

**Wabasha Soil and Water Conservation  
District Regular Board Meeting  
February 27, 2025  
8:15 am  
611 Broadway Ave. Suite 10B**

**I. CALL MEETING TO ORDER**

*Lynn Zabel, Chair called meeting to order at 8:15 am.*

*Supervisors Present: Lynn Zabel, Chair, Chet Ross Co-Chair, Sharleen Klennert, Treasurer, Set Tentis, Secretary and Dag Knudsen, member.*

*(Note: Sharleen Klennert leaving the meeting at 9:30 am.)*

*Staff Present: Terri Peters, District Manager*

*Others Present: Bob Walkes, County Commissioner, Christina Taylor, NRCS, Dave Copeland, BWSR and Frank Klennert, Citizen.*

**II. PLEDGE ALLEGIANCE**

**III. AGENDA**

*Motioned by Klennert and seconded by Ross to approve The Agenda as presented.*

*Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel*

*Opposed: None*

*Motion Carried*

**IV. PUBLIC COMMENTS**

Comments limited to 5 minutes per speaker

**V. CONSENT AGENDA -Board Action**

*Items on the Consent Agenda are considered to be routine by the Board and may be enacted through one motion. Any item on the Consent Agenda may be removed by any of the Board members for separate consideration*

**i. Contracts**

A. Ben Klein Contract# 25-CC-3 in the amount of \$812.36 for Practice 380 Windbreak / Shelterbelt Establishment and Renovation.

Install by date 5/30/2025

(Funding source – FY25 Conservation Contracts)

B. Greg Speedling Contract# 25-CC-4 in the amount of \$1,874.50 for Practice 380 Windbreak/Shelterbelt Establishment and Renovation.

Install by date 5/30/2025

(Funding source – FY25 Conservation Contracts)

C. Lawrence H & Eileen M Living Trust Contract# 25-CC-5 in the amount of \$706.00 for Practice 612 Tree/Shrub Establishment.

Install by date 5/30/2025

(Funding source – FY25 Conservation Contracts)

**ii. Contract Amendments**

**iii. Vouchers**

- A. Donald Dahl Voucher payment for Contract# DWP-WS10 in the amount of \$2,000.00 for Practice 351 Well Decommissioning.  
(Funding source: Karst Drinking Water Protection – Fillmore SWCD)

**iv. Grants**

**v. AgBMB Loan Applications**

- A. Lisa Klein AgBMP Loan Application in the amount of \$50,000.00 for a manure spreader that will assist with application at the correct time of year at the correct rate and right placement. Avoid over applying and nutrient loss.
- B. Brian Roles AgBMP Loan Application in the amount of \$45,000.00 for Meyers VB 280 vertical beater manure spreader. This will help with a more even and consistent spread pattern, reduce over application and help limit loss of nutrients from inconsistent spreading.

***Motioned by Ross and seconded by Tentis to approve the Consent Agenda as presented.***

***Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel***

***Opposed: None***

***Motion Carried***

**VI. SECRETARY'S REPORT**

- A. January 23, 2025, Meeting Minutes – **Board Action**

***Motioned by Ross and seconded by Tentis to approve the Secretary's Report.***

***Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel***

***Opposed: None***

***Motion Carried***

**VII. TREASURER'S REPORT – Board Action**

- A. January District Financial Statements

Included for your review

- B. December 2024 Program Record - Close Out

***Terri went over funds in the program record and what is included in the billing rate.***

***Motioned by Klennert and seconded by Tentis to approve both the January Financial Statements and the December 2024 Program Record – Close out to the best of our ability.***

***Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel***

***Opposed: None***

***Motion Carried***

**VIII. PAYMENT OF MONTHLY BILLS**

- A. Monthly Bills in the amount of \$55,506.35 - **Board Action**  
**Motioned by Klennert and seconded by Knudsen to approve Payment of the Monthly Bills in the amount of \$55,506.35.**  
**Affirmative: Ross, Klennert, Tentis, Knudsen, Zabel**  
**Opposed: None**  
**Motion Carried**

