



Christian County Commission

100 West Church St, Room 100
Ozark, MO 65721

SCHEDULED

MEETING ATTACHMENTS (ID # 5304)

Meeting: 10/18/21 08:25 AM

Department: County Clerk

Category: Meeting Items

Prepared By: Paula Brumfield

Initiator: Paula Brumfield

Sponsors:

DOC ID: 5304

Meeting Attachments

ATTACHMENTS:

- 101821 MAC Delegate Vote Tally (PDF)
- 101821 MAC Roster of Signatures (PDF)
- 101821 Croley Group Health Ins Presentation (PDF)
- 101821 CoxHealth Plans 2022 Renewal Plan Contract (PDF)
- 101821 DESTINATION MARKETING ORGANIZATION (DMO) County Order (PDF)

**2021 FOR MAC BOARD MEMBER
VOTE FOR 1**

County Auditor	Amy Dent	
Circuit Clerk	Barb Stillings	
Treasurer	Karen Matthews	

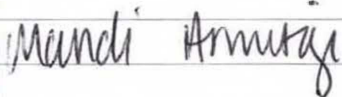

Christian County, as a first-class county, has two positions on the MAC Board of Directors. One Board Member is selected from the County Commissioners. The second board member is selected by vote from each of the officeholders.

Please cast your vote at the County Clerk's Office where a locked ballot box and a roster is waiting for your signature and your ballot.

The deadline to submit your ballot is Friday, October 15, 2021.

Thank you, Amy, Barb and Karen, for your desire to serve on the MAC Board of Directors!

MAC BOARD MEMBER ELECTION -- CHRISTIAN COUNTY, MISSOURI

		Signature	Date
Assessor	Danny Gray		10-4-21
Auditor	Amy Dent		10-1-2021
Circuit Clerk	Barb Stillings		
Commissioner	Hosea Bilyeu		9-30-2021
Commissioner	Ralph Phillips		10-1-2021
Commissioner	Lynn Morris		
Collector of Revenue	Ted Nichols		10-5-21
Coroner	Mandi Armitage		10/5/21
County Clerk	Kay Brown		9/30/2021
Prosecuting Attorney	Amy Fite		10-6-2021
Public Administrator	Ken Davis		10/1/21
Recorder of Deeds	Kelly Hall		10/4/21
Sheriff	Brad Cole		10/4/2021
Treasurer	Karen Matthews		10/1/21

PREPARED ESPECIALLY FOR:

COUNTY OF CHRISTIAN
OZARK, MO

GROUP HEALTH INSURANCE
JANUARY 2022

PREPARED BY:
TREVOR CROLEY

The logo for Crolley insurance & financial features the name 'Crolley' in a large, green, cursive script. Below it, the words 'insurance & financial' are written in a smaller, black, sans-serif font.

insurance & financial

PO Box A
Springfield, MO 65808
Phone: 417-881-3520
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Email: tcrolley@crolleyinsurance.com



Our Company's mission is to be a progressive, quality and growing Insurance and Financial Services Company dedicated to the creation of wealth and security of individuals and businesses and to maintain an outstanding reputation among our peers and clients in the community we serve. Further, our mission is to provide service that equals or exceeds our clients' expectations.

