



MEXICO HOUSING AUTHORITY



PO Box 484 – 828 Garfield Avenue – Mexico, Missouri 65265 Phone: (573) 581-2294 – Fax: (573) 581-6636 –
www.mexicoha.com

Board of Commissioners
Housing Authority of the City of Mexico, Missouri

AGENDA Regular MEETING
at
Garfield Community Center,
828 Garfield Avenue, Mexico, MO 65265
Scheduled for
Tuesday, August 17, 2021, at 2:00pm

1. **Call to order** by Chairperson
2. **Roll Call** by Tammy Dreyer, Executive Director.
3. **Adoption of Agenda.**
4. **Comments from the Public** (limit 3 minutes per person).
5. **Approval of Regular Meeting Minutes.**

Approval of Board Meeting minutes from July 20, 2021.

6. **Executive Director's Report:**
 - a. Financials
 - b. S8/PH Report
 - c. S8/PH Waitlist
 - d. Contract/Capital Fund/Modernization Projects
 - e. Maintenance Reports

7. **Unfinished Business.**

8. **New Business.**

Resolution 2954 Missouri Employers Mutual (MEM) Renewal 2021
Resolution 2955 Employee Medical Benefit Package 2021

9. **Other Business.**

Approval to use Reserves funds for Community Center interior remodel and Senior Center Paving bids.

10. Adjournment.

A complete agenda packet is available for review at the MHA office during regular business hours and posted on the MHA website at: www.mexicoha.com

If you wish to participate in the meeting and require specific accommodations or services related to disability, please contact MHA at (573) 581-2294 press 3 and leave a message, at least one working day prior to the meeting.

Waiting List Recap by Bedroom Size

Size	0BR	1BR	2BR	3BR	4BR	5BR	6+BR	No BR	TOTAL
Elderly	0	4	0	0	0	0	0	0	4
Near Elderly	0	0	0	0	0	0	0	0	0
Handi/Disabled	0	10	2	1	0	0	0	0	13
Single Fed Disp	0	0	0	0	0	0	0	0	0
Family	0	11	5	5	0	0	0	0	21
Hispanic	0	0	0	1	0	0	0	0	1
White	0	16	3	4	0	0	0	0	23
Black	0	6	2	2	0	0	0	0	10
Indian/Alaskan	0	0	1	0	0	0	0	0	1
Asian	0	0	0	0	0	0	0	0	0
Pacific Islander	0	0	0	0	0	0	0	0	0
Mixed	0	0	1	0	0	0	0	0	1
Other	0	1	0	0	0	0	0	0	1

Income Limit Breakdown

High:	0
Low:	4
Very Low:	3
ExtLow:	29

B - Section 8 Mexico Housing Authority of the City of Mexico Section 8

Effective Date : 8/9/2021

Size	0BR	1BR	2BR	3BR	4BR	5BR	6+BR	No BR	TOTAL
Elderly	0	3	0	0	0	0	0	0	3
Near Elderly	0	0	0	0	0	0	0	0	0
Handi/Disabled	0	7	3	1	0	0	0	0	11
Single Fed Disp	0	0	0	0	0	0	0	0	0
Family	2	8	9	6	0	0	0	0	25
Hispanic	0	0	0	1	0	0	0	0	1
White	0	10	5	4	0	0	0	0	19
Black	2	5	4	3	0	0	0	0	14
Indian/Alaskan	0	0	1	0	0	0	0	0	1
Asian	0	0	0	0	0	0	0	0	0
Pacific Islander	0	0	0	0	0	0	0	0	0
Mixed	0	0	2	0	0	0	0	0	2
Other	0	1	0	0	0	0	0	0	1