**IX. DISTRICT REPORTS**

- A. Chair Report – Lynn Zabel
- B. County Commissioner – Bob Walkes  
**Wage & Compensation study was approved. 60-90 days for results.**  
**Doing an Internal staffing study. Getting ready for construction season. Two big paving jobs.**
- C. District Manager Report – Terri Peters  
**Finished year-end reporting. BWSR and MPCA reports.**  
**Close out Program Record and worked on 2025 budget.**  
**Policy committee meetings. WinLaC approved 2025 work plan and budget, WAGZ approved \$200,000.00 for Mehrkens feedlot project. Asking for \$100,000.00 from TSA for that project. Mehrkens waiting on EQUIP funding.**  
**Part of soil health discussion for soil health program, similar to Olmsted SWCD.**  
**Went with Olmsted's legislative aid and County Commissioner to meet with MDA to talk about support for soil health program and ideas on getting funding. Open to funds coming through MDA for the region.**  
**Cover Crop Measurement program – Farmers can sign up.**  
**Forestry Day was successful. 90-95 people registered and an extra 25 showed up.**  
**Front Porch was able to accommodate meals for the extra people.**  
**Changes for NFWF grant. Amount of \$230,000.00 for staff time funding.**  
**RIM – Helps move NRCS cost share to get Districts projects moving forward.**
- D. NRCS Report – Christina Taylor – (in the packet)  
**Christina was at the meeting to give her report.**
- E. District Technician Report- Matt Kempinger – (In the packet)
- F. Natural Resources Technician Report– Katelyn Abts – (In the packet)
- G. Soil Health/Nutrient Management Tech Report – Deanna Pomije (in the packet)
- H. Bookkeeper/Administrative Assistant Report -Sue Cerwinske – (In the packet)
- I. BWSR Report – Dave Copeland  
**Staffing update - hired another BWSR Board Conservationist, Ann Gunness (Annie)**  
**Dave will have the river counties: Houston, Winona, Fillmore, Wabasha and Goodhue permanently.**  
**Feb 1<sup>st</sup> was the deadline for grantees to submit annual grant reports.**  
**Soil health grant through Regional Conservation Partnership Program (RCPP)**  
**BWSR with NRCS. Provided training. Request for interest from 70 SWCDs to respond on interest of an \$180,000.00 grant – 30% land-based agriculture.**  
**Conservation contracts with landowners. Federal \$25 million secured and match with \$20 million dollars of state funds.**

**BWSR Soil Health Staffing grant funding for Deanna and the Soil Health Delivery grant. Both grants are part of the match provided to USDA for RCPP.**

**Bill being presented by Drazkowski to the legislature that will provide funding to repair ponds and small dams in SE MN. Bill by Jacobs to repeal the Lawn and Legumes program. The last biennium funding for watershed-based implementation was \$79 million and next biennium \$90 million. By the end of 2026 the entire state will be covered with comprehensive water plans.**

**Not doing any RFPs for competitive grant for clean water funds until 2026. Plan for next year with BWSR guidance, look at drafts before RFPs. Competitive grant ideas for clean water fund application.**

J. Other agencies –

**X. OLD BUSINESS**

A. Conservation Project – Lynn (open to any Supervisor for ideas)

**Lynn's commented on planting into cover crops and when to terminate.**

B. Follow up on Olmsted Soil Health Program – Discussion

**Question on Olmsted's Soil Health Program that requires 12" growth before payment. Terminating cover crops. Discussion on different ways to terminate cover crops. Bill is being brought to legislature, to the house and senate.**

C. BWSR Regional Partners Program with NRCS – Discussion

**Hope to do work plans in March and work with producers in Spring.**

**SWCD employees need to fill out forms and NRCS does the certifications. BWSR asks for reimbursements from NRCS. Ranking period, batching for contracts that will be brought to monthly board meetings. Federal funds contracts see only a contract number, not the producer's name. Federal privacy.**

D. WinLaC WRAPS Contract Change Order #2 and work plan and budget.

i. Winona County sub-agreement – Board Action

**Motioned by Knudsen and seconded by Tentis to approve the WinLaC WRAPS Contract Change Order #2 and work plan and budget. Approve Winona County sub-agreement.**

**Affirmative: Ross, Tentis, Knudsen, Zabel**

**Opposed: None**

**Motion Carried**

ii. Olmsted County sub-agreement - Board Action

**Motioned by Knudsen and seconded by Tentis to approve the WinLaC WRAPS Contract Change Order #2 and work plan and budget. Approve Olmsted County sub-agreement.**

