



**CITY OF VALLEY PARK  
FINANCE, WAYS AND MEANS COMMITTEE  
MEETING VIA ZOOM  
IMMEDIATELY FOLLOWING THE  
LEGISLATIVE COMMITTEE MEETING  
ON JUNE 11, 2020  
VALLEY PARK CITY HALL, 320 BENTON  
STREET, VALLEY PARK, MISSOURI 63088**

**\*\*\*\* AGENDA\*\*\*\***

1. PLEDGE OF ALLEGIANCE
2. ROLL CALL
3. NEW BUSINESS
  - a. Health Insurance Renewal
4. ADJOURNMENT

6/10/2020

9:19 Am

**City of Valley Park  
Medical Benefits  
Renewal Date: July 1, 2020**



BENEFITS Network Used	UHC Current - Flex BJ-KI Rx 619		UHC Mapped Renewal - Flex BR-X5 Rx 615		UHC Option 1 - BR-X7 Rx 614	
	In-Network	Non-Network	In-Network	Non-Network	In-Network	Non-Network
<b>HRA Assumption</b>	Choice Plus 1st \$750 paid by EE 2nd \$4,250 paid by ER		Choice Plus 1st \$750 paid by EE 2nd \$4,250 paid by ER		Choice Plus 1st \$750 paid by EE 2nd \$3,750 paid by ER	
<b>Annual Deductible</b>	\$5,000 \$10,000 80%		\$5,000 \$10,000 80%		\$6,300 \$12,600 80%	
<b>Coinsurance</b>	50%		50%		50%	
<b>Out-of-Pocket Maximum</b>	\$14,000 \$28,000		\$14,000 \$28,000		\$15,000 \$30,000	
<b>Physician Office Visits</b>	Deductible, Copays and Coinsurance FIRST 4 VISIT IN A YEAR (Combined) \$35 Copay \$70 Copay 100% \$10 Copay		Deductible, Copays and Coinsurance FIRST 4 VISIT IN A YEAR (Combined) \$40 Copay \$80 Copay 100% \$0 Copay		Deductible, Copays and Coinsurance Under Age 19 Primary Visit - \$0 Copay \$15 Copay \$75 Copay 100% \$0 Copay	
<b>Hospital and Emergency Services</b>	UGENT CARE - FIRST 4 VISIT IN A YEAR 80% AD 80% AD \$50 Copay		UGENT CARE - FIRST 4 VISIT IN A YEAR 80% AD 80% AD \$50 Copay		UGENT CARE - FIRST 4 VISIT IN A YEAR 80% AD 80% AD \$25 Copay \$300 Copay Then 20% AD	
<b>Other Services</b>	THERAPY 4 VISIT IN A YEAR 80% AD 80% AD 50% No Ded \$35 Copay		NO LIMIT ON PHYSICAL THERAPY 80% AD 80% AD 50% No Ded \$40 Copay		80% AD 80% AD 50% Ded. Does Not Apply \$15 Copay	
<b>Prescription Drugs (30 Day Supply)</b>	\$10/\$35/\$60 \$25/\$87.50/\$150/\$500 \$200/\$500 Copay (2 x Non Preferred)		\$20/\$50/\$80 \$50/\$125/\$200/\$500 Copay \$200/\$500 Copay (2 x Non Preferred)		\$15/\$45/\$75 Copay \$37.50/\$112.50/\$187.50/\$500 Copay \$200/\$500 Copay (2 x Non Preferred)	
<b>PREMIUMS</b>	EEs Employee 3 Employee + Spouse 4 Employee + Child(ren) 3 Family 11		EEs Employee 3 Employee + Spouse 4 Employee + Child(ren) 3 Family 11		EEs Employee 3 Employee + Spouse 4 Employee + Child(ren) 3 Family 11	
<b>Estimated Monthly Premium</b>	\$25,411		\$25,360		\$26,033	
<b>Estimated Annual Premium</b>	\$304,932		\$304,320		\$312,396	
<b>Annual Difference From Current</b>	-\$612 (-0.2%)		-\$612 (-0.2%)		\$7,464 (+2.4%)	
<b>Notes:</b>	* JESSICA CLATYON & FAMILY ARE ADDED TO ALL ILLISTATED PREMIUMS		* JESSICA CLATYON & FAMILY ARE ADDED TO ALL ILLISTATED PREMIUMS		* JESSICA CLATYON & FAMILY ARE ADDED TO ALL ILLISTATED PREMIUMS	