Income Limit Breakdown

High:	0
Low:	2
Very Low:	4
ExtLow:	31



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CONTRACTING/CAPITAL FUND/ PROPERTY UPDATES

July 2021

Current CFP Contracts

1. **2020-15 Replacement of siding, gutter, soffit, fascia and down spouts** on MHA office and community center including the breeze way. This work is being completed due to damaged siding, gutters, and soffit which will be points on next REAC inspection. Following MHA Procurement Policy Resolution, NO 2910 adopted 4/16/2019 5.4 Competitive Proposal method was used, three bidders responded the bid opening was 3/2/2021 at Mexico Housing Authority office at 10:00 am. The lowest responsible bidder was Anchor Contractors with a bid of \$78,700.00.
2. **2020-17 Exterior painting** of (20) buildings located on Boulevard, Hassen, Union, Calhoun. This includes the replacement of damaged/rotten siding, window seals, and brick mold. This work is being completed to address deteriorating wood, mortar and peeling paint issues noted on MHA last REAC Inspection. Following MHA Procurement Policy Resolution, NO 2910 adopted 4/16/2019 5.4 Competitive Proposal was used, two bidders responded. The bid opening was 3/16/2021 at Mexico Housing Authority office at 10:00 am. The lowest responsible bidder was Brick City, Painting and Drywall with a bid of \$103,000.00.
3. **2021-02 Concrete replacement @ Garfield and Seminary.** This is work is being completed due to deficiencies found on our last REAC Inspection. Following MHA Procurement Policy Resolution, NO 2910 adopted 4/16/2019 5.4 Competitive Proposal was used, two bidders responded. The bid opening was 4/20/2021 at Mexico Housing Authority office at 10:00 am. The lowest responsible bidder was Robinett Construction with a bid of \$126,262.00.
4. **2021-03 Concrete Replacement @ 828 Garfield.** This is work is being completed due to deficiencies found on our last REAC Inspection. Following MHA Procurement Policy Resolution, NO 2910 adopted 4/16/2019 5.4 Competitive Proposal was used, two bidders responded. The bid opening was 5/4/2021 at Mexico Housing Authority office at 10:00 am. The lowest responsible bidder was Anchor Construction with a bid of \$154,750.00.
5. **2021-07 Insurance Restoration @ 1103 Buchanan,** Following MHA Procurement Policy Resolution, NO 2910 adopted 4/16/2019 5.4 Competitive Proposal was used, one bidder responded. The bid opening was 6/29/2021 at Mexico Housing Authority office at 10:00 am. The lowest responsible bidder was Robinett Construction with a bid of \$ 19,847.33.

On Going Modernization Projects

1. We have replaced 146 countertops; we are getting closer to having this project completed
2. Continuing the upgrades on the light fixtures, vanities, faucets, and doorknobs.
3. We are modernizing kitchens by replacing lights above the kitchen sink and upgrading faucets.
4. Replacing flooring as needed upon make ready to vinyl planking (1-2bdrm)
5. Replacement of screen doors
6. Removal of trees as needed
7. Replacement of water heater to electric

Proposed/Upcoming Capital Fund Projects (posted on MHA website)

1. Continued Concrete Replacement

Completed Contracting

1. 2020-09 Roof replacement on TLB, Garfield, Central and Calhoun is almost complete.

Housing Authority of the City of Mexico
Monthly Report for Housing Authority Board
7/1/2021 TO 7/31/2021

WORK ORDERS

Received Processed
163 163

Routine Work Received Avg. Completion Time Routine
112 24.738 Hrs.

Emergency Work Received Avg. Completion Time Emergency
9 29.656 Hrs.

All Other Work Received Avg. Completion Time Other
42 44.000 Hrs.

PRODUCTION

Routine work orders with completion time over 24 hours: 27
Emergency work orders with completion time over 24 hours: 3

Work Orders called in this month/Outstanding 1st day of next month: 0

Work orders completed from prior months: 0

Work orders still outstanding from prior months: 0

(** = Emergency Work Orders over 24 hours old.)

