

Upstream from ordinary.

# Mayor & Board of Aldermen Regular Meeting

May 4, 2021 - 7:00 pm - Riverside City Hall



#### Health, Dental and Vision Insurance

DEDUCTIBLE -Individual -Family FHYSICIAN OFFICE VISITS & OTHER frinary Care Physician Office Visit / Teladoc	BlueCross BlueShield of KC FCB FFO \$1000 (OOFM \$4000) Freferred Care Blue Petapan Fus \$1,000	BlueCross BlueShield of KC FCB FFO \$3000 (OOPM \$3000) Freferred Care Blue	BlueCross BlueShield of KC PCB BlueSaver HSA \$4000 Freferred Care Blue	BlueCross BlueShield of KC BSF Spira Care EPO \$1500	BlueCross BlueShield of KC
DEDUCTIBLE  Individual  Family  PHYSICIAN OFFICE VISITS & OTHER  Frinary Care Physician Office Visit / Teladoc	Preferred Care Blue Perioper Pays \$1,000	Preferred Care Slue		BSF Spira Care EFO \$1500	
Individual  Family  FHYSICIAN OFFICE VISITS & OTHER  Frinary Care Physician Office Visit / Teladoc	Participant Papa \$1,000		Freferred Core Blue		BSF Spira Care HSA EFO
- Individual - Family - FHYSICIAN OFFICE VISITS & OTHER - Frinary Care Physician Office Visit / Teladoc	§1,000	Sectional Sec	Trejeried Care blue	Spire Care / BlueSelect Plus	Spira Care / BlueSelect Flux
Pamily PHYSICIAN OFFICE VISITS & OTHER Primary Care Physician Office Visit / Teladoc		Panagan rags	Participant Pape	Participant Papa	Participant Pays
PHYSICIAN OFFICE VISITS & OTHER frimary Care Physician Office Visit / Teladoc		§3,000	\$4,000	\$1,500	\$3,000
Frimary Care Physician Office Visit / Teladoc	\$3,000	\$6,000	\$8,000	\$3,000	\$6,000
	Participant Pays	Fantaqueni Pays	Participant Pays	Panisipani Pays	Fartisjani Pays
	\$30 Copay	\$40 Copay	Deductible; Co-insurance	No Charge or Deductible <sup>9</sup>	Deductible
Specialist Physician Office Visit	§30 Copay	\$40 Copay	Deductible; Co-insurance	No Charge or Deductible*	Deductible
Jrgent Care Center Visit	§30 Copay	\$40 Copay	Deductible; Co-insurance	No Charge or Deductible*	Deductible
mergency Room Visit (Non-Nock Emergency Poid on In Nock)	\$100 Copay + Ded; Co-insurance	§100 Copay + Ded; Co-insurance	Deductible; Co-insurance	Deductible	Deductble
Lab Services	No Charge	No Charge	Deductible; Co-insurance	No Charge or Deductible <sup>9</sup>	Deductible
X-Ray Services	Deductible; Co-insurance	Deductible; Co-insurance	Deductible; Co-insurance	No Charge or Deductible*	Deductible
HI-Tech Radiological Services (ct, ARI) (nb)	Deductible; Co-insurance	Deductible; Co-insurance	Deductible; Co-insurance	Deductible	Deductible
Chiropractor Visit/Spiral Manipulation (Limin May Apply)	Deductible; Co-insurance	Deductible; Co-insurance	Deductible; Co-insurance	Deductible	Deductible
Inpatient/Outpatient Hospital Services (General)	Deductible; Co-insurance	Deductible; Co-insurance	Deductible; Co-insurance	Deductible	Deductible
Other Covered Services (General)	Deductible; Co-insurance	Deductible; Co-insurance	Deductible; Co-insurance	Deductible	Deductible
LAN CO-INSURANCE (General)	80%	80%	80%	100%	100%
OUT-OF-POCKET MAXIMUM	Participanti Pays	Participant Pays	Participant Pape	Participani Papa	Participant Pays
Instales The Destarbility, Medical & RX Capays)					
Individual	\$4,000	\$3,000	§5,500	\$1,500	\$3,000
Family	\$8,000	\$10,000	\$11,000	\$3,000	\$6,000
ETAIL PRESCRIPTION DRUGS COPAY					
ADDITIONA  Just of Netwo	L INFORMATION		Renewal annu	ial cost of all Plans	\$67,419.39 \$809,032.68 6%
COST					nana.
Employee Only	8 \$660.72	4 \$614.08	9 \$582.99	2 \$606.31	18 \$559.67
Employee Flux Spouse	0 \$1,532.88	0 \$1,424.83	5 \$1,352.54	3 \$1,406.95	5 \$1,298.13
Employee Flus Child(ren)					
Imployee Flus Family	1 \$1,816.60	3 \$1,688.34	5 \$1,602.84	0 \$1,667.36	7 \$1,539.10
Stimated Monthly Cost	\$7,102.36	\$7,521.34	\$20,023.81	\$5,433.47	\$27,338.41
Estimated Annual Cost	\$85,228.32	\$90,256.08	\$240,285.72	\$65,201.64	\$27,338.41 \$328,060.92
Increase/Decrease Over Current	-9.4%	0.6%	6.7%	7.4%	
ADDITIONAL INFORMATION	Renewal monthly cost of all plans Renewal annual cost of all Flans Increase/Decrease over current	\$67,419.39 \$809,032.68 6%			RIV
2021-038					

