

NOTICE OF MEETING



CITY OF BRANSON

HUMAN RESOURCES COMMITTEE

Committee Meeting – Monday, October 10, 2016 – 9:00 a.m.
Municipal Courtroom – Branson City Hall – 110 W. Maddux

AGENDA

- 1) Call to Order.
- 2) Roll Call.
- 3) Acknowledgment of August 22, 2016 Minutes.
- 4) Update of New Employees.
- 5) Discussion and Recommendation of the City's Health, Dental, and Vision Insurance Renewal. [Employee Insurance Costs] [Plan Rates] [PPO Summary of Benefits]
[HSA Plan Rates] [HSA Summary of Benefits] [Delta Dental Rates] [Life Insurance Rates]
- 6) Discussion and Recommendation of the 2018 H&W Incentive Requirements (Employees will meet in 2017). [Wellness Incentive Plan]
- 7) Human Resources Manual Article 6 Update. [Article 6 Revisions]
- 8) Human Resources Director's Report.
- 9) Adjourn.

Where Values are the Difference

OCTOBER: OPEN COMMUNICATION/TRANSPARENCY

Open sharing of information between employees, citizens and visitors.

Posted: October 7, 2016

At: _____ By: _____

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For more information please visit www.bransonmo.gov or contact:

Lisa Westfall, City Clerk, 417-337-8522

MINUTES

HUMAN RESOURCES COMMITTEE
CITY OF BRANSON, MISSOURI
August 22, 2016

1) Call to Order

The Human Resources Committee met in the Municipal Court Room of City Hall, Monday, August 22, 2016 at 10:30 a.m. The meeting was called to order by Mayor Karen Best.

2) Roll Call

Committee Members present were Alderman Rick Castillon, Donna Glotz, Kevin McConnell, Mayor Karen Best, and City Administrator, Bill Malinen.

Also present: Jan Fischer, Morgan Wermuth, Bob Smither, Kathy Olson, John Akers, JoLyn Tate, Tad Houston, Erica Gaynor, Hillary Briand, and Kimberly Cooper.

3) Acknowledgement of June 23, 2016 minutes.

The minutes of the June 23, 2016 were acknowledged on a motion by Rick Castillon, seconded by Donna Glotz. Motion approved by a 5 to 0 count.

4) Update of New Employees.

Jan Fischer provided a list of New Hire names since the last HR Committee Meeting and announced that Morgan Wermuth had recently joined the Human Resources department. The Committee discussed the list of new hires.

5) Update on Maxwell Health Portal for Open Enrollment.

Jan Fischer showed a video in regards to the new Maxwell Health Portal that the HR Department will be utilizing for Open Enrollment, New Employee Enrollment, and Qualifying Life Event Enrollment. John Akers confirmed that Maxwell takes Cyber Security seriously. Jan Fischer let the Committee know that the Maxwell system would be working with the carriers to send and receive information and would not have direct access with the City's software systems.

6) Discussion of the City's Health Insurance Renewal.

John Akers presented the renewal data that was used to determine Anthem's renewal numbers for the 2017 Plan Year. He explained how he had negotiated the price increase down from 9.61% to 4.7%. The Committee discussed how significant the insurance benefits were to the City employees and how important the benefits are in retaining the staff. The Committee also discussed that the behaviors of staff would need to improve in order for the City to maintain current coverage levels. Bill Malinen made a motion to not go to bid, however charge HR staff with researching how to distribute the increase. Rick Castillon seconded the motion. Motion was approved by a 5 to 0 count.

7) Discussion of the 2018 H&W Incentive Requirements (to be met in 2017).

Jan Fischer shared a rough draft of the changes he has worked with the Cox Wellness Department on creating. He plans on bringing the plan to the Employee Human Resources Committee (EHRC) and bringing it back to the Human Resources Committee once the EHRC has a chance to vet the new changes.

8) Human Resources Director's Report.

Jan Fischer updated the committee on the plan for the Police Chief selection process.

9) Adjourn.

A motion to Adjourn was made by Rick Castillon, seconded by Bill Malinen. Motion approved by a 5 to 0 count.

Promotions and Transfers

<u>Name</u>	<u>Date of Change</u>	<u>Position</u>	<u>Department</u>	<u>Promotion or Transfer</u>
Ben Bonner	09/05/2016	Fire Battalion Chief	Fire	Promotion
Josh Boehm	09/03/2016	Fire Captain	Fire	Promotion
Katalin Schmidt	08/22/2016	Police Officer I	Police	Promotion

Hires

<u>Name</u>	<u>Date of Hire</u>	<u>Position</u>	<u>Department</u>	<u>Rehire or New Hire</u>
David Hurst Jr	08/24/2016	Maintenance Worker I	Engineering & Public Works	New Hire
Ronnie Armer	08/29/2016	Master Mechanic	Engineering & Public Works	New Hire
Neil Sharpe	09/12/2016	Building Maintenance Supervisor	Engineering & Public Works	New Hire
Matthew Henry	09/12/2016	Office Assistant II	Finance	New Hire
Sunday Balisle	09/29/2016	Accounting Clerk	Finance	New Hire



MEMORANDUM

TO: Human Resources Committee
FROM: Jan Fischer, Human Resources Director
DATE: October 5, 2016
SUBJECT: 2017 Medical, Dental, Life Insurance

The proposal is to provide employees of the City of Branson the following:

- Two medical insurance plans (one reflects the current plan and the other a new high-deductible health savings account plan)
- One dental plan
- One life insurance plan

The new plan rates reflect an increase of 3.5% in costs over 2016 rates, which include all applicable fees associated with the Patient Protection and Affordable Care Act. But when considering the overall effect of flat dental and life insurance rates, the overall impact is about a 3.25% increase.