Report Criteria

PHA:

Project:

Starting Date: 7/1/2021

Ending Date: 7/31/2021

Staff Generated Work Orders: False



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RESOLUTION NO. 2954

**RESOLUTION APPROVING
Missouri Employers Mutual (MEM) 2021 RENEWAL**

WHEREAS, the Housing Authority of the City of Mexico (MHA) through the Department of Housing and Urban Development (HUD) receives funds for the management and administration of its housing programs, and

WHEREAS, HUD requires all housing authorities to have Workers Compensation and Employers Liability insurance, and MEM is a competitive member of Missouri Housing Authorities and

NOW, THEREFORE BE IT RESOLVED, that at a regular Board meeting of the Board of Commissioners duly called and held on the 17th day of August 2021, The Board of Commissioners approved /authorized the renewal for MEM in the amount of \$9,819.00 for the year 2021/2022.

Passed this 17th day of August 2021

Rita Jackson, Chairperson

ATTEST:

Tammy Dreyer, Board Secretary
Executive Director, Mexico Housing Authority



PO Box 1810, Columbia, MO 65205-1810

RENEWAL QUOTE MEMO

This renewal quote was electronically delivered to susan.mcnary@mhapci.com on 07/23/2020

Date: 07/23/2020

To: Producer: 1306-1
MHAPCI
173 Chesterfield Business Pkwy
Chesterfield, MO 63005-1233

From: Misty Ridder
Underwriting Department

Re: Renewal Quote Memo for Account No: 508756
MEM 0508756-16:Housing Authority Of The City Of Mexico

Thank you for allowing us to serve your workers compensation insurance needs during the past year. We have taken this opportunity to review your client's policy, and attached is the renewal quote effective 09/06/2020. We look forward to continuing to provide unmatched safety resources and exceptional claims and customer service and competitive rates and pricing, among other benefits.

This quote:

- includes schedule rating, please refer to premium details for more information
- uses our Standard Rate Tier
- includes the experience modification of 0.92

If renewed, the policy is subject to any changes recommended by our Safety & Risk Services or Premium Consultation departments and Corvel will be the Dimensions managed care partner on the account.

Renewal Notice -Thirty days prior to the renewal date, the policyholder will receive a Renewal Notice to Pay if there is a balance due. If there is a credit balance, the policyholder will receive a Renewal Credit Acceptance letter that must be signed and returned to our office to accept the renewal offer. The balance will be available on iNet when the notices mail 30 days prior to the renewal.

Coverage will expire if the renewal is not paid or the signed Renewal Credit Acceptance letter is not received in our office prior to the expiration date. Please note the payment plan on this quote may have changed. For more information on our payment plans, visit our website and click Forms, Payment Plans.

Making payments has never been easier with MEM's Automatic EFT payment option. Available for MEM and Previsor policies of all premium sizes, enrollment is easy and benefits include

- Waived installment fees
- Automatic payments with no late fees or risk of cancellation

- More flexible payment schedules from one to twelve installments
- Seamless policy renewal

For your convenience, the enrollment form can be found on MEM's website under the Forms section. Questions? Contact Customer Service at 1.800.442.0593 or customerservice@mem-ins.com.



PO Box 1810, Columbia, MO 65205-1810

Renewal No.
60251355

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY RENEWAL QUOTE

Applicant:
Housing Authority Of The City Of Mexico
PO Box 484
Mexico, MO 65265-0484

Agency: 1306-1
MHAPCI
173 Chesterfield Business Pkwy
Chesterfield, MO 63005-1233

Renewal Effective Date:	09/06/2020	Employers Liability:		
Quote Date:	07/23/2020	Bodily Injury by Accident	\$ 500,000	each accident
		Bodily Injury by Disease	\$ 500,000	policy limit
		Bodily Injury by Disease	\$ 500,000	each employee

Housing Authority Of The City Of Mexico
09/06/2020 to 09/06/2021

Classifications	Code No.	Premium Basis		Estimated Annual Premium
		Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	
Missouri				
Location 1: 828 Garfield Mexico MO 65265				
ROOFING-ALL KINDS & DRIVERS	5551	0.00	29.61	0.00
HOUSING AUTHORITY & CLERICAL, SALESPERSONS, DR	9033	374,354.00	3.57	13,364.00
				13,364.00
				107.00
				13,471.00
				(1,078.00)
				12,393.00
				(1,239.00)
				11,154.00
				(52.00)
				240.00
				37.00
				11,379.00
				569.00
				11,948.00

This is a quotation only and is not a binder of insurance or a guarantee of insurability.
The renewal payment must be received prior to the renewal effective date unless on an Automatic EFT pay plan. If on Automatic EFT the policy will automatically renew and the payment will be debited from the policyholder's account.