COUNTY OF CHRISTIAN

January 1, 2022

proposal for illustrative purposes

Includes 15% Rate Cap for Renewal and Level I Wellness Program

	Cox Health Plans 2021 Current Triple Option			Cox Health Plans 2022 Renewal Triple Option		
	Base	Mid Buy Up	High Buy Up	Base	Mid Buy Up	High Buy Up
Deductible (In/Out)	\$3,500/\$7,000 (x3)	\$2,500/\$5,000 (x3)	\$1,000/\$2,000 (x3)	\$3,500/\$7,000 (x3)	\$2,500/\$5,000 (x3)	\$1,000/\$2,000 (x3)
Plan Type (PPO/HMO)	PPO	PPO	PPO	PPO	PPO	PPO
Hospital Network	Cox	Cox	Cox	Cox	Cox	Cox
In-Network Co-Insurance	50/50	80/20	70/30	50/50	80/20	70/30
Out of Pocket Single/Family	\$5,000/\$13,500	\$5,000/\$12,500	\$5,000/\$11,000	\$5,000/\$13,500	\$5,000/\$12,500	\$5,000/\$11,000
Out of Network Co-Ins.	50/50	50/50	50/50	50/50	50/50	50/50
Out of Pocket Single/Family	\$10,750/\$28,500	\$11,250/\$27,500	\$12,000/\$26,000	\$10,750/\$28,500	\$11,250/\$27,500	\$12,000/\$26,000
Wellness*						
Preventive Care	100%	100%	100%	100%	100%	100%
Routine Physicals	100%	100%	100%	100%	100%	100%
Well Child	100%	100%	100%	100%	100%	100%
Immunizations to age 5	100%	100%	100%	100%	100%	100%
Co-Pays						
Dr. Office Visit Co-pay	\$40/\$60(incl.)	\$40/\$60 (incl.)	\$30/\$60 (incl.)	\$40/\$60(incl.)	\$40/\$60 (incl.)	\$30/\$60 (incl.)
ER Co-pay	\$300	\$300	\$300	\$300	\$300	\$300
Urgent Care	\$150	\$150	\$150	\$150	\$150	\$150
Prescriptions						
Prescription Drug Card	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75
Rx Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Additional Coverages						
Maternity	Y	Y	Y	Y	Y	Y
Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Rates						
	Partners 50	Partners 80	Partners 70	Partners 50	Partners 80	Partners 70
Employee	\$437.00	\$522.00	\$556.00	\$477.00	\$569.00	\$606.00
Employee/Spouse	\$896.00	\$1,070.00	\$1,140.00	\$977.00	\$1,166.00	\$1,242.00
Employee/Child	\$743.00	\$887.00	\$945.00	\$810.00	\$967.00	\$1,030.00
Family	\$1,267.00	\$1,514.00	\$1,612.00	\$1,382.00	\$1,650.00	\$1,757.00



TREVOR CROLEY

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COUNTY OF CHRISTIAN

January 1, 2022

proposal for illustrative purposes

Includes 15% Rate Cap for Renewal and Level I Wellness Program

	Cox Health Plans 2021 Current Triple Option			Option 2		
	Base	Mid Buy Up	High Buy Up	Base	Mid Buy Up	High Buy Up
Deductible (In/Out)	\$3,500/\$7,000 (x3)	\$2,500/\$5,000 (x3)	\$1,000/\$2,000 (x3)	\$5,000/\$10,000 (x3)	\$3,500/\$7,000 (x3)	\$2,000/\$4,000 (x3)
Plan Type (PPO/HMO)	PPO	PPO	PPO	PPO	PPO	PPO
Hospital Network	Cox	Cox	Cox	Cox	Cox	Cox
In-Network Co-Insurance	50/50	80/20	70/30	50/50	80/20	70/30
Out of Pocket Single/Family	\$5,000/\$13,500	\$5,000/\$12,500	\$5,000/\$11,000	\$7,500/\$20,000	\$7,500/\$18,500	\$6,000/\$14,000
Out of Network Co-Ins.	50/50	50/50	50/50	50/50	50/50	50/50
Out of Pocket Single/Family	\$10,750/\$28,500	\$11,250/\$27,500	\$12,000/\$26,000	\$16,250/\$42,500	\$17,000/\$41,000	\$14,000/\$32,000
Wellness*						
Preventive Care	100%	100%	100%	100%	100%	100%
Routine Physicals	100%	100%	100%	100%	100%	100%
Well Child	100%	100%	100%	100%	100%	100%
Immunizations to age 5	100%	100%	100%	100%	100%	100%
Co-Pays						
Dr. Office Visit Co-pay	\$40/\$60(incl.)	\$40/\$60 (incl.)	\$30/\$60 (incl.)	\$40/\$75(incl.)	\$40/\$75 (incl.)	\$30/\$60 (incl.)
ER Co-pay	\$300	\$300	\$300	\$300	\$300	\$300
Urgent Care	\$150	\$150	\$150	\$150	\$150	\$150
Prescriptions						
Prescription Drug Card	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75
Rx Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Additional Coverages						
Maternity	Y	Y	Y	Y	Y	Y
Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Rates						
	Partners 50	Partners 80	Partners 70	Partners 50	Partners 80	Partners 70
Employee	\$437.00	\$522.00	\$556.00	\$436.00	\$527.00	\$582.00
Employee/Spouse	\$896.00	\$1,070.00	\$1,140.00	\$894.00	\$1,079.00	\$1,193.00
Employee/Child	\$743.00	\$887.00	\$945.00	\$742.00	\$895.00	\$989.00
Family	\$1,267.00	\$1,514.00	\$1,612.00	\$1,265.00	\$1,527.00	\$1,688.00