Employee costs for medical insurance will determine by their "tier" rating as described below:

- Tier 1 – 100% discount; employee does not use tobacco and participates in wellness plan
- Tier 2 – 85% discount; employee uses tobacco and participates in the wellness plan QR does not use tobacco and does not participate in the wellness plan
- Tier 3 – 70% discount; employee uses tobacco and does not participate in the wellness plan
- Irrespective of tier, City pays 67.25% of dependent coverage

Medical Insurance – Current Anthem Plan, with two changes

- Office visits increase from \$25 to \$30
- Emergency Room visits increase from \$250 to \$300

Medical Insurance – Anthem's High Deductible with Health Savings Account

- \$2,600 employee only deductible with \$2,600 maximum out of pocket
- \$5,200 employee plus dependent(s) with \$10,000 maximum out of pocket
- No coinsurance
- Prescriptions drugs at discount rate, then paid 100% after deductible is met
- Routine exams are covered at 100% with no out of pocket expense to employee
- HSA money deposited in a no-cost bank account accessible via debit card

Delta Dental Insurance

- No change from the 2016 plan in cost or benefits
- City pays 100% of employee coverage; employee pays 100% of dependent coverage

Life Insurance

- No change from the 2016 plan in cost or benefits
- Value of coverage is the employee's annual compensation rounded up to the nearest thousand dollars
- City pays 100% of employee plan; employee pays 100% of optional or dependent coverage

2017 MONTHLY INSURANCE RATES
Effective 01/01/2017

BLUE PREFERRED PLUS PPO

	TIER 1	TIER 2	TIER 3
SINGLE			
PREMIUM	\$ 608.87	\$ 608.87	\$ 608.87
CITY SHARE	\$ 608.87	\$ 517.54	\$ 426.21
EMPLOYEE SHARE	\$ -	\$ 91.33	\$ 182.66
EMPLOYEE/SPOUSE			
PREMIUM	\$ 1,215.44	\$ 1,215.44	\$ 1,215.44
CITY SHARE	\$ 1,016.79	\$ 925.46	\$ 834.13
EMPLOYEE SHARE	\$ 198.65	\$ 289.98	\$ 381.31
EMPLOYEE/CHILD(REN)			
PREMIUM	\$ 1,063.74	\$ 1,063.74	\$ 1,063.74
CITY SHARE	\$ 914.77	\$ 823.44	\$ 732.11
EMPLOYEE SHARE	\$ 148.97	\$ 240.30	\$ 331.63
EMPLOYEE/FAMILY			
PREMIUM	\$ 1,670.33	\$ 1,670.33	\$ 1,670.33
CITY SHARE	\$ 1,322.70	\$ 1,231.37	\$ 1,140.04
EMPLOYEE SHARE	\$ 347.63	\$ 438.96	\$ 530.29

PPO BLUE PREFERRED SELECT HIGH DEDUCTIBLE PLUS HEALTH SAVINGS ACCOUNT

	TIER 1	TIER 2	TIER 3
SINGLE			
PREMIUM	\$ 554.33	\$ 554.33	\$ 554.33
CITY SHARE	\$ 554.33	\$ 471.18	\$ 388.03
EMPLOYEE SHARE	\$ -	\$ 83.15	\$ 166.30
<i>CITY CONTRIBUTION TO EMPLOYEE HSA</i>	\$ 54.54	\$ 46.36	\$ 38.18
EMPLOYEE/SPOUSE			
PREMIUM	\$ 1,106.57	\$ 1,106.57	\$ 1,106.57
CITY SHARE	\$ 925.71	\$ 842.56	\$ 759.41
EMPLOYEE SHARE	\$ 180.86	\$ 264.01	\$ 347.16
<i>CITY CONTRIBUTION TO EMPLOYEE HSA</i>	\$ 91.08	\$ 82.90	\$ 74.71
EMPLOYEE/CHILD(REN)			
PREMIUM	\$ 968.46	\$ 968.46	\$ 968.46
CITY SHARE	\$ 832.83	\$ 749.68	\$ 666.53
EMPLOYEE SHARE	\$ 135.63	\$ 218.78	\$ 301.93
<i>CITY CONTRIBUTION TO EMPLOYEE HSA</i>	\$ 81.94	\$ 73.76	\$ 65.58
EMPLOYEE/FAMILY			
PREMIUM	\$ 1,520.70	\$ 1,520.70	\$ 1,520.70
CITY SHARE	\$ 1,204.21	\$ 1,121.06	\$ 1,037.91
EMPLOYEE SHARE	\$ 316.49	\$ 399.64	\$ 482.79
<i>CITY CONTRIBUTION TO EMPLOYEE HSA</i>	\$ 118.49	\$ 110.31	\$ 102.13

Tier 1: Plan subscribers are eligible for this tier if do not use tobacco and participate in the 2016 Wellness Program

Tier 2: Plan subscribers are eligible for this tier if they use tobacco and participate in the 2016 Wellness Program; or if they do not use tobacco but do not participate in the 2016 Wellness Program

Tier 3: Plan subscribers are placed in this tier they use tobacco and do not participate in the 2016 Wellness Program

**TRADITIONAL BLUE PREFERRED PLUS PPO
INCREASED VALUE TO EMPLOYEES FROM THE CITY OVER 2016**

	SINGLE	TIER 1	TIER 2	TIER 3
2017		\$ 608.87	\$ 517.54	\$ 426.21
2016		\$ 588.28	\$ 500.04	\$ 411.80
Additional City Cost (month):		\$ 20.59	\$ 17.50	\$ 14.41
Additional City Cost (annual):		\$ 247.08	\$ 209.99	\$ 172.92
Additional EE Cost (month):		\$ -	\$ 3.09	\$ 6.18
Additional EE Cost (annual):		\$ -	\$ 37.09	\$ 74.17

Net of all costs, Yearly Value Increase to Employee: \$ 247.08 \$ 172.91 \$ 98.75

