



1-14-2022
PA 3:30PM

BOARD OF ALDERMAN
WORK SESSION AGENDA
TUESDAY, JANUARY 18th, 2022 at 6:30 p.m.

MEETING WILL BE RECORDED AND POSTED ON FACEBOOK - CITY OF BOLIVAR, MISSOURI

ROLL CALL

PLEDGE OF ALLEGIANCE

MOTION TO ADOPT AGENDA

**MAYORAL APPOINTMENT, Introductions, Presentations, Resolutions and Proclamations,
Citizens Requests:**

***Certificate of Commendation for Mr. Bryan Yarbrough**

***Re-Appoint Stacy Breesawitz for 5-year term on the Board of Adjustment**

***Appoint Sean Patel for Planning and Zoning Commissioner, term ending April 2024**

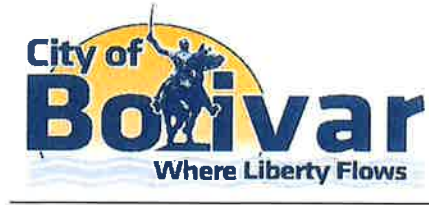
1. Bill No 2022-01 An Ordinance for Renewal of Employee Benefits for 2022
2. Bill No 2022-02 An Ordinance Amending Code Section ADD345-110 Regarding Pedestrian and Driver Safety
3. Liberty Utilities Update
4. Confirm Sprayer Purchase
5. Rave Emergency Notifications Renewal Options 3/5-year options
6. Fireworks in City Limits Discussion, Chief Watkins
7. Police Department retention
8. Legal Filings for Corbett Fund/Polk County & Bolivar Charitable Trust
9. Designated Account for Park Beautification
10. Easement for property North of CMH Parking Lot update
11. Public Nuisance
12. Public consumption of alcohol
13. Exercise Equipment Review
14. Bill No 2022-03 An Ordinance Authorizing an Agreement with Liberty Utilities (Missouri Water) LLC, for Water Well Operation and Maintenance
15. Cyber Insurance Renewal

EXECUTIVE SESSION: RSMo 610.021(13) Individually Identifiable Personnel Records, performance ratings or records pertaining to employees or applicants for employment, ..

IF UNABLE TO ACCESS FACEBOOK ACCOUNT, PLEASE CONTACT CITY CLERK FOR ADDITIONAL OPTIONS

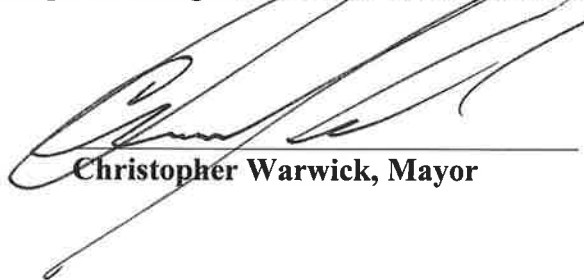
#wherelibertyflows

If you have a need for special accommodations,
Please contact the City Clerk's office 24 hours prior to the meeting.



**CALL OF A WORK SESSION MEETING
OF THE CITY OF BOLIVAR BOARD OF ALDERMEN.**

I, Christopher Warwick, Mayor of the City of Bolivar, Missouri, do hereby call a Work Session Meeting of the Bolivar Board of Aldermen on Tuesday, January 18th, 2022, at 6:30 p.m. for the purpose of transacting any lawful business that might be brought before said Council at said meeting.


Christopher Warwick, Mayor

Posted:

1-14-2022
3:30pm JH



Certificate of Commendation

Life Saving Award

Whereas, on November 19th, 2021 at approximately 10:15 p.m. Mr. Bryan Yarbrough was driving on North Albany,

Whereas, while Mr. Yarbrough was driving, he noticed fire coming from the roof of a house and also recognized there were cars in the driveway, and probably people inside,

Whereas, Mr. Yarbrough stopped, knocked on the windows, and while just hearing the animals, decided he could at least save the animals, he made entry into the house, and

Whereas, risking his own personal safety, he entered the house, found sleeping occupants, awoke them, and got the residents and animals out of the house safely, and

Whereas, after he helped the residents call 911, he then left the scene not seeking recognition,

Therefore, I Mayor Christopher D Warwick, and on behalf of Chief Brent Watkins and the Bolivar City Fire Department, do hereby award this Community Life Saving commendation to Mr. Yarbrough for his thoughtless and lifesaving actions on that November evening.

I, Mayor Christopher D Warwick, do declare January 12th, 2022 in Bolivar, MO as Mr. Bryan Yarbrough day, to recognize his selfless and lifesaving actions. Without his actions, this fire could have had a very different outcome. We thank and honor Mr. Yarbrough and encourage all citizens to help their neighbor, as these actions are what make Bolivar a great place to live.

Signed this Day, January 7th, 2022

Christopher D. Warwick, Mayor

ORDINANCE COVER SHEET

Bill No. 2022-01

Ordinance No.

**“AN ORDINANCE AUTHORIZING THE CITY TO ENTER INTO
RENEWAL AGREEMENT WITH ANTHEM AND
NEW AGREEMENT WITH MASA MEDICAL TRANSPORT SOLUTIONS
FOR THE CITY’S HEALTH BENEFITS SERVICES.”**

Filed for public inspection on .

First reading _____ In Full; _____ By Title on .

Second reading _____ In Full; _____ By Title on .

Vote by the Board of Aldermen on :

_____ Aye; _____ Nay; _____ Abstain.

_____ Approved by the Mayor on .

_____ Vetoed by the Mayor on _____.

Board of Aldermen Vote to Override Veto on _____.

_____ Aye; _____ Nay; _____ Abstain

Bill Effective Date: .

**“AN ORDINANCE AUTHORIZING THE CITY TO ENTER INTO
RENEWAL AGREEMENT WITH ANTHEM AND
NEW AGREEMENT WITH MASA MEDICAL TRANSPORT SOLUTIONS
FOR THE CITY’S HEALTH BENEFITS SERVICES.”**

Be it Ordained by the Board of Aldermen of the City of Bolivar, Missouri, as follows:

Section I: The City is hereby authorized to enter into renewal agreements with Anthem and new Agreement with MASA Medical Transport Solutions, for the City’s health benefits services; with such agreements to be in the form attached hereto as Exhibit “A” and made a part hereof by reference.

Section II: The City Administrator, Mayor and City Clerk are hereby authorized and directed to enter into said agreements as described above for and on behalf of the City.

Section III: This Ordinance shall be in full force and effect from and after its passage by the Board of Aldermen and approval by the Mayor.

Christopher Warwick, Mayor

ATTEST:

Paula Henderson, City Clerk



Group Number: _____

EMPLOYER BENEFIT AGREEMENT

Employer Provided

Employer/Organization Name Cit of Bolivar		Contact's Name Carol West	
Telephone 417-328-5808	Fax 417-777-3212	E-Mail cwest@bolivar.mo.us	
Physical Address 345 S. Main St.		City Bolivar	State MO
Mailing Address (if different) PO Box 9		City Bolivar	State MO
Broker's Name Cameron Black with Ollis/Akers/Arney		MASA MTS Representative's Name David Dye	
Invoicing Contact Name Carol West	Invoicing Email cwest@bolivar.mo.us	Eligible Employee Count 92	

This Employer Benefit Agreement ("Agreement"), effective as of the date of execution ("Effective Date"), by and between _____ ("Employer"), as described above, and MASA Medical Transport Solutions, a division of Medical Air Services Association, Inc., ("MASA MTS").

WHEREAS, MASA MTS offers an Emergent Plus and Platinum Membership (collectively, "Memberships") that entitle members to certain services and benefits ("Benefits"); and, Employer desires to provide Memberships to its employees as part of general benefit offering;

NOW, THEREFORE, MASA MTS and Employer (collectively, the "Parties") agree as follows:

Term. This Agreement shall have a term of one (1) year from Effective date ("Initial Term"). Thereafter, the Agreement shall automatically renew for additional one (1) year terms (each a "Renewal Term"), unless not less than thirty (30) days prior to the end of the Initial Term or any Renewal Term, either Party notifies the other of its intent not to renew the Agreement. Upon the termination of this Agreement, for any reason, it shall be the Employer's obligation to notify its employees of such termination and its impact on their membership coverage.

Memberships. The Parties agree that the following Memberships shall be provided to the Employer's employees (check all that apply):

☐ Platinum ☒ Emergent Plus

Member Enrollment. The Employer may begin the initial enrollment process on the 1st day of **November**, 2021, and shall end initial enrollment process on the 15th day of **November**, 2021 ("Enrollment Date"). Following the Enrollment Date, enrollment may remain open for current and/or new employees. The Parties agree that the method for enrollment shall be as follows:

☐ Electronic Enrollment Platform ☐ Manual (Paper Form) ☒ Both

MASA MTS will provide Employer with an Enrollment Roster to assist Employer in the enrollment process. Employer should populate the Roster and submit the same to their MASA MTS Representative, identified above. Employer agrees to complete and/or amend, as needed, the Enrollment Roster in a timely manner. Additionally, Employer agrees to populate and maintain the Enrollment Roster with the most accurate and up-to-date information, as is reasonably possible. Upon enrollment, MASA MTS agrees to mail to all new members a New Member Packets, including a membership card and explanation of benefits.

Membership Fees & Payment. MASA MTS agrees to provide the Memberships at the following rates:

	<u>Platinum</u>	<u>Emergent Plus</u>
Monthly	\$39	\$14
Annual	\$468	\$160

Employer agrees to provide the Memberships to its employees via payroll deduction and/or Employer funding. Employer shall remit payment to MASA MTS on the follow basis:

☒ Monthly ☐ Annual

Employer acknowledges and agrees that Employer's failure to make timely payment constitutes breach of this Agreement. For the purposes of this Agreement, "timely payment" shall be defined as payment made within thirty (30) days from the date identified in any bill and/or invoice submitted

Group Number: _____

to Employer by MASA MTS. Failure to cure such a breach within fifteen (15) days of receiving written notice from MASA MTS may result in the termination of this Agreement. Waiver of such termination rights shall not prevent future enforcement of the same.

Membership Effective Date: Each members' benefits become effective as of the Membership Effective Date. The Membership Effective Date shall be no earlier than the first day of the month following the thirtieth (30th) day after the Enrollment Date, unless prior written approval has been received from MASA. Additionally, for a new employee who enrolls after the Enrollment Date, the Effective Date shall be no earlier than the first day of the month following the thirtieth (30th) day after the enrollment of the new employee is completed, unless prior written approval has been received from MASA. For a current employee who enrolls after the Enrollment Date, the Effective Date shall be no earlier than the first day of the month following the thirtieth (30th) day after the enrollment of the current employee is completed. For the purposes of this Agreement, the effective date of the Memberships' Benefits shall be the 1st day of January, 2022 ("Membership Effective Date").

Initial Payment for this plan will be made by the Employer on the _____ day of _____ ("Initial Payment Date"). Initial Payment must be no later than 30 days after the "Effective Date".

For recurring payments following the initial payment above, Employer acknowledges and agrees that Employer's failure to make timely payment constitutes breach of this Agreement. For the purposes of this Agreement, "timely payment" shall be defined as payment made within thirty (30) days from the date identified in any bill and/or invoice submitted to Employer by MASA MTS. Failure to cure such a breach within fifteen (15) days of receiving written notice from MASA MTS may result in the termination of this Agreement. Waiver of such termination rights shall not prevent future enforcement of the same.

Membership Benefits and Requirements. The Parties acknowledge and agree that the Memberships offered by MASA MTS were designed to protect members and their immediate families from the reasonable and customary out-of-pocket expense associated with emergency medical transportation following the primary insurer's reimbursement. Reasonable and customary expenses are determined on a case-by-case basis, considering a variety of factors, including, but not limited to, the primary insurer's determination of reasonable and customary expense and industry practice, based on national and regional norms, among other factors. The Parties acknowledge and agree that Memberships are not represented and/or marketed as a primary level of coverage but rather as a supplement to such coverage; nor is a Membership intended to replace or take the place of primary insurance coverage.

By providing Memberships to its employees, Employer warrants and represents that it offers health insurance policies and plan options that provide a level of coverage for emergency, ground and air transportation based on reimbursement schedules that are consistent with other levels of coverage within the same policies and plan options and that do not unreasonably cap or otherwise limit reimbursement for emergency, ground and air transportation. Failure to provide and/or maintain such coverage may be grounds for immediate termination of this Agreement. Waiver of such termination rights shall not prevent future enforcement of the same.

Membership Services Agreement. All Memberships resulting from this agreement are subject to the terms and conditions of the appropriate Membership Service Agreement ("MSA"). Notwithstanding the terms and conditions of that MSA, those members purchasing the Platinum Membership under the monthly payment option via payroll deduction, "Worldwide Coverage" will be an included benefit without the full annual payment requirement (ref. Platinum Service Agreement Article 1. Service #13). All other World Wide Coverage and Platinum Service Agreement Benefit requirements still apply. This waiver does not include enrollments by employees who choose to enroll other family member Platinum Memberships via the "Self-Pay" or "Payroll Deduction" monthly membership fee option.

MASA MEDICAL TRANSPORT SOLUTIONS, as a division of MEDICAL AIR
SERVICES ASSOCIATION, INC. ("MASA MTS")

("Employer")

Executive, Medical Air Services Association, Inc.



Authorized Person for Employer

Date

10-27-21

Date

Executive, Medical Air Services Association, Inc.

Date

Renewal rate sheet

CITY OF BOLIVAR

Group Number: W60314

Effective January 1, 2022 through December 31, 2022

Commission level : 3.50%

✓	Plan Name	Monthly rates					
		Employee	Employee + Spouse	Employee + Children	Employee + Family	Total	Premium Increase
Renewal Plan Designs							
Blue Preferred - Anthem Blue Preferred Select 3000/0%/6000 (\$10/\$35/\$75/25% to \$350, Tiered) - 6CMR	Enrollment	39	13	14	9	75	
	Current	\$478.25	\$956.76	\$837.16	\$1,315.54	\$54,649.73	
	Renewal	\$492.79	\$985.85	\$862.61	\$1,355.54	\$56,311.26	3.04%
Blue Preferred - Anthem Blue Preferred Select 5000/10%/7900 (\$10/\$35/\$75/25% to \$350, Tiered) - 6CN3	Enrollment	11	1	1	0	13	
	Current	\$425.68	\$851.59	\$745.13	\$1,170.93	\$6,279.20	
	Renewal	\$436.97	\$874.18	\$764.90	\$1,201.99	\$6,445.75	2.65%
Total Premium Increase						3.00%	

Authorized Signature:

Gracy Slegle

By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.

Title:

City Administrator

Date:

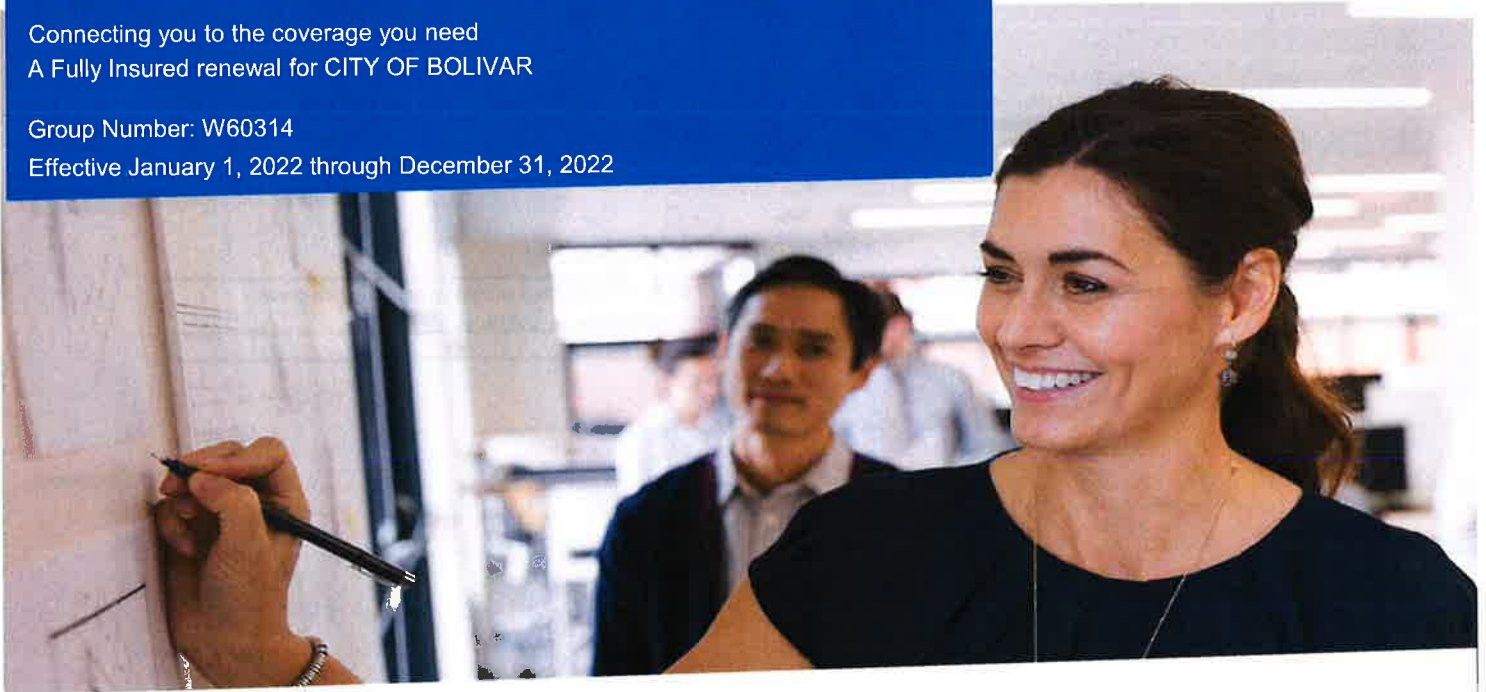
10-27-21

Your Anthem Blue Cross and Blue Shield Renewal Packet

Connecting you to the coverage you need
A Fully Insured renewal for CITY OF BOLIVAR

Group Number: W60314

Effective January 1, 2022 through December 31, 2022



Created on:
September 24, 2021

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Preferred Select 3000/0%/6000 Rx \$10/\$35/\$75/25% to \$350 Tiered

Your Network: Blue Preferred

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$3,000 person / \$6,000 family	\$9,000 person / \$18,000 family
Out-of-Pocket Limit	\$6,000 person / \$12,000 family	\$18,000 person / \$36,000 family
<p>The family deductible and out-of-pocket maximum are embedded, meaning the cost shares of one family member will be applied to both per person deductible and per person out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the per person deductible or per person out-of-pocket maximum.</p> <p>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).</p> <p>In-network and out-of-network deductibles and out-of-pocket maximum amounts are separate and do not accumulate toward each other.</p>		
Preventive Care / Screening / Immunization	No charge	30% coinsurance after medical deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	30% coinsurance after medical deductible is met
<p><u>Virtual Care (Telemedicine / Telehealth Visits)</u></p> <p>Virtual Visits - Online visits with Doctors who also provide services in person</p> <p>Primary Care (PCP)</p> <p>Mental Health and Substance Abuse care</p>		
	\$30 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
	\$30 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Specialist	\$70 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Medical Chats and Virtual Visits for Primary Care from our Online Provider K Health, its affiliated Provider groups, via our mobile app, website or Anthem-enabled device	No charge	
Virtual Visits from Online Provider LiveHealth Online via www.livehealthonline.com ; our mobile app, website or Anthem-enabled device		
Primary Care (PCP) and Mental Health and Substance Abuse	\$10 copay per visit medical deductible does not apply	
Specialist Care	\$70 copay per visit medical deductible does not apply	
Visits in an Office		
Primary Care (PCP)	\$30 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Specialist Care	\$70 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Other Practitioner Visits		
Routine Maternity Care (Prenatal and Postnatal)	0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Retail Health Clinic	\$30 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Chiropractic Services <i>Coverage is limited to 26 visits per benefit period.</i>	50% coinsurance medical deductible does not apply	Not covered
Other Services in an Office		
Allergy Testing <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i>	0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Chemo/Radiation Therapy	\$70 copay per visit medical deductible does not apply [†]	30% coinsurance after medical deductible is met
Dialysis/Hemodialysis	\$70 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Prescription Drugs <i>Dispensed in the office</i>	0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Surgery	\$70 copay per visit medical deductible does not apply [†]	30% coinsurance after medical deductible is met
Diagnostic Services		
Lab		
Office	No charge	30% coinsurance after medical deductible is met
Outpatient Hospital	0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
X-Ray		
Office	No charge	30% coinsurance after medical deductible is met
Outpatient Hospital	0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i>		
Office	0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Freestanding Radiology Center	0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<u>Emergency and Urgent Care</u>		
Urgent Care	\$50 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Emergency Room Facility Services <i>Copay waived if admitted.</i>	\$300 copay per visit after medical deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	0% coinsurance after medical deductible is met	Covered as In-Network
Ambulance	0% coinsurance after medical deductible is met	Covered as In-Network
<u>Outpatient Mental Health and Substance Abuse</u>		
Doctor Office Visit	\$30 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Facility Visit		
Facility Fees	0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Doctor Services	0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<u>Outpatient Surgery</u>		
Facility Fees		
Hospital	0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Freestanding Surgical Center	0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Doctor and Other Services Hospital Freestanding Surgical Center	0% coinsurance after medical deductible is met 0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met
<u>Hospital (Including Maternity, Mental Health and Substance Abuse)</u> Facility Fees Human Organ and Tissue Transplants <i>Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.</i> Doctor and other services	0% coinsurance after medical deductible is met 0% coinsurance after medical deductible is met 0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met
<u>Recovery & Rehabilitation</u> Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Rehabilitation services <i>Coverage for Physical and Occupational Rehabilitation and Habilitation therapy is limited to 40 visits combined per benefit period. Limit includes manipulative treatment when performed by someone other than a chiropractor. Speech Therapy has no visit limit. Benefit limit does not apply to Applied Behavioral Analysis. Benefit limit does not apply when performed as part of Early Intervention.</i> Office Outpatient Hospital	\$30 copay per visit medical deductible does not apply 0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met