**City of Valley Park  
Dental Benefits**

**Renewal Date: July 1, 2020**



BENEFITS	Delta Dental		
	PPO	Current/Renewal Premier	Non-Network
<b>Annual Deductible Per Person</b>		\$50	
Individual		Unlimited	
Family		\$1,000	
<b>Annual Plan Maximum Per Person</b>			
<b>Coinsurance</b>			
Preventive	100%	100%	100%
Basic	90%	80%	80%
Major	60%	50%	50%
<b>Categorization of Services</b>			
Periodontics		Basic	
Endodontics		Basic	
Simple Extractions		Basic	
Complex Extractions		Basic	
Implants		Not Covered	
<b>Orthodontia Coverage</b>			
Adult		Not Covered	
Child		Not Covered	
Orthodontia Lifetime Maximum		Not Covered	
<b>Out of Network UCR</b>		99%	
<b>Eligibility/Enrollment Provisions</b>			
Late Entrant Waiting Period		None	
Allowed Annual / Open Enrollment		Annual Open Enrollment	
Dependent Age Limit		19/23	
<b>PREMIUMS</b>	<b>EES</b>	<b>Current</b>	<b>Renewal</b>
Employee	6	\$39.83	\$39.83
Family	14	\$94.74	\$94.74
<b>Estimated Monthly Premium Total</b>	<b>20</b>	<b>\$1,565</b>	<b>\$1,565</b>
<b>Estimated Annual Premium Total</b>		<b>\$18,784</b>	<b>\$18,784</b>
<b>Annual Difference From Current</b>			<b>\$0 (+0.0%)</b>
<b>Rate Guarantee</b>			
<b>Notes:</b>		<i>* Dental Renewal Negotiated Down to a Rate Pass.</i>	



**City of Valley Park**  
**Basic Life/AD&D Benefits**  
**Renewal Date: July 1, 2020**



BENEFITS		Mutual of Omaha Current
<b>Schedule of Benefits</b>		
Class 1 - All Eligible Employees		Flat \$75,000
<b>Benefit Maximum</b>		
Class 1 - All Eligible Employees		\$75,000
<b>Guarantee Issue</b>		
Class 1 - All Eligible Employees		\$75,000
<b>Benefit Reduction Schedule</b>		
Age 65 (reduces by)		65%
Age 70 (reduces by)		50%
<b>Plan Provisions</b>		
Waiver of Premium		Included
<i>Disabled prior to age</i>		60
<i>Coverage continues to age</i>		65
Conversion		Included
Portability		Not Included
PREMIUMS		Current/Renewal
<b>Covered Lives</b>		21
<b>Benefit Volume</b>		
<b>Rates (per \$1,000)</b>		<b>Current</b> <b>Renewal</b>
Basic Life		\$0.150      \$0.180
Basic AD&D		\$0.300      \$0.300
<b>Estimated Monthly Premium</b>		<b>\$709</b> <b>\$756</b>
<b>Estimated Annual Premium</b>		<b>\$8,505</b> <b>\$9,072</b>
<b>Annual Difference From Current</b>		<b>\$567 (+6.7%)</b>
<b>Rate Guarantee</b>		<b>2 Years</b>
<b>Notes:</b>		

**City of Valley Park**

**Employer Paid Short Term Disability Benefits**

**Renewal Date: July 1, 2020**



BENEFITS	Mutual of Omaha Current/Renewal
<b>Schedule of Benefits</b> Class 1 - Eligible Employees Working 30+ Hours Per Week	If unable to earn more than 20% of weekly earnings then the weekly benefit will be \$250.
<b>Elimination Period (Benefits Begin)</b> Accident Sickness	7 Days 7 Days
<b>Benefit Duration</b>	25 Weeks
<b>Plan Provisions</b> Pre Existing Conditions Lookback/Treatment/On Plan Waiver of Premium	Not Included N/A Not Included
Definition of Disability	Disability and Disabled means that because of an Injury or Sickness, a significant change in Your mental or physical functional capacity has occurred in which during the Elimination Period, You are prevented from performing the Material Duties of Your Regular Job (on a part-time or full-time basis) or are unable to work Full-Time.
Definition of Earnings	Gross income excluding bonuses, overtime, commissions, shift differential and other extra compensation.
<b>PREMIUMS</b>	<b>Current/Renewal</b>
Covered Lives	21
Benefit Volume	\$5,250
STD Rates (per \$10)	\$0.456
Estimated Monthly Premium	\$239
Estimated Annual Premium	\$2,873
Annual Difference From Current	\$ (+0.0%)
Rate Guarantee	2 Years
Notes:	

**City of Valley Park**  
**Employer Paid Long Term Disability Benefits**  
**Renewal Date: July 1, 2020**

<b>BENEFITS</b>		<b>Mutual of Omaha Current/Renewal</b>
<b>Schedule of Benefits</b> Class 1 - Eligible Employees Working 30+ Hours Per Week		60% of monthly income, \$3,000 max.
<b>Guarantee Issue</b> Class 1 - Eligible Employees Working 30+ Hours Per Week		60% of monthly income, \$3,000 max.
<b>Own Occupation Period</b> Class 1 - Eligible Employees Working 30+ Hours Per Week		24 Months
<b>Maximum Benefit Period</b>		SSNRA
<b>Minimum Benefit</b>		\$100 or 15%, whichever is greater
<b>Elimination Period</b>		180 Days or the date your Short-Term Disability ends
<b>Pre-Existing Conditions</b>		Included
<b>Lookback/Treatment Free/On Plan</b>		3/12
<b>PREMIUMS</b>		<b>Current/Renewal</b>
<b>Covered Lives</b>		21
<b>Benefit Volume</b>		\$75,244
<b>LTD Rates (per \$100)</b>		\$0.250 \$0.280
<b>Estimated Monthly Premium</b>		\$188
<b>Estimated Annual Premium</b>		\$2,257
<b>Annual Difference From Current</b>		\$271 (+12.0%)
<b>Rate Guarantee</b>		2 Years
<b>Notes:</b>		