	EMPLOYEE/SPOUSE	TIER 1	TIER 2	TIER 3
2017		\$ 1,016.79	\$ 925.46	\$ 834.13
2016		\$ 982.42	\$ 894.16	\$ 805.92
Additional City Cost (month):		\$ 34.37	\$ 31.30	\$ 28.21
Additional City Cost (annual):		\$ 412.42	\$ 375.57	\$ 338.49
Additional EE Cost (month):		\$ 6.73	\$ 9.80	\$ 12.89
Additional EE Cost (annual):		\$ 80.78	\$ 117.63	\$ 154.71

Net of all costs, Yearly Value Increase to Employee: \$ 331.64 \$ 257.95 \$ 183.78

	EMPLOYEE/CHILD(REN)	TIER 1	TIER 2	TIER 3
2017		\$ 914.77	\$ 823.44	\$ 732.11
2016		\$ 883.85	\$ 795.61	\$ 707.37
Additional City Cost (month):		\$ 30.92	\$ 27.83	\$ 24.74
Additional City Cost (annual):		\$ 371.04	\$ 333.95	\$ 296.87
Additional EE Cost (month):		\$ 5.05	\$ 8.14	\$ 11.23
Additional EE Cost (annual):		\$ 60.60	\$ 97.69	\$ 134.77

Net of all costs, Yearly Value Increase to Employee: \$ 310.44 \$ 236.27 \$ 162.10

	EMPLOYEE/FAMILY	TIER 1	TIER 2	TIER 3
2017		\$ 1,322.70	\$ 1,231.37	\$ 1,140.04
2016		\$ 1,277.98	\$ 1,189.74	\$ 1,101.50
Additional City Cost (month):		\$ 44.72	\$ 41.63	\$ 38.54
Additional City Cost (annual):		\$ 536.64	\$ 499.58	\$ 462.48
Additional EE Cost (month):		\$ 11.77	\$ 14.86	\$ 17.95
Additional EE Cost (annual):		\$ 141.22	\$ 178.30	\$ 215.39

Net of all costs, Yearly Value Increase to Employee: \$ 395.42 \$ 321.27 \$ 247.09

**NEW PPO BLUE PREFERRED HIGH DEDUCTIBLE W/HEALTH SAVINGS ACCOUNT
INCREASED VALUE TO EMPLOYEES FROM THE CITY OVER 2016**

	SINGLE	TIER 1	TIER 2	TIER 3
2017		\$ 554.33	\$ 471.18	\$ 388.03
2016		\$ 588.28	\$ 500.04	\$ 411.80
City Premium Savings over Traditional Plan (month):		\$ 33.95	\$ 28.86	\$ 23.77
City Premium Savings over Traditional Plan (annual):		\$ 407.40	\$ 346.31	\$ 285.24
New City Cost to EE HSA (month):		\$ 54.54	\$ 46.36	\$ 38.18
New City Cost to EE HSA (annual):		\$ 654.48	\$ 556.31	\$ 458.14
EE Premium Savings over Traditional Plan (month):		\$ -	\$ 5.09	\$ 10.18
EE Premium Savings over Traditional Plan (annual):		\$ -	\$ 61.09	\$ 122.17
Net of all costs, Yearly Value Increase to Employee:		\$ 247.08	\$ 271.08	\$ 295.07

	EMPLOYEE/SPOUSE	TIER 1	TIER 2	TIER 3
2017		\$ 925.71	\$ 842.56	\$ 759.41
2016		\$ 982.42	\$ 894.16	\$ 805.92
City Premium Savings over Traditional Plan (month):		\$ 56.71	\$ 51.60	\$ 46.51
City Premium Savings over Traditional Plan (annual):		\$ 680.52	\$ 619.18	\$ 558.09
New City Cost to EE HSA (month):		\$ 91.08	\$ 82.90	\$ 74.71
New City Cost to EE HSA (annual):		\$ 1,092.96	\$ 994.80	\$ 896.58
EE Premium Savings over Traditional Plan (month):		\$ 11.06	\$ 16.17	\$ 21.26
EE Premium Savings over Traditional Plan (annual):		\$ 132.74	\$ 194.06	\$ 255.15
Net of all costs, Yearly Value Increase to Employee:		\$ 545.18	\$ 569.69	\$ 593.64

	EMPLOYEE/CHILDREN	TIER 1	TIER 2	TIER 3
2017		\$ 832.83	\$ 749.68	\$ 666.53
2016		\$ 883.85	\$ 795.61	\$ 707.37
City Premium Savings over Traditional Plan (month):		\$ 51.02	\$ 45.93	\$ 40.84
City Premium Savings over Traditional Plan (annual):		\$ 612.21	\$ 551.12	\$ 490.04
New City Cost to EE HSA (month):		\$ 81.94	\$ 73.76	\$ 65.58
New City Cost to EE HSA (annual):		\$ 983.25	\$ 885.08	\$ 786.91
EE Premium Savings over Traditional Plan (month):		\$ 8.29	\$ 13.38	\$ 18.47
EE Premium Savings over Traditional Plan (annual):		\$ 99.51	\$ 160.60	\$ 221.68
Net of all costs, Yearly Value Increase to Employee:		\$ 470.55	\$ 494.55	\$ 518.55

	EMPLOYEE/FAMILY	TIER 1	TIER 2	TIER 3
2017		\$ 1,204.21	\$ 1,121.06	\$ 1,037.91
2016		\$ 1,277.98	\$ 1,189.74	\$ 1,101.50
City Premium Savings over Traditional Plan (month):		\$ 73.77	\$ 68.68	\$ 63.59
City Premium Savings over Traditional Plan (annual):		\$ 885.19	\$ 824.11	\$ 763.02
New City Cost to EE HSA (month):		\$ 118.49	\$ 110.31	\$ 102.13
New City Cost to EE HSA (annual):		\$ 1,421.86	\$ 1,323.68	\$ 1,225.51
EE Premium Savings over Traditional Plan (month):		\$ 19.37	\$ 24.46	\$ 29.55
EE Premium Savings over Traditional Plan (annual):		\$ 232.49	\$ 293.57	\$ 354.66
Net of all costs, Yearly Value Increase to Employee:		\$ 769.15	\$ 793.15	\$ 817.15