#### Health, Dental and Vision Insurance

	OPTION	OPTION	OPTION
	United HealthCare	United HealthCare	United HealthCare
BENEFITS OVERVIEW	BW8T Rx plan IU	BW8W Rx plan IU	BTKN HSA Rx plan H9
	Choice Plus Network Benefits	Choice Plus Network Benefits	Choice Plus Network Benefits
DEDUCTIBLE	Participant Pays	Participant Pays	Participant Pays
·Individual	\$1,000	\$2,500	\$2,800
·Family	\$2,000	\$5,000	\$5,600
PHYSICIAN OFFICE VISITS & OTHER	Participant Pays	Participant Pays	Participant Pays
Primary Care Physician Office Visit / Teladoc	\$25 Copay	\$30 Copay	Deductible; Coinsurance
Specialist Physician Office Visit	\$50 Copay	\$60 Copay	Deductible; Coinsurance
Urgent Care Center Visit	\$50 Copay	\$50 Copay	Deductible; Coinsurance
Emergency Room Visit (Non Ntwk Emergency Paid as In Ntwk)	\$250 Copay + 20%	\$250 Copay + 20%	Deductible; Coinsurance
Lab Services	Deductible; Coinsurance	Deductible; Coinsurance	Deductible; Coinsurance
X-Ray Services	Deductible; Coinsurance	Deductible; Coinsurance	Deductible; Coinsurance
Hi-Tech Radiological Services (CT, MRI, etc)	Deductible; Coinsurance	Deductible; Coinsurance	Deductible; Coinsurance
Chiropractor Visit/Spinal Manipulation (Limits May Apply)	Deductible; Coinsurance	Deductible; Coinsurance	Deductible; Coinsurance
Inpatient/Outpatient Hospital Services (General)	Deductible; Coinsurance	Deductible; Coinsurance	Deductible; Coinsurance
Other Covered Services (General)	Deductible; Coinsurance	Deductible; Coinsurance	Deductible; Coinsurance
PLAN CO-INSURANCE (General)	80%	80%	80%
OUT-OF-POCKET MAXIMUM	Participant Pays	Participant Pays	Participant Pays
(Includes The Deductible, Medical & RX Copays)			
·Individual	\$4,000	\$6,000	\$5,600
·Family	\$8,000	\$12,000	\$11,200
RETAIL PRESCRIPTION DRUGS COPAY			
			Deductible then

#### ADDITIONAL INFORMATION

UHC monthly cost of all Plans UHC annual cost of all Plans Increase/Decrease over current \$57,871.83 \$694,461.96