Covered Medical Benefits		Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Cardiac rehabilitation <i>Coverage is limited to 36 visits per benefit period.</i>			
Office		\$70 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Outpatient Hospital		0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Pulmonary rehabilitation <i>Coverage is limited to 20 visits per benefit period.</i>			
Office		\$70 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Outpatient Hospital		0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.</i>		0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Inpatient Hospice		0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Durable Medical Equipment		0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>		0% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable	Not applicable

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
Prescription Drug Coverage Cost shares for drugs included on the Essential drug list appear below. Drugs not included on the Essential drug list will not be covered. Your plan uses the Rx Choice Tiered Network. You may receive up to a 90 day supply of medication at Retail 90 pharmacies.			
Home Delivery Pharmacy Maintenance medication are available through IngenioRx Home Delivery Pharmacy. You may get two 30-day supply fills of the same maintenance medication at a retail pharmacy. Prior to your 3rd fill, you must call us on the number on your ID card and tell us if you would like to keep getting your maintenance medications from a retail pharmacy or if you would like to use home delivery. If you do not contact us, you will pay the full retail cost of any maintenance medication until you inform us of your decision.			
Tier 1 - Typically Generic <i>Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).</i>	\$10 copay per prescription, deductible does not apply (retail) and \$25 copay per prescription, deductible does not apply (home delivery)	\$20 copay per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand <i>Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).</i>	\$35 copay per prescription, deductible does not apply (retail) and \$105 copay per prescription, deductible does not apply (home delivery)	\$45 copay per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand <i>Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).</i>	\$75 copay per prescription, deductible does not apply (retail) and \$225 copay per prescription, deductible does not apply (home delivery)	\$85 copay per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic) <i>Per 30 day supply (specialty pharmacy).</i>	25% coinsurance up to \$350 per prescription, deductible does not apply (retail and home delivery)	25% coinsurance up to \$450 per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>This is a brief outline of your vision coverage. Only children's vision services count towards your out of pocket limit.</i>		
<u>Children's Vision (up to age 19)</u>		
Child Vision Deductible	\$0 person	\$0 person
Vision exam <i>Limited to 1 exam per benefit period.</i>	No charge	\$0 copayment up to plan's Maximum Allowed Amount
<u>Adult Vision (age 19 and older)</u>		
Adult Vision Deductible	\$0 person	\$0 person
Vision exam <i>Limited to 1 exam per benefit period.</i>	No charge	Reimbursed Up to \$42

Notes:

- Dependent age: to end of the month in which the child attains age 26.
- 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.
- No charge 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.
- The representations of benefits in this document are subject to Division of Insurance approval and are subject to change.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- * Your cost share will be reduced when services are provided in a PCP's office.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Your Plan: Anthem Blue Preferred Select 3000/0%/6000 Rx \$10/\$35/\$75/25% to \$350 Tiered
Your Network: Blue Preferred

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 10-27-21
Underwriting signature (if applicable)	Date

In Missouri, (excluding 30 counties in the Kansas City area) Anthem Blue Cross and Blue Shield is the trade name of 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 of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Questions: (833) 578-4436 or visit us at www.anthem.com

MO/LG/Anthem Blue Preferred Select 3000/0%/6000 Rx \$10/\$35/\$75/25% to \$350 Tiered/6CMR/01-01-2022

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Preferred Select 5000/10%/7900 Rx \$10/\$35/\$75/25% to \$350 Tiered

Your Network: Blue Preferred

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$5,000 person / \$10,000 family	\$15,000 person / \$30,000 family
Out-of-Pocket Limit	\$7,900 person / \$15,800 family	\$23,700 person / \$47,400 family
<p>The family deductible and out-of-pocket maximum are embedded, meaning the cost shares of one family member will be applied to both per person deductible and per person out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the per person deductible or per person out-of-pocket maximum.</p> <p>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).</p> <p>In-network and out-of-network deductibles and out-of-pocket maximum amounts are separate and do not accumulate toward each other.</p>		
Preventive Care / Screening / Immunization	No charge	30% coinsurance after medical deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	30% coinsurance after medical deductible is met
<p><u>Virtual Care (Telemedicine / Telehealth Visits)</u></p> <p>Virtual Visits - Online visits with Doctors who also provide services in person</p> <p>Primary Care (PCP)</p> <p>Mental Health and Substance Abuse care</p>		
	\$30 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
	\$30 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Specialist	\$70 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Medical Chats and Virtual Visits for Primary Care from our Online Provider K Health, its affiliated Provider groups, via our mobile app, website or Anthem-enabled device	No charge	
Virtual Visits from Online Provider LiveHealth Online via www.livehealthonline.com ; our mobile app, website or Anthem-enabled device		
Primary Care (PCP) and Mental Health and Substance Abuse	\$10 copay per visit medical deductible does not apply	
Specialist Care	\$70 copay per visit medical deductible does not apply	
<u>Visits in an Office</u>		
Primary Care (PCP)	\$30 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Specialist Care	\$70 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
<u>Other Practitioner Visits</u>		
Routine Maternity Care (Prenatal and Postnatal)	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Retail Health Clinic	\$30 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Chiropractic Services <i>Coverage is limited to 26 visits per benefit period.</i>	50% coinsurance medical deductible does not apply	Not covered
<u>Other Services in an Office</u>		
Allergy Testing <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Chemo/Radiation Therapy	\$70 copay per visit medical deductible does not apply [†]	30% coinsurance after medical deductible is met
Dialysis/Hemodialysis	\$70 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Prescription Drugs <i>Dispensed in the office</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Surgery	\$70 copay per visit medical deductible does not apply [†]	30% coinsurance after medical deductible is met
<u>Diagnostic Services</u> Lab		
Office	No charge	30% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
X-Ray		
Office	No charge	30% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i>		
Office	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Freestanding Radiology Center	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<u>Emergency and Urgent Care</u>		
Urgent Care	\$50 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Emergency Room Facility Services <i>Copay waived if admitted.</i>	\$300 copay per visit after medical deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	10% coinsurance after medical deductible is met	Covered as In-Network
Ambulance	10% coinsurance after medical deductible is met	Covered as In-Network
<u>Outpatient Mental Health and Substance Abuse</u>		
Doctor Office Visit	\$30 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
Facility Visit		
Facility Fees	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Doctor Services	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<u>Outpatient Surgery</u>		
Facility Fees		
Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Freestanding Surgical Center	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Doctor and Other Services Hospital Freestanding Surgical Center	10% coinsurance after medical deductible is met 10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met
<u>Hospital (Including Maternity, Mental Health and Substance Abuse)</u> Facility Fees Human Organ and Tissue Transplants <i>Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.</i> Doctor and other services	10% coinsurance after medical deductible is met 10% coinsurance after medical deductible is met 10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met
<u>Recovery & Rehabilitation</u> Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Rehabilitation services <i>Coverage for Physical and Occupational Rehabilitation and Habilitation therapy is limited to 40 visits combined per benefit period. Limit includes manipulative treatment when performed by someone other than a chiropractor. Speech Therapy has no visit limit. Benefit limit does not apply to Applied Behavioral Analysis. Benefit limit does not apply when performed as part of Early Intervention.</i> Office Outpatient Hospital	\$30 copay per visit medical deductible does not apply 10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met

Covered Medical Benefits		Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Cardiac rehabilitation <i>Coverage is limited to 36 visits per benefit period.</i> Office Outpatient Hospital		\$70 copay per visit medical deductible does not apply 10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met
Pulmonary rehabilitation <i>Coverage is limited to 20 visits per benefit period.</i> Office Outpatient Hospital		\$70 copay per visit medical deductible does not apply 10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met 30% coinsurance after medical deductible is met
Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.</i>		10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Inpatient Hospice		10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Durable Medical Equipment		10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>		10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable	Not applicable

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
Prescription Drug Coverage Cost shares for drugs included on the Essential drug list appear below. Drugs not included on the Essential drug list will not be covered. Your plan uses the Rx Choice Tiered Network. You may receive up to a 90 day supply of medication at Retail 90 pharmacies.			
Home Delivery Pharmacy Maintenance medication are available through IngenioRx Home Delivery Pharmacy. You may get two 30-day supply fills of the same maintenance medication at a retail pharmacy. Prior to your 3rd fill, you must call us on the number on your ID card and tell us if you would like to keep getting your maintenance medications from a retail pharmacy or if you would like to use home delivery. If you do not contact us, you will pay the full retail cost of any maintenance medication until you inform us of your decision.			
Tier 1 - Typically Generic <i>Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).</i>	\$10 copay per prescription, deductible does not apply (retail) and \$25 copay per prescription, deductible does not apply (home delivery)	\$20 copay per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand <i>Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).</i>	\$35 copay per prescription, deductible does not apply (retail) and \$105 copay per prescription, deductible does not apply (home delivery)	\$45 copay per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand <i>Per 30 day supply (retail pharmacy and Retail 90 pharmacy). Per 90 day supply (home delivery).</i>	\$75 copay per prescription, deductible does not apply (retail) and \$225 copay per prescription, deductible does not apply (home delivery)	\$85 copay per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic) <i>Per 30 day supply (specialty pharmacy).</i>	25% coinsurance up to \$350 per prescription, deductible does not apply (retail and home delivery)	25% coinsurance up to \$450 per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>This is a brief outline of your vision coverage. Only children's vision services count towards your out of pocket limit.</i>		
<u>Children's Vision (up to age 19)</u>		
Child Vision Deductible	\$0 person	\$0 person
Vision exam <i>Limited to 1 exam per benefit period.</i>	No charge	\$0 copayment up to plan's Maximum Allowed Amount
<u>Adult Vision (age 19 and older)</u>		
Adult Vision Deductible	\$0 person	\$0 person
Vision exam <i>Limited to 1 exam per benefit period.</i>	No charge	Reimbursed Up to \$42

Notes:

- Dependent age: to end of the month in which the child attains age 26.
- 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.
- No charge 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.
- The representations of benefits in this document are subject to Division of Insurance approval and are subject to change.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- * Your cost share will be reduced when services are provided in a PCP's office.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Your Plan: Anthem Blue Preferred Select 3000/0%/6000 Rx \$10/\$35/\$75/25% to \$350 Tiered
Your Network: Blue Preferred

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 10-27-21
Underwriting signature (if applicable)	Date

In Missouri, (excluding 30 counties in the Kansas City area) Anthem Blue Cross and Blue Shield is the trade name of 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 of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Questions: (833) 578-4436 or visit us at www.anthem.com

Services included and buy-up options

CITY OF BOLIVAR

Group Number: W60314

Effective January 1, 2022 through December 31, 2022

Quote highlights

Funding type: Fully Insured

Included in Premiums

Fully Insured Foundational Program

FI Engagement Package 200

Account Administration Buy-Up Options (charged separately)	Fee Billed Per Participant Per Month	Confirm Purchase Here
Anthem Commuter	\$3.40	
Anthem FSA	\$3.40	
Anthem HRA with FSA, Dependent FSA, Commuter	\$3.40	
Anthem Limited Purpose FSA or Dependent FSA or Commuter Add on to Anthem HSA	\$1.15	
Anthem FSA or Dependent FSA or Commuter add on to Member Pay HRA	\$3.40	
Anthem FSA or Dependent FSA or Commuter add on to Provider Pay HRA	\$3.40	

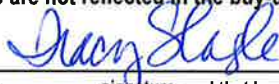
Notes

HRA and HSA plan designs include Anthem Account Administration.

Anthem FSA pricing is also applicable to Limited Purpose FSAs and Dependent Care FSAs.

Applicable taxes or assessments are not reflected in the buy-up option pricing.

Authorized Signature:



By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.

Title:

City Administrator

Date:

10-27-21

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Health care made smarter, simpler and more affordable

We integrate and analyze data across medical, pharmacy, dental, vision, disability and behavioral health.

That means we act on a complete view of the whole person, making it easier for members to get the care they need – faster.

Whole person health

Connecting people
and technology



Personalized care

Catering to each
member's unique needs



Member engagement

Motivating members to take
charge of their total wellbeing



Anthem Whole Health Connection®



- › Robust medical and specialty data
- › Sophisticated analytics turning real-time data into insights
- › Connecting doctors, pharmacists, vision providers, dentists, care managers and members to close gaps in care



Sydney Health

Sydney is our digital engagement hub, designed to improve outcomes, encourage engagement and deliver a smarter, more intuitive and personal health care experience.



BlueCard

Wherever your employees work or live, they have access to the highest-caliber providers.

95%
of doctors

96%
of hospitals



LiveHealth Online

Members can see a doctor 24/7 right from their tablet, smartphone or computer with a webcam. Or connect with a therapist or psychologist to talk privately during select hours.



Wellbeing Solutions

Powered by robust data and technology this foundational program provides the right tools members need to achieve targeted goals and incentivizes them toward healthier lifestyles.

Alternate plans and rates

CITY OF BOLIVAR
Group Number: W60314
Effective January 1, 2022 through December 31, 2022

Quote highlights

Total quoted medical employees: 88
Commission level : 3.50%

Plan name	Product category	Product code	Network	Contract Code	In-network benefits					Out-of-network benefits			Monthly rates			
					Deductible (individual/family)	Coinurance	Out-of-pocket maximum (individual/family)	Office visit (PCP/specialist) copay	Inpatient hospital copay	Deductible (individual/family)	Coinurance	Out-of-pocket maximum (individual/family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
Anthem Blue Access PPO 500/20%/4000 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CME	\$500 /\$1,000	20%	\$4,000 /\$8,000	\$30 /\$70	Ded & Coins	\$1,500 /\$3,000	50%	\$12,000 /\$24,000	\$660.80	\$1,321.96	\$1,156.71	\$1,817.69
Anthem Blue Access PPO 500/20%/4000 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CPP	\$500 /\$1,000	20%	\$4,000 /\$8,000	\$30 /\$70	Ded & Coins	\$1,500 /\$3,000	50%	\$12,000 /\$24,000	\$646.83	\$1,294.01	\$1,132.25	\$1,779.26
Anthem Blue Access PPO 500/20%/4000 (\$15/\$40/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CPS	\$500 /\$1,000	20%	\$4,000 /\$8,000	\$30 /\$70	Ded & Coins	\$1,500 /\$3,000	50%	\$12,000 /\$24,000	\$652.46	\$1,305.31	\$1,142.14	\$1,794.80
Anthem Blue Access PPO 1000/20%/5000 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CMK	\$1,000 /\$2,000	20%	\$5,000 /\$10,000	\$30 /\$70	Ded & Coins	\$3,000 /\$6,000	50%	\$15,000 /\$30,000	\$606.09	\$1,212.51	\$1,060.94	\$1,687.19
Anthem Blue Access PPO 1000/20%/5000 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CNM	\$1,000 /\$2,000	20%	\$5,000 /\$10,000	\$30 /\$70	Ded & Coins	\$3,000 /\$6,000	50%	\$15,000 /\$30,000	\$591.42	\$1,183.16	\$1,035.26	\$1,626.84
Anthem Blue Access PPO 1000/20%/5000 (\$15/\$40/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CNQ	\$1,000 /\$2,000	20%	\$5,000 /\$10,000	\$30 /\$70	Ded & Coins	\$3,000 /\$6,000	50%	\$15,000 /\$30,000	\$596.83	\$1,193.88	\$1,044.73	\$1,641.72
Anthem Blue Access PPO 1000/20%/6850 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CSN	\$1,000 /\$2,000	20%	\$6,850 /\$13,700	\$30 /\$70	Ded & Coins	\$3,000 /\$6,000	50%	\$20,550 /\$41,100	\$590.85	\$1,182.02	\$1,034.26	\$1,625.27
Anthem Blue Access PPO 1000/20%/6850 (\$15/\$40/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CSR	\$1,000 /\$2,000	20%	\$6,850 /\$13,700	\$30 /\$70	Ded & Coins	\$3,000 /\$6,000	50%	\$20,550 /\$41,100	\$581.64	\$1,163.60	\$1,018.14	\$1,599.94
Anthem Blue Access PPO 1000/20%/6850 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CSU	\$1,000 /\$2,000	20%	\$6,850 /\$13,700	\$30 /\$70	Ded & Coins	\$3,000 /\$6,000	50%	\$20,550 /\$41,100	\$576.14	\$1,152.59	\$1,008.51	\$1,584.81
Anthem Blue Access PPO 1500/20%/9000 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CML	\$1,500 /\$3,000	20%	\$6,000 /\$12,000	\$30 /\$70	Ded & Coins	\$4,500 /\$9,000	50%	\$18,000 /\$36,000	\$565.74	\$1,131.79	\$990.31	\$1,558.20
Anthem Blue Access PPO 1500/20%/9000 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CNT	\$1,500 /\$3,000	20%	\$6,000 /\$12,000	\$30 /\$70	Ded & Coins	\$4,500 /\$9,000	50%	\$18,000 /\$36,000	\$554.84	\$1,109.98	\$971.23	\$1,526.22
Anthem Blue Access PPO 1500/20%/9000 (\$15/\$40/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CNW	\$1,500 /\$3,000	20%	\$6,000 /\$12,000	\$30 /\$70	Ded & Coins	\$4,500 /\$9,000	50%	\$18,000 /\$36,000	\$560.12	\$1,120.54	\$980.47	\$1,540.74
Anthem Blue Access PPO 2000/20%/6500 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CRC	\$2,000 /\$4,000	20%	\$6,500 /\$13,000	\$30 /\$70	Ded & Coins	\$6,000 /\$12,000	50%	\$19,500 /\$39,000	\$539.84	\$1,079.97	\$944.97	\$1,484.96
Anthem Blue Access PPO 2000/20%/6500 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CRE	\$2,000 /\$4,000	20%	\$6,500 /\$13,000	\$30 /\$70	Ded & Coins	\$6,000 /\$12,000	50%	\$19,500 /\$39,000	\$529.08	\$1,058.45	\$926.14	\$1,455.36
Anthem Blue Access PPO 2000/20%/6500 (\$15/\$40/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CRJ	\$2,000 /\$4,000	20%	\$6,500 /\$13,000	\$30 /\$70	Ded & Coins	\$6,000 /\$12,000	50%	\$19,500 /\$39,000	\$534.24	\$1,068.77	\$935.17	\$1,469.55
Anthem Blue Access PPO 2500/0%/7500 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CT1	\$2,500 /\$5,000	0%	\$7,500 /\$15,000	\$30 /\$70	Ded & Coins	\$7,500 /\$15,000	30%	\$22,500 /\$45,000	\$550.35	\$1,101.00	\$963.37	\$1,513.87
Anthem Blue Access PPO 2500/0%/7500 (\$15/\$40/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CT4	\$2,500 /\$5,000	0%	\$7,500 /\$15,000	\$30 /\$70	Ded & Coins	\$7,500 /\$15,000	30%	\$22,500 /\$45,000	\$548.49	\$1,097.28	\$960.11	\$1,508.75
Anthem Blue Access PPO 2500/0%/7500 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CT7	\$2,500 /\$5,000	0%	\$7,500 /\$15,000	\$30 /\$70	Ded & Coins	\$7,500 /\$15,000	30%	\$22,500 /\$45,000	\$544.67	\$1,089.64	\$953.43	\$1,498.24
Anthem Blue Access PPO 2500/20%/6500 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CMS	\$2,500 /\$5,000	20%	\$6,500 /\$13,000	\$30 /\$70	Ded & Coins	\$7,500 /\$15,000	50%	\$19,500 /\$39,000	\$518.38	\$1,037.04	\$907.41	\$1,425.93
Anthem Blue Access PPO 2500/20%/6500 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CNZ	\$2,500 /\$5,000	20%	\$6,500 /\$13,000	\$30 /\$70	Ded & Coins	\$7,500 /\$15,000	50%	\$19,500 /\$39,000	\$508.03	\$1,016.34	\$889.29	\$1,397.46
Anthem Blue Access PPO 2500/20%/6500 (\$15/\$40/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CP2	\$2,500 /\$5,000	20%	\$6,500 /\$13,000	\$30 /\$70	Ded & Coins	\$7,500 /\$15,000	50%	\$19,500 /\$39,000	\$511.96	\$1,024.20	\$896.17	\$1,408.27
Anthem Blue Access PPO 2500/30%/7500 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CMY	\$2,500 /\$5,000	30%	\$7,000 /\$14,000	\$30 /\$70	Ded & Coins	\$7,500 /\$15,000	50%	\$20,700 /\$41,400	\$498.99	\$998.25	\$873.46	\$1,372.59

