



**Christian County Commission**

100 West Church St, Room 100  
Ozark, MO 65721

**SCHEDULED**

**MEETING ATTACHMENTS (ID # 5367)**

Meeting: 11/03/22 02:00 PM

Department: County Clerk

Category: Meeting Items

Prepared By: Paula Brumfield

Initiator: Paula Brumfield

Sponsors:

DOC ID: 5367

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## Meeting Attachments

**ATTACHMENTS:**

- 110322 Cox Health Renewal for 2023 (PDF)



Group Name: CHRISTIAN COUNTY  
 Group Number: C12220  
 Effective Date: 01/01/2023  
 Next Renewal Date: 01/01/2024  
 Quote Type: Renewal

Broker Name: Trevor T Croley  
 Broker Commission: 1.50%  
 Wellness Program: Included  
 Other: Rate Cap of 15% for contract year beginning 1/1/2024

Plan 1 PPO Benefits	Partners 50 \$3500 Ded (3xFam)	
	In-Network Provider	Out-of-Network Provider
LIFETIME MAXIMUM BENEFIT	Unlimited	Unlimited
DEDUCTIBLE (Per Calendar Year)		
Individual/Family	\$3500/\$10500	\$7000/\$21000
ANNUAL MAXIMUM OUT OF POCKET		
Individual/Family	\$5000/\$13500	\$10750/\$28500
PHYSICIAN SERVICES*		
Primary Care Physician (PCP) Office Visit/Telemedicine	\$40	Ded & 50%
Specialty Care Physician (SCP) Office Visit/Telemedicine	\$60	Ded & 50%
Physician Services not received in office setting	Ded & 50%	Ded & 50%
INPATIENT HOSPITALIZATION	Ded & 50%	Ded & 50%
OUTPATIENT HOSPITAL SERVICES	Ded & 50%	Ded & 50%
HOSPITAL EMERGENCY ROOM SERVICES	\$300 ER	
URGENT CARE FACILITY	\$150 UC	Ded & 50%
URGENT CARE PHYSICIAN SERVICES	\$150 UC	Ded & 50%
MATERNITY & CHILDBIRTH EXPENSES	Ded & 50%	Ded & 50%
PREVENTIVE HEALTH SERVICES (ACA MANDATED)	\$0	Ded & 50%
PREVENTIVE HEALTH SERVICES (OTHER)	Ded & 50%	Ded & 50%
OUTPATIENT PRESCRIPTION DRUGS		
Rx Deductible	\$0	
Rx Copays	\$10/\$35/\$75/\$100	Ded & 50%

\* Copays are inclusive and cover services billed by the physician for the same date of service. All other services subject to Deductible and Coinsurance.

Plan 1 PPO Premium					
Rating Tier	Employee Census	Current Monthly Rate	Current Monthly Premium	Renewal Monthly Rate	Renewal Monthly Premium
Employee	134	\$ 477	\$ 63,918	\$ 491	\$ 65,814
Employee & Spouse	7	\$ 977	\$ 6,839	\$ 1,006	\$ 7,042
Employee & Child(ren)	19	\$ 810	\$ 15,390	\$ 834	\$ 15,846
Family	4	\$ 1,382	\$ 5,528	\$ 1,423	\$ 5,692
<b>Totals</b>	<b>164</b>		<b>\$ 91,675</b>		<b>\$ 94,394</b>
% Change					3.0%

Prepared by: My-Linh Smith SIC Code: 9199

The rates quoted herein are guaranteed for one year from the above stated effective date, subject to adjustment if there is a change in the proposed effective date, benefits illustrated, or census information used to determine final rates. Rates are based on the census as of the date of the quote and total premium may change based on current enrollment. See Proposal Contingencies for additional information.