PO Box 1810, Columbia, MO 65205-1810

Renewal No.
60251355

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY RENEWAL QUOTE

Applicant:
Housing Authority Of The City Of Mexico
PO Box 484
Mexico, MO 65265-0484

Agency: 1306-1
MHAPCI
173 Chesterfield Business Pkwy
Chesterfield, MO 63005-1233

Renewal Effective Date:	09/06/2020	Employers Liability:		
Quote Date:	07/23/2020	Bodily Injury by Accident	\$ 500,000	each accident
		Bodily Injury by Disease	\$ 500,000	policy limit
		Bodily Injury by Disease	\$ 500,000	each employee

Housing Authority Of The City Of Mexico
Period 1: 09/06/2020 to 09/06/2021

Billing Payment Mode: Annual

Initial Payment Items

Premium	11,102.00
MO Second Injury Fund	569.00
Expense Constant	240.00
Terrorism Risk Act	37.00
Service Fee	5.00

Total to Remit

11,953.00

For all billing inquiries please contact us at 1.800.442.0593 or customerservice@mem-ins.com.

Automatic EFT Payment Options via Checking or Savings

To save time and money, select to enroll in our Automatic EFT payment option. Contact Customer Service for assistance.

- Annual, One installment of 11948.00
- Two installment, 5551.00 with Down Payment of 6,397.00
- Four installment, 2775.50 with Down Payment of 3,621.50
- Six installment, 1887.34 with Down Payment of 2,511.30
- Nine installment, 1179.58 with Down Payment of 2,511.30
- Twelve installment, 925.20 with Down Payment of 1,770.80

A service fee will be added to each invoice - if applicable.

This is a quotation only and is not a binder of insurance or a guarantee of insurability. The renewal payment must be received prior to the renewal effective date unless on an Automatic EFT pay plan. If on Automatic EFT the policy will automatically renew and the payment will be debited from the policyholder's account.



PO Box 1810, Columbia, MO 65205-1810

RENEWAL QUOTE MEMO

This renewal quote was electronically delivered to susan.mcnary@mhapci.com on 07/23/2021

Date: 07/23/2021

To: Producer: 1306-1
MHAPCI
173 Chesterfield Business Pkwy
Chesterfield, MO 63005-1233

From: Misty Ridder
Underwriting Department

Re: Renewal Quote Memo for Account No: 508756
MEM 0508756-17: Housing Authority Of The City Of Mexico

Thank you for allowing us to be your workers compensation provider, we look forward to our continued partnership. The renewal quote effective 09/06/2021 has been attached for your review. We strive to provide unmatched value-added services supported by our safety and risk resources, exceptional claims management, and customer care.

This quote effective 09/06/2021 to 09/06/2022

- includes schedule rating, please refer to premium details for more information
- uses our Standard Rate Tier
- includes the experience modification of 0.92

If renewed, the policy is subject to any changes recommended by our Safety & Risk Services or Premium Consultation departments.

Renewal Notice -Thirty days prior to the renewal date, the policyholder will receive a Renewal Notice to Pay if there is a balance due. If there is a credit balance, the policyholder will receive a Renewal Credit Acceptance letter that must be signed and returned to our office to accept the renewal offer. The balance will be available on our website once the notice is mailed.

Coverage will expire if the renewal is not paid or the signed Renewal Credit Acceptance letter is not received in our office prior to the expiration date. Please note the payment plan on this quote may have changed. Additional information on payment plans can be obtained by logging into your portal account and selecting *Resources, Forms*, then *MEM Payment Options*.

