

**TWIN OAKS BOARD OF ALDERMEN
NOTICE OF WORK SESSION
TWIN OAKS CITY HALL
WEDNESDAY, FEBRUARY 7, 2024, 6:15 P.M.
TWIN OAKS, MO 63021**

TENTATIVE AGENDA

- 1) Employer-Sponsored Health Insurance Options
- 2) City Limits Welcome Signs
- 3) ADJOURNMENT

Frank Johnson
City Clerk/Administrator

POSTED: February 5, 2024, 10 a.m.

Please note: Any person requiring physical or verbal accommodations should contact the city office 12 hours prior to meeting at 636-225-7873. Copies of public records for this agenda are available for public inspection before and at the time of the meeting.

City of Twin Oaks
Medical Benefit Comparison Effective
February 1, 2024

	ANTHEM <i>Gold Blue Access Choice Contract Code: A8FE</i>	UNITED HEALTHCARE <i>Choice Plus CV7H</i>		CIGNA + OSCAR <i>Open Access Plus Gold \$1750</i>
Plan Benefits	IN-NETWORK	DESIGNATED NETWORK	IN-NETWORK	IN-NETWORK
Affordable Care Act - Fully Insured Plan Options				
<i>Annual Calendar Year Deductible</i>				
Individual	\$1,500	\$1,500	\$1,500	\$1,750
Family	\$3,000	\$3,000	\$3,000	\$3,500
Co-Insurance	80%	80%	80%	80%
Out of Pocket Maximums Include the Following: Annual Deductible, Coinsurance, and All Copays				
<i>Annual Calendar Year Out-of-Pocket Maximum</i>				
Individual	\$6,500	\$6,750	\$6,750	\$6,000
Family	\$13,000	\$13,500	\$13,500	\$12,000
<i>Services</i>				
Primary Care Visit	\$25 Copay	< age 19: \$0 Copay age 19+: \$15 Copay		\$35 Copay
Specialist Office Visit	\$50 Copay	\$75 Copay		\$75 Copay
Virtual Visit	Primary: \$25 Copay Specialist: \$50 Copay	\$0 Copay		Primary: \$35 Copay Specialist: \$75 Copay
Preventive Care	\$0 Copay	\$0 Copay		\$0 Copay
Urgent Care	\$50 Copay	\$25 Copay		\$50 Copay
Emergency Room	\$400 Copay Plus 20%	\$300 Copay Plus 20% After Deductible		1st Visit: 80% After Deductible 2+ Visits: 60% After Deductible
Out-Patient Services	80% After Deductible	80% After Deductible		80% After Deductible
Out-Patient Surgery Copay	-	-		-
Minor Out-Patient Lab, X-Ray, and Diagnostic	80% After Deductible	80% After Deductible	50% After Deductible	X-Ray: 80% After Deductible Lab Work: 20%
Major Diagnostic and Imaging (MRI, MET, PET, CT)	80% After Deductible	80% After Deductible	\$500 Copay Plus 50% After Deductible	\$500 Copay After Deductible
In-Patient Hospital	80% After Deductible	80% After Deductible		80% After Deductible
Hospital Admission Copay	-	-		-
30 Day Supply (Retail) Prescription Drugs	\$15/\$40/\$80/25% up to \$350	\$10/\$40/\$125/\$300		\$3/\$15/\$50/\$100/25% up to \$500
90 Day Supply (Mail Order) Prescription Drugs	\$30/\$100/\$200	\$25/\$100/\$312.50/\$750		\$9/\$45/\$150/\$300
OUT OF NETWORK BENEFITS				
	\$3,750 Ded/60% Coins	\$10,000 Ded/50% Coins	\$6,000 Ded/50% Coins	
	See Plan Summary for Details	See Plan Summary for Details	See Plan Summary for Details	
<i>Underwriting Requirements</i>				
Employer Contribution	50% of Employee Premium	50% of Employee Premium		50% of Employee Premium
Employee Participation	75% Employee Participation	25% Employee Participation		25% Employee Participation
AM Best Rating	A/XV	A/XV		A/XV
Total Premium Based on Final Enrollment				
XXXXXXXXXXXX XX	\$602.37	\$601.20		\$585.78
XXXXXXXXXXXX XX	\$369.83	\$369.11		\$359.65
XXXXXXXXXXXX XX	\$369.83	\$369.11		\$359.65
XXXXXXXXXXXX XX	\$1,388.92	\$1,386.22		\$1,350.68
XXXXXXXXXXXX XX	\$1,358.47	\$1,355.83		\$1,321.06
XXXXXXXXXXXX XX	\$1,450.32	\$1,447.50		\$1,410.39
Monthly Medical Premium	\$5,539.74	\$5,528.97		\$5,387.21

