce the Employees' portion of premium for the subsequent policy year;
3. A cash refund to Employees enrolled in the group health plan option, at the time the rebate is received by the policyholder, for which the Company is providing a rebate; and
4. The reduction in future premium or the cash refund provided under paragraphs 1, 2 or 3 of this section may, at the option of the policyholder, be: divided evenly among such Employees; divided based on each Employee's actual contributions to premium; or apportioned in a manner that reasonably reflects each Employee's contributions to premium.
5. The portion of a rebate based upon former Employees' contributions to premium must be aggregated and used for the benefit of current Employees in the group health plan in any manner permitted by this section.

Policyholder will indemnify the Company in the event the Company suffers any fines, penalties or expenses, including reasonable attorney's fees, due to the Policyholder's failure to carry out its obligations under this Section L of the Group Policy.

**EMPLOYEE INFORMATION**

**MINIMUM NUMBER OF INSURED EMPLOYEES & MINIMUM PARTICIPATION REQUIREMENTS.**

Under the Medicare Secondary Payer Rules, it is the Employer's responsibility to annually inform Arkansas Blue Cross of proper employee counts for the purpose of determining payment priority between Medicare and Arkansas Blue Cross. Arkansas Blue Cross is required to furnish these counts to the Centers for Medicare and Medicaid Services (CMS).

Full-Time = means an active employee with a minimum of 30 hrs/week & 48 weeks/year

|   | In State | Out of State | Total |
|---|----------|--------------|-------|
| Full-Time Employees enrolling (including those satisfying their waiting period within 3 months after the effective date): | 1        |              | 1     |
| Full-Time Employees waiving (including those satisfying their waiting period within 3 months after the effective date):   |          |              |       |
| COBRA Continuees (Enrolling):   |          |              |       |
| Life ONLY Contracts:  |          |              |       |
| Total Enrolling and Waiving:  | 1        |              | 1     |
| Part Time/Seasonal/Temporary Employees :  |          |              |       |
| Total # of Employees:   |          |              | 1     |

**Minimum Number of Insured Employees.** To meet large group enrollment guidelines a group must have at least fifty-one full-time enrolled employees. Groups whose enrollment subsequently drops below fifty-one enrolled must be rated as a small group upon renewal.

**Minimum Participation Requirements.** Employees covered through other comprehensive major medical-type coverage may be waived from the eligibility count. 75% of all eligible employees without waivers must be insured, and no less than 25% of the full-time employees must enroll.

**This Policy may be terminated by the Company if the number of insured Employees falls below the minimum number of insured Employees specified above or if the percentage of eligible Employees of the Policyholder covered by the Policy becomes less than the percentage of Employee participation specified above.**

Special Group Considerations Form# 23-2170, Description Continuation for Municipal Emps 55+

Special Group Considerations Form# 23-2186, Description No Deductible Carryover

Special Group Considerations Form# 23-2432, Description Contin for City Cnsl Mbrs & Elect Officials

Special Group Considerations Form# 23-2242, Description \$100 ER co-pay

Special Group Considerations Form# 23-2232, Description retiree elected officials RX

**SIGNATURES**

This Application is made and delivered in the State of Arkansas and is governed by the laws of Arkansas and the United States of America. This Application is incorporated in and made a part of the Group Policy and Benefit Certificate.

I hereby renew the above referenced coverage and agree the group insurance, subject to the terms and conditions of the policies renewed, will take effect as of the renewal date, provided this application is approved and the premium is received by the home office of Arkansas Blue Cross and Blue Shield. **I also understand that my signature below represents my agreement and acceptance of the premium rate schedule.**

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in connection with an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**1. Policyholder**

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
(City, State)

\_\_\_\_\_ [full legal name of Policyholder]

By: \_\_\_\_\_  
Authorized Signature Printed Name

\_\_\_\_\_  
Title or Position

**2. Agent**

I hereby certify that all of the information contained in this employer application is correct to the best of my knowledge, and I know nothing unfavorable about this firm or any individual proposed for coverage (except as noted on the employee applications). I have complied with the underwriting rules and regulations and have explained in detail the coverage to the member firm and its employees including the preexisting condition limitations and the qualifications of the effective date provisions. I understand that Arkansas Blue Cross and Blue Shield will have no liability until this application has been approved and the premium is received.

\_\_\_\_\_ I will provide the applicant with a signed copy of this application.

\_\_\_\_\_ I have emailed the applicant a signed copy of this application.

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Insurance License # / Agency Fed. Tax ID #

\_\_\_\_\_  
Agent Printed Name

\_\_\_\_\_  
Date



**Arkansas  
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

Date: 10/31/2014

Group Name: CITY OF JONESBORO  
515 W Washigton  
Jonesboro, AR 72401

Group Number: 011649

Dear Group Administrator:

Please be advised that the current benefit you offer (medi-pak supplement), meets the minimum essential coverage requirements as defined in § 5000A of the Internal Revenue Code (employer-sponsored plan), and provides minimum value within the meaning of § 36B(c)(2)(C)(ii).

Effective 1/1/2015, employers are required by law to inform their employees of coverage options under the new health care law. You will find the compliant notification document at this link:

<http://www.dol.gov/ebsa/pdf/FLSAwithplans.pdf> Please distribute copies of this notice to all your employees.

If you have any questions or concerns, please contact your agent or an Arkansas Blue Cross representative. We are happy to help you through the implementation of this new requirement.



**Arkansas  
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

## EMPLOYER APPLICATION

### Blues Enroll

Renewal APPLICATION by: CITY OF JONESBORO URBAN RENEWAL HOUSING

(hereinafter called "Policyholder")

for a Group Policy covering the employees of the Policyholder and the eligible dependents of such employees. The Policyholder intends hereby to establish and maintain an employee benefit plan (the "Plan") for the Policyholder's employees and eligible dependents, to contribute to the cost of the Plan, and to actively promote the Plan to the Policyholder's employees.

#### GROUP INFORMATION

Legal Name of Business: CITY OF JONESBORO

D/B/A: CITY OF JONESBORO URBAN RENEWAL HOUSING

Street Address: 330 Union Street

City, State, Zip: Jonesboro , AR , 72401

County: Craighead

Mailing Address: (if different from Street) 330 Union Street

City, State, Zip: Jonesboro , AR , 72401

Telephone #: 870-935-9800

Fax #: -

Fed. Tax I.D #: 71-0024703

Exec. Contact:

E-Mail:

Group Administrator: Janice Grissum

E-Mail:

Primary SIC Code: 9199

SIC Description: General Government, NEC

Business Type: Government Entity

Agent:

Agent's Lic #:

Agent's Company:

Agent's Tax Id:

#### POLICYHOLDER AS PLAN ADMINISTRATOR

The Policyholder, as Plan Administrator, assumes responsibility for the accuracy of information presented to Arkansas Blue Cross and Blue Shield ("ABCBS"), including all information on the employment status and eligibility of individuals to be covered under the Plan, as well as medical information provided with respect to each such individual. The Policyholder agrees that if misrepresentations are made in any of the information provided for rating or in this Group Application or any of the materials submitted with it, including, but not limited to, individual applications and medical information, then ABCBS may cancel or rescind this Group Policy. The Policyholder further agrees that if misrepresentations or false or misleading information is presented in filing of any claims hereunder ("improper claims"), ABCBS may cancel or rescind the coverage of any individual involved in presenting such a claim. Further, ABCBS may cancel or rescind the entire Group Policy if the Policyholder or any representative of the Policyholder knew or should have known of the improper claims, or if the Policyholder's action or inaction contributed to presentation of improper claims.

#### PROXY

The Policyholder hereby appoints the Board of Directors ("Board") of Arkansas Blue Cross and Blue Shield ("ABCBS"), as its proxy to act on its behalf at all meetings of members of ABCBS. This appointment shall include such persons as the Board may designate by resolution to act on its behalf. This proxy gives the Board, or its designee, full power to vote for the Policyholder on all matters that may be voted upon at any meeting. The annual meeting of Members is held each year at the home office of ABCBS located at 601 S. Gaines Street, Little Rock, Arkansas, on the third Monday of March, at 1:00 p.m. If the third Monday of March is a legal holiday, then the meeting will be at the same time and place on the next day after, which is not a legal holiday. A special meeting may be called upon notice mailed not less than ten (10) or more than sixty (60) days prior to such meeting. This proxy, unless revoked, shall remain in effect during the Policyholder's membership in ABCBS. The Policyholder may revoke this proxy in writing by advising ABCBS, attention Legal Division, of such at least five (5) days prior to any meeting. The Policyholder may also revoke its proxy by attending and voting in person at any Member's meeting.

**BENEFIT SELECTION**

PREFERRED PROVIDER ORGANIZATION (PPO) - PPO XXX - 1

REQUESTED EFFECTIVE DATE, PENDING APPROVAL IS: **1/1/2015**

Waiting Period Note: Effective Date is first of the month following the Waiting Period.

Date of Open Enrollment **December**

If a month is not specified, the Group's Open Enrollment will be the month prior to the Group's renewal date.

| Class | Class Description | Waiting Period | Contribution                    |
|-------|-------------------|----------------|---------------------------------|
| 1     | full time         | 1 Month        | Employee 71 %    Dependent 71 % |

Note: The Employer must pay a minimum of 50% of the Employee premium. This Policy may be terminated by the company if the Policyholder fails to contribute the percentage of Employees' premium specified above.