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COUNTY OF CHRISTIAN

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Includes 15% Rate Cap for Renewal and Level I Wellness Program

	Cox Health Plans 2021 Current Triple Option			Option 3		
	Base	Mid Buy Up	High Buy Up	Base	Mid Buy Up	High Buy Up
Deductible (In/Out)	\$3,500/\$7,000 (x3)	\$2,500/\$5,000 (x3)	\$1,000/\$2,000 (x3)	\$5,000/\$10,000 (x3)	\$3,500/\$7,000 (x3)	\$3,000/\$6,000 (x3)
Plan Type (PPO/HMO)	PPO	PPO	PPO	PPO	PPO	PPO
Hospital Network	Cox	Cox	Cox	Cox	Cox	Cox
In-Network Co-Insurance	50/50	80/20	70/30	50/50	70/30	50/50
Out of Pocket Single/Family	\$5,000/\$13,500	\$5,000/\$12,500	\$5,000/\$11,000	\$7,500/\$20,000	\$7,500/\$18,500	\$6,000/\$15,000
Out of Network Co-Ins.	50/50	50/50	50/50	50/50	50/50	50/50
Out of Pocket Single/Family	\$10,750/\$28,500	\$11,250/\$27,500	\$12,000/\$26,000	\$16,250/\$42,500	\$17,000/\$41,000	\$13,500/\$33,000
Wellness*						
Preventive Care	100%	100%	100%	100%	100%	100%
Routine Physicals	100%	100%	100%	100%	100%	100%
Well Child	100%	100%	100%	100%	100%	100%
Immunizations to age 5	100%	100%	100%	100%	100%	100%
Co-Pays						
Dr. Office Visit Co-pay	\$40/\$60(incl.)	\$40/\$60 (incl.)	\$30/\$60 (incl.)	\$40/\$75(incl.)	\$40/\$75 (incl.)	\$30/\$60 (incl.)
ER Co-pay	\$300	\$300	\$300	\$300	\$300	\$300
Urgent Care	\$150	\$150	\$150	\$150	\$150	\$150
Prescriptions						
Prescription Drug Card	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75	\$10/\$35/\$75
Rx Deductible	N/A	N/A	N/A	N/A	N/A	N/A
Additional Coverages						
Maternity	Y	Y	Y	Y	Y	Y
Plan Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Rates						
	Partners 50	Partners 80	Partners 70	Partners 50	Partners 70	Partners 50
Employee	\$437.00	\$522.00	\$556.00	\$433.00	\$519.00	\$553.00
Employee/Spouse	\$896.00	\$1,070.00	\$1,140.00	\$887.00	\$1,064.00	\$1,134.00
Employee/Child	\$743.00	\$887.00	\$945.00	\$736.00	\$882.00	\$940.00
Family	\$1,267.00	\$1,514.00	\$1,612.00	\$1,255.00	\$1,505.00	\$1,604.00