The above benefits and rates are an illustration only. Actual monthly premiums are based on final enrollment. If there is any discrepancy between the carrier proposal and this spreadsheet, the insurance contract/proposal will dictate. Please see plan summaries for detailed information regarding the coverage of self-injectables, labs, x-rays, and Out of Network Services. Changing carriers may impact the Out of Pocket Maximum exposure to which employees are subject.

City of Twin Oaks
Medical Benefit Comparison Effective
February 1, 2024

	ANTHEM <i>Silver Blue Access Choice HSA Contract Code: A8FK</i>	UNITED HEALTHCARE <i>Core HSA DHVH</i>		CIGNA + OSCAR <i>Open Access Plus Silver \$5000 HSA</i>
Plan Benefits	IN-NETWORK	DESIGNATED NETWORK	IN-NETWORK	IN-NETWORK
<i>Annual Calendar Year Deductible</i>	Affordable Care Act - Fully Insured Plan Options			
Individual	\$5,000	\$5,000		\$5,000
Family	\$10,000	\$10,000		\$10,000
Co-Insurance	100%	100%		90%
<i>Annual Calendar Year Out-of-Pocket Maximum</i>	Out of Pocket Maximums Include the Following: Annual Deductible, Coinsurance, and All Copays			
Individual	\$7,900	\$6,500		\$7,500
Family	\$15,800	\$13,000		\$15,000
<i>Services</i>				
Primary Care Visit	\$35 Copay After Deductible	\$20 Copay After Deductible		90% After Deductible
Specialist Office Visit	\$75 Copay After Deductible	\$50 Copay After Deductible		90% After Deductible
Virtual Visit	Primary: \$35 Copay After Deductible Specialist: \$75 Copay After Deductible	\$0 Copay		90% After Deductible
Preventive Care	\$0 Copay	\$0 Copay		\$0 Copay
Urgent Care	\$50 Copay After Deductible	\$50 Copay After Deductible		90% After Deductible
Emergency Room	\$400 Copay After Deductible	\$250 Copay After Deductible		90% After Deductible
Out-Patient Services	100% After Deductible	100% After Deductible		90% After Deductible
Out-Patient Surgery Copay	-	-		-
Minor Out-Patient Lab, X-Ray, and Diagnostic	100% After Deductible	100% After Deductible	50% After Deductible	90% After Deductible
Major Diagnostic and Imaging (MRI, MET, PET, CT)	100% After Deductible	100% After Deductible	\$500 Copay Plus 50% After Deductible	90% After Deductible
In-Patient Hospital	100% After Deductible	100% After Deductible		90% After Deductible
Hospital Admission Copay	-	-		-
30 Day Supply (Retail) Prescription Drugs	Preferred Network: \$15/\$40/\$80/25% up to \$350 After Deductible In-Network: \$25/\$50/\$90/25% up to \$450/25% up to \$350 After Deductible	\$10/\$40/\$125/\$300 After Deductible		90% After Deductible
90 Day Supply (Mail Order) Prescription Drugs	\$30/\$100/\$200 After Deductible	\$25/\$100/\$312.50/\$750 After Deductible		90% After Deductible
OUT OF NETWORK BENEFITS	\$12,500 Ded/70% Coins See Plan Summary for Details	\$10,000 Ded/50% Coins See Plan Summary for Details		\$10,000 Ded/50% Coins See Plan Summary for Details
<i>Underwriting Requirements</i>				
Employer Contribution	50% of Employee Premium	50% of Employee Premium		50% of Employee Premium
Employee Participation	75% Employee Participation	25% Employee Participation		25% Employee Participation
AM Best Rating	A/XV	A/XV		A/XV
	Total Premium Based on Final Enrollment			
XXXXXXXXXX XX	\$515.56	\$516.24		\$530.95
XXXXXXXXXX XX	\$316.53	\$316.95		\$325.99
XXXXXXXXXX XX	\$316.53	\$316.95		\$325.99
XXXXXXXXXX XX	\$1,188.76	\$1,190.34		\$1,224.26
XXXXXXXXXX XX	\$1,162.69	\$1,164.24		\$1,197.41
XXXXXXXXXX XX	\$1,241.31	\$1,242.96		\$1,278.36
Monthly Medical Premium	\$4,741.38	\$4,747.68		\$4,882.96