Alternate plans and rates

CITY OF BOLIVAR

Group Number: W60314

Effective January 1, 2022 through December 31, 2022

Quote highlights

Total quoted medical employees: 88

Commission level : 3.50%

Plan name	Product category	Product code	Network	Contract Code	In-network benefits					Out-of-network benefits			Monthly rates			
					Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Office visit (PCP/specialist) copay	Inpatient hospital copay	Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
Anthem Blue Access PPO 2500/30%/7900 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CP7	\$2,500 /\$5,000	30%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$7,500 /\$15,000	50%	\$23,700 /\$47,400	\$489.34	\$978.95	\$856.57	\$1,346.05
Anthem Blue Access PPO 2500/30%/7900 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CP9	\$2,500 /\$5,000	30%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$7,500 /\$15,000	50%	\$23,700 /\$47,400	\$493.14	\$986.55	\$863.22	\$1,358.50
Anthem Blue Access PPO 3000/10%/6000 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CMP	\$3,000 /\$6,000	0%	\$6,000 /\$12,000	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	30%	\$18,000 /\$36,000	\$528.23	\$1,056.75	\$924.65	\$1,453.02
Anthem Blue Access PPO 3000/10%/6000 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CPD	\$3,000 /\$6,000	0%	\$6,000 /\$12,000	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	30%	\$18,000 /\$36,000	\$518.50	\$1,033.28	\$904.12	\$1,420.76
Anthem Blue Access PPO 3000/10%/6000 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CPE	\$3,000 /\$6,000	0%	\$6,000 /\$12,000	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	30%	\$18,000 /\$36,000	\$520.27	\$1,040.82	\$910.71	\$1,431.13
Anthem Blue Access PPO 3000/20%/6500 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CRL	\$3,000 /\$6,000	20%	\$6,500 /\$13,000	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	50%	\$19,500 /\$39,000	\$505.38	\$1,011.03	\$884.65	\$1,380.17
Anthem Blue Access PPO 3000/20%/6500 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CR0	\$3,000 /\$6,000	20%	\$6,500 /\$13,000	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	50%	\$19,500 /\$39,000	\$495.59	\$991.45	\$867.51	\$1,363.24
Anthem Blue Access PPO 3000/20%/6500 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CR5	\$3,000 /\$6,000	20%	\$6,500 /\$13,000	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	50%	\$19,500 /\$39,000	\$498.40	\$999.25	\$874.34	\$1,373.97
Anthem Blue Access PPO 3000/20%/7900 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CMV	\$3,000 /\$6,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	50%	\$23,700 /\$47,400	\$496.58	\$993.43	\$869.25	\$1,365.96
Anthem Blue Access PPO 3000/20%/7900 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CPJ	\$3,000 /\$6,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	50%	\$23,700 /\$47,400	\$487.16	\$974.58	\$852.76	\$1,340.05
Anthem Blue Access PPO 3000/20%/7900 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CPL	\$3,000 /\$6,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	50%	\$23,700 /\$47,400	\$491.10	\$982.47	\$859.65	\$1,350.89
Anthem Blue Access PPO 5000/10%/7900 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CTA	\$5,000 /\$10,000	0%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	30%	\$23,700 /\$47,400	\$460.78	\$939.82	\$822.33	\$1,282.24
Anthem Blue Access PPO 5000/10%/7900 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CTD	\$5,000 /\$10,000	0%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	30%	\$23,700 /\$47,400	\$468.54	\$937.33	\$820.16	\$1,286.83
Anthem Blue Access PPO 5000/10%/7900 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CTG	\$5,000 /\$10,000	0%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	30%	\$23,700 /\$47,400	\$465.92	\$932.09	\$815.58	\$1,281.62
Anthem Blue Access PPO 5000/10%/7900 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CN1	\$5,000 /\$10,000	10%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	30%	\$23,700 /\$47,400	\$468.26	\$936.77	\$819.67	\$1,288.06
Anthem Blue Access PPO 5000/10%/7900 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CPW	\$5,000 /\$10,000	10%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	30%	\$23,700 /\$47,400	\$450.85	\$901.95	\$789.20	\$1,240.17
Anthem Blue Access PPO 5000/10%/7900 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CRW	\$5,000 /\$10,000	10%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	30%	\$23,700 /\$47,400	\$455.09	\$910.43	\$796.62	\$1,251.83
Anthem Blue Access PPO 5000/20%/7900 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CN4	\$5,000 /\$10,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	50%	\$23,700 /\$47,400	\$461.85	\$923.95	\$808.45	\$1,270.43
Anthem Blue Access PPO 5000/20%/7900 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CPY	\$5,000 /\$10,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	50%	\$23,700 /\$47,400	\$445.16	\$890.58	\$779.24	\$1,224.52
Anthem Blue Access PPO 5000/20%/7900 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CQ1	\$5,000 /\$10,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	50%	\$23,700 /\$47,400	\$448.35	\$896.94	\$784.82	\$1,233.29
Anthem Blue Access PPO 6000/20%/7900 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CN7	\$6,000 /\$12,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$18,000 /\$36,000	50%	\$23,700 /\$47,400	\$456.86	\$913.97	\$798.72	\$1,256.70
Anthem Blue Access PPO 6000/20%/7900 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CQ4	\$6,000 /\$12,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$18,000 /\$36,000	50%	\$23,700 /\$47,400	\$445.79	\$891.82	\$780.34	\$1,226.25
Anthem Blue Access PPO 6000/20%/7900 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CR2	\$6,000 /\$12,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$18,000 /\$36,000	50%	\$23,700 /\$47,400	\$448.87	\$897.98	\$785.73	\$1,234.72

Alternate plans and rates

CITY OF BOLIVAR

Group Number: W60314

Effective January 1, 2022 through December 31, 2022

Quote highlights

Total quoted medical employees: 88

Commission level : 3.50%

Plan name	Product category	Product code	Network	Contract Code	In-network benefits					Out-of-network benefits			Monthly rates			
					Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Office visit (PCP/specialist) copay	Inpatient hospital copay	Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
Anthem Blue Access PPO L 2000/20%/8700 (\$250 Ded T2-T4, \$15/\$50/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CRY	\$2,000 /\$4,000	20%	\$8,700 /\$17,400	\$30 /\$70	Ded & Coins	\$6,000 /\$12,000	50%	\$26,100 /\$52,200	\$515.48	\$1,031.24	\$902.33	\$1,417.95
Anthem Blue Access PPO L 2000/20%/8700 (\$0/\$10/\$60/\$125/\$400)	PPO	PPO	Blue Access	6CTK	\$2,000 /\$4,000	20%	\$8,700 /\$17,400	\$30 /\$70	Ded & Coins	\$6,000 /\$12,000	50%	\$26,100 /\$52,200	\$517.36	\$1,035.00	\$905.82	\$1,423.12
Anthem Blue Access PPO L 3000/20%/8700 (\$250 Ded T2-T4, \$15/\$50/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CS1	\$3,000 /\$6,000	20%	\$8,700 /\$17,400	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	50%	\$26,100 /\$52,200	\$481.17	\$962.60	\$842.27	\$1,323.57
Anthem Blue Access PPO L 3000/20%/8700 (\$0/\$10/\$60/\$125/\$400)	PPO	PPO	Blue Access	6CTN	\$3,000 /\$6,000	20%	\$8,700 /\$17,400	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	50%	\$26,100 /\$52,200	\$482.89	\$966.04	\$845.26	\$1,328.30
Anthem Blue Access PPO L 5000/20%/8700 (\$250 Ded T2-T4, \$15/\$50/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Access	6CS4	\$5,000 /\$10,000	20%	\$8,700 /\$17,400	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	50%	\$26,100 /\$52,200	\$444.48	\$889.16	\$776.01	\$1,222.59
Anthem Blue Access PPO L 5000/20%/8700 (\$0/\$10/\$60/\$125/\$400)	PPO	PPO	Blue Access	6CTR	\$5,000 /\$10,000	20%	\$8,700 /\$17,400	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	50%	\$26,100 /\$52,200	\$446.22	\$892.68	\$781.09	\$1,227.43
Anthem Blue Access PPO HSA 2500/0%/4350 NE (20%/20%/20%/20%, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CLK	\$2,500 /\$5,000	20%	\$4,350 /\$8,700	Ded & Coins/Ded & Coins	Ded & Coins	\$7,500 /\$15,000	50%	\$13,050 /\$26,100	\$428.69	\$855.61	\$749.91	\$1,173.71
Anthem Blue Access PPO HSA 2800/0%/4000 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CLM	\$2,800 /\$5,600	0%	\$4,000 /\$8,000	Ded & Coins/Ded & Coins	Ded & Coins	\$8,400 /\$16,800	30%	\$12,000 /\$24,000	\$451.65	\$903.55	\$790.60	\$1,242.37
Anthem Blue Access PPO HSA 2800/0%/4000 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CQ7	\$2,800 /\$5,600	0%	\$4,000 /\$8,000	Ded & Coins/Ded & Coins	Ded & Coins	\$8,400 /\$16,800	30%	\$12,000 /\$24,000	\$445.91	\$892.98	\$780.55	\$1,226.58
Anthem Blue Access PPO HSA 2800/20%/6900 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CS7	\$2,800 /\$5,600	20%	\$6,900 /\$13,800	Ded & Coins/Ded & Coins	Ded & Coins	\$8,400 /\$16,800	50%	\$20,700 /\$41,400	\$415.40	\$830.43	\$726.62	\$1,141.63
Anthem Blue Access PPO HSA 2800/20%/6900 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CSA	\$2,800 /\$5,600	20%	\$6,900 /\$13,800	Ded & Coins/Ded & Coins	Ded & Coins	\$8,400 /\$16,800	50%	\$20,700 /\$41,400	\$410.22	\$820.66	\$718.68	\$1,128.41
Anthem Blue Access PPO HSA 3000/0%/4000 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CLR	\$3,000 /\$6,000	0%	\$4,000 /\$8,000	Ded & Coins/Ded & Coins	Ded & Coins	\$8,000 /\$16,000	30%	\$12,000 /\$24,000	\$441.70	\$883.64	\$773.18	\$1,215.00
Anthem Blue Access PPO HSA 3000/0%/4000 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CQA	\$3,000 /\$6,000	0%	\$4,000 /\$8,000	Ded & Coins/Ded & Coins	Ded & Coins	\$9,000 /\$18,000	30%	\$12,000 /\$24,000	\$436.52	\$873.29	\$764.11	\$1,230.75
Anthem Blue Access PPO HSA 3000/20%/6900 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CM0	\$3,000 /\$6,000	20%	\$6,900 /\$13,800	Ded & Coins/Ded & Coins	Ded & Coins	\$8,000 /\$16,000	50%	\$20,700 /\$41,400	\$401.80	\$803.62	\$703.34	\$1,105.25
Anthem Blue Access PPO HSA 3000/20%/6900 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CQD	\$3,000 /\$6,000	20%	\$6,900 /\$13,800	Ded & Coins/Ded & Coins	Ded & Coins	\$9,000 /\$18,000	50%	\$20,700 /\$41,400	\$396.55	\$793.32	\$694.15	\$1,099.80
Anthem Blue Access PPO HSA 4000/0%/5000 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CLU	\$4,000 /\$8,000	0%	\$5,000 /\$10,000	Ded & Coins/Ded & Coins	Ded & Coins	\$12,000 /\$24,000	30%	\$15,000 /\$30,000	\$405.77	\$811.76	\$710.29	\$1,116.17
Anthem Blue Access PPO HSA 4000/0%/5000 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CQJ	\$4,000 /\$8,000	0%	\$5,000 /\$10,000	Ded & Coins/Ded & Coins	Ded & Coins	\$12,000 /\$24,000	30%	\$15,000 /\$30,000	\$400.95	\$802.12	\$701.85	\$1,102.91
Anthem Blue Access PPO HSA 4000/20%/6900 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CM3	\$4,000 /\$8,000	20%	\$6,800 /\$13,600	Ded & Coins/Ded & Coins	Ded & Coins	\$12,000 /\$24,000	50%	\$20,700 /\$41,400	\$377.21	\$754.63	\$660.29	\$1,037.61

Alternate plans and rates

CITY OF BOLIVAR

Group Number: W60314

Effective January 1, 2022 through December 31, 2022

Quote highlights

Total quoted medical employees: 88

Commission level : 3.50%

	Plan name	Product category	Product code	Network	Contract Code	In-network benefits					Out-of-network benefits			Monthly rates			
						Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Office visit (PCP/specialist) copay	Inpatient hospital copay	Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
	Anthem Blue Access PPO HSA 4000/20%/6900 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CQL	\$4,000/\$8,000	20%	\$6,900/\$13,800	Ded & Coins/Ded & Coins	Ded & Coins	\$12,000/\$24,000	50%	\$20,700/\$41,400	\$372.46	\$745.12	\$651.98	\$1,024.54
	Anthem Blue Access PPO HSA 5000/0%/6950 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CLW	\$5,000/\$10,000	0%	\$6,050/\$12,100	Ded & Coins/Ded & Coins	Ded & Coins	\$15,000/\$30,000	30%	\$18,150/\$36,300	\$376.54	\$753.28	\$659.12	\$1,035.76
	Anthem Blue Access PPO HSA 5000/0%/6950 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CQN	\$5,000/\$10,000	0%	\$6,050/\$12,100	Ded & Coins/Ded & Coins	Ded & Coins	\$15,000/\$30,000	30%	\$18,150/\$36,300	\$372.09	\$744.38	\$651.33	\$1,023.52
	Anthem Blue Access PPO HSA 5000/20%/6900 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CMS	\$5,000/\$10,000	20%	\$6,900/\$13,800	Ded & Coins/Ded & Coins	Ded & Coins	\$15,000/\$30,000	50%	\$20,700/\$41,400	\$358.61	\$717.41	\$627.73	\$986.44
	Anthem Blue Access PPO HSA 5000/20%/6900 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CQR	\$5,000/\$10,000	20%	\$6,900/\$13,800	Ded & Coins/Ded & Coins	Ded & Coins	\$15,000/\$30,000	50%	\$20,700/\$41,400	\$354.21	\$708.61	\$620.03	\$974.34
	Anthem Blue Access PPO HSA with Copay 3000/0%/4500 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CMB	\$3,000/\$6,000	0%	\$4,500/\$9,000	Ded, then \$30/Ded, then \$60	Ded & Coins	\$9,000/\$18,000	30%	\$13,500/\$27,000	\$412.78	\$825.78	\$722.56	\$1,135.45
	Anthem Blue Access PPO HSA with Copay 3000/0%/4500 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CQW	\$3,000/\$6,000	0%	\$4,500/\$9,000	Ded, then \$30/Ded, then \$60	Ded & Coins	\$9,000/\$18,000	30%	\$13,500/\$27,000	\$407.60	\$815.42	\$713.49	\$1,121.20
	Anthem Blue Access PPO HSA with Copay 4000/0%/6900 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CSD	\$4,000/\$8,000	0%	\$6,900/\$13,800	Ded, then \$30/Ded, then \$60	Ded & Coins	\$12,000/\$24,000	30%	\$20,700/\$41,400	\$378.86	\$757.93	\$663.18	\$1,042.14
	Anthem Blue Access PPO HSA with Copay 4000/0%/6900 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CSG	\$4,000/\$8,000	0%	\$6,900/\$13,800	Ded, then \$30/Ded, then \$60	Ded & Coins	\$12,000/\$24,000	30%	\$20,700/\$41,400	\$373.61	\$747.42	\$653.99	\$1,027.70
	Anthem Blue Access PPO HSA with Copay 5000/0%/6950 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CMC	\$5,000/\$10,000	0%	\$6,850/\$13,700	Ded, then \$30/Ded, then \$60	Ded & Coins	\$15,000/\$30,000	30%	\$20,550/\$41,100	\$355.07	\$710.33	\$621.54	\$976.70
	Anthem Blue Access PPO HSA with Copay 5000/0%/6950 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Access	6CQX	\$5,000/\$10,000	0%	\$6,850/\$13,700	Ded, then \$30/Ded, then \$60	Ded & Coins	\$15,000/\$30,000	30%	\$20,550/\$41,100	\$350.49	\$701.17	\$613.52	\$964.11
	Anthem Blue Preferred Select 500/20%/4000 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CMG	\$500/\$1,000	20%	\$4,000/\$8,000	\$30/\$70	Ded & Coins	\$1,500/\$3,000	50%	\$12,000/\$24,000	\$616.19	\$1,232.71	\$1,078.62	\$1,694.98
	Anthem Blue Preferred Select 500/20%/4000 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CPR	\$500/\$1,000	20%	\$4,000/\$8,000	\$30/\$70	Ded & Coins	\$1,500/\$3,000	50%	\$12,000/\$24,000	\$603.19	\$1,206.71	\$1,055.86	\$1,559.22
	Anthem Blue Preferred Select 500/20%/4000 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CPU	\$500/\$1,000	20%	\$4,000/\$8,000	\$30/\$70	Ded & Coins	\$1,500/\$3,000	50%	\$12,000/\$24,000	\$608.44	\$1,217.21	\$1,065.05	\$1,673.66
	Anthem Blue Preferred Select 1000/20%/5000 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CNP	\$1,000/\$2,000	20%	\$5,000/\$10,000	\$30/\$70	Ded & Coins	\$3,000/\$6,000	60%	\$15,000/\$30,000	\$551.61	\$1,103.52	\$965.57	\$1,517.33
	Anthem Blue Preferred Select 1000/20%/5000 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CMJ	\$1,000/\$2,000	20%	\$5,000/\$10,000	\$30/\$70	Ded & Coins	\$3,000/\$6,000	60%	\$15,000/\$30,000	\$565.28	\$1,130.63	\$989.47	\$1,554.88
	Anthem Blue Preferred Select 1000/20%/5000 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CNR	\$1,000/\$2,000	20%	\$5,000/\$10,000	\$30/\$70	Ded & Coins	\$3,000/\$6,000	60%	\$15,000/\$30,000	\$556.64	\$1,113.58	\$974.38	\$1,531.17

Alternate plans and rates

CITY OF BOLIVAR
Group Number: W60314
Effective January 1, 2022 through December 31, 2022