COST							
Employee Only	14	\$633.62	0	\$584.64	27	\$461.19	
Employee Plus Spouse	0	\$1,470.00	3	\$1,356.37	10	\$1,069.96	
Employee Plus Child(ren)							
Employee Plus Family	1	\$1,742.08	3	\$1,607.41	12	\$1,268.00	
Estimated Monthly Cost	\$10	\$10,612.76		\$8,891.34		\$38,367.73	
Estimated Annual Cost	\$12	\$127,353.12		\$106,696.08		\$460,412.76	
Increase/Decrease Over Current							
ADDITIONAL INFORMATION	UHC	monthly cost of all Plans	\$57,871.83		\$69	4,461.96	
	UH	C annual cost of all Plans	\$694,461.96				
	Increa	se/Decrease over current	-9%				



#### Health, Dental and Vision Insurance

#### **Employee Insurance**

	2018-19 Budget	2019-20 Budget	Change
Health	\$738,677	\$730,128	(\$8,549)
Dental	47,296	47,655	359
Vision	6,703	6,184	(519)
Life	8,610	7,230	(1,380)
Total	\$801,28	\$791,197	(\$10,089)

FY20 Budget Presentation - May 21, 2019

# Health Insurance MPR Rate Increase

FY19 City Cost - \$738,677 Proposed MPR FY20 Increase - 22% FY20 City Cost - \$901,186

Planned MPR FY21 Increase - 5% FY21 City Cost - \$946,245

Estimated MPR FY22 Increase - 4% FY21 City Cost - \$984,095

FY22 City Cost - \$728,615





Maintaining the 635 / 9 Highway Rights of Way in Riverside

#### **Project Goals**

Improve the appearance of the community for residents, businesses and guests

Enhance vehicular safety by pushing brush back off of the edge of roadways, particularly at the 635 / 9 Highway interchange

Provide for easier trash removal along major roadways



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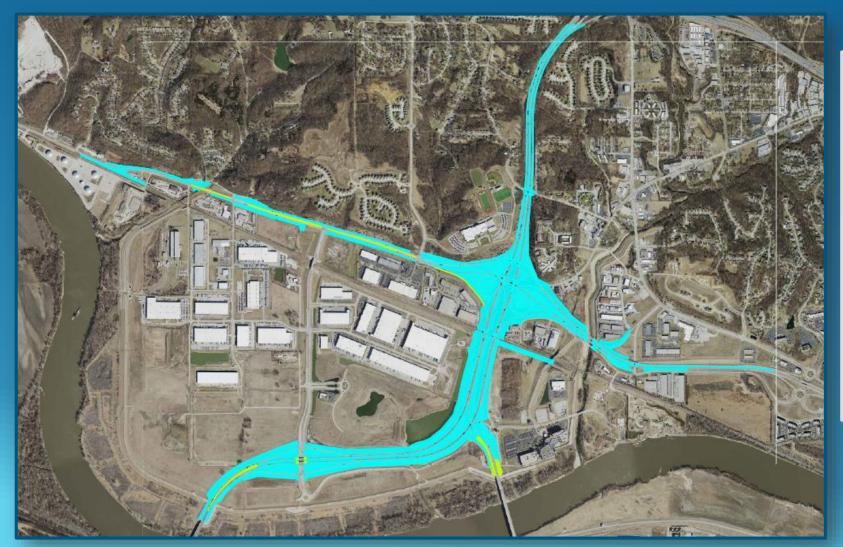
Maintaining the 635 / 9 Highway Rights of Way in Riverside







Maintaining the 635 / 9 Highway Rights of Way in Riverside



#### **Project Scope**

Mowing 186 acres of right of way

Weed eating guardrails and signage

Tree maintenance

Trash removal

Concrete median / rip rap growth control





# The Stream Stories

# Public Service Recognition Week May 2-8, 2021

36 years of honoring public servants and connecting our government to the people it serves #PSRW





Riverside Police Officer

**Jefferson Taylor** 





**Joplin Tornado** 

May 22, 2011

**EF-5** Tornado

Costliest tornado in US history - \$2.8B













# The Stream Stories



## Vivion Road Trail - Engineering