The above benefits and rates are an illustration only. Actual monthly premiums are based on final enrollment. If there is any discrepancy between the carrier proposal and this spreadsheet, the insurance contract/proposal will dictate. Please see plan summaries for detailed information regarding the coverage of self-injectables, labs, x-rays, and Out of Network Services. Changing carriers may impact the Out of Pocket Maximum exposure to which employees are subject.

City of Twin Oaks
Medical Benefit Comparison Effective
February 1, 2024

	ANTHEM <i>Silver Blue Access Choice Contract Code: A8FV</i>	UNITED HEALTHCARE <i>Core CV8N</i>		CIGNA + OSCAR <i>Open Access Plus Silver \$5000</i>
Plan Benefits	IN-NETWORK	DESIGNATED NETWORK	IN-NETWORK	IN-NETWORK
<i>Annual Calendar Year Deductible</i>	Affordable Care Act - Fully Insured Plan Options			
Individual	\$5,000	\$5,000		\$5,000
Family	\$10,000	\$10,000		\$10,000
Co-Insurance	80%	100%		70%
<i>Annual Calendar Year Out-of-Pocket Maximum</i>	Out of Pocket Maximums Include the Following: Annual Deductible, Coinsurance, and All Copays			
Individual	\$9,450	\$6,400		\$9,150
Family	\$18,900	\$12,800		\$18,300
<i>Services</i>				
Primary Care Visit	\$45 Copay	< age 19: \$0 Copay age 19+: \$15 Copay		\$30 Copay
Specialist Office Visit	\$85 Copay	\$50 Copay	\$100 Copay	\$80 Copay
Virtual Visit	Primary: \$45 Copay Specialist: \$85 Copay	\$0 Copay		\$30 Copay
Preventive Care	\$0 Copay	\$0 Copay		\$0 Copay
Urgent Care	\$50 Copay	\$50 Copay		\$50 Copay
Emergency Room	\$400 Copay Plus 20%	\$300 Copay After Deductible		Visit 1: \$500 Copay After Deductible Visit 2: \$800 Copay After Deductible
Out-Patient Services	80% After Deductible	100% After Deductible		70% After Deductible
Out-Patient Surgery Copay	-	-		-
Minor Out-Patient Lab, X-Ray, and Diagnostic	80% After Deductible	100% After Deductible	50% After Deductible	70% After Deductible
Major Diagnostic and Imaging (MRI, MET, PET, CT)	80% After Deductible	100% After Deductible	\$500 Copay Plus 50% After Deductible	70% After Deductible
In-Patient Hospital	80% After Deductible	100% After Deductible		70% After Deductible
Hospital Admission Copay	-	-		-
30 Day Supply (Retail) Prescription Drugs	Preferred Network: \$15/\$60/\$90/\$25% up to \$350 In-Network: \$25/\$70/\$100/25% up to \$450/25% up to \$350	\$10/\$40/\$125/\$300		\$3/\$17/\$70/\$100/25% After Deductible
90 Day Supply (Mail Order) Prescription Drugs	\$30/\$150/\$225	\$25/\$100/\$312.50/\$750		\$9/\$51/\$210/\$300
OUT OF NETWORK BENEFITS	\$12,500 Ded/60% Coins See Plan Summary for Details	\$10,000 Ded/50% Coins See Plan Summary for Details		\$10,000 Ded/50% Coins See Plan Summary for Details
<i>Underwriting Requirements</i>				
Employer Contribution	50% of Employee Premium	50% of Employee Premium		50% of Employee Premium
Employee Participation	75% Employee Participation	25% Employee Participation		25% Employee Participation
AM Best Rating	A/XV	A/XV		A/XV
	Total Premium Based on Final Enrollment			
XXXXXXXXXX XX	\$537.95	\$519.77		\$508.34
XXXXXXXXXX XX	\$330.28	\$319.12		\$312.10
XXXXXXXXXX XX	\$330.28	\$319.12		\$312.10
XXXXXXXXXX XX	\$1,240.39	\$1,198.47		\$1,172.12
XXXXXXXXXX XX	\$1,213.19	\$1,172.19		\$1,146.42
XXXXXXXXXX XXX	\$1,295.22	\$1,251.45		\$1,223.93
Monthly Medical Premium	\$4,947.31	\$4,780.12		\$4,675.01