Quote highlights

Total quoted medical employees: 88
Commission level : 3.50%

✓	Plan name	Product category	Product code	Network	Contract Code	In-network benefits					Out-of-network benefits			Monthly rates			
						Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Office visit (PCP/specialist) copay	Inpatient hospital copay	Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
	Anthem Blue Preferred Select 1000/20%/650 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CSQ	\$1,000/\$2,000	20%	\$6,850/\$13,700	\$30/\$70	Ded & Coins	\$3,000/\$6,000	50%	\$20,550/\$41,100	\$551.08	\$1,102.46	\$964.65	\$1,515.68
	Anthem Blue Preferred Select 1000/20%/650 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CST	\$1,000/\$2,000	20%	\$6,850/\$13,700	\$30/\$70	Ded & Coins	\$3,000/\$6,000	50%	\$20,550/\$41,100	\$542.51	\$1,085.31	\$949.64	\$1,492.30
	Anthem Blue Preferred Select 1000/20%/650 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CSW	\$1,000/\$2,000	20%	\$6,850/\$13,700	\$30/\$70	Ded & Coins	\$3,000/\$6,000	50%	\$20,550/\$41,100	\$537.39	\$1,075.07	\$940.68	\$1,478.22
	Anthem Blue Preferred Select 1500/20%/600 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CMN	\$1,500/\$3,000	20%	\$6,000/\$12,000	\$30/\$70	Ded & Coins	\$4,500/\$9,000	50%	\$18,000/\$36,000	\$527.70	\$1,055.69	\$923.72	\$1,451.56
	Anthem Blue Preferred Select 1500/20%/6000 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CNU	\$1,500/\$3,000	20%	\$6,000/\$12,000	\$30/\$70	Ded & Coins	\$4,500/\$9,000	50%	\$18,000/\$36,000	\$517.56	\$1,035.40	\$905.97	\$1,423.67
	Anthem Blue Preferred Select 1500/20%/6000 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CNY	\$1,500/\$3,000	20%	\$6,000/\$12,000	\$30/\$70	Ded & Coins	\$4,500/\$9,000	50%	\$18,000/\$36,000	\$522.47	\$1,045.22	\$914.57	\$1,437.18
	Anthem Blue Preferred Select 2000/20%/650 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CRD	\$2,000/\$4,000	20%	\$6,500/\$13,000	\$30/\$70	Ded & Coins	\$6,000/\$12,000	50%	\$19,500/\$39,000	\$503.60	\$1,007.47	\$881.53	\$1,385.27
	Anthem Blue Preferred Select 2000/20%/6500 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CRG	\$2,000/\$4,000	20%	\$6,500/\$13,000	\$30/\$70	Ded & Coins	\$6,000/\$12,000	50%	\$19,500/\$39,000	\$493.58	\$987.43	\$863.99	\$1,357.71
	Anthem Blue Preferred Select 2000/20%/6500 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CRK	\$2,000/\$4,000	20%	\$6,500/\$13,000	\$30/\$70	Ded & Coins	\$6,000/\$12,000	50%	\$19,500/\$39,000	\$498.39	\$997.05	\$872.41	\$1,370.94
	Anthem Blue Preferred Select 2500/10%/7500 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CT2	\$2,500/\$5,000	0%	\$7,500/\$15,000	\$30/\$70	Ded & Coins	\$7,500/\$15,000	30%	\$22,500/\$45,000	\$513.38	\$1,027.04	\$888.65	\$1,412.17
	Anthem Blue Preferred Select 2500/10%/7500 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CTS	\$2,500/\$5,000	0%	\$7,500/\$15,000	\$30/\$70	Ded & Coins	\$7,500/\$15,000	30%	\$22,500/\$45,000	\$512.14	\$1,024.56	\$886.48	\$1,408.76
	Anthem Blue Preferred Select 2500/10%/7500 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CT8	\$2,500/\$5,000	0%	\$7,500/\$15,000	\$30/\$70	Ded & Coins	\$7,500/\$15,000	30%	\$22,500/\$45,000	\$508.70	\$1,017.68	\$880.46	\$1,399.30
	Anthem Blue Preferred Select 2500/20%/6500 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CMU	\$2,500/\$5,000	20%	\$6,500/\$13,000	\$30/\$70	Ded & Coins	\$7,500/\$15,000	50%	\$19,500/\$39,000	\$483.62	\$967.50	\$848.56	\$1,330.31
	Anthem Blue Preferred Select 2500/20%/6500 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CP1	\$2,500/\$5,000	20%	\$6,500/\$13,000	\$30/\$70	Ded & Coins	\$7,500/\$15,000	50%	\$19,500/\$39,000	\$473.99	\$948.24	\$829.70	\$1,303.82
	Anthem Blue Preferred Select 2500/20%/6500 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CP3	\$2,500/\$5,000	20%	\$6,500/\$13,000	\$30/\$70	Ded & Coins	\$7,500/\$15,000	50%	\$19,500/\$39,000	\$477.64	\$955.54	\$836.09	\$1,313.86
	Anthem Blue Preferred Select 2500/30%/7900 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CN0	\$2,500/\$5,000	30%	\$7,800/\$15,600	\$30/\$70	Ded & Coins	\$7,500/\$15,000	50%	\$23,700/\$47,400	\$465.57	\$931.39	\$814.96	\$1,280.26
	Anthem Blue Preferred Select 2500/30%/7900 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CP6	\$2,500/\$5,000	30%	\$7,800/\$15,600	\$30/\$70	Ded & Coins	\$7,500/\$15,000	50%	\$23,700/\$47,400	\$458.59	\$913.43	\$799.24	\$1,255.95
	Anthem Blue Preferred Select 2500/30%/7900 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CPA	\$2,500/\$5,000	30%	\$7,800/\$15,600	\$30/\$70	Ded & Coins	\$7,500/\$15,000	50%	\$23,700/\$47,400	\$460.13	\$920.51	\$805.44	\$1,265.79
	Anthem Blue Preferred Select 3000/10%/6000 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CPC	\$3,000/\$6,000	0%	\$6,000/\$12,000	\$30/\$70	Ded & Coins	\$9,000/\$18,000	30%	\$18,000/\$36,000	\$481.88	\$964.02	\$843.51	\$1,325.53
	Anthem Blue Preferred Select 3000/10%/6000 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CPG	\$3,000/\$6,000	0%	\$6,000/\$12,000	\$30/\$70	Ded & Coins	\$9,000/\$18,000	30%	\$18,000/\$36,000	\$485.38	\$971.02	\$849.64	\$1,335.15

Alternate plans and rates

CITY OF BOLIVAR

Group Number: W60314

Effective January 1, 2022 through December 31, 2022

Quote highlights

Total quoted medical employees: 88

Commission level : 3.50%

Plan name	Product category	Product code	Network	Contract Code	In-network benefits					Out-of-network benefits			Monthly rates			
					Deductible (individual/family)	Coinurance	Out-of-pocket maximum (individual/family)	Office visit (PCP/specialist) copay	Inpatient hospital copay	Deductible (individual/family)	Coinurance	Out-of-pocket maximum (individual/family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
Anthem Blue Preferred Select 3000/20%/6500 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CRN	\$3,000 /\$6,000	20%	\$6,500 /\$13,000	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	50%	\$19,500 /\$39,000	\$471.52	\$943.30	\$825.38	\$1,297.03
Anthem Blue Preferred Select 3000/20%/6500 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CRR	\$3,000 /\$6,000	20%	\$6,500 /\$13,000	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	50%	\$19,500 /\$39,000	\$482.40	\$925.05	\$809.42	\$1,271.94
Anthem Blue Preferred Select 3000/20%/6500 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CRU	\$3,000 /\$6,000	20%	\$6,500 /\$13,000	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	50%	\$19,500 /\$39,000	\$466.04	\$932.33	\$815.79	\$1,281.95
Anthem Blue Preferred Select 3000/20%/7900 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CMX	\$3,000 /\$6,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	50%	\$23,700 /\$47,400	\$463.33	\$928.91	\$811.04	\$1,274.50
Anthem Blue Preferred Select 3000/20%/7900 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CPK	\$3,000 /\$6,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	50%	\$23,700 /\$47,400	\$454.56	\$908.37	\$795.69	\$1,250.38
Anthem Blue Preferred Select 3000/20%/7900 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CPN	\$3,000 /\$6,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$9,000 /\$18,000	50%	\$23,700 /\$47,400	\$458.23	\$916.71	\$802.12	\$1,280.47
Anthem Blue Preferred Select 5000/0%/7900 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CTB	\$5,000 /\$10,000	0%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	30%	\$23,700 /\$47,400	\$438.38	\$877.00	\$767.37	\$1,205.87
Anthem Blue Preferred Select 5000/0%/7900 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CTE	\$5,000 /\$10,000	0%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	30%	\$23,700 /\$47,400	\$437.23	\$874.70	\$765.36	\$1,202.70
Anthem Blue Preferred Select 5000/0%/7900 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6GTH	\$5,000 /\$10,000	0%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	30%	\$23,700 /\$47,400	\$434.76	\$869.82	\$761.08	\$1,195.99
Anthem Blue Preferred Select 5000/10%/7900 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CPX	\$5,000 /\$10,000	10%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	30%	\$23,700 /\$47,400	\$420.77	\$841.77	\$736.54	\$1,157.43
Anthem Blue Preferred Select 5000/10%/7900 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CRX	\$5,000 /\$10,000	10%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	30%	\$23,700 /\$47,400	\$424.71	\$849.65	\$743.44	\$1,168.27
Anthem Blue Preferred Select 5000/20%/7900 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CNE	\$5,000 /\$10,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	50%	\$23,700 /\$47,400	\$431.00	\$892.23	\$754.45	\$1,165.57
Anthem Blue Preferred Select 5000/20%/7900 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CQ0	\$5,000 /\$10,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	50%	\$23,700 /\$47,400	\$415.48	\$831.15	\$727.25	\$1,142.82
Anthem Blue Preferred Select 5000/20%/7900 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CQ3	\$5,000 /\$10,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$15,000 /\$30,000	50%	\$23,700 /\$47,400	\$418.44	\$837.11	\$732.46	\$1,151.02
Anthem Blue Preferred Select 6000/20%/7900 (\$10/\$35/\$75/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CN8	\$6,000 /\$12,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$18,000 /\$36,000	50%	\$23,700 /\$47,400	\$426.35	\$852.93	\$746.31	\$1,172.78
Anthem Blue Preferred Select 6000/20%/7900 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CQ5	\$6,000 /\$12,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$18,000 /\$36,000	50%	\$23,700 /\$47,400	\$416.06	\$832.35	\$728.30	\$1,144.47
Anthem Blue Preferred Select 6000/20%/7900 (\$15/\$40/\$80/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CR1	\$6,000 /\$12,000	20%	\$7,900 /\$15,800	\$30 /\$70	Ded & Coins	\$18,000 /\$36,000	50%	\$23,700 /\$47,400	\$418.92	\$838.07	\$733.30	\$1,152.34
Anthem Blue Preferred Select L 2000/20%/8700 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CS0	\$2,000 /\$4,000	20%	\$8,700 /\$17,400	\$30 /\$70	Ded & Coins	\$6,000 /\$12,000	50%	\$26,100 /\$52,200	\$480.93	\$962.12	\$841.85	\$1,322.91
Anthem Blue Preferred Select L 2000/20%/8700 (\$0/\$10/\$60/\$125/\$400)	PPO	PPO	Blue Preferred	6CTL	\$2,000 /\$4,000	20%	\$8,700 /\$17,400	\$30 /\$70	Ded & Coins	\$6,000 /\$12,000	50%	\$26,100 /\$52,200	\$482.67	\$965.60	\$844.90	\$1,327.70

Alternate plans and rates

CITY OF BOLIVAR
Group Number: W60314
Effective January 1, 2022 through December 31, 2022

Quote highlights

Total quoted medical employees: 88
Commission level : 3.50%

Plan name	Product category	Product code	Network	Contract Code	In-network benefits					Out-of-network benefits			Monthly rates			
					Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Office visit (PCP/specialist) copay	Inpatient hospital copay	Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
Anthem Blue Preferred Select L 3000/20%/8700 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CS3	\$3,000/\$6,000	20%	\$8,700/\$17,400	\$30/\$70	Ded & Coins	\$9,000/\$18,000	50%	\$26,100/\$52,200	\$448.98	\$699.20	\$775.92	\$1,235.03
Anthem Blue Preferred Select L 3000/20%/8700 (\$0/\$10/\$60/\$125/\$400)	PPO	PPO	Blue Preferred	6CTP	\$3,000/\$6,000	20%	\$8,700/\$17,400	\$30/\$70	Ded & Coins	\$9,000/\$18,000	50%	\$26,100/\$52,200	\$450.59	\$901.42	\$788.74	\$1,239.45
Anthem Blue Preferred Select L 5000/20%/8700 (\$250 Ded T2-T4, \$15/\$50/\$90/25% to \$350, Tiered)	PPO	PPO	Blue Preferred	6CS6	\$5,000/\$10,000	20%	\$8,700/\$17,400	\$30/\$70	Ded & Coins	\$15,000/\$30,000	50%	\$26,100/\$52,200	\$414.82	\$829.87	\$726.13	\$1,141.06
Anthem Blue Preferred Select L 5000/20%/8700 (\$0/\$10/\$60/\$125/\$400)	PPO	PPO	Blue Preferred	6CTS	\$5,000/\$10,000	20%	\$8,700/\$17,400	\$30/\$70	Ded & Coins	\$15,000/\$30,000	50%	\$26,100/\$52,200	\$416.45	\$833.13	\$728.88	\$1,145.54
Anthem Blue Preferred Select HSA 2500/20%/4350 NE (20%/20%/20%/20%, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CLJ	\$2,500/\$5,000	20%	\$4,350/\$8,700	Ded & Coins/Ded & Coins	Ded & Coins	\$7,500/\$15,000	50%	\$13,050/\$26,100	\$394.37	\$788.95	\$680.33	\$1,084.81
Anthem Blue Preferred Select HSA 2800/0%/4000 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CLP	\$2,800/\$5,600	0%	\$4,000/\$8,000	Ded & Coins/Ded & Coins	Ded & Coins	\$8,400/\$16,800	30%	\$12,000/\$24,000	\$417.34	\$834.91	\$730.54	\$1,147.98
Anthem Blue Preferred Select HSA 2800/0%/4000 E (Med Ded, \$10/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CQ9	\$2,800/\$5,600	0%	\$4,000/\$8,000	Ded & Coins/Ded & Coins	Ded & Coins	\$8,400/\$16,800	30%	\$12,000/\$24,000	\$412.06	\$824.34	\$721.30	\$1,133.47
Anthem Blue Preferred Select HSA 2800/20%/8900 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CS9	\$2,800/\$5,600	20%	\$6,900/\$13,800	Ded & Coins/Ded & Coins	Ded & Coins	\$8,400/\$16,800	50%	\$20,700/\$41,400	\$383.70	\$767.61	\$671.65	\$1,056.46
Anthem Blue Preferred Select HSA 2800/20%/8900 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CSC	\$2,800/\$5,600	20%	\$6,900/\$13,800	Ded & Coins/Ded & Coins	Ded & Coins	\$8,400/\$16,800	50%	\$20,700/\$41,400	\$379.20	\$758.61	\$663.78	\$1,043.08
Anthem Blue Preferred Select HSA 3000/0%/4000 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CLS	\$3,000/\$6,000	0%	\$4,000/\$8,000	Ded & Coins/Ded & Coins	Ded & Coins	\$9,000/\$18,000	30%	\$12,000/\$24,000	\$408.18	\$816.58	\$714.50	\$1,122.80
Anthem Blue Preferred Select HSA 3000/0%/4000 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CQB	\$3,000/\$6,000	0%	\$4,000/\$8,000	Ded & Coins/Ded & Coins	Ded & Coins	\$9,000/\$18,000	30%	\$12,000/\$24,000	\$403.41	\$807.04	\$708.16	\$1,109.67
Anthem Blue Preferred Select HSA 3000/20%/8900 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CM1	\$3,000/\$6,000	20%	\$6,900/\$13,800	Ded & Coins/Ded & Coins	Ded & Coins	\$9,000/\$18,000	50%	\$20,700/\$41,400	\$371.45	\$743.10	\$650.21	\$1,021.76
Anthem Blue Preferred Select HSA 3000/20%/8900 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CQE	\$3,000/\$6,000	20%	\$6,900/\$13,800	Ded & Coins/Ded & Coins	Ded & Coins	\$9,000/\$18,000	50%	\$20,700/\$41,400	\$366.52	\$733.44	\$641.75	\$1,008.48
Anthem Blue Preferred Select HSA 4000/0%/5000 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CLV	\$4,000/\$8,000	0%	\$5,000/\$10,000	Ded & Coins/Ded & Coins	Ded & Coins	\$12,000/\$24,000	30%	\$15,000/\$30,000	\$375.10	\$750.40	\$656.60	\$1,031.80
Anthem Blue Preferred Select HSA 4000/20%/8900 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CQH	\$4,000/\$8,000	20%	\$5,000/\$10,000	Ded & Coins/Ded & Coins	Ded & Coins	\$12,000/\$24,000	30%	\$15,000/\$30,000	\$370.86	\$741.67	\$648.83	\$1,018.99
Anthem Blue Preferred Select HSA 4000/20%/8900 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CM4	\$4,000/\$8,000	20%	\$6,900/\$13,800	Ded & Coins/Ded & Coins	Ded & Coins	\$12,000/\$24,000	50%	\$20,700/\$41,400	\$348.82	\$697.83	\$610.60	\$859.51



Alternate plans and rates

CITY OF BOLIVAR
Group Number: W60314
Effective January 1, 2022 through December 31, 2022

Quote highlights

Total quoted medical employees: 88
Commission level : 3.50%

✓	Plan name	Product category	Product code	Network	Contract Code	In-network benefits					Out-of-network benefits			Monthly rates			
						Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Office visit (PCP/specialist) copay	Inpatient hospital copay	Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Employee	Employee + Spouse	Employee + Children	Employee + Family
	Anthem Blue Preferred Select HSA 4000/20%/6900 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CQM	\$4,000/\$8,000	20%	\$8,900/\$13,800	Ded & Coins/Ded & Coins	Ded & Coins	\$12,900/\$24,000	50%	\$20,700/\$41,400	\$344.43	\$688.86	\$602.91	\$947.44
	Anthem Blue Preferred Select HSA 5000/10%/6050 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CLY	\$5,000/\$10,000	0%	\$8,050/\$12,100	Ded & Coins/Ded & Coins	Ded & Coins	\$15,000/\$30,000	30%	\$18,150/\$36,300	\$348.20	\$696.59	\$609.51	\$957.81
	Anthem Blue Preferred Select HSA 5000/10%/6050 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CQO	\$5,000/\$10,000	0%	\$8,050/\$12,100	Ded & Coins/Ded & Coins	Ded & Coins	\$15,000/\$30,000	30%	\$18,150/\$36,300	\$344.10	\$688.39	\$602.34	\$946.53
	Anthem Blue Preferred Select HSA 5000/20%/6900 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CM7	\$5,000/\$10,000	20%	\$8,900/\$13,800	Ded & Coins/Ded & Coins	Ded & Coins	\$15,000/\$30,000	50%	\$20,700/\$41,400	\$331.68	\$663.54	\$580.59	\$912.36
	Anthem Blue Preferred Select HSA 5000/20%/6900 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CQS	\$5,000/\$10,000	20%	\$8,900/\$13,800	Ded & Coins/Ded & Coins	Ded & Coins	\$15,000/\$30,000	50%	\$20,700/\$41,400	\$327.64	\$655.48	\$573.52	\$901.25
	Anthem Blue Preferred Select HSA with Copay 3000/0%/4500 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CMA	\$3,000/\$6,000	0%	\$4,500/\$9,000	Ded, then \$30/Ded, then \$60	Ded & Coins	\$9,000/\$18,000	30%	\$13,500/\$27,000	\$381.56	\$763.33	\$687.91	\$1,048.57
	Anthem Blue Preferred Select HSA with Copay 3000/0%/4500 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CQV	\$3,000/\$6,000	0%	\$4,500/\$9,000	Ded, then \$30/Ded, then \$60	Ded & Coins	\$9,000/\$18,000	30%	\$13,500/\$27,000	\$378.79	\$753.78	\$659.58	\$1,036.45
	Anthem Blue Preferred Select HSA with Copay 4000/0%/6900 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CSF	\$4,000/\$8,000	0%	\$6,900/\$13,800	Ded, then \$30/Ded, then \$60	Ded & Coins	\$12,000/\$24,000	30%	\$20,700/\$41,400	\$350.33	\$700.65	\$613.24	\$963.67
	Anthem Blue Preferred Select HSA with Copay 4000/0%/6900 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CSJ	\$4,000/\$8,000	0%	\$6,900/\$13,800	Ded, then \$30/Ded, then \$60	Ded & Coins	\$12,000/\$24,000	30%	\$20,700/\$41,400	\$345.50	\$691.19	\$604.79	\$950.38
	Anthem Blue Preferred Select HSA with Copay 5000/0%/6850 E (Med Ded, \$10/\$35/\$75/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CMD	\$5,000/\$10,000	0%	\$8,850/\$13,700	Ded, then \$30/Ded, then \$60	Ded & Coins	\$15,000/\$30,000	30%	\$20,550/\$41,100	\$328.43	\$657.04	\$574.91	\$903.42
	Anthem Blue Preferred Select HSA with Copay 5000/0%/6850 E (Med Ded, \$15/\$40/\$80/25% to \$350, Prev Rx, Tiered)	PPO	HSA	Blue Preferred	6CQZ	\$5,000/\$10,000	0%	\$8,850/\$13,700	Ded, then \$30/Ded, then \$60	Ded & Coins	\$15,000/\$30,000	30%	\$20,550/\$41,100	\$324.21	\$648.60	\$567.52	\$891.62
	Anthem Blue Preferred Plus POS 0/30%/3500 (\$15/\$40/\$80/25% to \$350, Tiered)	POS	POS	Blue Preferred Plus	6CNL	\$0/\$0	30%	\$3,500/\$7,000	\$25/\$50	Coins	\$1,000/\$2,000	50%	\$10,500/\$21,000	\$598.94	\$1,198.21	\$1,048.42	\$1,647.53