**Affirmative: Ross, Tentis, Knudsen, Zabel**

**Opposed: None**

**Motion Carried**

**Root River - Chloride monitoring – Our staff, Matt**

**Olmsted – Tile nitrate monitoring. May – November**

**St. Mary's Winona - GIS exercise locate BMP in WinLaC area.**

**Winona County - Well inventory.**

- \*\* Discussion on Rain Barrels – Bob Walkes will get the barrels.  
Will drop off a couple to do an example rain barrel.  
May recommend when purchasers get home to paint the rain barrel so the  
it doesn't grow algae. May also need a cover.**

**XI. NEW BUSINESS**

- A. Approve Gerald VanDewalker Contract# 24-CC-14 in the amount of 1,500.00 for Practice# 314 Brush Management. Install by date 9/30/2025 – **Board Action**  
(Funding sources – FY24 Conservation Contracts \$1,394.50 and FY25 Conservation Contracts \$105.50)  
**Motioned by Knudsen and seconded by Tentis to approve Gerald VanDewalker Contract# 24-CC-14 in the amount of \$1,500.00 for Practice# 314 Brush Management. Install by date 9/30/2025.**  
**Affirmative: Ross, Tentis, Knudsen, Zabel**  
**Opposed: None**  
**Motion Carried**
- B. Approve Jerry Bright Contract# 2025WAGZ-WC-01 in the amount of \$11,475.00 for Practice 412 Grassed Waterway. Install by date 11/30/2025 – **Board Action**  
(Funding source – FY24-FY25 Greater Zumbro Watershed Based Funding (WAGZ))  
**Motioned by Knudsen and seconded by Ross to approve Jerry Bright Contract# 2025WAGZ-WC-01 in the amount of \$11,475.00 for Practice# 412 Grassed Waterway. Install by date 11/30/2025.**  
**Affirmative: Ross, Tentis, Knudsen, Zabel**  
**Opposed: None**  
**Motion Carried**
- C. Approve Richard Heil Contract# 25-CC-1 in the amount of \$298.70 for Practice 314 Brush Management. Install by date 12/31/2025 – **Board Action**  
(Funding source – FY25 Conservation Contracts)  
**Motioned by Knudsen and seconded by Tentis to approve Richard Heil Contract# 25-CC-1 in the amount of \$298.70 for Practice# 314 Brush Management. Install by date 12/31/2025.**  
**Affirmative: Ross, Tentis, Knudsen, Zabel**  
**Opposed: None**  
**Motion Carried**
- D. Assess financial situation considering what is happening in DC.  
Assess sources of funding and consequences if they are cancelled. – **Discussion**  
**Terri went over concerns on Federal funded grants.**  
**Turkey, Trout, Timber Grant. Submit invoices before we pay. \$295,000 grant over 3 years. Not getting good communication with the DNR.**  
**NFWF Grant - made a few work plan changes. We handle it fiscally. Contacts are not local, making it difficult for communication.**  
**Soil Health Funds agreement with NRCS, explained in BWSR report earlier in agenda**  
**Sub-agreement with DNR (Forestry). Pay us and then be responsible for DNR payment.**

*WIC 319 Federal funding – last year of 4- year grant This grant should be stable. This one we could file for an extension if we haven't used all of it.*

*Future plans funding is questionable.*

*Christina/NRCS can pay EQUIP -IRA contracts. Can't rank or put in applications for IRA funds. FSA-CRP on hold for applications.*

*Dag asked what the worst-case scenario would be if we lost federal funding.*

*Terri said the if the NFWF grant doesn't come through, we would not be hiring a replacement for Jenna's position. This grant would also fund some staff time.*

**E. District Cost-Share Policy – Board Action**

**Basic purchases for the district. Using state cost share -BWSR Conservation Contracts. Based on Goodhue's.**

***Motioned by Ross and seconded by Tentis to approve the District Cost Share Policy.***

***Affirmative: Ross, Tentis, Knudsen, Zabel***

***Opposed: None***

***Motion Carried***

**F. Wetland Conservation Act (WCA) policy, fee schedule – Board Action**

***Motioned by Knudsen and seconded by Ross to approve the Wetland Conservation Act (WCA) policy, fee schedule.***

***Affirmative: Ross, Tentis, Knudsen, Zabel***

***Opposed: None***

***Motion Carried***

**G. Nutrient Management planning, fee schedule – Board Action**

***Deanna explained how manure spreaders are calibrated. Weigh empty, then loaded and measure area of acres manure is spread on.***