2017 MONTHLY INSURANCE RATES

Effective 01/01/2017

DELTA DENTAL

SINGLE

PREMIUM	\$36.82
CITY SHARE	\$36.82
EMPLOYEE SHARE	<u>\$0.00</u>

EMPLOYEE/SPOUSE

PREMIUM	\$73.62
CITY SHARE	\$36.82
EMPLOYEE SHARE	<u>\$36.80</u>

EMPLOYEE/CHILD(REN)

PREMIUM	\$81.46
CITY SHARE	\$36.82
EMPLOYEE SHARE	<u>\$44.64</u>

EMPLOYEE/FAMILY

PREMIUM	\$109.98
CITY SHARE	\$36.82
EMPLOYEE SHARE	<u>\$73.16</u>

ANTHEM BASIC GROUP TERM LIFE/AD&D INSURANCE

THE CITY OF BRANSON PROVIDES ALL FULL-TIME EMPLOYEES WITH BASIC GROUP TERM LIFE INSURANCE AT ONE-TIMES THEIR ANNUAL SALARY, ROUNDED UP TO THE NEXT THOUSAND, UP TO \$100,000. RATE IS .169 PER \$1,000.00 OF COVERAGE FOR LIFE AND .02 PER \$1,000 OF COVERAGE FOR AD&D. ENTIRE PREMIUM IS PAID BY THE CITY OF BRANSON.

ANTHEM OPTIONAL GROUP TERM LIFE/AD&D INSURANCE

OPTIONAL EMPLOYEE AND DEPENDENT COVERAGE IS AVAILABLE. RATES ARE BASED ON AGE BRACKET AND AMOUNT OF COVERAGE ELECTED. PREMIUMS ARE PAID BY THE EMPLOYEE.

ANTHEM BLUE VIEW VISION (Premiums are paid by the Employee)

EMPLOYEE ONLY	\$8.59
EMPLOYEE + SPOUSE	\$15.03
EMPLOYEE + CHILD(REN)	\$16.32
EMPLOYEE + FAMILY	24.91

VISION CARE DIRECT (Premiums are paid by the Employee)

EMPLOYEE ONLY	\$11.00
EMPLOYEE + ONE	\$17.62
EMPLOYEE + CHILDREN	\$20.32
EMPLOYEE + FAMILY	\$34.56

AFLAC

VARIOUS SUPPLEMENTAL PLANS ARE AVAILABLE. PREMIUMS ARE PAID BY THE EMPLOYEE.

CITY OF BRANSON
00126979, 00127389, 00241907
Premium Summary
Effective 01/01/2017

Product: PPO BPS

NOTE: These rates are based on the current benefit plan except OV copays increased to \$30/\$60 and ER copay to \$300

	# of Contracts	Current Rates	Renewal Rates Without ACA Fees	ACA Insurer Fees*	ACA Reinsurance Fees*	Total Renewal Premium Rates
Subscriber Only	84	\$588.28	\$608.87	\$0.00	\$0.00	\$608.87
Subscriber + Spouse	42	\$1,174.34	\$1,215.44	\$0.00	\$0.00	\$1,215.44
Subscriber + Child(ren)	38	\$1,027.77	\$1,063.74	\$0.00	\$0.00	\$1,063.74
Subscriber + Family	87	\$1,613.84	\$1,670.33	\$0.00	\$0.00	\$1,670.33
Monthly Premium	251	\$278,197.14				\$287,934.39
Annual Premium		\$3,338,365.68				\$3,455,212.68
Rate Change						3.50%

***The fee amounts displayed are estimates of amounts which are included in the premium development.**

Signature _____
 City of Branson

Date _____

Signature  _____
 Large Group Account Manager Consultant
 Anthem, Inc.

Date 09/13/2016

Your Summary of Benefits



City of Branson
 Blue Preferred[®] Select
 Effective 1/1/2017

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$0/\$0	\$1,000/\$3,000
Out-of-Pocket Limit (Single/Family)	\$1,250/\$2,500	\$4,000/\$8,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/ Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> allergy injections (PCP and SCP) allergy testing MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products 	\$30/\$60 \$5 20% 20%	40% 40% 40% 40%
Preventive Care Services Services included but not limited to: <ul style="list-style-type: none"> Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations¹, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening Immunizations through age 5 	No cost share No cost share	40% No cost share
Emergency and Urgent Care Emergency Room Services <ul style="list-style-type: none"> facility/other covered services (copayment waived if admitted) Urgent Care Center Services <ul style="list-style-type: none"> MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, and pharmaceutical products Allergy injections Allergy testing 	\$300 \$75 20% \$5 20%	\$300 40% 40% 40% 40%
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	20%	40%
Blue 8.0 500 Series		

Anthem Blue Cross and Blue Shield is the trade name for RightCHOICE[®] Managed Care, Inc. (RIT), Healthy Alliance[®] Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Your Summary of Benefits

Covered Benefits	Network	Non-Network
Inpatient Facility Services Unlimited days except for: <ul style="list-style-type: none"> 60 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) 90 days Network/Non-Network combined for skilled nursing facility 	20%	40%
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 	20%	40%
Other Outpatient Services (including but not limited to): <ul style="list-style-type: none"> Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. Home Care Services 100 visits (excludes IV Therapy) (Network/Non-Network combined) Durable Medical Equipment, Orthotics and Prosthetics Physical Medicine Therapy Day Rehabilitation programs Hospice Care Ambulance Services 	20%	40%
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Physical/Manipulation therapy excluding Chiropractic Services: 20 visits Occupational therapy: 20 visits Chiropractic Services: 26 visits(Network only) Speech therapy: Unlimited visits Cardiac Rehabilitation: 36 visits Pulmonary Rehabilitation: 20 visits 	No cost share 20%	NCS 20%
Accidental Dental Services \$3,000 per accident (Network and Non-network combined)	Copayments/Coinsurance based on setting where covered services are received	40%