Making payments has never been easier with MEM's Automatic EFT payment option. Available for MEM and Previsor annual and installment pay plans on all premium sizes, and now for monthly and quarterly reporting pay plans on premiums over \$1,000. If your client would like to take advantage of an Auto EFT payment option, please have them complete the attached Auto EFT Enrollment form. Benefits include:

- Waived service fees
- Automatic payments with no late fees or risk of cancellation
- More flexible payment schedules from one to twelve installments
- Collateral requirement waived for payroll reporting pay plans
- Seamless policy renewal

If you have any questions, please contact our Customer Care Department at 1.800.442.0593 or customer care@mem-ins.com.



PO Box 1810, Columbia, MO 65205-1810

Renewal No.
60390017

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY RENEWAL QUOTE

Applicant:
Housing Authority Of The City Of Mexico
PO Box 484
Mexico, MO 65265-0484

Agency: 1306-1
MHAPCI
173 Chesterfield Business Pkwy
Chesterfield, MO 63005-1233

Renewal Effective Date:	09/06/2021	Employers Liability:		
Quote Date:	07/23/2021	Bodily Injury by Accident	\$ 500,000	each accident
		Bodily Injury by Disease	\$ 500,000	policy limit
		Bodily Injury by Disease	\$ 500,000	each employee

Housing Authority Of The City Of Mexico
09/06/2021 to 09/06/2022

Classifications	Code No.	Premium Basis		Estimated Annual Premium
		Total Estimated Annual Remuneration	Rate Per \$100 of Remuneration	
Missouri				
Location 1: 828 GARFIELD AVE MEXICO MO 65265-2513				
ROOFING-ALL KINDS & DRIVERS	5551	0.00	29.85	0.00
HOUSING AUTHORITY & CLERICAL, SALESPERSONS, DR	9033	303,811.00	3.58	10,876.00
				10,876.00
				Increased Employers Liability 1.008 87.00
				Subject Premium 10,963.00
				Exp. Modifier 0.92 (877.00)
				Modified Premium 10,086.00
				Schedule Rating Credit/Debit -10.0% (1,009.00)
				Standard Premium 9,077.00
				Expense Constant 240.00
				Terrorism Risk Act 30.00
				Total Estimated Premium 9,347.00
				Missouri SIF 0.05 467.00
				Total Premium and Surcharges 9,814.00

This is a quotation only and is not a binder of insurance or a guarantee of insurability.
The renewal payment must be received prior to the renewal effective date unless on an Automatic EFT pay plan. If on Automatic EFT the policy will automatically renew and the payment will be debited from the policyholder's account.



PO Box 1810, Columbia, MO 65205-1810

Renewal No.
60390017

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY RENEWAL QUOTE

Applicant:
Housing Authority Of The City Of Mexico
PO Box 484
Mexico, MO 65265-0484

Agency: 1306-1
MHAPCI
173 Chesterfield Business Pkwy
Chesterfield, MO 63005-1233

Renewal Effective Date:	09/06/2021	Employers Liability:		
Quote Date:	07/23/2021	Bodily Injury by Accident	\$ 500,000	each accident
		Bodily Injury by Disease	\$ 500,000	policy limit
		Bodily Injury by Disease	\$ 500,000	each employee

Housing Authority Of The City Of Mexico
Period 1: 09/06/2021 to 09/06/2022

Billing Payment Mode: Annual

Initial Payment Items

Premium	9,077.00
MO Second Injury Fund	467.00
Expense Constant	240.00
Terrorism Risk Act	30.00
Service Fee	5.00

Total to Remit

9,819.00

Automatic EFT Payment Options via Checking or Savings

To save time and money, and eliminate the collateral requirement, enroll in our Automatic EFT payment option. Contact Customer Care for assistance.

For all billing inquiries please contact us at 1.800.442.0593 or customercare@mem-ins.com
A service fee will be added to each invoice - if applicable.

This is a quotation only and is not a binder of insurance or a guarantee of insurability.
The renewal payment must be received prior to the renewal effective date unless on an Automatic EFT pay plan. If on Automatic EFT the policy will automatically renew and the payment will be debited from the policyholder's account.