***Motioned by Ross and seconded by Knudsen to approve the Nutrient Management planning fee schedule.***

***Affirmative: Ross, Tentis, Knudsen, Zabel***

***Opposed: None***

***Motion Carried***

**H. 2025 Budget – Board Action**

***Terri explained how she puts together numbers for the budget. Based on knowing what money is coming in and what is getting paid out for 2025. County allocation and SWCD Aid funding. Staff time, does not always get posted to programs, so working on staff time allocations. Guessing on some accounts.***

***Motioned by Ross and seconded by Tentis to approve the 2025 Budget as a working budget.***

***Affirmative: Ross, Tentis, Knudsen, Zabel***

***Opposed: None***

***Motion Carried***

- I. Approve June E Ratz Trust Amendment# 1 to Contract# 24-CC-5 for changing install date to 7/31/2025 instead of 3/31/2025. Authorized amount stays the same \$423.00

– Board Action

***Motioned by Knudsen and seconded by Tentis to approve June E Ratz Trust Amendment# 1 to Contract # 24-CC-5 for changing install by date to 7/31/2025 Instead of 3/31/2025. The authorized amount stays the same at \$423.00.***

***Affirmative: Ross, Tentis, Knudsen, Zabel***

***Opposed: None***

***Motion Carried***

- J. Upcoming Events

- i. March 4<sup>th</sup> & 5<sup>th</sup> MASWCD Legislative Brief and Day at the Capito1
- ii. March 27<sup>th</sup> Regular Board Meeting
- iii. April 12<sup>th</sup>, Make your own rain barrel. 9-11 am at Coffee Mill's Ski Chalet.

## **XII. Board Reports**

- A. Whitewater JPB – Lynn

- B. Zumbro 1W1P – Dag

***Copies of Dag's meeting report to all attending. Did not get into the board packet.***

- C. WinLaC 1W1P – Lynn

Structural practices must be designed.

Dave commented that it is totally up to SWCD's to decide.

- D. SE SWCD Technical Support JPB - Dag

- E. County Board Meeting – Sharleen

## **XIII. Motion to Recess Regular Meeting and go in to Closed Session -Board Action**

***Motioned by Ross and seconded by Tentis to Recess the Regular Meeting and go into Closed Session.***

***Affirmative: Ross, Tentis, Knudsen, Zabel***

***Opposed: None***

***Motion Carried***

**XIV. Closed Session – Board Action**

A. Personnel Policy Discussion

*Stipend for employees opting out of offered Health Insurance.*

**XV. Motion to Reopen Regular Meeting – Board Action**

*Motioned by Ross and seconded by Tentis to close the Closed session and Reopen the Regular Meeting.*

*Affirmative: Ross, Tentis, Knudsen, Zabel*

*Opposed: None*

*Motion Carried*

**XVI. Approval of the following – Board Action**

A. Personnel Policy

*Motioned by Ross and seconded by Tentis to approve paying 1/3 of the lowest premium of the highest deductible to any employee that does not take health insurance that we offer and that they would be eligible for.*

*Affirmative: Ross, Tentis, Knudsen, Zabel*

*Opposed: None*

*Motion Carried*

**XVII. Adjourn – Board Action**

*Motioned by Ross and seconded by Tentis to Adjourn the meeting at 11:29 am.*

*Affirmative: Ross, Tentis, Knudsen, Zabel*

*Opposed: None*

*Motion Carried*

Respectively Submitted by:

  
\_\_\_\_\_  
Seth Tentis, Secretary



Employee Name **Terri Peters**

Alternate Coverage

## Waiver of Medical Coverage Form

### Information and instructions

Use this form to waive Wabasha County Soil and Water Conservation District (SWCD) sponsored medical coverage if you are either currently enrolled or are in an initial enrollment period. Do not use this form if you are currently waiving your Wabasha County SWCD sponsored medical coverage. Waiver must be provided in open enrollment period unless due to the following listed.

- **Proof of other coverage:** Must be provided, see below for information about required proof.
- **Deadline:** Your deadline is based on the reason you can waive your coverage.