Authorized Signature: _____
Title: _____
Date: _____

0194919-03

Assumptions and conditions

CITY OF BOLIVAR

Group Number: W60314

Effective January 1, 2022 through December 31, 2022

Quote highlights

Funding type: Fully Insured

SIC Code: 9111

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

- This contract will be issued in MO and governed by MO state legislation.
- The proposed services, rates and fees are effective from 1/1/2022 through 12/31/2022.
- The medical rates quoted herein incorporate any and all applicable discounts. If the plans or products selected are revised, by either adding or removing specialty products, the medical rates may be revised (up or down) so that the resulting rates are both adequate and reflect any applicable bundling savings or discount.
- This quote provides coverage highlights only. A specimen copy of the policy is available upon request. Benefits chosen are subject to the terms and conditions in the documents that form the contract between the group and Anthem Blue Cross and Blue Shield.
- Employers, as plan sponsors and administrators, are responsible for complying with all applicable laws.
- If not yet approved by the applicable insurance regulator, these benefits and rates may need to be adjusted.
- An employer-employee relationship must exist for all eligible employees, or the quote will not be valid.
- An eligible employee is defined as an active, permanent employee who works for pay or profit at least 30 hours a week, 50 weeks a year, as of the effective date, and who completes the waiting period for eligibility. Seasonal employees, temporary employees or employees working less than 30 hours a week are not eligible.
- Cash in-lieu-of coverage cannot be offered as part of the employer's contribution schedule.
- Where consistent with applicable law, if the number of full-time employees falls below the minimum for a Large Group, upon request Anthem may offer the group any small group medical product for which it qualifies.
- Employees in Hawaii are not eligible for coverage under this plan.
- The proposal assumes the same enrollment for medical and drug coverages.
- The cost for our standard reporting package is included.
- This quote assumes that at least 50% of eligible employees and 75% of net eligible employees will participate in this plan (net eligible is total eligible less valid waivers). In order to encourage employee participation Anthem Blue Cross and Blue Shield recommends that the employer contribution be at minimum 50% of the employee rate for the least expensive benefit plan.
- All employees requesting waiver of coverage must submit satisfactory evidence of qualifying existing coverage.
- Anthem products quoted cannot be offered along with another carrier's defined contribution plan.
- Anthem's rates assume no self-insuring by the employer of underlying member cost shares. The benefits purchased from Anthem must be communicated to the members without changes. A member's financial responsibilities, including, but not limited to, deductibles, coinsurance, copays, out-of-pocket maximums or, for nonparticipating providers, balance-billed charges must be paid solely by the member. The client may not partially pay, reimburse or otherwise lower the member's costs of care. Any deviation will require Anthem to reevaluate the quoted rates or cancel the offer of coverage.
- Electronic eligibility or tape feeds must be in a format compatible with Anthem's systems.
- Rates are quoted on a monthly fully insured non-refunding basis.
- This proposal expires 90 days from the date of release or on the effective date, whichever is sooner.
- Anthem Blue Cross and Blue Shield will be the sole carrier.
- Anthem Blue Cross and Blue Shield has the right to change this proposal or these rates under any of these circumstances:

Assumptions and conditions

CITY OF BOLIVAR

Group Number: W60314

Effective January 1, 2022 through December 31, 2022

Quote highlights

Funding type: Fully Insured

SIC Code: 9111

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

- Employees are given the option to purchase individual market insurance using cafeteria plan (Internal Revenue Code section 125) funds

- Any taxes, fees and assessments set by any statutory, regulatory or other legal authority, that in Anthem Blue Cross and Blue Shield discretion no longer makes the quote valid

- A change in contract period

- Changes in benefits, services or networks

- Change in nature of the employer's business

- Change in ownership of employer's business

- Total enrollment or enrollment distribution by membership type, product, demographics or location changes by 10% or more from that assumed when preparing pricing for this package

- COBRA enrollment exceeds 10% of total enrollment

- Legislative and/or regulatory changes or mandates that materially impact the policy or the employer's plan documents. Plan documents will include those used to create the terms of the plan.

- Changes in the terms, conditions, services or products from those assumed when developing the pricing

- A change in employee contributions of 10% or more

- The premium grace period is 30 days from the billing date.
- The renewal notification will be provided no later than 90 days before the next renewal effective date.
- This plan assumes that the employer is funding 0% of the deductible.
- Seasonal employees are not eligible.
- Retirees are not eligible.

- This quote is for domestic United States employees only. International employees are not eligible for coverage under this plan.
- A commission fee of 3.50% has been included in this proposal and will be converted to a per contract per month fee after final benefits are determined.

- Anthem Blue Cross and Blue Shield quoted rates are not valid if any other remaining carrier continues to offer age-banded rates (such as member level rating).

- This offer assumes that no class of employees will be offered an HRA integrated with individual health insurance coverage. Anthem must be notified if particular classes of employees will be offered an HRA integrated with individual health insurance coverage, and a census of those employees must be provided so that appropriate adjustments, if needed, can be made to this offer.

- Anthem shall provide up to one Monthly data feed to a supported outside vendor in Anthem's standard format, not to exceed 12 feeds. The charge is \$1,000 for each additional feed. Each time a report is sent to a supported vendor electronically, it is considered a feed, even if the same report is sent to the same vendor monthly. For example, if monthly feeds are sent to two supported vendors, 24 electronic data feeds will have been used on an annual basis. The charge for Weekly data feeds to a single supported vendor, not to exceed 52 feeds, is \$15,000 annually. The charge for Daily data feeds to a single supported vendor, not to exceed 365 feeds, is \$20,000 annually. Additional fees would be required for Rx integration feeds and telemedicine.

Assumptions and conditions

CITY OF BOLIVAR

Group Number: W60314

Effective January 1, 2022 through December 31, 2022

Quote highlights

Funding type: Fully Insured

SIC Code: 9111

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

- This renewal is contingent upon the group / plan sponsor being current with all premium or fees as of the effective date of the renewal, unless specifically agreed to in writing in advance by Anthem.

In Missouri, (excluding 30 counties in the Kansas City area) Anthem Blue Cross and Blue Shield is the trade name of 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 of Anthem Insurance Companies, Inc. - 0194919-03

ORDINANCE COVER SHEET

Bill No. 2022-02

Ordinance No. _____

**“AN ORDINANCE AMENDING THE BOLIVAR MUNICIPAL CODE BY
ADDING A NEW SECTION 345.110 REGARDING RIGHTS AND DUTIES OF
PEDESTRIANS AND MOTORISTS IN ARTERIAL ROADWAYS AND
ARETERIAL INTERSECTIONS.”**

Filed for public inspection on _____.

First reading _____ In Full; _____ By Title on _____.

Second reading _____ In Full; _____ By Title on _____.

Vote by the Board of Aldermen on _____:

_____ Aye; _____ Nay; _____ Abstain

_____ Approved by the Mayor on _____.

_____ Vetoed by the Mayor on _____.

Board of Aldermen Vote to Override Veto on _____.

_____ Aye; _____ Nay; _____ Abstain

Bill Effective Date: _____.

**“AN ORDINANCE AMENDING THE BOLIVAR MUNICIPAL CODE BY
ADDING A NEW SECTION 345.110 REGARDING RIGHTS AND DUTIES OF
PEDESTRIANS AND MOTORISTS IN ARTERIAL ROADWAYS AND
ARETERIAL INTERSECTIONS.”**

Be it Ordained by the Board of Aldermen of the City of Bolivar, Missouri, as follows:

Section I: The City Code for the City of Bolivar, Missouri is hereby amended by adding a new Section 345.110, regarding rights and duties of pedestrians and motorists in arterial roadways and arterial intersections, with such new Section to be read as follows:

“Section 345.110 – Rights and Duties of Pedestrians and Motorists in Arterial Roadways and Arterial Intersections.

(A) The Board of Aldermen for the City of Bolivar, Missouri finds and declares that the purpose of this section is to:

- (1) Protect pedestrians and motorists from traffic hazards and potential injuries that they may be exposed to when pedestrians engage in any activity on those portions of public streets with high traffic volumes and/or high speed limits that are open, improved, and in actual use for vehicular travel, and on medians within public streets that have high traffic volumes and/or high speed limits;
- (2) Protect pedestrians and motorists from traffic hazards and potential injury which may result from distractions created by persons engaging in activities on public streets with high traffic volumes and/or high speed limits or medians within public streets that have high traffic volumes and/or high speed limits; and
- (3) Provide for the safe and expeditious flow of traffic at city intersections.

(B) Definitions. The following words, terms, and phrases, when used in this section shall have the following meanings, except where the context clearly indicates a different meaning:

Arterial intersection means any intersection whereby a major arterial street or minor arterial street encompasses the intersection on at least one approach. "Arterial intersection" shall include the intersecting roadways for a distance of 100 feet from the intersection.

Collector intersection means any intersection whereby a collector street encompasses the intersection on at least one approach, and whereby none of the intersecting streets are classified as major arterial or minor arterial streets. "Collector intersection" shall include the intersecting roadways for a distance of 100 feet from the intersection.

Arterial roadway, for the purposes of this section, means any roadway meeting the definition of “major arterial street” or “minor arterial street” as set forth in § 415.010 of the Bolivar Municipal Code.

Collector roadway, for the purposes of this section, means any roadway meeting the definition of “collector street” as set forth in § 415.010 of the Bolivar Municipal Code.

Distribution conduct means an exchange which requires an acceptance or rejection of the item being distributed between a person located in an arterial or collector roadway and an occupant of a vehicle operating on an arterial or collector roadway.

Median or island means the area between separated traffic lanes measured from edge of the traveled way to edge of the traveled way, including areas between traffic lanes for control of vehicular movements. Such an area may be physically defined by curbing, landscaping, or other physical obstacles to the area's use by vehicles or by traffic control markings, such as paint.

(C) The Public Works Director is authorized to designate roadways as arterial or collector roadways and intersections as arterial or collector intersections in accordance with the criteria listed above and list them in a schedule established from time-to-time and placed on file with the city clerk.

(D) Prohibitions.

- (1) No person shall cross an arterial roadway or collector roadway at any place except in a crosswalk. Where there is no crosswalk, a person shall cross only where a pedestrian-control signal is located. Where there is no crosswalk or pedestrian-control signal, a person shall cross only at an intersection.
- (2) No person shall be located upon a median in an arterial intersection unless in the process of legally crossing a roadway. Failure of a person to leave the median after two consecutive opportunities to cross the roadway in a lawful manner is prima facie evidence of a violation of this subsection, unless such person's mobility is restricted to a degree which makes such person unable to safely cross the roadway during two consecutive opportunities.
- (3) Except in the event of a vehicular or medical emergency, it shall be unlawful for an occupant of a vehicle to exit a vehicle while located within an arterial intersection or collector intersection.
- (4) No person, other than an occupant of a vehicle, shall be upon an arterial roadway or collector roadway except to lawfully cross, unless the provisions of Section 345.080(B) of the Bolivar Municipal Code are applicable. No person while upon an arterial roadway or collector roadway shall approach a vehicle upon such roadway, except a vehicle that is lawfully parked. No occupant of a vehicle being operated on an arterial roadway or collector roadway shall engage in distribution conduct with a pedestrian standing in or entering upon an arterial roadway or collector roadway. Nothing contained herein is intended to prohibit:
 - a. Accepting from or distributing anything to occupants of a lawfully parked vehicle;
 - b. Accepting from or distributing anything to occupants of a vehicle adjacent to a sidewalk if the person accepting or distributing remains at all times on the adjacent sidewalk; or
 - c. Accepting or distributing anything to another person on a public sidewalk.

(E) Exceptions. This section shall not apply to:

- (1) Any law enforcement officer acting within the scope of his or her official duties;
- (2) Any person engaged in rescue activities, including providing assistance to an injured person or disabled vehicle;
- (3) Any person engaged in emergency repair or maintenance of a vehicle;
- (4) Public employees acting within the scope of their duties;
- (5) Any person performing work in an arterial roadway or collector roadway pursuant to a valid permit; or

- (6) Any person entering a stopped vehicle as an invited passenger where it is lawful to do so, including accessing taxicabs or public transportation.”

Section II: In the event that any section, sentence, clause, phrase or portion of this Ordinance is held to be invalid by a court of competent jurisdiction, the remainder of the Ordinance shall continue in full force and effect, to the extent the remainder can be given effect without the invalid portion.

Section III: This Ordinance shall be in full force and effect from and after its passage by the Board of Aldermen and approval by the Mayor.

Christopher Warwick, Mayor

ATTEST:

Paula Henderson, City Clerk

CERTIFICATION

I, Paula Henderson, do hereby certify that I am the duly appointed and acting City Clerk for the City of Bolivar, Missouri; that the foregoing Ordinance No. _____ was adopted by the Board or Aldermen and thereafter approved by the Mayor and became effective on _____, 2022; and that said Ordinance remains in full force and effect, having never been altered, amended nor repealed.

Paula Henderson, City Clerk





Professional Turf Products, L.P.

10935 Eichler Dr.
Lenexa, Kansas 66219
Brad Gray
913 915-6783
grayb@proturf.com



Count on It.



Ship To	Bolivar Golf Course	Date:	12/20/2021
Bill To		Tax Rate	
Contact	Scott Crowell	Destination	
Address	1506 W Broadway St. Bolivar, MO 65613	Trade-In	
Phone	(417) 326 6600	Finance	
Email	tslagle@bolivar.mo.us	Account Type	STD
		QMS: ID	Pre-Owned
Comments:	Applicable Property and Sales Tax Not Included. Quote inclusive of setup and delivery to Bolivar MO address identified. Pre-Owned MultiPro 5700 noted below is quoted as a complete refurbishment to industry standards and includes a 90 Day PTP Warranty. Refurbishment will commence once official order is placed. Turnaround time hinges on service shop load capacity as well as parts availability.		

Proposal

Qty	Model #	Description		Extended
1	TAG-252-199	MP5700 Model 41582 S/N 290001002 w/1,319 Hours, Foam Marker Kit and Hose Reel Kit	\$	20,000.00
1	DEL-65613	Delivery of Sprayer	\$	500.00
		Pre-Owned	\$	20,500.00
SubTotal			\$	20,500.00
Destination				Included
Tax (Estimated)			\$	-
TOTAL			\$	20,500.00

Comments:

For all New Equipment, Demo units may be available for up to 20% savings.
For all New Equipment, Refurbished units may be available for up to 40% savings.
Due to unexpected issues with much of our supply chain, we are experiencing longer lead times than we have seen in the past. We are doing everything we can to get products to you as quickly as possible.

Terms & Conditions:

- Prices & Finance Rates are subject to change at any time.
- Due to the volatility of inflation, rising transportation costs, and supply shortages, some orders may incur additional cost increases that are beyond the control of PTP and the vendors we represent. These pricing adjustments may be made from the time the order is entered through equipment delivery. Any adjustments will be communicated to customers with orders in the system with a new sale price as they occur.
- Order cancellations are subject to fees up to 10% of the original order value.
- New equipment delivery time will be estimated once credit is approved & documents are executed. Delivery time contingent on Manufacturer availability.
- Payments by Credit Card are subject to convenience fee.
- Used and Demo equipment is in high demand and availability is subject to change.
 - Upon firm customer commitment to purchase & credit is approved, said equipment availability will be determined.
 - In the event equipment is unavailable at time of order, PTP will employ every resource to secure an acceptable substitute.
 - PTP strongly advises the customer to issue a firm PO as quickly as possible after acceptance of quotation.
- "Trade In Allowances" will be treated as a credit for future parts purchases on PTP account unless other arrangements have been made.

Returns Policy:

- All returns are subject to restocking, refurbishing, usage, and shipping fees.
- All returns must be able to be sold as new.
- Items missing parts are non returnable.
- Professional Turf Products will have sole discretion as to the resalable condition of the product.
- This policy does not apply to items that are defective, or shipped incorrectly by PTP or one of its vendors.

Payment:

- Terms are net 10 unless prior arrangements have been made.
- Quoted prices are subject to credit approval.
 - PTP will work with third party financial institutions to secure leases when requested to do so.
 - When using third party financiers, documentation fees & advance payments may be required.
 - For convenience, monthly payments are estimated based on third party rate factors in effect at time of the quotation.
 - PTP assumes no liability in the event credit becomes unavailable or rates change during the approval process.
- There will be a service charge equal to 1.5% per month (18% per annum) on all past due invoices.
- By Law we are required to file a "Notice to Owner" of our intent to file lien in the event of payment default.
This notice must be sent within 60 days of the date the original invoice and will happen automatically regardless of any special payment arrangements that may have been made.

Authorized Signature: _____

Tracy Slagle

Date: _____

12/20/21



492 Old Connecticut Path, 2nd Floor
Framingham, MA 01701
Renewals@ravemobilesafety.com

RAVE MOBILE SAFETY RENEWAL

Hello,

Your Alert for Public Safety service contract is set to expire on **February 1, 2022**. Enclosed on Page 2 is a Rave Mobile Safety Renewal Quote for your review. Please return a signed copy of this Renewal Quote 30 days prior to your Renewal Date.

If you would like to take advantage of either the 3-year (Option B) or 5-year (Option C) discounted renewal term pricing options, please return a signed Renewal Quote and/or a Purchase Order reflecting your preferred Option, 30 days prior to your Renewal Date.

Thank you,
Rave Renewals Team
Renewals@ravemobilesafety.com

INSTRUCTIONS FOR COMPLETING RENEWAL:

1. Select Renewal Option A, B or C on enclosed Renewal Quote
2. Complete required Billing Information section
3. Sign in signature block at bottom of Renewal Quote
4. Return via email or fax:
E: Renewals@ravemobilesafety.com
F: (917) 591-9105

THIS IS NOT AN INVOICE

492 Old Connecticut Path, 2nd Floor
 Framingham, MA 01701
 Renewals@ravemobilesafety.com

RENEWAL QUOTE

Date: November 22, 2021
Quote #0065A00001ckrf1QAA

Bolivar, MO
 211 W. Walnut st.
 Bolivar, Missouri 65613

<input type="checkbox"/> OPTION A – 1 Year Renewal	
1 yr Renewal - February 1, 2022 through January 31, 2023	
CAP inbound/outbound API for Rave Alert for Public Safety	\$0.00
Rave Alert for Public Safety Social Media Integration	\$0.00
Rave Alert for Public Safety Annual License Fee	\$2,949.31
Premium SMS Messaging for Rave Alert for Public Safety	\$327.71
Annual Cost:	\$3,277.01

<input type="checkbox"/> OPTION B – 3 Year Renewal	
1st yr of 3 yr Renewal – February 1, 2022 through January 31, 2023	
CAP inbound/outbound API for Rave Alert for Public Safety	\$0.00
Rave Alert for Public Safety Social Media Integration	\$0.00
Rave Alert for Public Safety Annual License Fee	\$2,756.36
Premium SMS Messaging for Rave Alert for Public Safety	\$306.27
Annual Cost:	\$3,062.63
<i>Total Contract Value:</i>	<i>\$9,187.89</i>
<i>(To be paid in the amount of \$3,062.63 per year)</i>	

<input type="checkbox"/> OPTION C – 5 Year Renewal	
1st yr of 5 yr Renewal – February 1, 2022 through January 31, 2023	
CAP inbound/outbound API for Rave Alert for Public Safety	\$0.00
Rave Alert for Public Safety Social Media Integration	\$0.00
Rave Alert for Public Safety Annual License Fee	\$2,618.54
Premium SMS Messaging for Rave Alert for Public Safety	\$290.96
Annual Cost:	\$2,909.50
<i>Total Contract Value:</i>	<i>\$14,547.49</i>
<i>(To be paid in the amount of \$2,909.50 per year)</i>	

All terms and conditions of the fully executed agreement shall remain in full force and effect. Renewal Quote does not include Sales Tax, if applicable.