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COUNTY OF CHRISTIAN

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	UHC	UHC	UHC		
Deductible (In/Out)	\$3,500/\$7,000 (x3)	\$2,500/\$5,000 (x3)	\$1,000/\$2,000 (x3)		
Plan Type (PPO/HMO)	PPO	PPO	PPO		
Hospital Network	Cox + Mercy	Cox + Mercy	Cox + Mercy		
In-Network Co-Insurance	50/50	80/20	70/30		
Out of Pocket Single/Family	\$5,000/\$13,500	\$5,000/\$12,500	\$5,000/\$11,000		
Out of Network Co-Insurance	50/50	50/50	50/50		
Out of Pocket Single/Family	\$10,750/\$28,500	\$11,250/\$27,500	\$12,000/\$26,000		
Wellness*					
Preventive Care	100%	100%	100%		
Routine Physicals	100%	100%	100%		
Well Child	100%	100%	100%		
Immunizations to age 5	100%	100%	100%		
Co-Pays					
Dr. Office Visit Co-pay	\$40/\$60	\$40/\$60	\$30/\$60		
ER Co-pay	\$300	\$300	\$300		
Urgent Care	\$150	\$150	\$150		
Prescriptions					
Prescription Drug Card	\$10/\$35/\$70	\$10/\$35/\$70	\$10/\$35/\$70		
Rx Deductible	N/A	N/A	N/A		
Additional Coverages					
Maternity	Y	Y	Y		
Plan Maximum	Unlimited	Unlimited	Unlimited		
Rates					
	BVBD	BVBD Mod 1	BVBD Mod2		
Employee	\$657.65	\$668.64	\$690.06		
Employee/Spouse	\$1,348.41	\$1,370.94	\$1,414.86		
Employee/Child	\$1,118.16	\$1,136.84	\$1,173.26		
Family	\$1,906.73	\$1,938.60	\$2,000.70		



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	Aetna	Cigna	Humana	Group Benefit Services	Anthem Blue Cross
Deductible (In/Out)	Decline	Decline	Decline	Decline	Decline
Plan Type (PPO/HMO)	to	to	to	to	to
Hospital Network	Quote	Quote	Quote	Quote	Quote
In-Network Co-Insurance					
Out of Pocket Single/Family					
Out of Network Co-Insurance					
Out of Pocket Single/Family					
Wellness*					
Preventive Care					
Routine Physicals					
Well Child					
Immunizations to age 5					
Co-Pays					
Dr. Office Visit Co-pay					
ER Co-pay					
Urgent Care					
Prescriptions					
Prescription Drug Card					
Rx Deductible					
Additional Coverages					
Maternity					
Plan Maximum					
Rates					
Employee					
Employee/Spouse					
Employee/Child					
Family					



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CHRISTIAN COUNTY (CI2220) - 2022 Renewal Authorization

Effective January 1, 2022 to
renew January 1, 2023

Renewal Quote - Triple Option Plan

The following rates are based on census as of 8/1/2021. Total Premium may change based on current enrollment. **Renewal offer includes:**
Rate Cap of 15% for contract year beginning 1/1/2023
Wellness Program administered by CoxHealth Corporate Wellness

Agent/Broker: Trevor T Croley

Account Manager: My-Linh Smith

		Current	Current Renewal	Option 2	Option 3
Coverage	EE's	Partners 50 \$3,500 Ded (3xFam), \$5,000 MOOP, \$40 PCP/\$60 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100	Partners 50 \$3,500 Ded (3xFam), \$5,000 MOOP, \$40 PCP/\$60 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100	Partners 50 \$5,000 Ded (3xFam), \$7,500 MOOP, \$40 PCP/ \$75 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100	Partners 50 \$5,000 Ded (3xFam), \$7,500 MOOP, \$40 PCP/ \$75 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100
Employee	130	\$437	\$477	\$436	\$433
Employee and Spouse	7	\$896	\$977	\$894	\$887
Employee and Child (ren)	19	\$743	\$810	\$742	\$736
Family	3	\$1,267	\$1,382	\$1,265	\$1,255
Total Monthly Premium:*		\$81,000	\$88,321	\$80,853	\$89,927