Group Name: CHRISTIAN COUNTY  
 Group Number: C12220  
 Effective Date: 01/01/2023  
 Next Renewal Date: 01/01/2024  
 Quote Type: Renewal

Broker Name: Trevor T Croley  
 Broker Commission: 1.50%  
 Wellness Program: Included  
 Other: Rate Cap of 15% for contract year beginning 1/1/2024

Plan 2 PPO Benefits	Partners 80 \$2500 Ded (3xFam)	
	In-Network Provider	Out-of-Network Provider
LIFETIME MAXIMUM BENEFIT	Unlimited	Unlimited
DEDUCTIBLE (Per Calendar Year)		
Individual/Family	\$2500/\$7500	\$5000/\$15000
ANNUAL MAXIMUM OUT OF POCKET		
Individual/Family	\$5000/\$12500	\$11250/\$27500
PHYSICIAN SERVICES*		
Primary Care Physician (PCP) Office Visit/Telemedicine	\$40	Ded & 50%
Specialty Care Physician (SCP) Office Visit/Telemedicine	\$60	Ded & 50%
Physician Services not received in office setting	Ded & 20%	Ded & 50%
INPATIENT HOSPITALIZATION	Ded & 20%	Ded & 50%
OUTPATIENT HOSPITAL SERVICES	Ded & 20%	Ded & 50%
HOSPITAL EMERGENCY ROOM SERVICES	\$300 ER	
URGENT CARE FACILITY	\$150 UC	Ded & 50%
URGENT CARE PHYSICIAN SERVICES	\$150 UC	Ded & 50%
MATERNITY & CHILDBIRTH EXPENSES	Ded & 20%	Ded & 50%
PREVENTIVE HEALTH SERVICES (ACA MANDATED)	\$0	Ded & 50%
PREVENTIVE HEALTH SERVICES (OTHER)	Ded & 20%	Ded & 50%
OUTPATIENT PRESCRIPTION DRUGS		
Rx Deductible	\$0	
Rx Copays	\$10/\$35/\$75/\$100	Ded & 50%

\* Copays are inclusive and cover services billed by the physician for the same date of service. All other services subject to Deductible and Coinsurance.

Plan 2 PPO Premium					
Rating Tier	Employee Census	Current Monthly Rate	Current Monthly Premium	Renewal Monthly Rate	Renewal Monthly Premium
Employee	9	\$ 569	\$ 5,121	\$ 586	\$ 5,273
Employee & Spouse	2	\$ 1,166	\$ 2,332	\$ 1,201	\$ 2,401
Employee & Child(ren)	2	\$ 967	\$ 1,934	\$ 996	\$ 1,991
Family	0	\$ 1,650	\$ -	\$ 1,699	\$ -
<b>Totals</b>	<b>13</b>		<b>\$ 9,387</b>		<b>\$ 9,665</b>
% Change					3.0%

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Group Name: CHRISTIAN COUNTY  
 Group Number: C12220  
 Effective Date: 01/01/2023  
 Next Renewal Date: 01/01/2024  
 Quote Type: Renewal

Broker Name: Trevor T Croley  
 Broker Commission: 1.50%  
 Wellness Program: Included  
 Other: Rate Cap of 15% for contract year beginning 1/1/2024

Plan 3 PPO Benefits	Partners 70 \$3500 Ded (3xFam)	
	In-Network Provider	Out-of-Network Provider
LIFETIME MAXIMUM BENEFIT	Unlimited	Unlimited
DEDUCTIBLE (Per Calendar Year)		
Individual/Family	\$1000/\$3000	\$2000/\$6000
ANNUAL MAXIMUM OUT OF POCKET		
Individual/Family	\$5000/\$11000	\$12000/\$26000
PHYSICIAN SERVICES*		
Primary Care Physician (PCP) Office Visit/Telemedicine	\$30	Ded & 50%
Specialty Care Physician (SCP) Office Visit/Telemedicine	\$60	Ded & 50%
Physician Services not received in office setting	Ded & 30%	Ded & 50%
INPATIENT HOSPITALIZATION	Ded & 30%	Ded & 50%
OUTPATIENT HOSPITAL SERVICES	Ded & 30%	Ded & 50%
HOSPITAL EMERGENCY ROOM SERVICES	\$300 ER	
URGENT CARE FACILITY	\$150 UC	Ded & 50%
URGENT CARE PHYSICIAN SERVICES	\$150 UC	Ded & 50%
MATERNITY & CHILDBIRTH EXPENSES	Ded & 30%	Ded & 50%
PREVENTIVE HEALTH SERVICES (ACA MANDATED)	\$0	Ded & 50%
PREVENTIVE HEALTH SERVICES (OTHER)	Ded & 30%	Ded & 50%
OUTPATIENT PRESCRIPTION DRUGS		
Rx Deductible	\$0	
Rx Copays	\$10/\$35/\$75/\$100	Ded & 50%

\* Copays are inclusive and cover services billed by the physician for the same date of service. All other services subject to Deductible and Coinsurance.