The above benefits and rates are an illustration only. Actual monthly premiums are based on final enrollment. If there is any discrepancy between the carrier proposal and this spreadsheet, the insurance contract/proposal will dictate. Please see plan summaries for detailed information regarding the coverage of self-injectables, labs, x-rays, and Out of Network Services. Changing carriers may impact the Out of Pocket Maximum exposure to which employees are subject.

City of Twin Oaks

Dental Benefit Comparison Effective February 1, 2024

		UNITED HEALTHCARE P4877		ANTHEM 3LQA		ANTHEM - MEWA 546Q	
Plan Description		IN NETWORK	OUT-OF-NETWORK	IN NETWORK	OUT-OF-NETWORK	IN NETWORK	OUT-OF-NETWORK
Calendar Year Deductible		\$50/\$150		\$50/\$150		\$50/\$150	
Preventive		100%	100%	100%	100%	100%	100%
Basic		80%	80%	80%	80%	80%	80%
Major		50%	50%	50%	50%	50%	50%
Calendar Year Maximum		\$1,000		\$1,000		\$1,000	
Includes Annual Max Roll-Over		Included		Included		Included	
Endodontics		Major		Major		Major	
Periodontics		Major		Major		Major	
Surgical Periodontics		Major		Major		Major	
Usual & Customary Rates (UCR)		Negotiated Fee Schedule	90th% UCR	Negotiated Fee Schedule	90th% UCR	Negotiated Fee Schedule	90th% UCR
Waiting Periods		No Waiting Period		No Waiting Period		No Waiting Period	
Participation Requirements		2 enrolled employees		2 enrolled employees and 50% of eligible employees		2 enrolled employees and 50% of eligible employees	
		QUOTED RATES		QUOTED RATES	BUNDLED RATES	QUOTED RATES	
Employee Only	3	\$40.97		\$37.79	\$35.90	\$29.67	
Employee + Spouse	0	\$81.94		\$77.09	\$73.24	\$60.53	
Employee + Child(ren)	1	\$89.16		\$82.55	\$78.42	\$64.81	
Family	0	\$136.55		\$125.47	\$119.20	\$98.51	
Total Monthly Premium		\$212.07		\$195.92	\$186.12	\$153.82	
Rate Guarantee		1 YEAR		2 YEARS		1 YEAR	

Note all plans illustrated above are subject to participation, employer contribution, underwriting requirements and exclusions. Please refer to plan policy and quote for more information.

The above benefits and rates are an illustration only; if there is any discrepancy between the carrier proposal and this spreadsheet, the insurance contract/proposal will dictate.