**Maximum Dependent Age 26****Mandated Mental Health Parity: Yes**

Please Indicate whether a HRA, or mechanisms utilized to reduce the employee's portion of health plan costs, is either in place or planned to be purchased.    **No**

Rates offered for this plan are contingent on assertions submitted by the insurance applicant (or its agent) that there is no HRA or other funding mechanism in place, nor intent to purchase such an arrangement. Upon evidence to the contrary, the group health plan is subject to termination.

|  |           |                                 |
|--|-----------|---------------------------------|
| <b>Deductible:</b>                                   | \$500     | <b>Deductible Carryover:</b> No |
| <b>Family Deductible:</b>                            | 3         | <b>Basis:</b> Fulfillment       |
| <b>Coinsurance:</b>                                  | 80%/60%   |                                 |
| <b>In-Network Calendar Year Coinsurance Max:</b>     | \$2000    |                                 |
| <b>Family Calendar Year Coinsurance Max:</b>         | 3         | <b>Basis:</b> Fulfillment       |
| <b>Out-of-Network Calendar Year Coinsurance Max:</b> | None      |                                 |
| <b>Lifetime Maximum:</b>                             | Unlimited |                                 |
| Traditional Wellness                                 |           |                                 |

**Prescription Drug Rider Plan:** \$10/\$30/\$50/100% Value Formulary

Mail Order Drug - 2x Copay (90 days)

Based on actuarial review, this drug benefit option is creditable to the standard Medicare Part D prescription coverage.

| <b>PPO Optional Benefits:</b> |  |
|-------------------------------|--|
| Inpatient Copay - None        |  |
| Office Visit Copayment - \$30 | Maternity - Elected                            |
| Blue Card                     | Supplemental Accidental Endorsement - Declined |
|                               | ER Copayment - \$100                           |

**Arkansas Mandated Offer Benefit Riders:****You Must Elect or Reject Each Rider:**

|                                |                          |
|--------------------------------|--------------------------|
| Mammography - Reject           | Substance Abuse - Reject |
| Psychiatric Condition - Reject | TMJ* - Reject            |
| Hearing Aid - Reject           |                          |

\*Rejection of the TMJ Benefit Rider means covered benefits provided to Covered Persons will not include temporomandibular Joint disorders (TMJ) or craniomandibular disorders.

**Term Life and AD&D through US Able Life is not Provided**

**RATES - PPO XXX - 1**

| Two Tier Composite | Total Premium |
|--------------------|---------------|
| Employee           | \$386.16      |
| Family             | \$829.62      |

If there is an agent or broker involved in this coverage transaction they may receive compensation from Arkansas Blue Cross and Blue Shield, or one of its affiliates, for his or her services related to the placement of this coverage. Any such compensation is included in the premium paid by the covered person. For more information on the compensation involved in this transaction, please direct your inquiry to the agent or broker.

**Grandfather Status** - Our records indicate that your health plan is grandfathered.

**Please confirm if you agree with the grandfathered status as indicated above.**

Yes, I agree with the status as shown.

No, I disagree with the status as shown because \_\_\_\_\_

## ATTESTATIONS

### COBRA

Group health plans for employers with 20 or more employees on more than 50% of the business days in the previous calendar year are subject to Cobra. Employers are required to provide qualified beneficiaries an election period during which the beneficiary can elect to continue coverage under the guidelines. We offer the services of a vendor, "Ceridian", to assist you in administering Cobra (no additional cost).

Both full time and part time employees are counted to determine if a plan is subject to Cobra. Each part-time employee counts as a fraction of an employee, with the fraction equal to the number of hours worked divided by the number of hours used to determine full time status.<sup>1</sup>

(Yes ) (No ) As an employer, are you currently obligated by law to comply with COBRA?

(Yes ) (No ) Do you want to use the services of Ceridian?

(Yes ) (No ) If yes, are you currently contracting directly with Ceridian?

<sup>1</sup> COBRA Handbook 2009, ¶4.03[E][2]; 26 CFR §54.4980B-2 Q/A 5(e).

<sup>2</sup> 42 CFR §411.170.

**Medical Loss Ratio** - The determination of Large and Small Groups is based upon the average number of employees employed by the employer on business days during the proceeding calendar year. The Public Health Services Act §2791(e) provides

(1) The term "large employer" means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 101 employees on business days during the preceding calendar year and who employs at least 2 employees on the first day of the plan year.

(2) The term "small employer" means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 1 but not more than 100 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year.

The policyholder is a  large employer  small employer (check one).

### L. Policyholder to Distribute and Account for Premium Rebates

In the event federal or state law requires the Company to rebate a portion of an annual premium payment, Company will pay the Policyholder the total rebate applicable to the Policy, and Policyholder shall use the amount of the rebate that is proportionate to the total amount of premium paid by all Employees under the policy for the benefit of Employees in one of the following ways, at the option of the Policyholder:

1. For all Employees covered under any option offered under the policyholder's group health plan at the time the rebate is received by the policyholder, to reduce the Employees' portion of premium for the subsequent policy year;
  2. For Employees covered, at the time the rebate is received by the policyholder, under the group health plan option for which the Company is providing a rebate, to reduce the Employees' portion of premium for the subsequent policy year;
  3. A cash refund to Employees enrolled in the group health plan option, at the time the rebate is received by the policyholder, for which the Company is providing a rebate; and
  4. The reduction in future premium or the cash refund provided under paragraphs 1, 2 or 3 of this section may, at the option of the policyholder, be: divided evenly among such Employees; divided based on each Employee's actual contributions to premium; or apportioned in a manner that reasonably reflects each Employee's contributions to premium.
  5. The portion of a rebate based upon former Employees' contributions to premium must be aggregated and used for the benefit of current Employees in the group health plan in any manner permitted by this section.
- Policyholder will indemnify the Company in the event the Company suffers any fines, penalties or expenses, including reasonable attorney's fees, due to the Policyholder's failure to carry out its obligations under this Section L of the Group Policy.



**EMPLOYEE INFORMATION  
MINIMUM NUMBER OF INSURED EMPLOYEES & MINIMUM PARTICIPATION REQUIREMENTS.**

Under the Medicare Secondary Payer Rules, it is the Employer's responsibility to annually inform Arkansas Blue Cross of proper employee counts for the purpose of determining payment priority between Medicare and Arkansas Blue Cross. Arkansas Blue Cross is required to furnish these counts to the Centers for Medicare and Medicaid Services (CMS).

Full-Time = means an active employee with a minimum of 30 hrs/week & 48 weeks/year

|   | In State | Out of State | Total |
|---|----------|--------------|-------|
| Full-Time Employees enrolling (including those satisfying their waiting period within 3 months after the effective date): | 21       |              | 21    |
| Full-Time Employees waiving (including those satisfying their waiting period within 3 months after the effective date):   | 6        |              | 6     |
| COBRA Continuees (Enrolling):   | 0        |              | 0     |
| Life ONLY Contracts:  |          |              |       |
| Total Enrolling and Waiving:  |          |              |       |
| Part Time/Seasonal/Temporary Employees :  |          |              | 1     |
| Total # of Employees:   |          |              | 28    |

**Minimum Number of Insured Employees.** To meet large group enrollment guidelines a group must have at least fifty-one full-time enrolled employees. Groups whose enrollment subsequently drops below fifty-one enrolled must be rated as a small group upon renewal.

**Minimum Participation Requirements.** Employees covered through other comprehensive major medical-type coverage may be waived from the eligibility count. 75% of all eligible employees without waivers must be insured, and no less than 25% of the full-time employees must enroll.

This Policy may be terminated by the Company if the number of insured Employees falls below the minimum number of insured Employees specified above or if the percentage of eligible Employees of the Policyholder covered by the Policy becomes less than the percentage of Employee participation specified above.

Special Group Considerations Form# 23-2186, Description no deductible carryover

Special Group Considerations Form# 23-2242, Description \$100 ER co-pay

**SIGNATURES**

This Application is made and delivered in the State of Arkansas and is governed by the laws of Arkansas and the United States of America. This Application is incorporated in and made a part of the Group Policy and Benefit Certificate.

I hereby renew the above referenced coverage and agree the group insurance, subject to the terms and conditions of the policies renewed, will take effect as of the renewal date, provided this application is approved and the premium is received by the home office of Arkansas Blue Cross and Blue Shield. **I also understand that my signature below represents my agreement and acceptance of the premium rate schedule.**

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in connection with an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**1. Policyholder**

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
(City, State)

\_\_\_\_\_ [full legal name of Policyholder]

By: \_\_\_\_\_ Printed Name  
Authorized Signature

\_\_\_\_\_  
Title or Position

**2. Agent**

I hereby certify that all of the information contained in this employer application is correct to the best of my knowledge, and I know nothing unfavorable about this firm or any individual proposed for coverage (except as noted on the employee applications). I have complied with the underwriting rules and regulations and have explained in detail the coverage to the member firm and its employees including the preexisting condition limitations and the qualifications of the effective date provisions. I understand that Arkansas Blue Cross and Blue Shield will have no liability until this application has been approved and the premium is received.

\_\_\_\_\_ I will provide the applicant with a signed copy of this application.

\_\_\_\_\_ I have emailed the applicant a signed copy of this application.

\_\_\_\_\_  
Agent Signature

\_\_\_\_\_  
Insurance License # / Agency Fed. Tax ID #

\_\_\_\_\_  
Agent Printed Name

\_\_\_\_\_  
Date



**Arkansas  
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

Date: 11/6/2014

Group Name: CITY OF JONESBORO URBAN RENEWAL HOUSING  
330 Union Street  
Jonesboro, AR 72401

Group Number: 024703

Dear Group Administrator:

Please be advised that the current benefit you offer (PPO XXX - 1), meets the minimum essential coverage requirements as defined in § 5000A of the Internal Revenue Code (employer-sponsored plan), and provides minimum value within the meaning of § 36B(c)(2)(C) (ii).