Waiver due to:	Form must be received by the Wabasha County SWCD office by:
New Hire/Rehire	30 day eligibility period or print date on the packet, whichever is later
Newly eligible	30 days from the date of change or print date on the packet, whichever is later
Qualified life event	60 days from the date of the qualified event
Open Enrollment	The last day of the Open Enrollment period

- **Sign, date, and submit this form to Wabasha County SWCD:** email to [susan.cerwinske.wabashaswcd@gmail.com](mailto:susan.cerwinske.wabashaswcd@gmail.com) or mail or drop in person to Wabasha County SWCD, 611 Broadway Ave., Ste. 10, Wabasha, MN 55981

### Accepted medical coverage and required proof of coverage

Acceptable medical coverage will cover both hospital and medical costs and must be minimum essential coverage as defined by the IRS. Proof of coverage is an official document from the coverage provider that shows coverage is in effect for the period of the waiver. Minnesota Care and Open Market insurance alternatives are not acceptable as alternative. To waive single coverage your proof must include you. To waive family coverage your proof must include all individuals who are eligible for coverage on your plan. **Select the option you are covered under:**

- VA care: Required proof of coverage is a copy of your membership card.
- Medicare coverage: Required proof of coverage is a copy of your membership card.
- Medicaid or other qualifying public program: Required proof of coverage is an official letter dated within the last 30 days.
- TRICARE: Required proof of coverage forms are available here [Official proof of TRICARE Coverage](#) and must be dated within the last 30 days.
- Other employer group coverage (employers other than Wabasha County SWCD): Required proof of coverage shows coverage period and employee/eligible family members covered.
- Your spouse or parent who is enrolled in medical coverage offered through Wabasha County/ SWCD Provide the following information:

Name of Wabasha County/SWCD employee who will cover you That employee's job position

## By signing this form, I acknowledge that:

- **Waiving medical coverage:** I am eligible for the full employer contribution towards medical coverage. To waive medical coverage, I must sign, date and submit this form with proof of other medical coverage by the Deadline.
- **If I do not enroll in medical coverage or submit a waiver form with proof of other coverage by the Deadline:** I will automatically be enrolled in single medical coverage. I will be unable to waive or change my Claim Administrator until the next Open Enrollment or upon a qualified life event.
- **If I waive medical coverage at this time:** I will be unable to enroll myself or my eligible dependents in the state employee medical coverage until the next Open Enrollment or upon a qualified life event.
- **Loss of other coverage:** The loss of my other coverage may not constitute a qualified life event enabling me to enroll in Wabasha County SWCD's employee medical coverage outside of Open Enrollment.
- **Other insurance benefits:** Although I am waiving medical coverage, I will still receive basic premium paid by the Wabasha County SWCD, and I may enroll in dental or other insurance benefits offered.
- **My other medical coverage:** It is my responsibility to ensure my other coverage is in effect and adequate for my needs.
- **I attest** that my dependents who are insurance eligible under my employee coverage are expected to have minimum essential coverage during this opt out period.



Employee signature:

Date: 02/27/2025

Email address: [peters.terri@gmail.com](mailto:peters.terri@gmail.com)

Phone number: (410) 369-8101

## Other medical coverage that is not acceptable

Accepted medical coverage does not include a health reimbursement account (HRA) or a health savings account (HSA) that are not paired with a high deductible health plan (HDHP), a flexible saving account (FSA), individual coverage (purchased either on or off an exchange), disability coverage, long-term care insurance, automobile coverage, or other insurance coverage that does not primarily cover both hospital and medical costs.

## Notice of Collection of Private Data

Wabasha County SWCD manages payroll deductions for the Wabasha County Insurance Program. Wabasha County SWCD is asking you to provide certain data for the purpose of the administration of group insurance benefits. This notice explains why Wabasha County SWCD is requesting private data, how the data will be used, who has access to the data, and what may happen if you do not provide the requested data.

**Use of Data.** The data requested by Wabasha County may be used for the following purposes:

- To process your request to waive medical coverage
- As required by State and federal law, rule, or regulation

**Right of Refusal.** You are not required to provide any of the requested data, however, if you do not provide the requested data, your request to waive may be denied or delayed for you, your spouse, or your dependent(s), as applicable.