Plan 3 PPO Premium					
Rating Tier	Employee Census	Current Monthly Rate	Current Monthly Premium	Renewal Monthly Rate	Renewal Monthly Premium
Employee	1	\$ 606	\$ 606	\$ 624	\$ 624
Employee & Spouse	0	\$ 1,242	\$ -	\$ 1,279	\$ -
Employee & Child(ren)	1	\$ 1,030	\$ 1,030	\$ 1,061	\$ 1,061
Family	0	\$ 1,757	\$ -	\$ 1,809	\$ -
<b>Totals</b>	<b>2</b>		<b>\$ 1,636</b>		<b>\$ 1,685</b>
<b>% Change</b>					<b>3.0%</b>

Prepared by: My-Linh Smith      SIC Code: 9199

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Group Name: Christian County  
 Group Number: C12220  
 Effective Date: 01/01/2023  
 Next Renewal Date: 01/01/2024  
 Quote Type: Renewal



Broker Name: Trevor Croley  
 Broker Commission: 1.50%  
 Wellness: Included  
 Other Contract Offers: 15% Rate Cap  
 (for contract year beginning 1/1/2024)

**SECTION 1: Plan Administrator Signature**

Please renew our policy on the plan(s) illustrated on the corresponding Final Renewal Rate Sheet.

 \_\_\_\_\_  
 Authorized Signature

11/3/22  
 Date

**Acknowledgement – Summary of Benefits and Coverage**

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.

**SECTION 2: Open Enrollment Directive**

Keep members enrolled under current deductible unless change forms are submitted

Other (please specify): \_\_\_\_\_

**SECTION 3: Premium Contribution**

Current Employer Contribution to Employee Premium: \_\_\_\_\_ %

Post-Renewal Employer Contribution to Employee Premium: \_\_\_\_\_ %

**SECTION 4: Employee Count (MEC) Information**

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).

\*During the most recent two calendar year quarters, has your organization employed (including both Full-Time, Part-Time and Terminated employees):

Less than 20 employees  
 Greater than 100 employees  
 >20 (less than 100)

**SECTION 5: Contact Information (complete only if changes are necessary)**

Plan Administrator Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

**SECTION 6: HRA TPA Authorization (if applicable)**

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.

We have previously submitted the above authorization and there are no changes being made.  
 We are changing Third Party Administrators; please provide us with a new TPA Authorization Form.

**Proposal Contingencies**

- To be an eligible employee for medical coverage, the employee must work full time, year around, for full pay, at the employer’s normal place of business. Retirees are not eligible for coverage unless mandated by the state of Missouri or agreed to upon by the Plan. Based on Federal Regulation, employers may not exclude classes of employees from eligibility if they meet the definition of an eligible employee.
- Groups must consist of 2 eligible employees to be considered a valid group; these individuals cannot be husband/wife/spouse under Missouri Statutes.
- Cox Health Systems Insurance Company (CHSIC) requires the following participation to be met initially and at all times throughout the life of the contract:
  - All Groups must maintain an enrollment of 75% of all eligible employees after Discount for Valid Waivers.\*  
 \* Valid Waivers include employees that have other medical coverage such as other group coverage, Native American Reservation coverage or government sponsored plans like Medicaid, Medicare, or Champus/Tri-Care, and can provide proof of other coverage.
  - Any person covered under this contract pursuant to COBRA or State Continuation Laws will not be included in the calculation of the participation requirement.
- Groups who fail to maintain participation, or drop to one employee, are subject to termination.
- Employer/Group is required to pay at least 50% of the employee premium.
- The percentage of out-of-area employees cannot exceed 50% of the total number of eligible employees for employers with 51 or more eligible employees.
- Our value added services, such as the Corporate Wellness or Employee Assistance Program (EAP), are not included in your pricing unless specified. Please let us know if you wish to purchase or review pricing for these services.
- These rates are based on medical and/or experience-based underwriting and actual enrollment as of Underwriting’s review. A later effective date, a significant change in the enrollment, or a plan change may require an adjustment to rates. Rates are also subject to change if a plan is used in conjunction with a Health Reimbursement Account (HRA).
- For compliance, at least one PPO plan must be offered in conjunction if any EPO plans are selected. Any applicable ACA fees are included in the proposed pricing.
- Plans are priced to be stand-alone or combined in any fashion.

**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](mailto: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.