Your Summary of Benefits

Covered Benefits	Network	Non-Network
Behavioral Health Services²: Mental Health and Substance Abuse (Network and Non-Network) <ul style="list-style-type: none"> Inpatient Facility Services Physician Home and Office Visits (PCP/SCP) Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional 	Benefits provided in accordance with Federal Mental Health Parity	40%
Human Organ and Tissue Transplants³ <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	No cost share	30%
Prescription Drugs⁴ Network Tier structure equals 1/2/3 (and 4, if applicable) <ul style="list-style-type: none"> Network Retail Pharmacies: (30-day supply) Includes diabetic test strip Anthem Rx Home Delivery Service: (90-day supply) Includes diabetic test strip <p>Member may be responsible for additional cost when not selecting the available generic drug. Members have additional cost with retail supply greater than 30 days.</p> <p>Medicare Rx - Wrap</p> <p>Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits. Specialty medications are limited to 30 day supply regardless of whether they are retail or mail order.</p>	\$15/\$45/\$75/25% w \$200 max \$15/\$112/\$225/25% w \$200 max	50% (min \$75) ⁵ Not covered

Notes:

- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services)
- Deductible(s) apply to covered medical services listed with a percentage (%) coinsurance, including 0%. However, the deductible does not apply to Emergency Room Services where a copayment and a percentage (%) coinsurance applies and may not apply to some Behavioral Health services where coinsurance applies.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent age: to end of the month which the child attains age 26
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
- When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies.
- No cost share (NCS) means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Live Health Online (LHO) is covered at the PCP costshare.
- Certain diabetic and asthmatic supplies, except diabetic test strips, have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies.
- Benefit period = calendar year

Your Summary of Benefits

- Elective abortions are not covered.
- Mammograms (Diagnostic) are no copayment/coinsurance in Network office and outpatient facility settings.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Private Duty Nursing – limited to 82 visits/Calendar Year and 164 visits/lifetime

1. These covered services for age 6 and above are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit
2. We encourage you to review the Schedule of Benefits for limitations.
3. Kidney and cornea are treated the same as any other illness and subject to the medical benefits.
4. If applicable, all prescription drug expenses except tier 1, (Network Retail/Mail-service combined) apply to the per individual RX deductible. Once the RX deductible is met, the appropriate copayment applies. Once the RX deductible is met, the appropriate copayment applies.
5. Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

Rx Option K, AR, AS, AW, BQ, CA: Generic Premium uses a condensed preferred drug list. Non-preferred drugs are not covered. Requires Home Delivery service after 3rd fill at retail.

Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.

Pre-existing Exclusion Period: NONE

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable) 	Date 09/13/2016

CITY OF BRANSON
00126979, 00127389, 00241907

Premium Summary

Effective 01/01/2017

Product: PPO BPS LHSA

NOTE: These rates are based on IN/Out: Embedded \$2600/\$5200 (2x fam) ded, 100%/70% coins, \$2600/\$10,000 (2x fam) OOP max, everything subject to ded/coins (no copays).

	# of Contracts	Current Rates	Renewal Rates Without ACA Fees	ACA Insurer Fees*	ACA Reinsurance Fees*	Total Renewal Premium Rates
Subscriber Only	84	\$588.28	\$554.33	\$0.00	\$0.00	\$554.33
Subscriber + Spouse	42	\$1,174.34	\$1,106.57	\$0.00	\$0.00	\$1,106.57
Subscriber + Child(ren)	38	\$1,027.77	\$968.46	\$0.00	\$0.00	\$968.46
Subscriber + Family	87	\$1,613.84	\$1,520.70	\$0.00	\$0.00	\$1,520.70
Monthly Premium	251	\$278,197.14				\$262,142.04
Annual Premium		\$3,338,365.68				\$3,145,704.48
Rate Change						-5.77%

***The fee amounts displayed are estimates of amounts which are included in the premium development.**

Signature _____
 City of Branson

Date _____

Signature  _____
 Anthem, Inc. Large Group Account Manager Consultant

Date 09/13/2016

Your Summary of Benefits



**City of Branson
Lumenos Health Savings Accounts Blue Preferred Select
Effective January 1, 2017**

Covered Benefits	Network	Non-Network
Deductible Embedded The single deductible applies to the Family deductible. Once the single deductible has been satisfied, benefits for that member are payable subject to coinsurance. Once the family deductible has been satisfied, benefits for the family are payable subject to coinsurance.	Single: \$2,600 Family: \$5,200	Single: \$5,200 Family: \$10,400
Out-of-Pocket Limit	Single: \$2,600 Family: \$5,200	Single: \$10,000 Family: \$20,000
Physician Home and Office Services <ul style="list-style-type: none"> Including Office Surgeries, allergy serum, allergy injections and allergy testing 	0%	30%
Preventive Care Services Services included but not limited to: <ul style="list-style-type: none"> Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening Immunizations through age 5 	No cost share No cost share	30% No cost share
Emergency and Urgent Care <ul style="list-style-type: none"> Emergency Room Services (facility/other covered services) (copayment waived if admitted) Urgent Care Center Services 	0% 0%	0% 30%
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	0%	30%
Inpatient Facility Services (Network/Non-network combined) Unlimited days except for: <ul style="list-style-type: none"> 60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) 100 days for skilled nursing facility 	0%	30%
Blue 8.0 500 Series		

Anthem Blue Cross and Blue Shield is the trade name for RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Your Summary of Benefits