**Access to Data.** The data that you provide may be shared with:

- Authorized personnel whose jobs reasonably require access
- Insurance and service providers, and other contracted vendors
- Any other person or entity authorized by federal or state law to access the data, including but not limited to the Office of the Legislative Auditor, the Minnesota Department of Health, the Minnesota Department of Commerce, or others as authorized by a court order

The parents of a minor may access private data about the minor unless there is a law, court order, or other legally binding instrument that blocks the parent from accessing the data.

**2025 Employee Waiving Wabasha County SWCD sponsored Health Insurance**  
Complete this form only if you are NOT enrolling in Wabasha County (SWCD) health insurance program and submit along with the Waiver for Medical Coverage and proof of other coverage for yourself (single) and qualified family members (family) for the current enrollment year.

**Employer: Wabasha County Soil & Water Conservation District**

Name: Terri Peters  
Address: 64952 E County Rd 19  
City, State, Zip Code: Kellogg MN 55945

By signing below, I state that I understand that I am waiving health insurance coverage sponsored through the Wabasha Soil and Water Conservation District/Wabasha County as a benefit. I have completed the Waiver of Medical Coverage and I meet the criteria to waive the medical coverage plans offered. I will be taking the "Insurance Benefit" option and will receive a monthly amount that is 1/3 of the district cost of the health insurance plan paid (premium amount + HSA contribution) for the \$3,500/\$7,000 Deductible HSA Plan, either single or family (proof of single or family other coverage provided).

**2025 Single Insurance Benefit:**

$\$1093.32$  (single premium paid) +  $\$125.00$  (HSA contribution) =  $\$1,218.32 / 3 =$   
 $\$406.11$ /month Insurance Benefit

**2025 Family Insurance Benefit:**

$\$2,630.56$  (family premium paid) +  $\$250.00$  (HSA contribution) =  $\$2,880.56 / 3 =$   
 $\$960.19$ /month Insurance Benefit

Terri Peters

Employee Signature

2-27-2025

Date

Medica Member Services: 1 (800) 639-4000 **TTY Users: (711)**  
 Medica Behavioral Health Services: 1 (800) 848-8327 **First Health Network**  
 Medica CallLink Nurseline: 1 (800) 226-1144  
 Pharmacy Benefit: 1 (800) 818-9290 or www.Allumaco.com  
 Medica Behavioral Health Claims:  
 Payer ID: 87726 PO Box 30757, Salt Lake City, UT 84130  
 Optum Chiropractic Claims:  
 Payer ID: 41161 PO Box 212, Minneapolis, MN 55440-0212  
 Providers contracted for this product or located in the Medica service area of MN, NE, ND, SD, WI (WI-First Health).  
 Providers: 1 (800) 458-5512 or Medica.com/Providers  
 Medical Claims: Medica, PO Box 211435, Eagan, MN 55121  
 UnitedHealthcare Shared Services (UHSS) Providers outside of Medica service area:  
 Medical Claims: UHSS, PO Box 30783, Salt Lake City, UT 84130-0783, EDI #39026  
 Provider Service: 1 (866) 868-9460 or https://uhss.umr.com  
 Group Number 78800530 **UnitedHealthcare Options PPO Network**

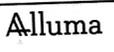
Medica includes Medica Health Plan Solutions



Payer ID: 71890  
 ID: **2180084396** Group #: **A0041**  
**BRADLEY R PETERS**  
**FERRI L PETERS**  
**SPENCER W LAVELLE**  
**SYDNEY A LAVELLE**



Rx BIN:	003858
Rx PCN:	A4
Rx GROUP:	MAYORX1



Care Type: **Medica Health Plan Solutions**  
 Benefit Plan: **City of Rochester Base Health Plan**  
 SVC Type: **MEDICAL**  
 Ded IND/FAM: **OOPM IND/FAM:**  
 In Network: \$200/\$400 \$3,000/\$6,000  
 Out of Network: \$200/\$400 \$3,000/\$6,000

## Member details

Member

Terri Peters

Date of birth

07/15/1967

Member ID

2180084396

Member type

Spouse

## Coverage + benefits

### Medical

[← Back to Plan Selection](#)

You'll find details about your coverage and benefits below. Questions? Contact us or click on "Documents" in the top navigation bar.

Plan Name

City of Rochester Base Health Plan

Coverage Period

01/01/2025 - 12/31/2025

### Members

Member	Member Type	Status	Coverage Began	Coverage Ended
Terri L Peters	Spouse	<span>Active</span>	01/01/2025	12/31/2025