Vision Benefit Comparison Effective

February 1, 2024

		UNITED HEALTHCARE S1008		ANTHEM 4BGU		ANTHEM - MEWA 5NYB	
Plan Description		IN NETWORK	OUT-OF-NETWORK	IN NETWORK	OUT-OF-NETWORK	IN NETWORK	OUT-OF-NETWORK
Exam Copay		\$10	-	\$10	-	\$10	-
Materials Copay		\$25	-	\$25	-	\$25	-
Eye Exam Frequency		12 MONTHS		12 MONTHS		12 MONTHS	
Eye Exam Benefit		100% After Copay	Up to \$40	100% After Copay	Up to \$42	100% After Copay	Up to \$42
Lenses Frequency		12 MONTHS		12 MONTHS		12 MONTHS	
Lenses Benefit Single Vision		100% After Copay	Up to \$40	100% After Copay	Up to \$40	100% After Copay	Up to \$40
Lenses Benefit Bifocals		100% After Copay	Up to \$60	100% After Copay	Up to \$60	100% After Copay	Up to \$60
Lenses Benefit Trifocal		100% After Copay	Up to \$80	100% After Copay	Up to \$80	100% After Copay	Up to \$80
Contacts Frequency		12 MONTHS		12 MONTHS		12 MONTHS	
Voluntary Contacts Benefit		\$105 Allowance	Up to \$80	\$130 Allowance then 15% off Balance	Up to \$95	\$130 Allowance then 15% off Balance	Up to \$95
Necessary Contacts Benefit		100% After Copay	Up to \$210	100% After Copay	Up to \$210	100% After Copay	Up to \$210
Frames Frequency		24 MONTHS		24 MONTHS		24 MONTHS	
Frames Benefit		\$130 Allowance then 30% off Balance	Up to \$45	\$130 Allowance then 20% off Balance	Up to \$45	\$130 Allowance then 20% off Balance	Up to \$45
Participation Requirements		1 enrolled employee		2 enrolled employees and 50% of eligible employees		2 enrolled employees and 50% of eligible employees	
		QUOTED RATES		QUOTED RATES	BUNDLED RATES	QUOTED RATES	
Employee Only	3	\$6.61		\$6.24	\$5.93	\$5.62	
Employee + Spouse	0	\$12.55		\$12.48	\$11.86	\$11.23	
Employee + Child(ren)	1	\$14.72		\$12.65	\$12.02	\$11.39	
Family	0	\$20.72		\$21.00	\$19.95	\$18.90	
Total Monthly Premium		\$34.55		\$31.37	\$29.81	\$28.25	
Rate Guarantee		2 YEARS		2 YEARS		2 YEARS	

The above benefits and rates are an illustration only; if there is any discrepancy between the carrier proposal and this spreadsheet, the insurance contract/proposal will dictate.



We've got you covered

Flexible network options to fit everyone's needs

From Joplin to Cape Girardeau, Hannibal to St. Louis, and all the areas in between, Anthem Blue Cross and Blue Shield in Missouri has employers – and their employees – covered with multiple network options. Featuring broad, coast-to-coast coverage, and more focused solutions that help reduce costs, we have the network flexibility to meet the needs of even the most diverse employee population.

With Anthem networks, you get one of the largest health plans in the country, coupled with a strong understanding of local market nuances. No other carrier in the state offers a more comprehensive selection of networks that can transform the way employers offer health care coverage to their employees.



Blue Access – Available to employers across our service area, Blue Access is our broadest, state-wide network. Featuring 112 Missouri hospitals and more than 25,000 Missouri doctors and other health care professionals, the Blue Access network is the ideal solution for employers looking for the broadest solution with maximum choice for their employees. When combined with our BlueCard® network, employers can offer coverage that extends coast-to-coast.



Blue Access Choice – The breadth of the Blue Access network with preferred rates in the greater St. Louis area. Featuring nearly all of the medical providers in the region, plus access to our state-wide network, Blue Access Choice offers the broadest solution with maximum choice for employers in the St. Louis area. When combined with our BlueCard® network, employers can offer coverage that extends coast-to-coast.



Blue Preferred – Available to employers across our service area, Blue Preferred is a focused network of medical providers with preferred rates. Through exclusive arrangements with leading provider systems in the area, employers can offer robust coverage while achieving cost savings by incentivizing their employees to choose high-quality, lower-cost medical providers. When combined with our BlueCard® network, employers can offer coverage that extends coast-to-coast.¹