Covered Benefits	Network	Non-Network
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 	0%	30%
Other Outpatient Services including but not limited to: <ul style="list-style-type: none"> Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. Home Care Services 100 visits (excludes IV Therapy) (Network/Non-network combined) Durable Medical Equipment, Orthotics and Prosthetics Physical Medicine Therapy Day Rehabilitation programs Hospice Care Ambulance Services 	0%	30%
Accidental Dental Services \$3,000 limit per accident (Network and Non-network combined)	Copayments/Coinsurance based on setting where covered services are received	30%
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Cardiac Rehabilitation 36 visits Pulmonary Rehabilitation 20 visits Physical/Manipulation therapy excludes Chiropractic Services: : 20 visits Occupational Therapy: 20 visits Chiropractic Services: 26 visits (Network) Speech therapy: Unlimited 	0%	30%
Behavioral Health Services: Mental Illness and Substance Abuse¹ <ul style="list-style-type: none"> Inpatient Facility Services Physician Home and Office Visits Other Outpatient Services @ Hospital/Alternative Care Facility 	Benefits provided in accordance with Federal Mental Health Parity	30%
Human Organ and Tissue Transplants <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	0%	30%

Your Summary of Benefits

Covered Benefits	Network	Non-Network
Prescription Drugs <ul style="list-style-type: none"> Network Retail Pharmacies: (30-day supply) Includes diabetic test strip Anthem Rx Home Delivery Service: (90-day supply) Includes diabetic test strip <p>Specialty medications are limited up to a 30 day supply regardless of whether they are retail or mail service. Member may be responsible for additional cost when not selecting the available generic drug. Members have additional cost with retail supply greater than 30 days.</p>	0%	30% ²
Medicare Rx - Wrap	0%	Not covered

Notes:

- All medical and drug cost shares, deductibles and percentage (%) coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- Deductible(s) apply to covered services listed with a percentage (%) coinsurance, including 0%.
- Deductible applies to all prescription drug expenses for Rx plans. Once the deductible is met the appropriate copayment/ coinsurance applies. Copayments/coinsurance accumulates to the Medical OOP max. Once the Medical OOP max is met, no additional costshare applies.
- Once the family deductible is satisfied by either one member or all members collectively, then the additional percentage coinsurance will be required before the family out-of-pocket is satisfied. Does not apply to embedded deductible plans.
- Network and Non-network **Deductible**, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26
- 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- Live Health Online (LHO) is covered at the PCP costshare.
- Benefit period = calendar year
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.
- No Cost Share (NCS): No deductible/copayment/coinsurance up to the maximum allowable amount
- Private Duty Nursing – limited to 82 visits/Calendar Year and 164 visits/lifetime.
- Wigs limited to 1 per benefit period

¹ We encourage you to review the Schedule of Benefits for limitations.

² Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

**4th Tier per script 30 day supply

Precertification:

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.

Pre-existing Exclusion Period: NONE

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable) 	Date 09/13/2016



Date: 08/31/16
 Group Name: City of Branson
 Group Numbers: 1022-1006
 State: Missouri
 Renewal Period: 01/01/17 through 12/31/17
 Experience Period: 08/01/14 through 07/31/16
 Funding: Fully-Insured

Incurred Claim Analysis	<u>Prior Period</u>	<u>Current Period</u>
Beginning Experience Date:	08/01/14	08/01/15
Ending Experience Date:	07/31/15	07/31/16
Paid Claims:	\$154,607	\$140,033
Change in Reserves:	\$1,546	\$1,400
Benefit Changes:	\$390	\$141
Seasonality Adjustment:	\$0	\$0
Provider Fee Changes:	\$0	\$0
Adjusted Incurred Claims:	\$156,543	\$141,574
Annual Trend Factor: 5.9% per Year	1.149	1.085
Projected Incurred Claims:	\$179,841	\$153,577
Exposure Months:	2,995	3,064
Projected Incurred Claims PEPM	\$60.05	\$50.12
Period Weighting:	33.00%	67.00%
Weighted Projected Incurred Claims PEPM:	\$53.40	
Projected Exposure Months:	3,168	
Weighted Projected Incurred Claims:	\$169,171	

Rate Development:	<u>Formula</u>	<u>Final</u>
Weighted Projected Incurred Claims:	\$169,171	
Target Loss Ratio with Commissions:	78.98%	
Commission Percentage:	2.00%	
Required Premiums (excludes ACA Tax):	\$219,763	
Annualized Premium at Current Rates:	\$217,139	
Experience Rated Increase:	1.21%	
Increase for ACA Carrier Tax:	0.00%	0.00%
Required Premiums w/ACA Tax:	\$219,763	\$217,139
Overall Increase:	1.21%	0.00%

Current Rates	
Employee	\$36.82
Employee & Spouse	\$73.62
Employee & Child(ren)	\$81.46
Family	\$109.98
Renewal Rates:	
Employee	\$36.82
Employee & Spouse	\$73.62
Employee & Child(ren)	\$81.46
Family	\$109.98

Anthem Life Insurance Company
P.O. Box 4445
Atlanta GA 30302 GAG 008-0012
Tel 866-676-9645
Fax 404-923-3225
Email AnthemLife&DisUW_Renewals@anthem.com

City of Branson
110 W. Maddux St.
Ste 315
Branson, MO 65616

Anthem[®]Life

October 15, 2016

Dear Benefits Administrator:

Thank you for the opportunity to provide Anthem Life coverage to your employees. All of us at Anthem Life appreciate the confidence you have placed in us, and we remain dedicated to providing you and your employees with quality, cost effective coverage.

We have completed our evaluation of your group coverage with Anthem Life. Our analysis takes into consideration a variety of elements that include overall industry trends in claims incidence, shifts in employee composition as well as other financial or premium related issues that have a bearing on our cost structure. After careful consideration of the above factors, we have established the pricing for your upcoming policy period.

The resulting renewal rates, along with your current rates, are shown on the attached page. It is our expressed intent to provide the best possible relationship of benefit costs to the products we provide to your group. Please be assured that our analysis has been completed with this in mind.