THIS IS NOT AN INVOICE

THIS IS NOT AN INVOICE**New! Optional Training Sessions**

Are you interested in including a one-time online training engagement to your renewal? It is a great way to keep your staff current on all new and enhanced features of our products.

To purchase a Standard 4-hour online training session, please check this box (price is \$1200 for US renewals) ☐

Please note: Training must be used within the 12-month period of your annual subscription period. For an additional cost, customized training is available upon request. Please contact your Account Executive for further details.

*** BILLING INFORMATION (Required):**

* Billing Contact: _____

* Billing Phone: _____

* Billing Email: _____

* PO Required? ☐ If YES, enter PO #: _____

Please Note: If a PO is required for payment purposes, please provide a PO # within 7 days of submitting your signed quote or upon receipt of Auto-Renewal Invoice

BILLING INFORMATION:

1. Prices shown above do not include any state and local taxes that may apply. Any such taxes are the responsibility of the Customer and will appear on the final Invoice.
2. Is the contracting entity exempt from sales tax? If yes, please upload a copy of your tax exemption form

Please ensure that your proof of exemption is a State Tax Exemption for your billing state. We cannot accept proof of IRS Federal Tax Exemption or W-9 forms in lieu of proof of state tax exemption.

Invoices for this order will be emailed automatically from collections@ravemobilesafety.com. Please make sure this email is on an approved setting or safe senders list so notifications do not go to a junk folder or caught in a spam filter.

QUOTE ACCEPTED BY:

Authorized Signature: _____ Date: _____

Name (Printed or Typed): Brent Watkins Title: EMD

2nd Authorized Signature: _____ Date: _____

(If required)

Name (Printed or Typed): _____ Title: _____

ORDINANCE COVER SHEET

Bill No. 2022-_____

Ordinance No. _____

**“AN ORDINANCE AMENDING THE BOLIVAR MUNICIPAL CODE BY
AMENDING SECTION 225.570 REGARDING SALE OR USE OF FIREWORKS
IN THE CITY OF BOLIVAR.”**

Filed for public inspection on _____.

First reading _____ **In Full;** _____ **By Title on** _____.

Second reading _____ **In Full;** _____ **By Title on** _____.

Vote by the Board of Aldermen on _____:

_____ **Aye;** _____ **Nay;** _____ **Abstain**

_____ **Approved by the Mayor on** _____.

_____ **Vetoed by the Mayor on** _____.

Board of Aldermen Vote to Override Veto on _____.

_____ **Aye;** _____ **Nay;** _____ **Abstain**

Bill Effective Date: _____.

**“AN ORDINANCE AMENDING THE BOLIVAR MUNICIPAL CODE BY
AMENDING SECTION 225.570 REGARDING SALE OR USE OF FIREWORKS
IN THE CITY OF BOLIVAR.”**

Be it Ordained by the Board of Aldermen of the City of Bolivar, Missouri, as follows:

Section I: The City Code for the City of Bolivar, Missouri is hereby amended by amending Subsection (C) of Section 225.570, regarding sale or use of fireworks in the City of Bolivar, with such amended sub-section to be read as follows:

“Section 225.570 – Sale or Use of Fireworks.

C. Exceptions.

1. During the fireworks season in each year in all areas of the City, except the central business district as defined in Section 300.010 of the Code of the City of Bolivar, an individual may possess and use, in a careful and prudent manner, consumer fireworks, pursuant to the following conditions:

- a. Fireworks within the City of Bolivar shall be allowed on July 2 through July 4 from noon (12:00 p.m.) until eleven o'clock p.m. (11:00 p.m.);
- b. Fireworks within the City of Bolivar shall be allowed on December 31 from ten o'clock p.m. until one o'clock a.m. (1:00 a.m.);
- c. No individual under the age of eighteen (18) years shall use fireworks without another adult of age providing supervision;
- d. No fireworks are allowed in any City park, unless through the provisions of subsection (C)(2) of this Section 225.570;
- e. Fireworks are not allowed within three-hundred (300) feet from any service station; or five-hundred (500) feet from any fireworks stand, public gathering, or public building;
- f. Any burn ban issued by the City of Bolivar Fire Department shall also apply to the use of fireworks; and

A person commits the offense of unlawful use of fireworks if he/she knowingly uses fireworks in violation of any one or more of the conditions identified in this section above.

2. Fireworks may be sold or used for pyrotechnic displays given by any civic or public organization or group of individuals which shall have first obtained a permit and license for such display pursuant to section 320.126.4 of the Revised Missouri Statutes. The license and application shall then be submitted to the Chief of the Fire Department for the City of Bolivar for consideration and approval. No such permit shall be issued, except upon written application therefor made at least ten (10) days prior to the date of the proposed display setting forth the following information:

- a. The names of the individuals, organization or group sponsoring the display, together with the names of the persons actually in charge of the firing of the display;
- b. The date and time of the day and hours during which the display is to be held;
- c. The exact location planned for the display;
- d. A description setting forth the age and experience of the persons who are to do the actual discharging of the fireworks;
- e. The number and kinds of fireworks to be discharged;
- f. The manner and place of storage of such fireworks prior to the display, outlining safety precautions to be taken therein;
- g. A diagram of the grounds on which the display is to be held showing the point at which the fireworks are to be discharged, the location of buildings, highways or roads and other lines of communication, the lines behind which the audience will be restrained and the location of all nearby shade or ornamental trees, telegraph or telephone lines or other overhead obstructions;
- h. The names and addresses of the individuals or organization responsible for the cleanup of the premises after the display is concluded.

If deemed necessary by the Chief of the Fire Department, fireworks displays under this section may require Fire Department staff standby and inspections pursuant to section 320.126.4 of the Revised Statutes of Missouri. Costs incurred by the City for staff or performing inspections may be billed to the persons or entities responsible for organizing the fireworks display.

The Chief of the Fire Department shall issue such permit only upon being satisfied that the display is being made by responsible persons and that the fireworks will be kept,

maintained and fired in a safe and prudent manner. The Chief of the Fire Department may require such changes in the plans as may reasonably appear to be necessary to insure adequate protection of persons and property.”

Section II: In the event that any section, sentence, clause, phrase or portion of this Ordinance is held to be invalid by a court of competent jurisdiction, the remainder of the Ordinance shall continue in full force and effect, to the extent the remainder can be given effect without the invalid portion.

Section III: This Ordinance shall be in full force and effect from and after its passage by the Board of Aldermen and approval by the Mayor.

Christopher Warwick, Mayor

ATTEST:

Paula Henderson, City Clerk

CERTIFICATION

I, Paula Henderson, do hereby certify that I am the duly appointed and acting City Clerk for the City of Bolivar, Missouri; that the foregoing Ordinance No. _____ was adopted by the Board or Aldermen and thereafter approved by the Mayor and became effective on _____, 2022; and that said Ordinance remains in full force and effect, having never been altered, amended nor repealed.

Paula Henderson, City Clerk

Chapter 235. Nuisances

Section 235.010. Public Nuisances.

[R.O. 2009 § 235.010; R.O. 2007 § 255.010; Ord. No. 2163, 11-7-2000; Ord. No. 2533, 2-10-2005; Ord. No. 2943 § I, 7-8-2010; Ord. No. 2994 § I, 7-14-2011; Ord. No. 3213 § I, 6-9-2015]

- A. Pursuant to all applicable provisions of the Revised Statutes of Missouri, the following conditions are hereby declared to be public nuisances, subject to abatement as provided in the following Sections. The conditions listed in this Section **235.010** are not intended to be an exhaustive list of conditions that may constitute a nuisance. Nuisances may also be determined by reference to other provisions of this Code, or by reference to the statutory or common laws of the State.
- B. Debris/Nuisance Defined. Debris or nuisance conditions include the following:
1. Weed cuttings and grass clippings that are placed in piles and not properly disposed of;
 2. Dead trees, cut and fallen trees and shrubs, including piles of limbs, logs, brush, and firewood piles that are not neatly stacked in the side or rear yard;
 3. Overgrown vegetation and noxious weeds;
 - a. Overgrown vegetation and noxious weeds which are twelve (12) inches or more in height on any developed/occupied commercial or residential lot or any undeveloped/unoccupied commercial or residential lot that is less than two (2) acres;
 - b. Overgrown vegetation and noxious weeds which are twelve (12) inches or more in height on undeveloped/unoccupied commercial or residential lots that are two (2) acres or larger where they are located within fifty (50) feet of the perimeter of a developed/occupied lot. [This fifty (50) feet shall be maintained to a height less than twelve (12) inches at all times.] The remaining area of undeveloped/unoccupied lots that are two (2) acres or larger shall be mowed, brush hogged, or cut for hay to a height twelve (12) inches or shorter at least two (2) times during the growing season with the last cutting being after September 1;
 - c. Exceptions. Subsection **(B)(3)** shall not apply to cultivated garden plants and flowers, shrubbery, ornamental trees, shade trees or fruit trees, nor shall this apply to any property being zoned agricultural.
 4. Rubbish and trash of every type, whether located on or under the ground (except that located in an approved and licensed landfill), or on vehicles, trucks, trailers, porches, open carports, breezeways, open garages without doors or similar areas that are visible from adjacent property or public roads, except that which is stored in hard plastic or metal, water-tight and fly-tight containers awaiting pickup for disposal by licensed trash disposal companies which are placed at curbside no more than twenty-four (24) hours before the expected time for pickup;
 5. Lumber, plywood, siding and similar items not piled or stacked twelve (12) inches or more off of the ground;

6. Rocks, fill dirt or bricks except those delivered and neatly stacked or stockpiled for use in connection with ongoing new construction and/or repairs or improvements and which are actually used for that purpose within ninety (90) days of the date of delivery;
7. Tin, steel or parts of derelict/inoperable cars or trucks, including, but not limited to, open storage of tires, and open storage of vehicle parts;
8. Inoperable or unlicensed motor vehicles, unless a permit has been obtained for the storage of the same pursuant to applicable Bolivar City ordinances;
9. Broken furniture or inoperable or unused appliances, including outdoor storage of furniture designed for indoor use;
10. Flammable material except that which is maintained for ordinary household, commercial (but only if in an area zoned for commercial activities) or industrial uses (but only if in an area zoned for industrial activities) if stored in containers designed for the specific material and the container is not maintained unreasonably near a source of heat, flame or combustion;
11. Any condition that is or is likely to be a breeding ground or home for insects or rodents, including, but not limited to, ponds or pools of stagnant water or other liquids;
12. Stables, sheds, pens or yards in which any type of animal has been or is being kept in which animal waste shall collect or continue to exist;
13. All decayed or unwholesome food offered for sale to the public or offered to the public at no charge.
14. All diseased animals running at large.
15. Carcasses of dead animals not buried or destroyed within twenty-four (24) hours after death.
16. Accumulations, wheresoever they may occur, of manure, rubbish, garbage, refuse and human and industrial, noxious or offensive waste, except the normal storage on a farm of manure for agricultural purposes (but only if in an area zoned for agricultural activities).
17. The pollution of any well, cistern, spring, underground water, stream, lake, canal or body of water by sewage or industrial wastes or other substances harmful to human beings.
18. Common drinking cups, roller towels, combs, brushes or eating utensils in public or semisolid places where not properly sanitized after use.
19. Any vehicle used for septic tank cleaning where the tank is not made of non-porous materials and is airtight except when loading or unloading septic waste.
20. Any and all infestations of flies, fleas, roaches, lice, ticks, rats, mice, fly maggots, mosquito larvae and hookworm larvae.
21. The keeping of animals and fowl in any area within the City not zoned for agricultural uses except domesticated animals or fowl, animals in public or licensed zoos and farm animals. "Domestic animal" shall mean and include an animal of a species of vertebrates that has been domesticated by humans so as to live and breed in a tame condition and depend on humankind for survival. "Domestic fowl" shall mean and include a bird of a species that has been domesticated by humans so as to live and breed in a tame condition and depend on humankind for survival.
22. Unlicensed dumps and licensed dumps not operated or maintained in compliance with the ordinances of the City of Bolivar and the Statutes of the State of Missouri or the regulations of any agency of the State.
23. All other acts, practices, conduct, business, occupation, callings, trades, uses of property and all other things detrimental or certain to be detrimental to the health of the inhabitants of the City of Bolivar.

24. All trees, plants or shrubs, any part of which hang over or encroach into any right-of-way for streets or utilities which interfere to any extent with the normal public use of such rights-of-way, or present a significant risk of interference with or damage to utility facilities of every type.
 25. Any obstruction that interferes in any manner with the passage of pedestrians upon any sidewalk, including, but not limited to, signs, bushes, tree limbs, plants or shrubs.
 26. All structures of any kind that encroach into a public right-of-way for streets, sidewalks or utilities; provided that this shall not apply to awnings made of substantial materials and attached firmly to the adjoining buildings located in the downtown business district.
 27. The emission or discharge into the open air of dense smoke within the City limits of Bolivar is hereby declared to be a public nuisance. "Dense smoke," as used herein, means smoke from any source that materially interferes with the vision of motor vehicles traveling in public rights-of-way, and all smoke created by the burning of non-natural substances, such as, but not limited to, tires, roofing materials, any petroleum-based product and vinyl.
 28. Maintenance of explosive devices in any area not zoned for heavy industrial uses ("I-2" of Chapter **410**, Zoning Regulations, of the Code of the City of Bolivar) or in a manner not recommended by the manufacturer of the substance or contrary to any State law, rule or regulations.
- C. Enforcement. Enforcement of this Section shall be the responsibility of the Code Enforcement Officer.
1. A notice of violation and correction order shall be provided in accordance with the procedures set forth in Section **500.375** of the Code of the City of Bolivar.
 2. Appeal of the Code Enforcement Officer's decision and/or correction order shall be available in accordance with the procedures set forth in Section **500.378** of the Code of the City of Bolivar.
- D. Abatement Of Nuisance. The following provisions will apply to the abatement of nuisances and violations within the meaning of this Section:
1. Authority To Abate Nuisances.
 - a. The Code Enforcement Officer will have authority to cause a nuisance or violation within the meaning of this Section to be abated if a property owner or occupant:
 - (1) Fails to comply with the correction order by not abating the nuisance within the time provided; and
 - (2) Fails to request an appeal pursuant to Section **500.378** of Code of the City of Bolivar, as informed with a notice that was given by the Code Enforcement Officer; and
 - (3) Fails to obtain a reversal of the Code Enforcement Officer's decision after such appeal process (but only if the responsible party has a right to appeal following a required notice).
 - b. In addition to the circumstances stated above, the Code Enforcement Officer will also have the authority to cause a nuisance or violation within the meaning of this Section to be abated if a property owner or occupant has no right to receive a notice of violation and correction pursuant to Section **500.375(B)** and **(D)** of the Code of the City of Bolivar because the responsible party has permitted or caused the same or substantially the same violation to occur three (3) or more times within a period of twelve (12) months after the violation was previously corrected by either the responsible party(ies) or by the City.
 - c. In abating a nuisance or other violation within the meaning of this Section, the Code Enforcement Officer may use any suitable means or assistance for that purpose, whether

by employees of the City or day laborers especially employed for that purpose, and the cost of the abatement shall be assessed pursuant to Section **235.010(D)(3)**.

2. Immediate Abatement. Whenever it becomes necessary to abate a nuisance immediately in order to secure the general health of the City or any of its inhabitants, the City is authorized to abate such nuisance without notice and may use any suitable means or assistance for that purpose, whether by employees of the City or day laborers especially employed for that purpose, and the cost of the abatement shall be assessed pursuant to Section **235.010(D)(3)**.
3. Costs Of Abatement. The costs of the abatement by the City of any nuisance or violation within the meaning of this Section pursuant to Section **235.010(D)(1)** and **(2)** above will be assessed to the property owner(s) and occupant, if not the same, as follows:
 - a. The costs of abatement may include a fee for the City's costs in administering this Section, including the time reasonably expended by all City employees or officers who are called upon to assist with the matter based upon their hourly wage (determined in the case of salaried employees by dividing their annual salary by 2,080) plus an additional thirty-three and one-third percent (33 1/3%) for benefits and a reasonable charge for all equipment or tools of the City which are used in abating the nuisance. The Code Enforcement Officer may call upon other employees and City equipment to abate the nuisance or may contract with third parties to do so if the City has inadequate personnel and/or equipment, or such personnel and/or equipment are not available to correct the condition.
 - b. The Code Enforcement Officer or designated officer shall certify the cost of such abatement to the City Clerk or other officer in charge of finance. Such costs shall be included in a special tax bill which shall be due and payable upon receipt and shall be collected by the City Collector or other official collecting taxes in the same manner and procedure for collecting real estate taxes. Such special tax bill shall be mailed to each responsible party to the address for that party as shown by the utility or other records of the City or if no such address appears of record, then to any other address that appears as a matter of public record such as, but not limited to, the address to which property tax statements are mailed.
 - c. Such special tax bill shall be delinquent if not paid within thirty (30) days following its mailing and shall be governed by the laws governing delinquent and back taxes. The special tax bill shall bear interest at the rate of one percent (1%) per month for each month, or fraction of a month, that the same remains delinquent. The owner and the occupant of the lot or tract of land shall be jointly and severally liable for the payment of the special tax bill, and, in addition, the bill shall become a lien upon the lot or tract of land upon the filing of a copy of the fee bill certified by the City Clerk in the office of the Polk County Recorder of Deeds, which bill shall contain a legal description of the property sufficient to identify the same. The fee bill may be enforced in the same manner as are delinquent real estate taxes under the laws of the State of Missouri and the ordinances of the City. This shall be true notwithstanding the fact that no regular taxes have been levied against the property. This is notwithstanding the procedures set forth in Section 67.398, RSMo.
- E. Proportion Costs Of Abatement. If any nuisance abated by the City as provided in this Section extended, before the abatement, over the property or more than one (1) owner, the cost of abating the same shall be assessed in proportion to the amount of work and expense for each proportionate part of the entire work and the area, and the special tax bills provided for in this Section shall be levied and collected accordingly.
- F. Right-Of-Entry. Any officer or employee of the City, and any person or contractor employed by or under contract with the City for the abatement of a nuisance and any agent or employee of such contractor shall have the right of entry for that purpose into and upon any premises, and it shall be unlawful to interfere with any Police Officer, Abatement Officer or any officer, agent or employee of

the City or with any representative of the City for the purpose of sanitary inspection or the discovery or abatement of any nuisance.

- G. Joint Liability. The owner of any premises, or his/her agent in charge thereof, as well as the tenant or occupants of such premises, are hereby charged with the duty of observing all of the requirements and provisions of this Section with reference to nuisances, and any or all of such persons, together with the person causing or contributing to cause any nuisance, may be charged with the violation thereof and shall be equally liable.
- H. Court Suit Authorized. Nothing in this Section shall be construed as abandoning or limiting the City's right to bring suit for all expenses attending the abatement of a nuisance, when performed by the City, in any court of competent jurisdiction in the name of the City against the person maintaining, keeping, creating or refusing to abate the nuisance so abated.
- I. Violation An Ordinance Violation. A person who shall fail to comply with a notice as provided in this Section shall upon conviction be deemed guilty of an ordinance violation, "failure to abate a nuisance," and upon conviction shall be subject to punishment as provided in Section **100.220** of this Code. A charge filed by the City for failure to abate a nuisance shall not in any manner limit the rights of the City to cause a nuisance to be abated, nor shall notice by the Code Enforcement Officer be required as a precondition to the filing of charge by the City Prosecutor under this Section.