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RESOLUTION NO. 2955
RESOLUTION APPROVING the MHA Employee
Medical Benefit Package

WHEREAS, the Housing Authority of the City of Mexico (MHA) as a part of the employee benefits package for the calendar year CY2021 for the employee medical benefits, vision and dental; and

WHEREAS, the benefits package for CY2021 focused on priorities involving managing increasing costs for benefits, retaining a strong benefit for employees and controlling the rising cost of benefits; and

WHEREAS, MHA has quotes on Life insurance(no change), short term disability and long term disability to be added with competitive quote from United Healthcare, and

WHEREAS, the recommended benefits package for this year is a very competitive package for the MHA employees with a rate increase of 4.7 percent for medical, per person savings on vision, and Delta Dental has no change for 2021, and....

NOW, THEREFORE BE IT RESOLVED that at a regular Board Meeting of the Board of Commissioners of the Housing Authority of the City of Mexico, Missouri duly called and held on the 17th day of August 2021, at which a quorum was present, and by an affirmative and concurring vote of the majority of the Board, The Board of Commissioners approves the MHA Medical Benefit Package as attached hereto and made a part hereof.

Passed this 17th, August 2021.

Rita Jackson, Chairperson

Tammy Dreyer, Board Secretary
Executive Director Mexico Housing Authority

Review

The chart below shows an overview of your current plan, your renewal plan and the associated premiums.

Plan ID	Metallic Level	Plan Deductibles Single/Family		Out of Pocket Max Single/Family		Office Copays (PCP/Spec)		Network
		Network	Non-Network	Network	Non-Network	Network	Non-Network	
Current Medical Plans M.C.MO.12 / MO014								
Balanced 100	BR-XS / RX 619 ¹	P	\$500/\$1,000	\$1,500/\$3,000	\$4,000/\$8,000	\$8,000/\$16,000	\$20/\$40	CHOIC

Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

Renewal Medical Plans M.C.MO.15 / MO015								
Balanced 100	BR-XS / RX 619 ¹	P	\$500/\$1,000	\$1,500/\$3,000	\$4,000/\$8,000	\$8,000/\$16,000	\$20/\$40	CHOIC

Metallic Levels: **P** = Platinum, **G** = Gold, S = Silver, B = Bronze

- Important: If multiple policies are sold to one customer, we require the policy year or calendar year basis selection be the same for each sold policy.
- If you choose to add or change an existing HRA plan, you must choose from the list of UnitedHealthcare HRA-eligible medical plans as shown to you by your broker or agent. If you are currently enrolled in an HRA plan administered by a Third Party Administrator for your HRA, please note that HRA plans administered by other insurers or TPAs must comply with UnitedHealthcare HRA design standards.
- Premium rates and/or product forms included herein are subject to approval by regulators. If the rates or product forms offered herein are subsequently modified by regulators we will immediately advise you of the change in plan design and retroactively adjust premium in subsequent billings, in accordance with applicable law.
- Starting with 2014 effective dates, all pharmacy plans include an ancillary charge (also known as a generic pharmacy program). This type of pharmacy program includes out of pocket expenses when a member fills a brand name or higher tier generic prescription but there is a chemically equivalent lower tier brand or generic available.
- Current and renewal medical rates reflect the participant's age on the renewal date and may not be the same as the rates billed in the current billing.
- This premium may include state and federal taxes and fees.

¹ This medical plan is available with either calendar year or policy year deductibles and out of pocket maximums.

Your current benefit design options are now part of a new set of Medical plan choices which offer the same flexibility, choice, and affordability that you are enjoying today.