Effective 1/1/2015, employers are required by law to inform their employees of coverage options under the new health care law. You will find the compliant notification document at this link:

<http://www.dol.gov/ebsa/pdf/FLSAwithplans.pdf>. Please distribute copies of this notice to all your employees.

If you have any questions or concerns, please contact your agent or an Arkansas Blue Cross representative. We are happy to help you through the implementation of this new requirement.

The Patient Protection and Affordable Care Act (PPACA) mandates a Summary of Benefits and Coverage (SBC) document be created for every health insurance plan. An SBC that applies to this plan(s) can be found online at [www.arkansasbluecross.com/esbc](http://www.arkansasbluecross.com/esbc). After we receive and process your signed contract, you may access the SBC(s) for this plan by going to our SBC locator tool and entering the following unique identifier(s) into the SBC locator:

10311414455966

Groups with more than one plan type may have more than one link. You may download and electronic copy (PDF) of the appropriate SBC(s) to fulfill distribution requirements as mandated by the Patient Protection and Affordable Care Act (PPACA). A printed version is available by calling your group service representative.



**Arkansas  
Blue Cross Blue Shield**

An Independent Licensee of the Blue Cross and Blue Shield Association

## EMPLOYER APPLICATION

### Blues Enroll

|   |                   |
|---|-------------------|
| Renewal APPLICATION by: City of Jonesboro Craighead Library   |                   |
| (hereinafter called "Policyholder")   |                   |
| for a Group Policy covering the employees of the Policyholder and the eligible dependents of such employees. The Policyholder intends hereby to establish and maintain an employee benefit plan (the "Plan") for the Policyholder's employees and eligible dependents, to contribute to the cost of the Plan, and to actively promote the Plan to the Policyholder's employees.   |                   |
| <b>GROUP INFORMATION</b>  |                   |
| Legal Name of Business: CITY OF JONESBORO   |                   |
| D/B/A: City of Jonesboro Craighead Library  |                   |
| Street Address: 315 W. Oak  |                   |
| City, State, Zip: Jonesboro , AR , 72401  | County: Craighead |
| Mailing Address: (if different from Street) 315 W. Oak  |                   |
| City, State, Zip: Jonesboro , AR , 72401  |                   |
| Telephone #: 870-933-4640   |                   |
| Fax #: -  |                   |
| Fed. Tax I.D #: 71-0023849  |                   |
| Exec. Contact:  | E-Mail:           |
| Group Administrator: Nancy Dobbins  | E-Mail:           |
| Primary SIC Code: 8231      SIC Description: Libraries  |                   |
| Business Type: Government Entity  |                   |
| Agent:  | Agent's Lic #:    |
| Agent's Company:  | Agent's Tax Id:   |
| <b>POLICYHOLDER AS PLAN ADMINISTRATOR</b>   |                   |
| The Policyholder, as Plan Administrator, assumes responsibility for the accuracy of information presented to Arkansas Blue Cross and Blue Shield ("ABCBS"), including all information on the employment status and eligibility of individuals to be covered under the Plan, as well as medical information provided with respect to each such individual. The Policyholder agrees that if misrepresentations are made in any of the information provided for rating or in this Group Application or any of the materials submitted with it, including, but not limited to, individual applications and medical information, then ABCBS may cancel or rescind this Group Policy. The Policyholder further agrees that if misrepresentations or false or misleading information is presented in filing of any claims hereunder ("improper claims"), ABCBS may cancel or rescind the coverage of any individual involved in presenting such a claim. Further, ABCBS may cancel or rescind the entire Group Policy if the Policyholder or any representative of the Policyholder knew or should have known of the improper claims, or if the Policyholder's action or inaction contributed to presentation of improper claims.  |                   |
| <b>PROXY</b>  |                   |
| The Policyholder hereby appoints the Board of Directors ("Board") of Arkansas Blue Cross and Blue Shield ("ABCBS"), as its proxy to act on its behalf at all meetings of members of ABCBS. This appointment shall include such persons as the Board may designate by resolution to act on its behalf. This proxy gives the Board, or its designee, full power to vote for the Policyholder on all matters that may be voted upon at any meeting. The annual meeting of Members is held each year at the home office of ABCBS located at 601 S. Gaines Street, Little Rock, Arkansas, on the third Monday of March, at 1:00 p.m. If the third Monday of March is a legal holiday, then the meeting will be at the same time and place on the next day after, which is not a legal holiday. A special meeting may be called upon notice mailed not less than ten (10) or more than sixty (60) days prior to such meeting. This proxy, unless revoked, shall remain in effect during the Policyholder's membership in ABCBS. The Policyholder may revoke this proxy in writing by advising ABCBS, attention Legal Division, of such at least five (5) days prior to any meeting. The Policyholder may also revoke its proxy by attending and voting in person at any Member's meeting. |                   |

**BENEFIT SELECTION**

PREFERRED PROVIDER ORGANIZATION (PPO) - PPO XXX - 1

REQUESTED EFFECTIVE DATE, PENDING APPROVAL IS: **1/1/2015****Waiting Period Note:** Effective Date is first of the month following the Waiting Period.Date of Open Enrollment December*If a month is not specified, the Group's Open Enrollment will be the month prior to the Group's renewal date.*

| Class | Class Description | Waiting Period | Contribution                    |
|-------|-------------------|----------------|---------------------------------|
| 1     | full time         | 1 Month        | Employee 71 %    Dependent 71 % |

Note: The Employer must pay a minimum of 50% of the Employee premium. This Policy may be terminated by the company if the Policyholder fails to contribute the percentage of Employees' premium specified above.

**Maximum Dependent Age 26****Mandated Mental Health Parity: Yes**

Please Indicate whether a HRA, or mechanisms utilized to reduce the employee's portion of health plan costs, is either in place or planned to be purchased.    **No**

Rates offered for this plan are contingent on assertions submitted by the insurance applicant (or its agent) that there is no HRA or other funding mechanism in place, nor intent to purchase such an arrangement. Upon evidence to the contrary, the group health plan is subject to termination.

|  |           |                                 |
|--|-----------|---------------------------------|
| <b>Deductible:</b>                                   | \$500     | <b>Deductible Carryover:</b> No |
| <b>Family Deductible:</b>                            | 3         | <b>Basis:</b> Fulfillment       |
| <b>Coinsurance:</b>                                  | 80%/60%   |                                 |
| <b>In-Network Calendar Year Coinsurance Max:</b>     | \$2000    |                                 |
| <b>Family Calendar Year Coinsurance Max:</b>         | 3         | <b>Basis:</b> Fulfillment       |
| <b>Out-of-Network Calendar Year Coinsurance Max:</b> | None      |                                 |
| <b>Lifetime Maximum:</b>                             | Unlimited |                                 |
| Traditional Wellness                                 |           |                                 |

**Prescription Drug Rider Plan:** \$10/\$30/\$50/100% Value Formulary

Mail Order Drug - 2x Copay (90 days)

*Based on actuarial review, this drug benefit option is creditable to the standard Medicare Part D prescription coverage.*

|                               |  |
|-------------------------------|--|
| <b>PPO Optional Benefits:</b> |  |
| Inpatient Copay - None        |  |
| Office Visit Copayment - \$30 | Maternity - Elected                            |
| Blue Card                     | Supplemental Accidental Endorsement - Declined |
|                               | ER Copayment - \$100                           |

**Arkansas Mandated Offer Benefit Riders:****You Must Elect or Reject Each Rider:**

|                                |                          |
|--------------------------------|--------------------------|
| Mammography - Reject           | Substance Abuse - Reject |
| Psychiatric Condition - Reject | TMJ* - Reject            |
| Hearing Aid - Reject           |                          |

\*Rejection of the TMJ Benefit Rider means covered benefits provided to Covered Persons will not include temporomandibular Joint disorders (TMJ) or craniomandibular disorders.

**Term Life and AD&D through US Able Life is not Provided**

**RATES** - PPO XXX - 1

| Two Tier Composite | Total Premium |
|--------------------|---------------|
| Employee           | \$386.16      |
| Family             | \$829.62      |

If there is an agent or broker involved in this coverage transaction they may receive compensation from Arkansas Blue Cross and Blue Shield, or one of its affiliates, for his or her services related to the placement of this coverage. Any such compensation is included in the premium paid by the covered person. For more information on the compensation involved in this transaction, please direct your inquiry to the agent or broker.

**Grandfather Status** - Our records indicate that your health plan is grandfathered.

**Please confirm if you agree with the grandfathered status as indicated above.**

Yes, I agree with the status as shown.

No, I disagree with the status as shown because \_\_\_\_\_

## ATTESTATIONS

### COBRA

Group health plans for employers with 20 or more employees on more than 50% of the business days in the previous calendar year are subject to Cobra. Employers are required to provide qualified beneficiaries an election period during which the beneficiary can elect to continue coverage under the guidelines. We offer the services of a vendor, "Ceridian", to assist you in administering Cobra (no additional cost).

Both full time and part time employees are counted to determine if a plan is subject to Cobra. Each part-time employee counts as a fraction of an employee, with the fraction equal to the number of hours worked divided by the number of hours used to determine full time status.<sup>1</sup>

(Yes ) (No ) As an employer, are you currently obligated by law to comply with COBRA?

(Yes ) (No ) Do you want to use the services of Ceridian?

(Yes ) (No ) If yes, are you currently contracting directly with Ceridian?

<sup>1</sup> COBRA Handbook 2009, ¶4.03[E][2]; 26 CFR §54.4980B-2 Q/A 5(e).  
2 42 CFR §411.170.