Anthem networks at a glance

	Small Group	Large Group	Geographical Area / Coverage	Providers
Blue Access	✓	✓	<ul style="list-style-type: none"> MO service area Coast-to-coast coverage when combined with National BlueCard^{®2} 	<ul style="list-style-type: none"> 112 MO hospitals More than 25,000 MO doctors/health care professionals
Blue Access Choice	✓	✓	<ul style="list-style-type: none"> MO service area, preferred rates in greater St. Louis area Coast-to-coast coverage when combined with National BlueCard^{®1,2} 	<ul style="list-style-type: none"> 112 MO hospitals More than 25,000 MO doctors/health care professionals
Blue Preferred	✓	✓	<ul style="list-style-type: none"> MO service area, preferred rates in Cape Girardeau, Joplin, Springfield and St. Louis areas Coast-to-coast coverage when combined with National BlueCard^{®1,2} 	<p>Robust network featuring exclusive arrangements with:</p> <ul style="list-style-type: none"> SoutheastHealth in Cape Girardeau Freeman Health System in Joplin CoxHealth in Springfield

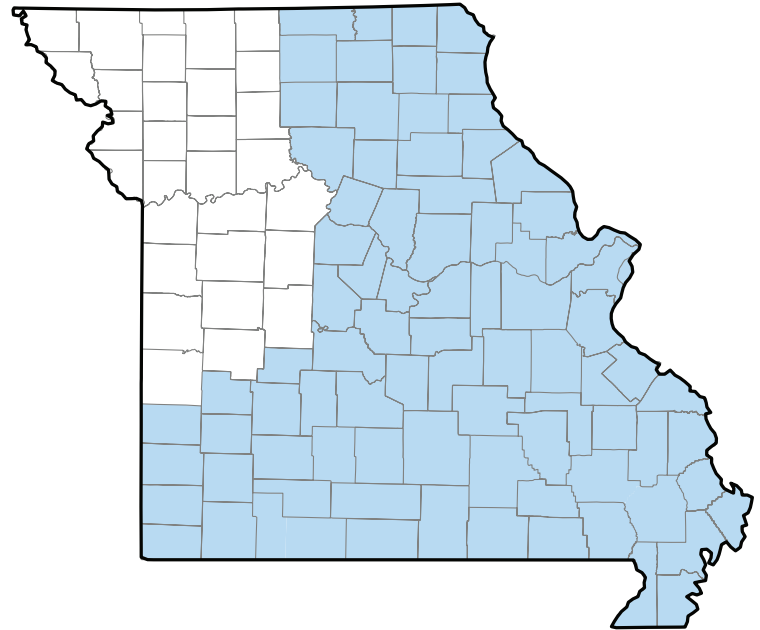
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Missouri Service Area



¹ Extended coverage only available with PPO and PPO CDHP plans.
² The BlueCard[®] program. BCBSA, <http://provider.bcbs.com>.

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UnitedHealthcare Medical and Rx Plans

Missouri: MC Package MO18

2-50 Eligible Employees

Effective January 1, 2024

UnitedHealthcare ACA Value Adds

Value Adds	Description	ACA	
		HSA	Copay Plans
Network			
Choice Plus and CORE	Broadest (Choice Plus) and Narrow (CORE) options	Yes	Yes
CORE Provider Exclusion	Providers not in CORE include: BJC; St. Francis (SE-MO); St. John's/Mercy (SW-MO)		
Member Rewards and Incentives			
UHC Rewards CORE	A member can earn up to \$300 for healthy actions	No	\$300
UHC Rewards Premium	A member can earn up to \$1000 for healthy actions	\$1,000	No
Apple Fitness+	12-month Apple Fitness+ (up to 5 family members)	Yes	Yes
Consumer-centric cost sharing			
\$0 Kids Copay	PCP for under 19 at \$0	No	Yes (select plans)
\$0 Virtual Visits	\$0 for use of in network virtual visit providers	No	Yes (select plans)
Tiered Benefits	Lower cost sharing for use of UnitedHealth Premium Designated Specialists	Yes (select plans)	Yes (select plans)
Urgent Care \$50	Low-cost Urgent Care cost sharing	No	Yes (select plans)
Rx			
\$0 Rx	Zero out-of-pocket costs for insulin and several emergency drugs	Yes	Yes
Rx Network	National (includes Walgreens and CVS)	Yes	Yes
Behavioral Health			
EAP Core	Address personal challenges, problems of daily life or workplace	Yes	Yes
Behavioral Health Office	In-person Behavior Health office visits and inpatient services	Yes	Yes
Employer Bundled Savings			
Package Savings	Bundle medical and specialty benefits for savings	Yes	Yes



TWIN OAKS

ESTABLISHED 1938