	Coinsurance		Legal Entity / License	Med/Rx Ded Combined	Pharmacy (Spec; Non-Spec)	Enrolled Employees	HSA/HRA Contrib.	Monthly Medical Premium
	Network	Non-Network						
IS	100%	70%	INS	N	\$10/\$35/\$70/\$200	10		\$9,389.32
S	100%	70%	INS	N	\$10/\$35/\$70/\$200	10		\$9,827.97
	Change from Current:							4.7%

Renewal Assumptions:

- The monthly cost noted above is based upon the coverage in force at the time the renewal was calculated. Please refer to Appendix A included in this package. Actual billed premium as of your renewal date may differ from the amounts reflected in this package.
- Information on alternate benefit plans is summarized for ease of review. It is not intended to be a statement of benefits, nor does it guarantee coverage. The Certificate of Coverage provides the legal description of coverage and is available for your review upon request. UHC Choice plans will cover only the employees within the defined UnitedHealthcare service area. The rates are based upon the employer's primary location. Other locations will require alternate plan designs and rates.
- Renewal of your employer plan is contingent upon meeting UnitedHealthcare's minimum participation requirements.
- Plan design and corresponding premium rates offered herein represent a coverage option that is consistent with your current group size (based on most recent census or survey information) and closely matches your current coverage. Additional coverage options may be available to you.
- Upon the renewal of your employer plan, the Certificate of Coverage or Summary Plan Description, and other documents, notices and communications regarding the plan(s) selected may be transmitted electronically to you (employer group) and the group employees. The employer group may withdraw their consent at any time or request a document in a paper or non-electronic form.
- Please see the Glossary on inside back cover of this package for definitions of the above terms.

UnitedHealthcare Dental Proposal



Company Name: Mexico Housing Authority

Our plans come with extras

Extended benefits during pregnancy
 Oral cancer screenings for all adults that covers light contrast screenings and brush biopsies
 Access to an extensive national network of dentists and the freedom to visit non-network dentists
 Low participation requirement for voluntary coverage of a minimum of 2 enrolling employees

Effective Date: 10/1/2021

Total Eligible EEs: 9

Status State / SIC: MO (65265) / 9531- Housing programs

Commissions / Rate Guarantee: Standard / 12 Months¹

Plan Code	Enrollment	Dental Proposal 1	Dental Proposal 2	Dental Proposal 3	Dental Proposal 4
Plan Type	0P037	Passive PPO	P5334	P5334	
Individual Deductible (In/Out)		In / Out	In / Out	In / Out	
Family Deductible (In/Out)		\$50 / \$50	\$50 / \$50	\$50 / \$50	
Annual Plan Maximum		\$150 / \$150	\$150 / \$150	\$150 / \$150	
Preventive Services		\$1,000 / \$1,000	\$1,500 / \$1,500	\$1,500 / \$1,500	
Basic Dental Services		100% / 100%	100% / 100%	100% / 100%	
Endodontics		80% / 80%	80% / 80%	80% / 80%	
Oral Surgery		50% / 50%	50% / 50%	50% / 50%	
Major Services		50% / 50%	50% / 50%	50% / 50%	
Orthodontia Eligibility		NA	NA	NA	
Orthodontia Coinsurance		NA / NA	NA / NA	NA / NA	
Orthodontia Lifetime Maximum		NA	NA	NA	
Waiting Period for Major Services		0 Months	0 Months	0 Months	
UCR		MAC	MAC	MAC	
Network Name		Options PPO 20	Options PPO 20	Options PPO 20	
Consumer Max Multiplier Included		Yes	Yes	Yes	
Preventive Max Multiplier Included		No	No	No	
Implants Included		No	No	No	
Contribution Type		Contributory	Contributory	Contributory	
Dental Monthly Premium	0	\$17.40	\$19.20	\$19.20	
Employee & Spouse	0	\$17.40	\$38.40	\$38.40	
Employee & Child (ret)	0	\$38.79	\$51.10	\$51.10	
Employee & Family	0	\$58.98	\$85.10	\$85.10	
Estimated Monthly Premium**	9	\$156.60	\$172.80	\$172.80	
Illustrative Monthly Packaged Savings Credit		-\$27.00	-\$27.00	-\$27.00	
Total Annual Premium (including fees and credits)		\$1,555.20	\$1,749.60	\$1,749.60	