**Medical Loss Ratio** - The determination of Large and Small Groups is based upon the average number of employees employed by the employer on business days during the preceding calendar year. The Public Health Services Act §2791(e) provides

(1) The term "large employer" means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 101 employees on business days during the preceding calendar year and who employs at least 2 employees on the first day of the plan year.

(2) The term "small employer" means, in connection with a group health plan with respect to a calendar year and a plan year, an employer who employed an average of at least 1 but not more than 100 employees on business days during the preceding calendar year and who employs at least 1 employee on the first day of the plan year.

The policyholder is a  large employer  small employer (check one).

### L. Policyholder to Distribute and Account for Premium Rebates

In the event federal or state law requires the Company to rebate a portion of an annual premium payment, Company will pay the Policyholder the total rebate applicable to the Policy, and Policyholder shall use the amount of the rebate that is proportionate to the total amount of premium paid by all Employees under the policy for the benefit of Employees in one of the following ways, at the option of the Policyholder:

1. For all Employees covered under any option offered under the policyholder's group health plan at the time the rebate is received by the policyholder, to reduce the Employees' portion of premium for the subsequent policy year;
2. For Employees covered, at the time the rebate is received by the policyholder, under the group health plan option for which the Company is providing a rebate, to reduce the Employees' portion of premium for the subsequent policy year;
3. A cash refund to Employees enrolled in the group health plan option, at the time the rebate is received by the policyholder, for which the Company is providing a rebate; and
4. The reduction in future premium or the cash refund provided under paragraphs 1, 2 or 3 of this section may, at the option of the policyholder, be: divided evenly among such Employees; divided based on each Employee's actual contributions to premium; or apportioned in a manner that reasonably reflects each Employee's contributions to premium.
5. The portion of a rebate based upon former Employees' contributions to premium must be aggregated and used for the benefit of current Employees in the group health plan in any manner permitted by this section.

Policyholder will indemnify the Company in the event the Company suffers any fines, penalties or expenses, including reasonable attorney's fees, due to the Policyholder's failure to carry out its obligations under this Section L of the Group Policy.



**EMPLOYEE INFORMATION****MINIMUM NUMBER OF INSURED EMPLOYEES & MINIMUM PARTICIPATION REQUIREMENTS.**

Under the Medicare Secondary Payer Rules, it is the Employer's responsibility to annually inform Arkansas Blue Cross of proper employee counts for the purpose of determining payment priority between Medicare and Arkansas Blue Cross. Arkansas Blue Cross is required to furnish these counts to the Centers for Medicare and Medicaid Services (CMS).

Full-Time = means an active employee with a minimum of 30 hrs/week & 48 weeks/year

|   | In State | Out of State | Total |
|---|----------|--------------|-------|
| Full-Time Employees enrolling (including those satisfying their waiting period within 3 months after the effective date): | 34       | —            | 34    |
| Full-Time Employees waiving (including those satisfying their waiting period within 3 months after the effective date):   | 0        | —            | 0     |
| COBRA Continuees (Enrolling):   | 1        | 0            | 1     |
| Life ONLY Contracts:  | 0        | 0            | 0     |
| Total Enrolling and Waiving:  | 35       | 0            | 35    |
| Part Time/Seasonal/Temporary Employees :  |          |              | 26    |
| Total # of Employees:   |          |              | 61    |

**Minimum Number of Insured Employees.** To meet large group enrollment guidelines a group must have at least fifty-one full-time enrolled employees. Groups whose enrollment subsequently drops below fifty-one enrolled must be rated as a small group upon renewal.

**Minimum Participation Requirements.** Employees covered through other comprehensive major medical-type coverage may be waived from the eligibility count. 75% of all eligible employees without waivers must be insured, and no less than 25% of the full-time employees must enroll.

This Policy may be terminated by the Company if the number of insured Employees falls below the minimum number of insured Employees specified above or if the percentage of eligible Employees of the Policyholder covered by the Policy becomes less than the percentage of Employee participation specified above.

Special Group Considerations Form# 23-2186, Description no deductible carryover

Special Group Considerations Form# 23-2242, Description \$100 ER co-pay

**SIGNATURES**

This Application is made and delivered in the State of Arkansas and is governed by the laws of Arkansas and the United States of America. This Application is incorporated in and made a part of the Group Policy and Benefit Certificate.

I hereby renew the above referenced coverage and agree the group insurance, subject to the terms and conditions of the policies renewed, will take effect as of the renewal date, provided this application is approved and the premium is received by the home office of Arkansas Blue Cross and Blue Shield. **I also understand that my signature below represents my agreement and acceptance of the premium rate schedule.**

**Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in connection with an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.**

**1. Policyholder**

Signed at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
(City, State)

\_\_\_\_\_ [full legal name of Policyholder]

By: \_\_\_\_\_ Printed Name  
Authorized Signature

\_\_\_\_\_ Title or Position

**2. Agent**

I hereby certify that all of the information contained in this employer application is correct to the best of my knowledge, and I know nothing unfavorable about this firm or any individual proposed for coverage (except as noted on the employee applications). I have complied with the underwriting rules and regulations and have explained in detail the coverage to the member firm and its employees including the preexisting condition limitations and the qualifications of the effective date provisions. I understand that Arkansas Blue Cross and Blue Shield will have no liability until this application has been approved and the premium is received.

\_\_\_\_\_ I will provide the applicant with a signed copy of this application.

\_\_\_\_\_ I have emailed the applicant a signed copy of this application.

\_\_\_\_\_ Agent Signature

\_\_\_\_\_ Insurance License # / Agency Fed. Tax ID #

\_\_\_\_\_ Agent Printed Name

\_\_\_\_\_ Date



**Arkansas  
BlueCross BlueShield**

An Independent Licensee of the Blue Cross and Blue Shield Association

Date: 11/6/2014

Group Name: City of Jonesboro Craighead Library  
315 W. Oak  
Jonesboro, AR 72401

Group Number: 023849

Dear Group Administrator:

Please be advised that the current benefit you offer (PPO XXX - 1), meets the minimum essential coverage requirements as defined in § 5000A of the Internal Revenue Code (employer-sponsored plan), and provides minimum value within the meaning of § 36B(c)(2)(C) (ii).

Effective 1/1/2015, employers are required by law to inform their employees of coverage options under the new health care law. You will find the compliant notification document at this link:

<http://www.dol.gov/ebsa/pdf/FLSAwithplans.pdf>. Please distribute copies of this notice to all your employees.

If you have any questions or concerns, please contact your agent or an Arkansas Blue Cross representative. We are happy to help you through the implementation of this new requirement.

The Patient Protection and Affordable Care Act (PPACA) mandates a Summary of Benefits and Coverage (SBC) document be created for every health insurance plan. An SBC that applies to this plan(s) can be found online at [www.arkansasbluecross.com/esbc](http://www.arkansasbluecross.com/esbc). After we receive and process your signed contract, you may access the SBC(s) for this plan by going to our SBC locator tool and entering the following unique identifier(s) into the SBC locator:

10311414455978

Groups with more than one plan type may have more than one link. You may download and electronic copy (PDF) of the appropriate SBC(s) to fulfill distribution requirements as mandated by the Patient Protection and Affordable Care Act (PPACA). A printed version is available by calling your group service representative.



Legislation Details (With Text)

**File #:** ORD-14:071    **Version:** 1    **Name:** Contract with Delta Dental for city employee insurance coverage for 2015  
**Type:** Ordinance    **Status:** To Be Introduced  
**File created:** 11/14/2014    **In control:** Finance & Administration Council Committee  
**On agenda:**    **Final action:**  
**Title:** AN ORDINANCE TO WAIVE COMPETITIVE BIDDING AND AUTHORIZE A CONTRACT WITH DELTA DENTAL TO PROVIDE INSURANCE COVERAGE FOR CITY EMPLOYEES FOR 2015  
**Sponsors:** Finance  
**Indexes:** Employee benefits  
**Code sections:**  
**Attachments:** [Contract](#)

| Date | Ver. | Action By | Action | Result |
|------|------|-----------|--------|--------|
|------|------|-----------|--------|--------|

AN ORDINANCE TO WAIVE COMPETITIVE BIDDING AND AUTHORIZE A CONTRACT WITH DELTA DENTAL TO PROVIDE INSURANCE COVERAGE FOR CITY EMPLOYEES FOR 2015 WHEREAS, the City of Jonesboro currently maintains insurance for its employees through Delta Dental; and WHEREAS, the current contract expires December 31, 2014; and WHEREAS, the City has negotiated a favorable rate for insurance coverage that it would be not feasible or practical to request bids.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL for the City of Jonesboro that:

SECTION 1. That the City of Jonesboro shall enter into a contract for insurance coverage with Delta Dental for no increase in premiums. The City will pay the entire the premium of \$26.92 for single coverage, and the city will pay \$26.92 toward the family premium.

SECTION 2. Due to the need to maintain adequate coverage for the city employees at an advantageous rate, competitive bidding would neither be feasible nor practical. As such, pursuant to the provisions of ACA 14-58-303 and 14-58-304, competitive bidding is hereby waived.

SECTION 3. That Mayor Harold Perrin and City Clerk Donna Jackson are hereby authorized to execute such documents as are necessary to effectuate the contract.



September 19, 2014

Ms. Gloria Roark  
City Of Jonesboro  
P O Box 1845  
Jonesboro, AR 72403

Re: Dental Plan 000009448 - City Of Jonesboro

Dear Ms. Gloria Roark,

Thank you for continuing to put your trust in Delta Dental of Arkansas. By sponsoring a dental plan for your employees, we know you understand the important connection between good oral health and good overall health. Our goal at Delta Dental is to provide valuable dental benefits for your employees with lower costs through our vast network of dentists, all at a competitive premium.