% Increase above Current Plan #1: 9.0% -0.2% -1.0%

		Current	Current Renewal	Option 2	Option 3
Coverage	EE's	Partners 80 \$2,500 Ded (3xFam), \$5,000 MOOP, \$40 PCP/\$60 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100	Partners 80 \$2,500 Ded (3xFam), \$5,000 MOOP, \$40 PCP/\$60 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100	Partners 80 \$3,500 Ded (3xFam), \$7,500 MOOP, \$40 PCP/ \$75 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100	Partners 70 \$3,500 Ded (3xFam), \$7,500 MOOP, \$40 PCP/ \$75 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100
Employee	6	\$522	\$569	\$527	\$519
Employee and Spouse	2	\$1,070	\$1,166	\$1,079	\$1,064
Employee and Child (ren)	3	\$887	\$967	\$895	\$882
Family	1	\$1,514	\$1,650	\$1,527	\$1,505
Total Monthly Premium:*		\$9,447	\$10,297	\$9,530	\$107,882

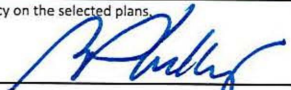
% Increase above Current Plan #2: 9.0% 0.9% -0.6%

		Current	Current Renewal	Option 2	Option 3
Coverage	EE's	Partners 70 \$1,000 Ded (3xFam), \$5,000 MOOP, \$30 PCP/\$60 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100	Partners 70 \$1,000 Ded (3xFam), \$5,000 MOOP, \$30 PCP/\$60 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100	Partners 70 \$2,000 Ded (3xFam), \$6,000 MOOP, \$30 PCP/\$60 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100	Partners 50 \$3,000 Ded (3xFam), \$6,000 MOOP, \$30 PCP/\$60 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100
Employee	1	\$556	\$606	\$582	\$553
Employee and Spouse	0	\$1,140	\$1,242	\$1,193	\$1,134
Employee and Child (ren)	2	\$945	\$1,030	\$989	\$940
Family	0	\$1,612	\$1,757	\$1,688	\$1,604
Total Monthly Premium:*		\$2,446	\$2,666	\$2,560	\$114,932

% Increase above Current Plan #3: 9.0% 4.7% -0.5%

The attached rates are subject to change if a plan is used in conjunction with a Health Reimbursement Account (HRA)