Section 235.020. Filing Civil Actions Concerning Abatement Of Nuisances.

[R.O. 2009 § 235.020; R.O. 2007 § 540.010; Ord. No. 1799, 8-13-1998]

- A. The City of Bolivar be hereby authorized to file and otherwise prosecute a civil cause of action for the abatement of nuisances created by the accumulation of unsightly, dangerous or noxious personal property within the borders of the City of Bolivar, Missouri, and as provided and allowed under Section 79.383, RSMo. This remedy shall be in addition to and not in lieu of any other rights of the City under the provisions of Section **235.010** of this Code.
- B. Upon successful prosecution of the cause of action authorized under Subsection **(A)** of this Section, the City of Bolivar, Missouri, may seek and be awarded a reasonable attorney's fee incurred in the prosecution of such action.

REQUEST TO ADDRESS COUNCIL
COUNCIL MEETING DATE 1/18/22

NAME: Eddie England

ADDRESS: 1310 E. FOREST ST.

WARD: 2? DUSTY ROSS WARD

PHONE: 417-399-4321

E-MAIL: ENGLANDEE@GMAIL.COM

AGENDA ITEMS

(Must be submitted 4 hours before the meeting)

or

NON-AGENDA ITEMS

(Must be submitted by 5 p.m. on the Friday, prior to the meeting.)

I wish to address Council about:

- ☒ Amended Ordinance
- ☐ Emergency Ordinance
- ☐ 1st Reading
- ☐ Public Hearing
- ☐ Resolution

I wish to discuss the following:

Within the category checked above I wish to particularly address the following issue(s):

NOTICE OF VIOLATION
RECEIVED ON 1-8-22
ABOUT MY BOAT
PARKED IN FRONT
OF MY RESIDENCE.

I understand that my request is subject to the discretion of the Mayor and if my request is chosen that I have only 5 minutes to speak. My comments should not be repetitive of any prior speaker but should be new in nature. Opportunities to speak may not be stacked and accumulated for the same topic. Multiple parties with the same issue are encouraged to appoint a spokesperson to advocate their position. Decorum shall be maintained and clapping, cheering, and other potentially disruptive occurrences will not be tolerated. The Mayor may dismiss any parties not following these guidelines. The Mayor may cease public comment at any time.

Eddie England
Signature

Date: 1-14-22
Time: 12:20 PM

REQUEST TO ADDRESS COUNCIL

COUNCIL MEETING DATE 1/18/22

NAME: Karen McCaslin or 1-25-22

ADDRESS: 1320 E Forest St

WARD:

PHONE: 417-840-3118

E-MAIL: kmccaslin1@yahoo.com

AGENDA ITEMS

(Must be submitted 4 hours before the meeting)

or

NON-AGENDA ITEMS

(Must be submitted by 5 p.m. on the Friday, prior to the meeting.)

I wish to address Council about:

- ☐ Amended Ordinance
- ☐ Emergency Ordinance
- ☐ 1st Reading
- ☐ Public Hearing
- ☐ Resolution

Within the category checked above I wish to particularly address the following issue(s):

Turmoil, mess, confusion, havoc, created by anonymous people who get their way by bullying the system & then get to hide from their actions.

I wish to discuss the following:

Turmoil, Mess, Confusion
Havoc created by
anonymous people
who get their way
by bullying the system, &
then get to hide
from the other parties.
~~open to all, etc~~

I understand that my request is subject to the discretion of the Mayor and if my request is chosen that I have only 5 minutes to speak. My comments should not be repetitive of any prior speaker but should be new in nature. Opportunities to speak may not be stacked and accumulated for the same topic. Multiple parties with the same issue are encouraged to appoint a spokesperson to advocate their position. Decorum shall be maintained and clapping, cheering, and other potentially disruptive occurrences will not be tolerated. The Mayor may dismiss any parties not following these guidelines. The Mayor may cease public comment at any time.

Karen McCaslin
Signature

Date: 1-14-2022

Time: 1:03 PM

ORDINANCE COVER SHEET

Bill No. 2022-03

Ordinance No. _____

**“AN ORDINANCE AUTHORIZING AN AGREEMENT WITH LIBERTY
UTILITIES (MISSOURI WATER) LLC, FOR WATER WELL OPERATION
AND MAINTENANCE.”**

Filed for public inspection on _____.

First reading _____ In Full; _____ By Title on _____.

Second reading _____ In Full; _____ By Title on _____.

Vote by the Board of Aldermen on _____:

_____ Aye; _____ Nay; _____ Abstain

_____ Approved by the Mayor on _____.

_____ Vetoed by the Mayor on _____.

Board of Aldermen Vote to Override Veto on _____.

_____ Aye; _____ Nay; _____ Abstain

Bill Effective Date: _____.

“AN ORDINANCE AUTHORIZING AN AGREEMENT WITH LIBERTY UTILITIES (MISSOURI WATER) LLC, FOR WATER WELL OPERATION AND MAINTENANCE.”

Be it Ordained by the Board of Aldermen of the City of Bolivar, Missouri, as follows:

Section I: The City is hereby authorized to enter into an agreement with Liberty Utilities (Missouri Water) LLC, for water well operation and maintenance; with such contract pricing and terms to be in the form attached hereto as Exhibit “A” and made a part hereof by reference.

Section II: The Mayor and City Clerk are hereby authorized and directed to enter into an agreement as described above for and on behalf of the City.

Section III: This Ordinance shall be in full force and effect from and after its passage by the Board of Aldermen and approval by the Mayor.

Christopher Warwick, Mayor

ATTEST:

Paula Henderson, City Clerk

WATER WELL OPERATION AND MAINTENANCE AGREEMENT

This Water Well Operation and Maintenance Agreement (the “Agreement”) is made and entered into as of February 1st, 2022 (the “Effective Date”), by and among the **CITY OF BOLIVAR, MISSOURI** (the “Owner”), and **LIBERTY UTILITIES (MISSOURI WATER) LLC**, a Missouri limited liability company (the “Company”).

WHEREAS, as of the Effective Date, the Company purchased from the Owner substantially all of the assets comprising the water and wastewater systems serving the City of Bolivar;

WHEREAS, the Owner retained ownership of one water well and associated distribution pipe located entirely on the grounds of, and exclusively serving, the Bolivar Municipal Airport (the “System”); and

WHEREAS, the Owner desires to contract for the Company to operate, maintain and manage the System.

NOW, THEREFORE, in consideration of the agreements, terms and conditions stated herein, the parties agree as follows:

1. Definitions.

- (a) “Agreement” has the meaning set forth in the preamble.
- (b) “Actual Cost” means all costs of labor, materials, supplies, fixtures, equipment, appliances, overhead, and all other costs, charges and expenses incurred or expended by the Company in the performance of the Services under or in furtherance of this Agreement, calculated on a monthly basis.
- (c) “Applicable Law” means any applicable law, common law, statute, code, rule, regulation, order, writ, ordinance, judgment, decree, treaty or other order or pronouncement of any governmental authority having the effect of law.
- (d) “Capital Improvement” means an improvement, repair or replacement the costs of which are permitted or required to be capitalized under generally accepted accounting principles.
- (e) “Change in Applicable Law” means the enactment, adoption promulgation, modification, repeal or change of any Applicable Law which establishes new requirements or changes the requirements with respect to the operation or maintenance of the System or otherwise impacts a party’s ability or cost of performance of its obligations under this Agreement.
- (f) “Company” has the meaning set forth in the preamble.
- (g) “Effective Date” has the meaning set forth in the preamble.

(h) “Environmental Claim” means any civil, criminal or administrative action, suit, communication (written), demand, claim, hearing, citation, notice, warning, consent decree, contract right, notice of violation, investigation, judgment or order by any person or entity lawfully authorized to issue, bring, give or make the same alleging, claiming, concerning or finding liability or potential liability arising out of, based on or resulting from, in whole or in part, the actual or alleged presence, threatened release, release, emission, disposal, storage, treatment, transportation, generation, manufacture or use of any Hazardous Substance or waste at or from any location.

(i) “Excluded Services” has the meaning set forth Section 3(b).

(j) “Good Utility Practice” means those practices, methods and acts which (a) when engaged in are commonly used in engineering and operations to operate single-user well water distribution systems and associated mechanical and other facilities lawfully and with safety, reliability, efficiency and expedition or (b) in the exercise of commercially reasonable judgment considering the facts known when engaged in, could have been expected to achieve the desired result consistent with Applicable Law, safety, reliability, efficiency and expedition. Good Utility Practice is not limited to the optimum practice, method or act, but rather a spectrum of possible practices, methods or acts.

(k) “Hazardous Substance” means all materials subject to regulation under applicable state or federal law, including, without limitation, the Comprehensive Environmental Response, Compensation, and Liability Act (Superfund or CERCLA), 42 U.S.C. §§ 9601 et seq., as amended, and the regulations promulgated from time to time thereunder.

(l) “Operator’s Fee” means an amount equal to ten percent (10%) of the Actual Cost, calculated on a monthly basis; but never less than \$250 per month.

(m) “Owner” has the meaning set forth in the preamble.

(n) “Services” has the meaning set forth in Section 3(a).

(o) “System” has the meaning set forth in the recitals.

(p) “System Upgrade” means a significant change or improvement in the System, as compared to the characteristics, condition, functionality, capacity, performance or safety of the System as of the Effective Date.

(q) “Uncontrollable Circumstance” means, with reference to a party, causes beyond the party’s reasonable control including, but not limited to, acts of God, floods, quarantine restrictions, riots, strikes, commercial impossibility, failures of utilities, severe weather or temperatures, hurricanes, landslides, lightning, earthquakes, drought, epidemics, fires, explosions, bombings, casualties, acts of civil or military authority, sabotage, vandalism, acts of a public enemy or terrorists, Changes in Applicable Law, or other events or circumstances beyond the control of the party obligated to perform, whether such other causes are related or unrelated, similar or dissimilar, to any of the foregoing.

2. Term and Renewal. The term of this Agreement (the “Initial Term”) commences at 8:00 a.m., Central Standard Time, on the Effective Date and continues for a period of twelve

(12) months, unless and until terminated as provided in Section 8. Upon expiration of the Initial Term, this Agreement shall automatically renew for successive twelve (12) month terms (each, a “Renewal Term”) unless either party provides written notice of non-renewal at least ninety (90) days prior to the end of the then-current term, or unless sooner terminated as provided in Section 8.

3. Scope of Services.

(a) Operation, Maintenance and Management of the System. The Company shall provide the services described in Part 1 of Appendix A (the “Services”) during the term of this Agreement. The Company shall provide the Services in compliance with all Applicable Laws and in accordance with the terms and provisions of this Agreement, subject to the operating and design capability of the facilities comprising the System.

(b) Excluded Services. The Company shall not provide the services described in Part 2 of Appendix A (the “Excluded Services”). Owner shall provide the Excluded Services or engage a contractor to provide the Excluded Services.

(c) Tools and Parts. The Company shall provide all tools, equipment, vehicles, supplies and replacement parts which are to be used by the Company in the provision of the Services.

(d) Access. The Company shall provide reasonable access to the System for authorized Owner personnel. All visitors, including Owner personnel, shall comply with the Company’s established operating and safety procedures.

(e) Taxes. The Company shall be responsible for any and all income taxes associated with or arising from the performance of the Services. The Owner shall provide the Company with any applicable certificates of exemption from sales tax.

(f) Transition. After the termination or expiration of this Agreement, the Company shall assist the Owner with the orderly transition of duties to the Owner or its designee, for a period not to exceed thirty (30) days. The Actual Cost of any transition services, together with the Operator’s Fee, shall be invoiced by the Company and paid by the Owner in accordance with Section 4.

4. Compensation and Payment. The Company shall submit an invoice to Owner on a monthly basis for the Actual Cost of the Services performed, plus the Operator’s Fee. Invoices shall be due and payable within thirty (30) days from the date received by the Owner. If the Owner questions any items invoiced by the Company, then the Owner shall notify the Company within twenty-one (21) days of the Owner’s receipt of the invoice. All amounts not in dispute will be paid when due. Payment not made within thirty (30) days shall be subject to interest at s two percent (2%) per month.

5. Owner’ Responsibilities.

(a) System Upgrades and Capital Improvements. The Owner shall be responsible for all System Upgrades and Capital Improvements for the System. The Owner

reserves the right to enter into contracts with other parties for the construction of System Upgrades and Capital Improvements.

(b) Access. The Owner shall provide for the Company's full and free access to the facilities comprising the System.

(c) Legal Documents. The Owner shall maintain existing easements, licenses, warranties and permits pertaining to the System.

(d) Third Party Damages. The Company shall not be responsible for damage to the Owner, or to municipal or private property, caused by third parties other than the employees, subcontractors, or agents of the Company. In the event of damage to the System caused by third parties, the Company shall repair the damage. The Owner shall pay the Company for the Actual Cost of such repairs plus the Operator's Fee in accordance with Section 4.

6. Personnel. The Company shall maintain adequate staffing to ensure proper performance of the Services. Upon reasonable request, the Company shall provide the Owner proof of the qualifications of the relevant Company employee for each task to be performed in delivery of the Services. The Company may offer, but shall not be obligated to offer, employment to any of the Owner's former or current employees, and the Company will not assume any employee-related liabilities of the Owner.

7. Changes in Scope of Services.

(a) General. In cases where services beyond the scope of this Agreement may be required or desirable, the Company and the Owner will reduce to writing an agreement of the additional scope and costs. The Owner shall not be responsible for any costs incurred by the Company in performing additional services prior to the receipt of the Owner's written approval, except as set forth in Section 7(b).

(b) Public Health and Safety Emergencies. The Company may, without the Owner's prior written approval, undertake emergency repairs or actions which may subsequently be considered changes in the scope of services under this Agreement when in its judgment the Company believes public health and safety or regulatory compliance will be compromised and when time is of the essence and prior notification and written agreement by the Owner is not practical. In those instances, the Company shall notify the Owner as soon as possible of its actions and its intention to request additional compensation for emergency services. The Owner shall promptly review the Company's request and upon agreement that there was a change in scope of services (which agreement shall not be withheld without good and sufficient cause), the Owner shall provide additional compensation for emergency services.

8. Termination.

(a) Breach or Default by Company. The Owner may terminate this Agreement prior to the expiration of its term, provided:

(i) the Company has materially breached the Agreement;

(ii) the Company is given written notice specifically detailing the nature of the alleged breach; and

(iii) the Company fails to cure the breach within a reasonable time which in no event shall be more than thirty (30) days after the receipt of notice.

(b) Breach or Default by Owner. The Company may terminate this Agreement prior to the expiration of its term, provided:

(i) an Owner has materially breached the Agreement;

(ii) the Owner are given written notice specifically detailing the nature of the alleged breach; and

(iii) the Owner fail to cure the breach within a reasonable time which in no event shall be more than thirty (30) days after the receipt of notice, or in case of breach by non-payment, five (5) days after the receipt of notice.

(c) Convenience. The Owner or the Company may terminate this Agreement, with or without cause, by giving the other parties ninety (90) days prior written notice, without regard to the limitations imposed under Section 8(a) and/or Section 8(b).

(d) Demobilization Costs. In the event that the Owner exercises its right to terminate for convenience, the Owner shall reimburse the Company for its reasonable demobilization costs, invoiced and payable in accordance with Section 4.

9. Insurance and Indemnification.

(a) Insurance to be Provided by the Company. The Company shall obtain and maintain at its expense the insurance coverages described in Appendix B hereof.

(b) Insurance to be Provided by the Owner. The Owner shall procure and maintain fire, property, and boiler and machinery insurance, on an all risk basis, on the System in amounts equal to 100% of the value of repair or replacement. The Owner agree to provide the Company a waiver of subrogation on behalf of themselves and their insurance carriers.

(c) Indemnification by the Company. The Company shall indemnify, defend and hold the Owner and its officials, employees, and agents (collectively, the “Owner Indemnified Parties”) harmless from and against any and all liabilities, losses, fines, penalties, damages, costs, actions, expenses, claims, demands, liens, encumbrances, judgments, administrative proceedings or suits arising out of or as a result of injury or damage to persons or property, and including reasonable attorneys’ fees and costs, imposed or asserted against or incurred by any of them arising out of a breach of any of the representations, warranties or covenants contained in this Agreement by the Company or the willful misconduct or negligent act or omission of the Company, its agents, employees, and/or subcontractors in any way relating to the performance of the Services during the term of this Agreement, provided, however, that the Company shall not be liable to the Owner Indemnified Parties under this Section 9(c) to the extent that any such liabilities, losses, damages,

costs, actions, expenses, claims, demands, liens, encumbrances, judgments or suits result from the negligence or willful misconduct or breach of this Agreement by the Owner Indemnified Parties.

(d) Indemnification by the Owner. To the extent permitted by law, the Owner shall indemnify, defend and hold the Company and its officers, directors, employees, and agents (collectively, the “Company Indemnified Parties”) harmless from and against any and all liabilities, losses, fines, penalties, damages, costs, actions, expenses, claims, demands, liens, encumbrances, judgments, administrative proceedings or suits arising out of or as a result of injury or damage to persons or property, and including reasonable attorneys’ fees and costs, imposed or asserted against or incurred by any of them in connection with, arising out of or related to a breach of any of the representations, warranties or covenants contained in this Agreement by the Owner, an Environmental Claim, the condition of the System as of the Effective Date, any violation by the Owner of any Applicable Law prior to the Effective Date, or the willful misconduct or negligent act or omission of an Owner, its agents, employees, and/or subcontractors in any way relating to the operation, maintenance and/or management of the System; provided, however, that the Owner shall not be liable to the Company Indemnified Parties under this Section 9(d) to the extent that any such liabilities, losses, damages, costs, actions, expenses, claims, demands, liens, encumbrances, judgments or suits result from the negligence or willful misconduct of the Company Indemnified Parties.

10. Representations.

(a) Representations of the Owner. The Owner hereby represents and warrants to the Company that:

(i) The Owner has full power and authority to perform and observe its covenants contained in this Agreement, has taken all action necessary for the execution, delivery and performance of this Agreement and to carry out and consummate all transactions contemplated hereby, and this Agreement has been duly authorized, executed and delivered by the Owner and constitutes the legal, valid and binding obligation of the Owner, enforceable against it in accordance with its terms.

(ii) The authorization, execution, delivery and performance of this Agreement, the compliance with the terms and conditions hereof and the consummation of the transactions herein contemplated on the part of the Owner do not and will not (i) violate any laws or any regulation, order, injunction or decree of any court, governmental body, agency or other instrumentality or (ii) result in a breach of any of the terms and conditions, constitute a default under, or result in the creation or imposition of any mortgage, lien, charge or encumbrance of any nature whatsoever upon any of the properties or assets of the Owner pursuant to the terms of any agreement or other instrument to which the Owner is a party or by which the Owner or any of its properties is bound.

(iii) There is no action, suit, proceeding, inquiry or investigation, at law or in equity, before or by any court, public board or body pending or threatened in writing against or affecting the Owner or any basis thereof, wherein an unfavorable decision, ruling or finding would materially adversely affect the transactions contemplated hereby or which, in any way, would adversely affect the validity of enforceability of this Agreement.

(b) Representations of the Company. The Company hereby represents and warrants to the Owner that:

(i) The Company has full power and authority to perform and observe its covenants contained in this Agreement, has taken all action necessary for the execution, delivery and performance of this Agreement and to carry out and consummate all transactions contemplated hereby, and this Agreement has been duly authorized, executed and delivered by the Company and constitutes the legal, valid and binding obligation of the Company, enforceable against it in accordance with its terms.

(ii) The authorization, execution, delivery and performance of this Agreement, the compliance with the terms and conditions hereof and the consummation of the transactions herein contemplated on the part of the Company do not and will not (i) violate any laws or any regulation, order, injunction or decree of any court, governmental body, agency or other instrumentality or (ii) result in a breach of any of the terms and conditions, constitute a default under, or result in the creation or imposition of any mortgage, lien, charge or encumbrance of any nature whatsoever upon any of the properties or assets of the Company pursuant to the terms of any agreement or other instrument to which the Company is a party or by which the Company or any of its properties is bound.

(iii) There is no action, suit, proceeding, inquiry or investigation, at law or in equity, before or by any court, public board or body pending or threatened in writing against or affecting the Company or any basis thereof, wherein an unfavorable decision, ruling or finding would materially adversely affect the transactions contemplated hereby or which, in any way, would adversely affect the validity of enforceability of this Agreement.