Enclosed are the rates and documents related to your contract renewal.

Please contact your agent or your Delta Dental Account Manager if you have any questions or if you would like to make adjustments to your plan. We look forward to continuing to serve you and your employees over the years to come.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Reavis".

Jay Reavis  
VP of Sales and Account Management

CC. Town & Country Ins Agency



Delta Dental of Arkansas  
Renewal Rates for City Of Jonesboro - 000009448  
*Effective January 01, 2015*

| Rates                         |               |               |
|-------------------------------|---------------|---------------|
|                               | Current Rates | Renewal Rates |
| Employee                      | \$26.92       | \$26.92       |
| Employee & Family             | \$85.72       | \$85.72       |
| <i>Overall Percent Change</i> |               | <i>0.00%</i>  |

**Delta Dental of Arkansas**  
 Dental Benefit Highlights for  
**City Of Jonesboro**  
*Coverage Effective January 01, 2015*

| Delta Dental<br>PPO Plus Premier              | PPO<br>Dentist<br>Plan Pays | Premier<br>Dentist<br>Plan Pays | Non-participating<br>Dentist<br>Plan Pays* |
|---|-----------------------------|---------------------------------|--|
| <b>A - Diagnostic and Preventive Services</b> |                             |                                 |  |
| Cleanings                                     | 100%                        | 100%                            | 90%  |
| Exams   | 100%                        | 100%                            | 90%  |
| Fluoride                                      | 100%                        | 100%                            | 90%  |
| Sealants                                      | 100%                        | 100%                            | 90%  |
| Bitewing X-rays                               | 100%                        | 100%                            | 90%  |
| Full Mouth X-rays                             | 100%                        | 100%                            | 90%  |
| <b>B - Basic Restorative Services</b>         |                             |                                 |  |
| Space Maintainers                             | 80%                         | 80%                             | 72%  |
| Emergency Palliative Treatment                | 80%                         | 80%                             | 72%  |
| Simple Extractions                            | 80%                         | 80%                             | 72%  |
| Fillings                                      | 80%                         | 80%                             | 72%  |
| Endodontics                                   | 80%                         | 80%                             | 72%  |
| Non-surgical Periodontics                     | 80%                         | 80%                             | 72%  |
| Oral Surgery                                  | 80%                         | 80%                             | 72%  |
| <b>C - Major Restorative Services</b>         |                             |                                 |  |
| Surgical Periodontics                         | 50%                         | 50%                             | 45%  |
| Crowns  | 50%                         | 50%                             | 45%  |
| Bridges                                       | 50%                         | 50%                             | 45%  |
| Dentures                                      | 50%                         | 50%                             | 45%  |
| Endosteal Implants                            | 50%                         | 50%                             | 45%  |
| <b>D - Riders</b>                             |                             |                                 |  |
| Orthodontia                                   | 50%                         | 50%                             | 45%  |
| Orthodontia Age Limit                         |                             | None                            |  |
| <b>Maximums and Deductibles</b>               |                             |                                 |  |
| Annual Maximum                                | \$1,000                     |                                 |  |
| Annual Maximum Carryover                      | Maximum: \$250              | Threshold: \$499                |  |
| Orthodontia Lifetime Maximum                  | \$1,000                     |                                 |  |
| Deductible: \$50                              | Limit: 3x                   | Applies to: B & C               |  |
| Dependent Age Limit                           | 26                          |                                 |  |

*\*When you receive services from a Non-participating Dentist, the percentages in this column indicate the portion of Delta Dental's Non-participating Dentist Fee that will be paid for those services. The Non-participating Dentist Fee may be less than what your dentist charges and you are responsible for that difference.*





## Legislation Details (With Text)

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|                       |  |                      |   |                      |  |
|-----------------------|--|----------------------|---|----------------------|--|
| <b>File #:</b>        | RES-14:199   | <b>Version:</b>      | 1 | <b>Name:</b>         | Contract with Gearhead Outfitters for JETS |
| <b>Type:</b>          | Resolution   | <b>Status:</b>       |   | <b>Status:</b>       | To Be Introduced                           |
| <b>File created:</b>  | 11/17/2014   | <b>In control:</b>   |   | <b>In control:</b>   | Finance & Administration Council Committee |
| <b>On agenda:</b>     |  | <b>Final action:</b> |   | <b>Final action:</b> |  |
| <b>Title:</b>         | RESOLUTION AUTHORIZING A CONTRACT BETWEEN JETS AND GEARHEAD OUTFITTERS, INC. |                      |   |                      |  |
| <b>Sponsors:</b>      | JETS   |                      |   |                      |  |
| <b>Indexes:</b>       | Contract   |                      |   |                      |  |
| <b>Code sections:</b> |  |                      |   |                      |  |
| <b>Attachments:</b>   | <a href="#">Contract</a>   |                      |   |                      |  |

| Date | Ver. | Action By | Action | Result |
|------|------|-----------|--------|--------|
|------|------|-----------|--------|--------|

RESOLUTION AUTHORIZING A CONTRACT BETWEEN JETS AND GEARHEAD OUTFITTERS, INC.  
WHEREAS, the City of Jonesboro operates a transportation service for the citizens of the City of Jonesboro;  
and

WHEREAS, Gearhead Outfitters, Inc. desires to advertise its business on JETS Fixed Route buses.

NOW, THEREFORE, BE IT RESOLVED by the City Council for the City of Jonesboro:

Section One: That the City of Jonesboro, through its JETS program shall provide advertising space for Gearhead Outfitters, Inc. pursuant to the terms of a contract attached hereto as Exhibit A.

Section Two: That Mayor Harold Perrin and City Clerk Donna Jackson are authorized to execute such documents as are necessary to effectuate this agreement.

## Exhibit A



### ADVERTISING AGREEMENT

On this 18th day of November, 2014, JETS hereby agrees to display advertising for Gearhead Outfitters, Inc. (hereinafter "Advertiser") beginning December 1, 2014 and ending November 30, 2015.

This contract is for JETS display of the Advertiser's message on the bike racks that are on the front of six (6) JETS Fixed Route buses. The fee due to JETS for displaying these advertisements is \$150 per bus per year for a total fee of \$750.00 per year.

Terms for all City of Jonesboro advertising invoices are net thirty (30) days. Late charges of one percent (1%) (12% *per annum*) will be applied to monthly billings beyond thirty (30) days. Accounts that are delinquent 45 days may be canceled without advance notice.

This Agreement is subject to the following provisions:

1. The rates listed are for rental of space only and do not include production. All production arrangements are strictly between the production company and the Advertiser. Firms should insure that ads are made to the proper length, weight, width, and depth. In the event of a dispute between the Advertiser and its production company about the nature or quality of the graphics on a bus, said disagreement must be reconciled within 14 business days or JETS will have the option of removing the advertisement, unless the Advertiser agrees in writing that JETS may continue operate the bus in question as the dispute between Advertiser and the production company is resolved.
2. JETS and the City of Jonesboro accept this Agreement subject to all federal, state, and municipal laws and regulations with respect to the advertising matter to be displayed. Advertiser and JETS certifies that all advertising exhibited hereunder shall be of reputable character and shall conform to community standards of decency as determined by the City. In the event such advertising becomes illegal or otherwise disapproved by the City of Jonesboro and JETS, the City of Jonesboro and JETS reserve the right to terminate this Agreement and will prorate any advertising charges so that the business is only charged for the amount of time the advertising is displayed on the bus.
3. JETS does not accept contracts for political advertising.
4. Loss of service due to the failure of the Advertiser to furnish displays for installation prior to the commencement date shall be the Advertiser's loss.

5. JETS will make every effort to assign buses with advertising to the maximum amount of service hours given the constraints in vehicle assignment under which JETS operates. JETS does not guarantee on which bus or routes the advertising signs are placed. If a bus with advertising is out of service for more than fourteen (14) consecutive calendar days due to mechanical breakdown or other problems, JETS agrees to extend the contract for the amount of time the ad is not displayed, above and beyond the fourteen (14) consecutive days.
6. Advertiser shall indemnify and hold harmless JETS against any liability to which they may be subjected by reason of the advertising material displayed under this contract, including, but not limited to, liability for infringement of trademarks, trade names, copyrights, invasion of rights of privacy, defamation, illegal competition or trade practices, as well as all reasonable costs, including attorney's fees, in defending any such action or actions.
7. Loss of service due to fire, flood, riot, collision, or other causes beyond the control of JETS shall not constitute a breach of this agreement, but in such event, Advertiser shall be entitled to the option of additional service or an extension of the term of service equivalent to the service lost. Payment by advertiser on the entire bus (i.e. wrap) shall be suspended until the bus has been replaced and the advertising has been restored.
8. It is understood and agreed that Advertiser or JETS may not cancel this Agreement without fifteen (15) days prior written notice. JETS and/or Advertiser reserves the right to cancel this Agreement at any time upon default by JETS and/or Advertiser in the payment of bills or other breach, or in the event of a material violation on the part of JETS and/or Advertiser of any of the conditions herein named; and upon such cancellation, all advertising done hereunder, including short term rates or other charges under this contract, and unpaid, shall become immediately due and payable. In the event of any such breach or breaches, JETS shall be discharged from any obligation to longer display of the Advertiser's copy; and in the event of suit or collection of unpaid accounts, all costs of suit, including reasonable attorney's fees may be added to the monies owed by Advertiser.
9. JETS shall not be held liable for the return of any ads already mounted, i.e. pasted or similarly affixed to the bus. It is the responsibility of the Advertiser to repair or replace a damaged ad, unless the damage is due to the negligence of JETS. Damage includes, but is not limited to, fading or normal wear and tear. The Advertiser will be contacted by JETS if any such damage occurs. Upon request JETS will return any advertising material, in the condition as it exists after removal.
10. This Agreement is not assignable by the Advertiser, nor may the subject of the Agreement be changed.