CHRISTIAN COUNTY (CI2220) - 2022 Renewal Authorization

<p>SECTION 1: Plan Selection To Renew Again: 01/01/2023</p> <p>PPO PLANS</p> <p><input checked="" type="checkbox"/> Current Partners 50 \$3,500 Ded (3xFam), \$5,000 MOOP, \$40 PCP/\$60 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100 Partners 80 \$2,500 Ded (3xFam), \$5,000 MOOP, \$40 PCP/\$60 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100 Partners 70 \$1,000 Ded (3xFam), \$5,000 MOOP, \$30 PCP/\$60 SPC OV Inclusive, \$300 ER \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100</p> <p><input type="checkbox"/> Option 2 Partners 50 \$5,000 Ded (3xFam), \$7,500 MOOP, \$40 PCP/\$75 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100 Partners 80 \$3,500 Ded (3xFam), \$7,500 MOOP, \$40 PCP/\$75 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100 Partners 70 \$2,000 Ded (3xFam), \$6,000 MOOP, \$30 PCP/\$60 SPC OV Inclusive, \$300 ER \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100</p> <p><input type="checkbox"/> Option 3 Partners 50 \$5,000 Ded (3xFam), \$7,500 MOOP, \$40 PCP/\$75 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100 Partners 70 \$3,500 Ded (3xFam), \$7,500 MOOP, \$40 PCP/\$75 SPC OV Inclusive, \$300 ER, \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100 Partners 50 \$3,000 Ded (3xFam), \$6,000 MOOP, \$30 PCP/\$60 SPC OV Inclusive, \$300 ER \$150 UC, Rx: \$0-\$10-\$35-\$75-\$100</p>	<p>SECTION 5: Plan Administrator Signature</p> <p>Please renew our policy on the selected plans.</p> <p style="text-align: center;">  _____ Authorized Signature </p> <p style="text-align: center;"> 10/18/2021 _____ Date </p> <p>Acknowledgement – Summary of Benefits and Coverage</p> <p>I am an authorized representative of the employer and agree to distribute the Summary of Benefits and Coverage ("SBC") provided by Cox HealthPlans to all plan participants and beneficiaries in accordance with the Patient Protection and Affordable Care Act. The Employer shall indemnify and hold harmless Cox HealthPlans from all costs and penalties from the Employer's failure to distribute the SBC to plan participants and beneficiaries in accordance with the federal regulations issued under the Patient Protection and Affordable Care Act.</p> <p>Note: Any applicable ACA fees are included in the above rates. Fees are prorated based on contract months after 1/1/2014. Please contact your Cox HealthPlans representative for additional information.</p>
<p>SECTION 2: Open Enrollment Directive</p> <p><input type="checkbox"/> Keep members enrolled under current deductible unless change forms are submitted</p> <p><input type="checkbox"/> Other (please specify): _____</p>	<p>SECTION 6: Contact Information (complete only if changes are necessary)</p> <p>Contact Name: _____</p> <p>Company Name: _____</p> <p>Address: _____</p> <p>City, State, Zip: _____</p> <p>Email: _____</p>
<p>SECTION 3: Premium Contribution</p> <p>Current Employer Contribution to Employee Premium: _____ %</p> <p>Post-Renewal Employer Contribution to Employee Premium: _____ %</p>	<p>SECTION 7: HRA TPA Authorization (if applicable)</p> <p>If a Third Party Administrator (TPA) is currently being used to administer an HRA program for your organization and Cox HealthPlans has received authorization to share data with this TPA, please confirm there are no changes to this arrangement. If a TPA change is being made, please complete an updated TPA Authorization Form.</p> <p><input type="checkbox"/> We have previously submitted the above authorization and there are no changes being made.</p> <p><input type="checkbox"/> We are changing Third Party Administrators; please provide us with a new TPA Authorization Form.</p>
<p>SECTION 4: Employee Count (MEC) Information</p> <p>To help Cox HealthPlans better assist your members who may also have coverage through Medicare, please complete the information below (this question is based on Medicare's guideline for the purposes of coordinating benefits).</p> <p>*During the most recent two calendar year quarters, has <input type="checkbox"/> Less than 20 employees <input type="checkbox"/> >20 (less than 100) your organization employed (including both Full-Time <input type="checkbox"/> Greater than 100 employees and Part-Time):</p>	

HOW TO RENEW: Sections 1-5 above must be completed and submitted prior to the policy anniversary date to continue your coverage. Please submit your signed Renewal Authorization by email to grouphealth@coxhealthplans.com, by fax to the CHP Renewal Department at 417.269.4667, or by mail to Cox HealthPlans Marketing Department, PO Box 5750, Springfield, MO 65801.

CHRISTIAN COUNTY ORDER

For the Official Destination Marketing Organization (DMO)
for the Division of Tourism

The county government must formally adopt this resolution.

WHEREAS, Springfield Convention & Visitors Bureau, Inc., a legitimate department, agency, or representative of Christian County, is engaged primarily in the marketing and promotion of tourism; and

WHEREAS, this organization has shown and demonstrated evidence of its ongoing tourism marketing activities and plans for the promotion of Christian County; and

WHEREAS, this organization requires formal acknowledgement and recognition by the governing body of the county to become a qualified participant in the programs administered by the Missouri Division of Tourism:

NOW, THEREFORE, BE IT RESOLVED that Springfield Convention & Visitors Bureau, Inc., is hereby designated and recognized as the single representative organization to solicit and service tourism in Christian County for participation in the Missouri Division of Tourism programs.

IN TESTIMONY WHEREOF, I have hereunto set my hand, in

Christian County, this 18 day of October 2021.

Ralph Phillips 10/21/2021
(Presiding Commissioner)

Debra Biggs
Commissioner

Zona Morris
Commissioner

Kay Brown
County Clerk