11. Miscellaneous.

(a) Successors and Assigns. This Agreement shall be binding upon and shall inure to the benefit of the parties hereto and their respective successors and permitted assigns. No party may assign its rights or obligations hereunder without the prior written consent of the other party, which consent shall not be unreasonably withheld or delayed; provided, however, that the Company may, without the prior written consent of the Owner, assign all or any portion of its rights under this Agreement to one or more of its affiliates or to any successor owner of the water system serving the City of Bolivar. No assignment shall relieve the assigning party of any of its obligations hereunder.

(b) Waiver. The failure of either party to enforce any of the terms of this Agreement on one (1) or more occasions shall not constitute a waiver of the right to enforce such term on any other occasion or of the right of either party to enforce each and every term of this Agreement.

(c) Uncontrollable Circumstances. Except for payment of compensation, a party's performance under this Agreement shall be excused if, and to the extent that, the party is unable to perform because of Uncontrollable Circumstance. In the event of any Uncontrollable Circumstance, the party claiming relief from performance shall promptly notify the other parties

of the existence of the specific cause(s) beyond the party's reasonable control, shall perform those obligations under the Agreement that are not affected, and shall be required to resume performance of its obligations under this Agreement upon the termination of the Uncontrollable Circumstance.

(d) Notices. All notices shall be in writing and shall be delivered, in person or transmitted by certified mail, return receipt requested, or national courier service providing proof of receipt, to the parties listed below. Either party may update its address(es) on written notice to the other party. Notices shall be effective upon receipt.

(e)

Notices to Company: Liberty Utilities (Missouri Water) LLC
c/o Liberty Utilities
602 South Joplin Avenue, P.O. Box 127
Joplin, Missouri 64802
Attn: Director of Legal Services

With a copy (which shall not constitute notice) to: Husch Blackwell LLP
4800 Main Street, Suite 1000
Kansas City, Missouri 64112
Attn: Michael J. Eason
Phone: (816) 983-8000
Fax: (816) 983-8080
Email: michael.eason@huschblackwell.com

Notices to Owner: City of Bolivar, Missouri
Bolivar City Hall
345 South Main Avenue
Bolivar, Missouri 65613
Attn: The Mayor

With a copy (which shall not constitute notice) to: Douglas, Haun & Heidemann P.C.
P.O. Box 117
Bolivar, Missouri 65613
Attn: Donald M. Brown

(f) Governing Law; Submission to Jurisdiction; Waiver of Jury Trial.

(i) This Agreement shall be governed by and construed in accordance with the laws of the State of Missouri without giving effect to any choice or conflict of law provision or rule (whether of the State of Missouri or any other jurisdiction).

(ii) **ANY LEGAL SUIT, ACTION OR PROCEEDING ARISING OUT OF OR BASED UPON THIS AGREEMENT, THE OTHER TRANSACTION DOCUMENTS OR THE TRANSACTIONS CONTEMPLATED HEREBY OR**

THEREBY MAY BE INSTITUTED IN THE FEDERAL COURTS OF THE UNITED STATES OF AMERICA OR THE COURTS OF THE STATE OF MISSOURI IN EACH CASE IN OR FOR POLK COUNTY, MISSOURI, AND EACH PARTY IRREVOCABLY SUBMITS TO THE EXCLUSIVE JURISDICTION OF THOSE RESPECTIVE COURTS IN ANY SUIT, ACTION OR PROCEEDING. THE PARTIES IRREVOCABLY AND UNCONDITIONALLY WAIVE ANY OBJECTION TO THE LAYING OF VENUE OF ANY SUIT, ACTION OR ANY PROCEEDING IN THOSE RESPECTIVE COURTS AND IRREVOCABLY WAIVE AND AGREE NOT TO PLEAD OR CLAIM THAT ANY SUIT, ACTION OR PROCEEDING BROUGHT IN THE COURTS STATED HEREINABOVE HAS BEEN BROUGHT IN AN INCONVENIENT FORUM.

(iii) EACH PARTY ACKNOWLEDGES AND AGREES THAT ANY CONTROVERSY WHICH MAY ARISE UNDER THIS AGREEMENT OR THE OTHER TRANSACTION DOCUMENTS IS LIKELY TO INVOLVE COMPLICATED AND DIFFICULT ISSUES AND, THEREFORE, EACH PARTY IRREVOCABLY AND UNCONDITIONALLY WAIVES ANY RIGHT IT MAY HAVE TO A TRIAL BY JURY IN RESPECT OF ANY LEGAL ACTION ARISING OUT OF OR RELATING TO THIS AGREEMENT, THE OTHER TRANSACTION DOCUMENTS OR THE TRANSACTIONS CONTEMPLATED HEREBY OR THEREBY. EACH PARTY TO THIS AGREEMENT CERTIFIES AND ACKNOWLEDGES THAT (A) NO REPRESENTATIVE OF ANY OTHER PARTY HAS REPRESENTED, EXPRESSLY OR OTHERWISE, THAT THE OTHER PARTY(IES) WOULD NOT SEEK TO ENFORCE THE FOREGOING WAIVER IN THE EVENT OF A LEGAL ACTION, (B) IT HAS CONSIDERED THE IMPLICATIONS OF THIS WAIVER, (C) IT MAKES THIS WAIVER VOLUNTARILY, AND (D) IT HAS BEEN INDUCED TO ENTER INTO THIS AGREEMENT BY, AMONG OTHER THINGS, THE MUTUAL WAIVERS AND CERTIFICATIONS IN THIS PARAGRAPH.

(g) Limitation of Remedies. UNDER NO CIRCUMSTANCES (SAVE FOR FRAUD) SHALL THE COMPANY BE LIABLE FOR ANY CONSEQUENTIAL, EXEMPLARY, PUNITIVE, SPECIAL, INDIRECT OR INCIDENTAL DAMAGES, LOST PROFITS OR ECONOMIC LOSSES ARISING OUT OF ANY CLAIM, DEMAND, OR ACTION BROUGHT WITH RESPECT TO THIS AGREEMENT.

(h) Relationship of the Parties; Beneficiaries. This Agreement reflects an arms-length transaction. Nothing in this Agreement creates a fiduciary, partnership, joint venture or employment or other agency relationship among the parties. This Agreement is not entered into for the benefit of, nor are any rights granted to, any third party except as expressly provided herein.

(i) Entire Agreement; Modifications; Schedules. The provisions of this Agreement (except captions), including the appendices annexed hereto shall (a) constitute the entire agreement between the parties, superseding all prior or contemporaneous negotiations, understandings or agreements and (b) not be modified in any respect except by express written agreement executed by the parties. The appendices attached hereto are specifically made a part of this Agreement.

(j) Severability. If any provision of this Agreement shall be determined to be invalid, illegal or unenforceable, the remaining provisions of this Agreement shall continue in full force and effect, provided the consideration for the Agreement can be reasonably determined. In such event, the parties shall make good faith efforts to modify this Agreement to implement the intent of the parties embodied in this Agreement. Any resulting modification and the remaining provisions of this Agreement shall be valid and enforceable to the fullest extent permitted by law.

(k) Survival. The sections of this Agreement pertaining to indemnification, payment and dispute resolution shall be deemed to survive the expiration or earlier termination of this Agreement.

(l) Counterparts. This Agreement may be executed in counterparts, each of which shall be deemed an original, but all of which together shall be deemed to be one and the same agreement. A signed copy of this Agreement delivered by facsimile, e-mail or other means of electronic transmission shall be deemed to have the same legal effect as delivery of an original signed copy of this Agreement.

[Signature pages follow.]

IN WITNESS WHEREOF, the Parties have signed this Operation and Maintenance Agreement as of the date first set forth above.

CITY OF BOLIVAR, MISSOURI

By: _____

Name:

Its: Mayor

ATTEST:

By: _____

Paula Henderson

Its: City Clerk

APPROVED AS TO FORM:

By: _____

Donald Brown

Its: City Attorney

Bolivar Signature Page to Water Well Operation and Maintenance Agreement

IN WITNESS WHEREOF, the Parties have signed this Operation and Maintenance Agreement as of the date first set forth above.

**LIBERTY UTILITIES (MISSOURI
WATER) LLC**

By: _____
Name:
Its:

Liberty Signature Page to Water Well Operation and Maintenance Agreement

APPENDIX A

SCOPE OF SERVICES AND EXCLUDED SERVICES

Part 1

The Services are:

Except for the Excluded Services, complete operation, maintenance and management of the System in accordance with Applicable Law and Good Utility Practice, including:

Liberty will operate this system following the Liberty O&M manual.

1. Supply a trained and certified responsible operator in charge and other personnel as may be necessary to operate the System in compliance with all applicable regulatory requirements and directives, including, management, regulator water quality sample collection, computer control system and instrumentation operation and monitoring, administration, reporting and security.
2. Perform regularly scheduled inspections and on a weekly basis, or other periodic basis, as required, to adequately operate and monitor the System, including all buildings, property and equipment, mechanical, electrical, HVAC, instrumentation, communication and computer systems to ensure effective operation of the System and efficiency. Liberty Utilities shall provide prudent system operations in accordance with industry standards, equipment manufacturers' instructions and the operating manuals relating to the System.
3. Comply with the conditions of any and all permits issued in respect of the System by issuing agencies having jurisdiction over the System.
4. Maintain all manufacturer's warranties on new equipment during the Term and assist in enforcing any existing equipment warranties and guarantees.
5. Inspect all process control equipment to ensure proper operation of the pumps and chemical feeders.
6. Inspect the pumping station and water supply vault to ensure proper operation.
7. Check chemical feed pumps and implement any operational adjustments that maybe required.
8. Prepare and submit all reports respecting the operation and maintenance of the System as required by the Missouri Department of Natural Resources ("DNR") or any other regulatory agency or body having jurisdiction thereof.
9. Review, maintain and update a routine lubrication program for all equipment and Systems within the System.
10. Provide security of the System by locking access doors and gates.

11. Act as the primary contact with the DNR in respect of handling day-to-day regulatory requirements and operating issues regarding the System.

12. Review any inspection reports prepared by the DNR in respect of the System and, subject to any approvals retained hereunder, correct or negotiate with the DNR amendments in respect of those deficiencies identified in such inspection reports.

13. Recommend actions required to promptly comply with all federal, state and local legislation, regulations and orders, and upon receipt of any change in federal, state or local legislation, regulations or orders

Part 2

The Excluded Services are:

Upgrades or Capital Improvements
GIS or Mapping related updates

APPENDIX B

INSURANCE REQUIREMENTS

The Company at its expense shall procure and maintain during the term of this Agreement the following insurance:

I. Insurance Types and Limits.

- (1) Commercial General Liability Coverage. A policy to provide coverage against claims of personal injury and property damage, including broad form contractual liability coverage and shall have a \$2,000,000 limit for personal injury and property damage per occurrence and \$2,000,000 in the aggregate.
- (2) Comprehensive Automobile Liability Coverage. A policy to provide coverage against claims of personal injury or property damage covering all owned, leased, non-owned and hired vehicles used in the performance of work under this Agreement with a minimum limit per occurrence of \$1,000,000 for personal injury and property damage.
- (3) Workers' Compensation Insurance. A policy to provide coverage as required by State law and Employers Liability coverage in the amount of \$1,000,000 per occurrence.
- (4) Umbrella Liability Coverage. A policy to provide coverage excess of General Liability and Automobile Liability in the amount of \$2,000,000. The Company may satisfy this requirement by providing additional limits under the primary policies.

II. Insurance Certification. All policies of liability insurance required to be maintained by the Company shall:

- (1) be issued by insurers with an A.M. Best rating of not less than "A-, IX".
- (2) provide that coverage shall not be canceled or non-renewed until at least thirty (30) days prior notice has been given, except only ten (10) days' notice shall be provided for non-payment of premium.

Upon request the Company shall provide Owner a certificate of insurance as evidence of the above coverage.



IT RISK MANAGERS, INC.
4225 OKEMOS ROAD
OKEMOS, MI 48864

INDICATION OF TERMS

REFERENCE NUMBER: 2542237
COMPANY NAME: City Of Bolivar

Premium Summary:

Cyber & Privacy	\$15,000.00
Cyber Crime	\$2,750.00
Policy Fee	\$500.00
Surplus lines Filing Fee	\$200.00
MO Surplus Lines Tax @ 5%	\$922.50
TOTAL PAYABLE	\$19,372.50

BUSINESS OPERATIONS: Municipality

LEGAL ACTION: Worldwide

TERRITORIAL SCOPE: Worldwide

REPUTATIONAL HARM PERIOD: 12 months

INDEMNITY PERIOD: 12 months

WAITING PERIOD: 8 hours

WORDING: Cyber, Private Enterprise (US) v3.0

ENDORSEMENTS: Policyholder Disclosure Notice Of Terrorism Insurance Coverage

SUBJECTIVITIES: This quote is subject to the following being provided by the stated deadline:

1. Full details of the surplus lines broker, including name, company name, address, license number, state of filing and expiry date. (prior to binding)
2. Satisfactory confirmation that you have downloaded & registered our incident response mobile app, details of which can be found with your policy documents. (30 days post binding)

POLICY PERIOD: 12 months

DATE OF ISSUE: 17 Dec 2021

OPTIONAL EXTENDED REPORTING PERIOD: 12 months for 100% of applicable annualized premium

SECURITY: Certain underwriters at Lloyd's and other insurers

THIS INDICATION OF TERMS IS ONLY VALID FOR 30 DAYS FROM THE DATE OF ISSUE

PLEASE REFER TO THE FOLLOWING PAGES FOR A FULL BREAKDOWN OF LIMITS, RETENTIONS AND APPLICABLE CLAUSES



DECLARATIONS

THE FOLLOWING INSURING CLAUSES ARE SUBJECT TO AN EACH AND EVERY CLAIM LIMIT

INSURING CLAUSE 1: CYBER INCIDENT RESPONSE

SECTION A: INCIDENT RESPONSE COSTS

Limit of liability: USD2,000,000 each and every claim

Deductible: USD0 each and every claim

SECTION B: LEGAL AND REGULATORY COSTS

Limit of liability: USD2,000,000 each and every claim

Deductible: USD2,500 each and every claim

SECTION C: IT SECURITY AND FORENSIC COSTS

Limit of liability: USD2,000,000 each and every claim

Deductible: USD2,500 each and every claim

SECTION D: CRISIS COMMUNICATION COSTS

Limit of liability: USD2,000,000 each and every claim

Deductible: USD2,500 each and every claim

SECTION E: PRIVACY BREACH MANAGEMENT COSTS

Limit of liability: USD2,000,000 each and every claim

Deductible: USD2,500 each and every claim

SECTION F: THIRD PARTY PRIVACY BREACH MANAGEMENT COSTS

Limit of liability: USD2,000,000 each and every claim

Deductible: USD2,500 each and every claim

SECTION G: POST BREACH REMEDIATION COSTS

Limit of liability: USD50,000 each and every claim, subject to a maximum of 10% of all sums **we** have paid as a direct result of the **cyber event**

Deductible: USD0 each and every claim



INSURING CLAUSE 2: CYBER CRIME

SECTION A: FUNDS TRANSFER FRAUD

Limit of liability:	USD250,000	each and every claim
Deductible:	USD2,500	each and every claim

SECTION B: THEFT OF FUNDS HELD IN ESCROW

Limit of liability:	USD250,000	each and every claim
Deductible:	USD2,500	each and every claim

SECTION C: THEFT OF PERSONAL FUNDS

Limit of liability:	USD250,000	each and every claim
Deductible:	USD2,500	each and every claim

SECTION D: EXTORTION

Limit of liability:	USD2,000,000	each and every claim
Deductible:	USD2,500	each and every claim

SECTION E: CORPORATE IDENTITY THEFT

Limit of liability:	USD250,000	each and every claim
Deductible:	USD2,500	each and every claim

SECTION F: TELEPHONE HACKING

Limit of liability:	USD250,000	each and every claim
Deductible:	USD2,500	each and every claim

SECTION G: PUSH PAYMENT FRAUD

Limit of liability:	USD50,000	each and every claim
Deductible:	USD2,500	each and every claim

SECTION H: UNAUTHORIZED USE OF COMPUTER RESOURCES

Limit of liability:	USD250,000	each and every claim
Deductible:	USD2,500	each and every claim



INSURING CLAUSE 3: SYSTEM DAMAGE AND BUSINESS INTERRUPTION

SECTION A: SYSTEM DAMAGE AND RECTIFICATION COSTS

Limit of liability: USD2,000,000 each and every claim

Deductible: USD2,500 each and every claim

SECTION B: INCOME LOSS AND EXTRA EXPENSE

Limit of liability: USD2,000,000 each and every claim, sub-limited to USD1,000,000 in respect of **system failure**

Deductible: USD2,500 each and every claim

SECTION C: ADDITIONAL EXTRA EXPENSE

Limit of liability: USD100,000 each and every claim

Deductible: USD2,500 each and every claim

SECTION D: DEPENDENT BUSINESS INTERRUPTION

Limit of liability: USD2,000,000 each and every claim, sub-limited to USD1,000,000 in respect of **system failure**

Deductible: USD2,500 each and every claim

SECTION E: CONSEQUENTIAL REPUTATIONAL HARM

Limit of liability: USD2,000,000 each and every claim

Deductible: USD2,500 each and every claim

SECTION F: CLAIM PREPARATION COSTS

Limit of liability: USD25,000 each and every claim

Deductible: USD0 each and every claim

SECTION G: HARDWARE REPLACEMENT COSTS

Limit of liability: USD2,000,000 each and every claim

Deductible: USD2,500 each and every claim



THE FOLLOWING INSURING CLAUSES ARE SUBJECT TO AN AGGREGATE LIMIT

INSURING CLAUSE 4: NETWORK SECURITY & PRIVACY LIABILITY

SECTION A: NETWORK SECURITY LIABILITY

Aggregate limit of liability:	USD2,000,000	in the aggregate, including costs and expenses
Deductible:	USD2,500	each and every claim, including costs and expenses

SECTION B: PRIVACY LIABILITY

Aggregate limit of liability:	USD2,000,000	in the aggregate, including costs and expenses
Deductible:	USD2,500	each and every claim, including costs and expenses

SECTION C: MANAGEMENT LIABILITY

Aggregate limit of liability:	USD2,000,000	in the aggregate, including costs and expenses
Deductible:	USD2,500	each and every claim, including costs and expenses

SECTION D: REGULATORY FINES

Aggregate limit of liability:	USD2,000,000	in the aggregate, including costs and expenses
Deductible:	USD2,500	each and every claim, including costs and expenses

SECTION E: PCI FINES, PENALTIES AND ASSESSMENTS

Aggregate limit of liability:	USD2,000,000	in the aggregate, including costs and expenses
Deductible:	USD2,500	each and every claim, including costs and expenses

INSURING CLAUSE 5: MEDIA LIABILITY

SECTION A: DEFAMATION

Aggregate limit of liability:	USD2,000,000	in the aggregate, including costs and expenses
Deductible:	USD2,500	each and every claim, including costs and expenses

SECTION B: INTELLECTUAL PROPERTY RIGHTS INFRINGEMENT

Aggregate limit of liability:	USD2,000,000	in the aggregate, including costs and expenses
Deductible:	USD2,500	each and every claim, including costs and expenses

INSURING CLAUSE 6: TECHNOLOGY ERRORS AND OMISSIONS

NO COVER GIVEN



INSURING CLAUSE 7: COURT ATTENDANCE COSTS

Aggregate limit of liability: USD100,000 in the aggregate

Deductible: USD0 each and every claim



POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

ATTACHING TO POLICY NUMBER: N/A

THE INSURED: City Of Bolivar

WITH EFFECT FROM: -

Coverage for acts of terrorism is included in your policy. You are hereby notified that under the Terrorism Risk Insurance Act, as amended in 2015, the definition of act of terrorism has changed. As defined in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion.

Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 85% through 2015; 84% beginning on January 1, 2016; 83% beginning on January 1, 2017; 82% beginning on January 1, 2018; 81% beginning on January 1, 2019 and 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage.

The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced.

The portion of your annual premium that is attributable to coverage for acts of terrorism is USD0.00 and does not include any charges for the portion of losses covered by the United States government under the Act.

SUBJECT OTHERWISE TO THE TERMS AND CONDITIONS OF THE POLICY