11. This Agreement becomes effective when executed by JETS and Advertiser, and contains the full agreement of the parties, and no representative or assurance, verbal or written, shall affect or alter the obligation of either party hereto.

12. Any bill rendered to JETS and/or Advertiser shall be conclusive as to the correctness of the items therein set forth and shall constitute an account stated unless written objection is made thereto by JETS and/or Advertiser within thirty (30) days from the rendering thereof.

13. Advertiser and JETS are both individually and severally responsible for all provisions under this Agreement. It contains all of the agreement and representation of the parties hereto, and no representation or promise not set forth herein shall affect the obligation of either party hereunder.

14. The laws of the State of Arkansas govern this Agreement, and all litigation arising from this Agreement shall be instituted in Craighead County, Arkansas.

Agreed to this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

---

Harold Perrin, Mayor  
City of Jonesboro

---

Ted Herget  
Gearhead Outfitters, Inc.

Attest:

---

Donna Jackson, Clerk



Legislation Details (With Text)

**File #:** RES-14:200    **Version:** 1    **Name:** Contract with ASU for JETS  
**Type:** Resolution    **Status:** To Be Introduced  
**File created:** 11/17/2014    **In control:** Finance & Administration Council Committee  
**On agenda:**    **Final action:**  
**Title:** RESOLUTION AUTHORIZING A CONTRACT BETWEEN JETS AND ARKANSAS STATE UNIVERSITY  
**Sponsors:** JETS  
**Indexes:** Contract  
**Code sections:**  
**Attachments:** [Contract](#)

| Date | Ver. | Action By | Action | Result |
|------|------|-----------|--------|--------|
|------|------|-----------|--------|--------|

RESOLUTION AUTHORIZING A CONTRACT BETWEEN JETS AND ARKANSAS STATE UNIVERSITY

WHEREAS, the City of Jonesboro operates a transportation service for the citizens of the City of Jonesboro; and

WHEREAS, Arkansas State University desires to advertise by wrapping a JETS Fixed Route bus.

NOW, THEREFORE, BE IT RESOLVED by the City Council for the City of Jonesboro:

Section One: That the City of Jonesboro, through the JETS program, shall provide advertising space for Arkansas State University pursuant to the terms of a contract attached hereto as Exhibit A.

Section Two: That Mayor Harold Perrin and City Clerk Donna Jackson are authorized to execute such documents as are necessary to effectuate this agreement.



## Exhibit A

### ADVERTISING AGREEMENT JETS BUS WRAP

On this \_\_\_\_\_ day of \_\_\_\_\_, JETS hereby agrees to display advertising for Arkansas State University (hereinafter "Advertiser") beginning \_\_\_\_\_ and ending \_\_\_\_\_.

The JETS Bus Wrap consists of the outside area of the bus below the windows in the passenger section. Total cost due to JETS for the Bus Wrap is \$5,000 per year with a minimum two (2) year commitment. One year contracts are available for Advertisers renewing a contract for a third year for an existing wrap. Late charges of one percent (1%) (12% *per annum*) will be applied to monthly billings beyond thirty (30) days. Terms for all City of Jonesboro advertising invoices are net thirty (30) days. Accounts that are delinquent 45 days may be canceled without advance notice.

This Agreement is subject to the following provisions:

1. The rates listed are for rental of space only and do not include production. All production arrangements are strictly between the production company and the Advertiser. Firms should insure that ads are made to the proper length, weight, width, and depth.
2. JETS and the City of Jonesboro accept this Agreement subject to all federal, state, and municipal laws and regulations with respect to the advertising matter to be displayed. Advertiser and JETS certifies that all advertising exhibited hereunder shall be of reputable character and shall conform to community standards of decency as determined by the City. In the event such advertising becomes illegal or otherwise disapproved by the City of Jonesboro and JETS, the City of Jonesboro and JETS reserve the right to terminate this Agreement and will prorate any advertising charges so that the business is only charged for the amount of time the advertising is displayed on the bus.
3. JETS does not accept contracts for political advertising.
4. Loss of service due to the failure of the Advertiser to furnish displays for installation prior to the commencement date shall be the Advertiser's loss.
5. JETS and the City of Jonesboro will invoice the Advertiser according to the following schedule, based on the Advertiser's choice of payment options:

- a. Option 1 - Yearly lease amount (\$5,000) paid in full within 10 days of the wrapped bus being delivered to JETS by the Advertiser's production company.
- b. Option 2 - One half of the yearly lease amount (\$2,500) paid within 10 days of the wrapped bus being delivered to JETS by the Advertiser's production company with the balance (\$2,500) due on the six (6) month "anniversary" date of the original delivery date of the vehicle.

The due date for the payment for Year 2 shall be based on the delivery date in Year 1. For renewal contracts not involving a newly wrapped vehicle, the due date shall be that used in the original contract.

PROVIDED HOWEVER any advertising involving the entire bus (i.e. wrap) shall be removed with thirty (30) days delinquent. Restoration shall be the responsibility of the advertiser.

6. JETS will make every effort to assign buses with advertising to the maximum amount of service hours given the constraints in vehicle assignment under which JETS operates. JETS does not guarantee on which bus or routes the advertising signs are placed. If a bus with advertising is out of service for more than fourteen (14) consecutive calendar days due to mechanical breakdown or other problems, JETS agrees to extend the contract for the amount of time the ad is not displayed, above and beyond the fourteen (14) consecutive days.

7. Advertiser shall indemnify and hold harmless JETS against any liability to which they may be subjected by reason of the advertising material displayed under this contract, including, but not limited to, liability for infringement of trademarks, trade names, copyrights, invasion of rights of privacy, defamation, illegal competition or trade practices, as well as all reasonable costs, including attorney's fees, in defending any such action or actions.

8. Loss of service due to fire, flood, riot, collision, or other causes beyond the control of JETS shall not constitute a breach of this agreement, but in such event, Advertiser shall be entitled to the option of additional service or an extension of the term of service equivalent to the service lost.

9. It is understood and agreed that Advertiser or JETS may not cancel this Agreement without fifteen (15) days prior written notice. JETS and/or Advertiser reserves the right to cancel this Agreement at any time upon default by JETS and/or Advertiser in the payment of bills or other breach, or in the event of a material violation on the part of JETS and/or Advertiser of any of the conditions herein named; and upon such cancellation, all advertising done hereunder, including short term rates or other charges under this contract, and unpaid, shall become immediately due and payable. In the event of any such breach or breaches, JETS shall be discharged from any obligation to longer display of the Advertiser's copy; and in the event of suit or collection of unpaid accounts, all costs of suit, including reasonable attorney's fees may be added to the monies owed by Advertiser.

10. JETS shall not be held liable for the return of any ads already mounted, i.e. pasted or similarly affixed to the bus. It is the responsibility of the Advertiser to repair or replace a damaged ad, unless the damage is due to the negligence of JETS. Damage includes, but is not limited to, fading or normal wear and tear. The Advertiser will be contacted by JETS if any such damage occurs.

11. This Agreement is not assignable by the Advertiser, nor may the subject of the Agreement be changed.

12. This Agreement becomes effective when executed by JETS and Advertiser, and contains the full agreement of the parties, and no representative or assurance, verbal or written, shall affect or alter the obligation of either party hereto.

13. Any bill rendered to JETS and/or Advertiser shall be conclusive as to the correctness of the items therein set forth and shall constitute an account stated unless written objection is made thereto by JETS and/or Advertiser within thirty (30) days from the rendering thereof.

14. Advertiser and JETS are both individually and severally responsible for all provisions under this Agreement. It contains all of the agreement and representation of the parties hereto, and no representation or promise not set forth herein shall affect the obligation of either party hereunder.

15. The laws of the State of Arkansas govern this Agreement, and all litigation arising from this Agreement shall be instituted in Craighead County, Arkansas.

Agreed to this \_\_\_\_ day of \_\_\_\_\_, 2014.

\_\_\_\_\_  
Harold Perrin, Mayor

\_\_\_\_\_  
For Arkansas State University

ATTEST:

\_\_\_\_\_  
Donna Jackson,  
City Clerk





## Legislation Details (With Text)

|                       |   |                      |   |                      |   |
|-----------------------|---|----------------------|---|----------------------|---|
| <b>File #:</b>        | RES-14:202  | <b>Version:</b>      | 1 | <b>Name:</b>         | Agreement with Blue & You Foundation for Craighead Forest Trail Fitness Project grant |
| <b>Type:</b>          | Resolution  | <b>Status:</b>       |   | <b>Status:</b>       | To Be Introduced  |
| <b>File created:</b>  | 11/19/2014  | <b>In control:</b>   |   | <b>In control:</b>   | Finance & Administration Council Committee  |
| <b>On agenda:</b>     |   | <b>Final action:</b> |   | <b>Final action:</b> |   |
| <b>Title:</b>         | RESOLUTION AUTHORIZING THE CITY OF JONESBORO TO ENTER INTO AGREEMENT WITH THE BLUE AND YOU FOUNDATION TO RECEIVE A GRANT FOR THE CRAIGHEAD FOREST TRAIL FITNESS PROJECT |                      |   |                      |   |
| <b>Sponsors:</b>      | Grants  |                      |   |                      |   |
| <b>Indexes:</b>       | Grant   |                      |   |                      |   |
| <b>Code sections:</b> |   |                      |   |                      |   |
| <b>Attachments:</b>   | <a href="#">Award and Grant Agreement.pdf</a><br><a href="#">Attachment A reporting.pdf</a><br><a href="#">Application in Full.pdf</a>                                  |                      |   |                      |   |

| Date | Ver. | Action By | Action | Result |
|------|------|-----------|--------|--------|
|------|------|-----------|--------|--------|

RESOLUTION AUTHORIZING THE CITY OF JONESBORO TO ENTER INTO AGREEMENT WITH THE BLUE AND YOU FOUNDATION TO RECEIVE A GRANT FOR THE CRAIGHEAD FOREST TRAIL FITNESS PROJECT

WHEREAS, the City of Jonesboro has been awarded a Blue and You Foundation Grant in the amount of \$145,030; and

WHEREAS, funds will be utilized for work out stations for the Craighead Forest Park Trail; and

WHEREAS, the grant is 100% funded with private funds and there is no cost to the City of Jonesboro.