Anthem offers a variety of products including optional/supplemental life, short and long term disability, dental and vision coverage, and an Employee Assistance Program (EAP). If you have any questions regarding our renewal assessment or would like additional information regarding our products, please do not hesitate to contact your insurance broker or your Anthem Sales representative.

We appreciate the opportunity to provide your employee benefits and look forward to continuing our relationship.

Sincerely,

Jacob Johnson
Anthem Life Underwriter

Enclosures

cc: L06

SPR 00126979

3350 Peachtree Road • Atlanta • GA • 30326

City of Branson

Effective Date: 01/01/2017

Next Anniversary Date: 01/01/2018

Group Number: SPR 00126979

Life and Disability

Supplemental Life-Employee and Spouse

Age Bands	Current Rate (per \$1,000)	Renewal Rate (per \$1,000)
0 – 24	0.05	0.05
25 – 29	0.05	0.05
30 – 34	0.05	0.05
35 – 39	0.07	0.07
40 – 44	0.11	0.11
45 – 49	0.17	0.17
50 – 54	0.27	0.27
55 – 59	0.44	0.44
60 – 64	0.64	0.64
65 – 69	1.11	1.11
70 – 74	2.46	2.46
75 – 79	3.99	3.99
80 – 120	3.99	3.99

Accidental Death and Dismemberment

Current Rate (per \$1,000)	Renewal Rate (per \$1,000)
0.02	0.02

Dependent Life-Child

Current Rate (per \$1,000)	Renewal Rate (per \$1,000)
0.15	0.15

Group Term Life

Current Rate (per \$1,000)	Renewal Rate (per \$1,000)
0.169	0.169

These renewal rates are based on your current benefits. Please refer to your certificate for more detailed information.



MEMORANDUM

TO: Human Resources Committee
FROM: Jan Fischer, Human Resources Director
DATE: October 5, 2016
SUBJECT: 2017 Wellness Plan Draft

This is an update to the 2017 Wellness Plan for the City of Branson. This plan has gone through the Employee Human Resources Committee members in many back-and-forth iterations, after various departmental meetings, along with various HR meetings with individuals and small groups who expressed interest in understanding the factors in how it works.

The next steps prior to a January 1 go-live date are to go to the Department Heads for their input and then back to Human Resources Committee in November for approval prior to finalization with Cox in putting this into their web site.

One significant recommended change for 2017 will be the timeframe for wellness plan completion. In order to meet the requirements for 2018 open enrollment, the plan should begin January 1, 2017 and end October 31, 2017. In an effort to ensure equity to all employees, the point requirements would be reduced by 16.67% (representing two fewer months, or 83.3% of a year) for 2017 only. The Wellness Plan cycle would then be from November 1 of one year to October 31 of the following year.

The total points necessary to meet the specific tiers earned in 2017 for the 2018 benefits year would be as follows:

Tier 1 – $1900 \times 83.3\% = 1583$ points
Tier 2 – $1400 - 1899 \times 83.3\% = 1167$ to **1582** points
Tier 3 – less than 1400 $\times 83.3\% = 1167$ points

Once Department Heads have provided input, it is anticipated the plan can be finalized for the November Human Resources Committee meeting for its approval. That should enable a demonstration of how the Wellness Plan works online during December's meeting.

The proposed wellness plan has pros and cons.

Pros:

1. Promotes going to the doctor to identify potential health issues earlier;
2. Leverages benefits provided by the City with the only cost to the employee being in optional activities;
3. Promotes the same tier levels that employees are used to;
4. Is tracked online and is available any time;

5. It means no more quarterly checklists – tracked throughout the year;
6. Human Resources no longer involved in collecting possible “private” information;
7. Provides credit to employees who see results in improving their physical wellness;
8. Requires very little physical effort or athletic ability; and
9. Promotes elements of safety which are essential to good health.

Cons:

1. Some employees feel it is intrusive and “nobody’s business”;
2. Some employees don’t like anything “medical” being available online;
3. Some employees don’t think the physical results section is realistic;
4. It’s different than before, and change is sometime difficult or has problems; and
5. Some view it as a means to force employees to pay more for insurance.