NOW; Therefore, be it resolved by City Council of the City of Jonesboro that:

SECTION 1: The City of Jonesboro will enter into agreement with the Blue and You Foundation; and

SECTION 2: The Mayor and the City Clerk are hereby authorized by the City of Jonesboro City Council to execute all documents necessary to effectuate this agreement.

# Blue & You Foundation

For a Healthier Arkansas 

November 12, 2014

Patrick O'Sullivan  
Executive Director

USAbLe Corporate Center  
320 West Capitol Ave., Suite 200  
Little Rock, AR 72201  
501-378-2221 FAX 501-378-2051  
posullivan@arkbluecross.com

Heather Clements  
City of Jonesboro  
P.O. Box 1845  
Jonesboro, AR 72403

Dear Ms. Clements:

The Blue & You Foundation for a Healthier Arkansas is pleased to award \$145,030 to the City of Jonesboro to provide funding for the *Craighead Forest Trail Fitness Project*. The grant period will begin January 1, 2015 and end December 31, 2015.

Terms of the grant are set out below. **If you are in agreement, please have the appropriate officer indicate acceptance, and return a signed copy of this letter (*signed by an officer of the organization*) by December 19, 2014. We then will issue the grant check.**

The grant is conditioned on your agreement with the following:

1. To complete the scope of work as detailed in your attached grant application.
2. To permit Blue & You Foundation staff to visit your offices or operation periodically during the grant year to review progress of the project.
3. To maintain written records of receipts and expenditures adequate to easily identify the use of the grant funds and to make your books and records available to our staff at reasonable times.
4. To make no changes in any budget category exceeding 10% without written permission from the Foundation. A copy of your approved budget is attached.
5. To submit an interim, six-month progress report by July 21, 2015 and a final, 12-month project report by January 31, 2016, in accordance with Attachment A. You agree that the Blue & You Foundation may publish these results, in whole or in summary, on its Web site or in printed publications.
6. To provide a copy of this agreement, your program and budget as described in your attached application, and our reporting requirements to the person from your organization who will administer the grant program and complete your progress reports.
7. To not knowingly employ (either as a volunteer or in a compensated capacity) any employee of Arkansas Blue Cross and Blue Shield or an affiliated company in the implementation of your program funded by this grant.

8. To furnish one copy of any printed publications or materials produced with Blue & You Foundation funds and to include acknowledgement of Blue & You Foundation support in all such publications or productions. Any reference to the Foundation should always be listed as Blue & You Foundation for a Healthier Arkansas. Please submit any acknowledgement for our approval of proper use prior to publication.
9. To agree that communication material created with a Blue & You Foundation grant will not be sold by the grantee organization or institution without the approval of the Foundation.
10. To return any unspent funds at the end of the grant period.

In order to receive payment, please signify your agreement to the above terms by the signature of an officer who is authorized to execute contracts on your behalf. Keep one copy for your records and return the original to Blue & You Foundation, Attention: Patrick O'Sullivan.

Sincerely,



Patrick O'Sullivan  
Executive Director

**AGREED TO AND ACCEPTED ON BEHALF OF CITY OF JONESBORO**

*(signed by an officer of the organization)*

SIGNATURE:

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NAME:

---

TITLE:

---

DATE:

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## ATTACHMENT A

### **Blue & You Foundation For A Healthier Arkansas**

**GRANTEE: City of Jonesboro**

#### **REPORTING INFORMATION:**

Our reporting process is intended to help identify successful practices, inform others, and maintain accountability. It is our hope that reflection on the questions that follow will facilitate the reporting process, and help to better measure the outcomes realized through your initiative. If appropriate, the Blue & You Foundation may request additional information.

**For the six-month report (due July 21, 2015), please answer questions 1-8.**

**For the 12-month report (due January 31, 2016), please answer questions 1-11, reporting on all 12 months of the program.**

#### **NARRATIVE QUESTIONS:**

Please re-state the numbered question prior to each response:

1. State the number of persons that were reached or lives directly impacted by the program funded through this grant.
2. List 3-5 items that you consider to be the most significant achievements of your grant-funded program, using quantifiable measures.
3. Referring to your approved scope of work, list the specific activities and outcomes that were achieved and those that were not, using quantifiable measures.
4. Provide information on the dates, locations, and attendance at program activities, if applicable.
5. Please provide an expenditure report based on the approved budget. Provide a narrative which explains the status of the budget spending to date.
6. Summarize your findings on the cost effectiveness of the project.
7. Provide one copy of any marketing and promotional materials that were developed for this initiative.
8. What have been the most significant lessons learned so far during your implementation of the program? Using hindsight, what would you do differently, and why?
9. (For your final report) What advice would you give to other organizations seeking to establish a program similar to yours?
10. (For your final report) What advice would you give to the Blue & You Foundation on how to operate its grantmaking and monitoring process more effectively? Please provide any other feedback you desire on your interaction with the Foundation.
11. (For your final report) What will happen to your program when this grant runs out? Will it end because no other funding is available? Will you secure funding from other outside sources to continue the program? Will you continue the program using internal resources? Please elaborate on the future sustainability of this program.

# Blue & You Foundation

For a Healthier Arkansas 

An Independent Licensee of the Blue Cross and Blue Shield Association

## Your Request | View

**Instructions:** Notice that each section below has a red icon (not complete) or green icon (complete) at the left and an Edit button at the right. Use this Edit button to enter each section, complete the answers and Save that section. When you have answered all the questions and saved, that will turn the icon from red to green. When all sections are “green,” you may proceed to submission at the bottom. Upon successful completion and submission, you should receive a submission confirmation message sent to your email.

### Request Submitted Successfully!

Your request has been submitted successfully. Please print the request for your records.

### Organization Information

**Organization Name:** City of Jonesboro

**EIN:** 71-6013749

**Type of Organization:**

**Website:** <http://www.jonesboro.org>

**Permanent Address:**

300 S. Church St. PO Box 1845

Jonesboro, Arkansas 72403-1845

tel: (870) 336-7229 x1229 | fax: (870)933-4626

**Request Details**

|                                 |  |
|---------------------------------|--|
| <b>Project Title</b>            | Craighead Forest Trail Fitness Project |
| <b>Amount Requested</b>         | \$145,030.00                           |
| <b>Project Begin Date</b>       | 01/01/2015                             |
| <b>Project End Date</b>         | 12/31/2015                             |
| <b>Existing or New Program?</b> | New                                    |
| <b>Primary Contact</b>          | Heather Clements                       |
| <b>Project Manager</b>          | Heather Clements                       |
| <b>Other Key Person</b>         |  |

**Executive Summary**

**Organization Mission**

The City of Jonesboro mission is to offer first class customer service and quality of life to the 70,000 citizens of Jonesboro, Arkansas. The Vision 2030 PLAN is "Healthy People in a Healthy Community." The plan is a 30 page document that accounts for long range and sustainable planning in several areas, including, but not limited to built environment, public transit, economic development, public safety, technology, and smart planning - all contributing factors to the health and wellness of the citizens.

**Need**

Currently, a 3.2 mile walking/running trail is being designed and will be constructed in 2014-16 around Craighead Forest Park. This park covers 690 acres and has over 500,000 visitors annually. Currently, many walkers/runners utilize the main road circling the park; however, because of the hills and turns, it is unsafe; therefore, a walking/running trail is being constructed to make recreation at this park safe for all visitors. The city, in its planning of this trail, wants to ensure that it is more than JUST a trail - that it incorporates other fitness components. Work out stations with 3 units each will be placed every quarter mile for a total of 36 units so that people can work out during their walk/run. The state of Arkansas has one of the highest obesity rates in the United States. With obesity comes high numbers of diabetes and heart related disease. These factors are increased when associated with low income, perhaps because low income people cannot afford gym memberships. This project will have several positive impacts on the Jonesboro community: (1) It increases safety at Craighead Forest Park by offering an alternative walking/running trail for visitors - and the road will be 'off limits' to walkers and runners alike once the trail is open for use, (2) it offers a 'no cost' exercise place for all people - including work out equipment, (3) increases recreational opportunity for Jonesboro and the surrounding areas, and (4) it increases quality of life for Jonesboro. The City of Jonesboro is requesting \$145,030 to contribute towards the cost of the workout equipment for the trail.

**Project Primary Condition**

Obesity (nutrition and exercise)

**Project Secondary Condition**

Healthy lifestyles

**Objectives**

The goals of this project are to 1. increase awareness of health, 2. decrease obesity, and 3. increase healthy lifestyle opportunities for low income individuals.

**Principal Activities**

Educational promotions of the new workout trail will be conducted by the City of Jonesboro Parks and Recreation Department, including but not limited to: 1. visiting local schools and Arkansas State University, local banks, industries, hospitals, churches, and other businesses in order to promote the new site, 2. having a health fair on site at opening, 3. partnering with local restaurants to offer \$5 off coupons for utilizing the trail on promotional days, 4. partnering with local business for 20% off coupons for completing surveys post project completion, and 5. promoting the new site on channel 24 - the local access channel.



**People Reached**

Craighead Forest Park has over 40,000 visitors monthly. The city estimates that a minimum of 10,000 people will use this trail monthly for a total of 120,000 annually.

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**Principal ways you intend to use the funds**

The funds will be used to purchase work out equipment for 12 work out stations along a 3.2 walking/running trail at Craighead Forest Park. There will be 3 pieces of work out equipment at each station for a total of 36 pieces of equipment that will be purchased with grant funds. The city is currently designing the 3.2 trail using Scenic Byways Funds from the Arkansas State Highway and Transportation Department and local city match funds. The trail will be constructed in FY 2014-16. As it is constructed, the workout equipment will be purchased and installed. The trail will be complete by December 31, 2016 and all equipment installed by that deadline.

**Project Super Summary**

The Craighead Forest Park Trail Fitness Project seeks to increase awareness of health, decrease obesity, and increase health and wellness opportunities for low income individuals for 120,000 Jonesboro and NE Arkansas residents annually by adding 12 total workout stations consistent of 3 workout units each, located every quarter mile on a 3.2 walking/running trail being designed and constructed in FY 2014-16 by the City of Jonesboro.

**Demographics**

**Target Demographic**

|                  |                 |
|------------------|-----------------|
| <b>Gender</b>    | Both            |
| <b>Age</b>       | All ages        |
| <b>Ethnicity</b> | Other           |
| <b>Other</b>     | All ethnicities |

**Secondary Target Demographic**

|                  |                 |
|------------------|-----------------|
| <b>Gender</b>    |                 |
| <b>Age</b>       | All ages        |
| <b>Ethnicity</b> | Other           |
| <b>Other</b>     | All ethnicities |

**Counties**

CRAIGHEAD, CRITTENDEN, GREENE, LAWRENCE, LEE, MISSISSIPPI, POINSETT, RANDOLPH, SHARP, WOODRUFF

**Project Details and Evaluation**

**Timeline: Milestones throughout the year needed to achieve success**

Questionnaires will be distributed quarterly to Craighead Forest Park visitors utilizing the new walking/running trail and work out stations to determine utilization, weight loss, and self awareness of health changes.

**Geographic area to be served**

Northeast Arkansas is the target geographic location, but Craighead Forest Park is also a destination for walkers, runners, and bikers from other cities not in NE Arkansas, such as Memphis and Little Rock. There are over 40,000 monthly visitors to Craighead Forest Park.

**Target population to be served**

All ages, genders, and ethnicities are targeted.

**Assumptions on which the project is based**

Arkansas ranks one of the top states in the United States for obesity, heart disease, and diabetes, according to the National Association of Chronic Disease Directors. The assumption is that a lack of appropriate diet and exercise are the major causes. Arkansas is a poor state as well with a 17.3% poverty rate. The Encyclopedia of Arkansas History and Culture states that Arkansas ties for second among states with the highest poverty rates. This project increases opportunity for exercise and fitness but most importantly offers it to all people - even those residents that cannot afford gym memberships.

**Barriers to success**

Although this project significantly increases fitness opportunity, people still have to take advantage of it and actually utilize it. To combat this potential problem to success, the city will have family friendly events at the new workout trail in order to promote the trail and encourage people to utilize it. Further, the city will work closely with the local schools to encourage the kids and youth to utilize the new trail. In fact, one idea is to partner with a local restaurant to distribute coupons if/when the trail is utilized.

**Financial and human resources to be applied to the project**

The City of Jonesboro expects full support on this project from the local schools, Arkansas State University, the Arkansas State Highway and Transportation Department, Ridge Runners, the North Jonesboro Neighborhood Initiative, and all residents.

**Likelihood of project continuing after the grant period**

The actual trail is being designed and constructed by the City of Jonesboro using Arkansas State Highway and Transportation and local city match funds. The project will be maintained by staff at Craighead Forest Park, funded by the City of Jonesboro - annually budgeted. The project will be used and maintained indefinitely.

**How success will be measured**

Surveys will be conducted to ensure utilization of the new workout trail as well as any changes in weight or other health changes. The city will partner with Arkansas State University to get the questionnaire designed, administered, and data analyzed to ensure reliability and validity of the survey. Surveys will be administered quarterly for 12 months post project completion. Outcomes data will be utilized to determine necessary changes in promoting the new workout site.

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**Data or measurement tools you will use to verify success**

A 10 question survey using likert scales will be utilized in quarterly intervals for 12 months post project completion/implementation.

**Timeline for evaluation**

The survey will be administered quarterly for 12 months post project completion. Outcomes will determine necessary changes to more effectively promote the new workout site.

**How project problems will be identified and corrected?**

Outcomes will be used to determine issues and problems will be identified and corrected immediately by City of Jonesboro lead staff.

**Budget Information**

**Project Expense Items**

| <b>Line Item</b>                   | <b>Amount Requested of<br/>Blue &amp; You</b> | <b>Amount Funded from<br/>Other Source</b> | <b>Other<br/>Source</b> |
|------------------------------------|---|--|-------------------------|
| HealthBeat Ab<br>Crunch/Leg Lift   | \$5,865.00                                    | \$0.00                                     | 0                       |
| HealthBeat Assisted<br>Row/Push-Up | \$5,865.00                                    | \$0.00                                     | 0                       |
| HealthBeat Balance<br>Steps        | \$8,220.00                                    | \$0.00                                     | 0                       |
| HealthBeat Cardio<br>Stepper       | \$16,830.00                                   | \$0.00                                     | 0                       |
| HealthBeat Chest/Back<br>Press     | \$13,290.00                                   | \$0.00                                     | 0                       |
| HealthBeat Mobility                | \$9,810.00                                    | \$0.00                                     | 0                       |
| HealthBeat Plyometrics             | \$8,220.00                                    | \$0.00                                     | 0                       |
| HealthBeat Pull-Up/Dip             | \$5,865.00                                    | \$0.00                                     | 0                       |
| HealthBeat Squat Press             | \$13,290.00                                   | \$0.00                                     | 0                       |
| HealthBeat Stretch                 | \$8,715.00                                    | \$0.00                                     | 0                       |
| HealthBeat Tai Chi<br>Wheels       | \$6,630.00                                    | \$0.00                                     | 0                       |
| FitCore Beam Run                   | \$2,520.00                                    | \$0.00                                     | 0                       |
| Welcome Sign                       | \$910.00                                      | \$0.00                                     | 0                       |
| Installation                       | \$25,000.00                                   | \$0.00                                     | 0                       |
| Freight                            | \$2,000.00                                    | \$0.00                                     | 0                       |
| Sales Tax                          | \$12,000.00                                   | \$0.00                                     | 0                       |
| <b>Totals:</b>                     | <b>\$145,030.00</b>                           | <b>\$0.00</b>                              |                         |

## **Budget Narrative**

### **Please explain the project expense items requested from Blue & You**

The City of Jonesboro will purchase 36 pieces of workout equipment of 12 varieties, placing stations consisting of 3 pieces of equipment each, a quarter mile apart for a total of 12 workout stations along the 3.2 walking/running trail. The trail will circle Craighead Forest Park and is strategically being constructed 3.2 miles long for 5K training. The goals are to increase awareness of health issues in the state of Arkansas, decrease obesity, and increase healthy lifestyle options / opportunities to low income individuals. The requested funds include the cost of equipment, freight, installation, and sales tax for a total request of \$145,030.



## ☑ Uploads

### Brief history of the applicant organization

Reason for not providing the file:

City Government

### 501(c)(3) tax exemption letter from IRS

 IRS Tax Exempt Statement.pdf (385 KB)

### Most recent independent audit

Reason for not providing the file:

File too large - I can email.

### Current annual operating budget for applying organization

Reason for not providing the file:

File too large - I can email.

### Most recent IRS Form 990


Reason for not providing the file:

N/A

### Current Board of Directors

 City Council PDF.pdf (23 KB)

### Most recent annual report

 Vision2030WorkingDraft 12-12-13.pdf (4453 KB)

### List of other major business or foundation supporters

Reason for not providing the file:

Sales Tax Revenue

### Resume of Grant Project Manager or Director

 Heather Clements Resume.pdf (32 KB)

### Additional Supporting Materials

**Attestation**

**This organization does not discriminate on the basis of race, color, religion, age, gender, national origin, or disability (in accordance with applicable federal laws).**

**Any funds received for this proposal will be used for the stated charitable purpose and in accordance with the grant terms and conditions enclosed in the award letter, including completion of required reports by their deadlines.**

**We will acknowledge any grant received in accordance with the terms outlined in the grant award letter, and the Blue & You Foundation may publicize this project or program in all publications, including web-based communications, should the proposal be funded.**

**Should this proposal not be funded by Blue & You Foundation grants program, the organization authorizes Blue & You Foundation to share this proposal in its entirety with other potential funding sources at its discretion.** Yes

**By typing my name in the following space, I certify that I am an authorized representative of the charitable organization named in this application. I further certify that this application is submitted with the full knowledge and consent of the organization's Board of Directors or other governing body.**

Digital Signature Heather Clements

**Request Submitted Successfully!**

Your request has been submitted successfully. Please print the request for your records. (After submitting, you may still return and make changes or updates to your request, up until the deadline date, when the grant cycle closes. To make changes after the initial submission, return to your request, make the edit and save that section.)

Request "Req: Craighead Forest Trail Fitness Project" has been updated.

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72201

Browser Approved. Check