2017 City of Branson Wellness Plan

Example

Activity	Points	Max Points	
Being or Becoming Nicotine Free			
Nicotine free (includes all tobacco products and e-cigarettes)	500	500	500
Completes Tobacco Cessation Program through EAP	500	500	
Establishing Healthcare Baseline			
Complete Health Risk Assessment or equivalent	200	200	200
Personal Health Assessment (online questionnaire)	200	200	200
Annual Physical Exam with personal physician (PCP, OBGYN, etc.)	125	125	125
First Dental Visit of the year	125	125	125
Second Dental Visit of the year	125	125	125
Annual Vision Exam	125	125	125
Verifiable Physical Activity			
Complete 60 minutes of (cardio/resistance/stretching/yoga) exercise anywhere	1	100	
Log 6,000 steps a day (not concurrent with 60 minutes of exercise)	1	100	
Six or more consecutive hours of sleep (Fitbit, personal log, etc.)	1	100	20
Daily food tracking within USDA guidelines (SuperTracker, Livestrong, etc.)	1	100	20
Daily water tracking within USDA guidelines (WaterLogged, Hydratrak, etc.)	1	100	20
Participate in Wellness Challenges/Cooking presentations	40	80	80
Attend/view Health/Financial Wellness Seminars	10	40	40
Volunteer (injury free) 4 hours for a charitable/community organization	5	30	
Bonus for using City of Branson facilities for exercise (RecPlex, streets, parks, etc.)	1	30	
Use EAP coaching counseling, legal consultation, etc.	5	20	
Active member/coach of an organized sports team (bowling, basketball, etc.)	5	20	
Participate in a blood drive/donate blood	5	10	
Health Professional Activity			
Fitting/purchase new corrective lenses	10	10	
Screenings (i.e., Colonoscopy, Prostate, Mammogram, etc.)	5	10	
Dental work (fillings, braces, crown, treatment for periodontal disease, etc.)	5	10	
Flu Shot, Vaccines, etc.	5	10	
Safety Activity			
Accident/Incident Free at work all year	150	150	150
Safety Committee/departmental meetings discussing safety (10 min. minimum)	10	120	120
Strenuous physical labor at home (yard work, cleaning, gardening, etc.)	5	60	
Participate in City/Department safety drill	10	20	
Read one health-related research article	1	20	20
Read one safety-related research article	1	20	20
Wear seatbelt or helmet every time driving/riding all year	10	10	10
Wear safety glasses every time when mowing, weedeating, etc.	5	5	
Cardio Pulmonary Resuscitation (CPR) training/retraining	5	5	
Automated External Defibrillator (AED) training/retraining	5	5	
Change batteries in household smoke alarms twice yearly	5	5	
Gun safety, hunter safety, CCW, etc. training	5	5	
Successfully pass work-related random drug screening	5	5	
Physical Results			
Overall physical condition is such that the employee presents a low risk for health-related problems, as determined by PCP, OBGYN etc.	100	100	
Blood pressure within healthy range or risk category improvement or 5% improvement	100	100	
All blood work (Cholesterol, Triglycerides, etc.) within healthy range or risk category improvement or 5% improvement	100	100	
Waist/Hip ratio within healthy range (men <.90; women <.80) or 5% improvement	100	100	
BMI not in the CDC underweight, overweight or obese range, or risk category improvement or 5% improvement	100	100	
Total Points Available		3100	1900
Total Points Earned		Employee Tier Selection	
1,900+ (1583 for 2017)		Tier 1 (100% discount)	
1,400-1,899 (1167 - 1582 for 2017)		Tier 2 (85% discount)	
<1,400 (1167 for 2017)		Tier 3 (70% discount)	
Discount is on the cost of employee only plan - not on dependent coverage			



MEMORANDUM

TO: Human Resources Committee
FROM: Jan Fischer, Human Resources Director
DATE: October 5, 2016
SUBJECT: Article 6 – Requirements for Original Employment - Nepotism

Article 6, Section 4 of the Human Resources Manual, specific to the Hiring of Relatives that appears to have a typographical error for which we are requesting cleanup.

Item A refers to the Missouri constitutional prohibitions of nepotism with individuals appointing relatives “within the fourth degree by consanguinity or affinity.” This prohibition applies to any participation in the appointment process, not necessarily in the nature of being employed.

Item B provides guidance on inter-departmental transfers that may cause one person reporting to a relative.

Item C provides guidance on marriages that affect subordinate/supervisor relations within a department.

However, there are two item Ds. And the two seem to overlap each other. The first item D prohibits any two family members from being employed within the same department. The second items D alludes to if there is any employment arrangement (it is unclear as to whether it refers to inner- or inter-departmental) where there is a potential conflict, the City Administrator can make the determination as to if a conflict is present.

Our recommendation is to delete the first item D to allow relatives within the fourth degree of consanguinity or affinity to work within the same department as long as one is not reporting to another, as outlined in item B and to leave it to the City Administrator to determine if a conflict is present as outlined in the second item D.

ARTICLE 6 - REQUIREMENTS FOR ORIGINAL EMPLOYMENT

Section 1. Age

Minimum and maximum age limits shall be in conformity with the laws.

Section 2. Residence Requirement

- A. As required by the City Code, the City Administrator shall reside in the City of Branson during his tenure in office. The City Administrator is authorized to establish Administrative Rules with regard to residency requirements for all other positions in the City service.
- B. Any employee changing residence or address and phone number must notify their Department Administration immediately.

Section 3. Fitness for Duty

All City employees must possess sufficient mental and physical capabilities to be able to perform the requirements of the position for which they are employed. Reasonable accommodation for physical and mental capabilities as regulated by the Americans with Disabilities Act (ADA) shall be provided if the person is otherwise qualified. The physical and mental qualifications of persons in City employment may be evaluated by physicians approved and paid for by the City and all employees shall submit to such examination when so ordered by the Human Resources Director.

Section 4. Hiring of Relatives

- A. The Missouri Constitution, Article VII, Section 6, prohibits nepotism, stating “Any public officer or employee in this state who by virtue of his office or employment names or appoints to public office or employment any relative within the fourth degree, by consanguinity or affinity, shall thereby forfeit his office or employment.” That prohibition causes an automatic forfeiture of your job if you participate in the decision to hire or promote a relative as far removed as a cousin, great-uncle/aunt, son/daughter-in-law, or other blood relative or “in-law” within the “fourth degree.” For purposes of this entire section, cohabitants will be included in the definition of “any relative within the fourth degree”. For a list of relatives included in this definition, please contact the Human Resources Office.
- B. No person shall be hired, transferred, demoted, or promoted as an employee in the classified or unclassified service who is in a relationship status noted in A. above, whether or not related by blood, to any person in a supervisory/subordinate chain-of-command position to the employee’s position.

C. From and after the effective date of this article, if two people who are in supervisory/subordinate chain-of-command position marry, one party must submit a request to the Human Resources Director for transfer, if a position is available to transfer into. If there is no transfer within 90 calendar days, one party must resign from the City service. If parties involved cannot agree, resignation will be based on a combination of performance and seniority.

~~D. Members of an immediate family shall not be employed within the same department. Any violations of this shall result in immediate termination of that employee with the least seniority. (Seasonals, interns, part time and temporary positions are exempt).~~

D. Any employment arrangement of relatives within the fourth degree, which can create a potential conflict of interest, will be evaluated by the City Administrator. If a conflict of interest is determined, one party must resign from the City service. If parties involved cannot agree, resignation will be based on a combination of performance and seniority.

Section 5. Maintenance of Special Requirements

When the City requires employees to meet specific standards and possess special experience and training to perform the duties of a position, those standards and special experience and training must be maintained in order to continue employment with the City.