- Rates are guaranteed for 12 months but may be modified to align with any existing UnitedHealthcare product renewal dates, if applicable.
- For certain dental plans the Endodontic, Periodontic and Oral Surgery benefits may, as a group or individually, be class shifted between Class II and Class III coinsurance rates. For more information, please see the Dental Benefit Summary for the specific plan setup.
- Employer Contribution Premium / Month (Employee Only) is the amount of the total monthly employee premium contributed by the employer and does not include any additional amounts that may be contributed for dependents. This amount will change depending on the number of employees and the contribution percentage. If no contribution percentage has been provided, this amount assumes the employer pays 100% of the employee premium.
- The Employer Contribution for Voluntary dental plans may range from 0%- 49%.
- Dental plans are available with both a Annual Deductible and a Lifetime Deductible, please refer to your Dental Benefit Summary to determine if your plan offering has a lifetime or annual deductible. Lifetime Deductible are met once per lifetime per eligible individual, with no family maximum.
- UnitedHealthcare's Packaged Savings Program allows you the opportunity to receive an administrative credit on your monthly invoice when you purchase eligible UnitedHealthcare specialty products with your medical coverage. Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue for a period of 12 months as long as eligible medical and specialty benefits remain in-force. Contact your UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used by permission of UnitedHealth Group Incorporated.
- Agents may receive commissions, bonuses and other compensation for selling the products presented in this proposal. The cost of this compensation may be directly or indirectly reflected in the premium or fees for those products. Contact your agent if you have questions on their compensation for the products in this proposal.
- Product availability may vary based upon group size and prior dental coverage.
- The Out of Network reimbursement may be based on a percentage of the Usual and Customary (UCR), or Maximum Allowable Charges (MAC), which are applicable for the same service that would have been rendered by a network provider. COB reimbursements are based on the geographic area in which the expenses are incurred. Please see the Benefit Summary for OON reimbursement basis. "P" plans can vary by MAC, 85th, 90th or 95th percentile of UCR, or a Fee Schedule. "A" plans can vary by MAC, 70th percentile of UCR, or a Fee Schedule.
- For, Indemnity, PPO and IMO plans, the employer must meet minimum contribution and eligible employee participation requirements.
 - Contributory/Employer-Paid dental plans: (Employer Contribution) - 50% or more of the employee rate. At least 75% participation of eligible employees who do not waive coverage, and not to fall below 50% of the total eligible employees (must have at least 2 enrolled employees for plans without ortho and 5 eligible, 3 or more enrolled for plans with ortho).
 - Voluntary dental plan: Employer may contribute 0 to 49% of the total premium. 0% participation of eligible employee, 2 or more employees enrolled; for plans with Orthodontia, 5 eligible, 3 or more employees enrolled.
- The Core Network is made up of providers who provide our strongest discounts. Core plan codes are distinguished by an "N".
- Proposed rates are valid to the Effective Date or 90 days from the Quote Date, whichever is sooner.

UnitedHealthcare dental coverage underwritten by UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, UnitedHealthcare of Kentucky, located in Lexington, Kentucky, or their affiliates. Administrative services provided by Dental Benefit Providers, Inc., Dental Benefit Administrative Services (CA only), DBP Services (NY only), United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number DPOL.06.TX and associated COC form number DCOC.CER.06. Plans sold in Virginia use policy form number DPOL.06.VA with associated COC form number DCOC.CER.06.VA and policy form number DPOL.12.VA with associated COC form number DCOC.CER.12.VA. Benefits for the UnitedHealthcare dental DHMO plans are provided by or through the following UnitedHealth Group companies: Nevada Pacific Dental, National Pacific Dental, Inc. and Dental Benefit Providers of Illinois, Inc. Plans sold in Texas use contract form number DHMO.CNT.11.TX and associated EOC form number DHMO, EOC.11.TX. The New York Select Managed Care Plan is underwritten by UnitedHealthcare Insurance Company of New York located in Islandia, New York. Administrative services provided by DBP Services. The Select DHMO plan is underwritten by Dominion Dental Services, Inc. Dominion is licensed as a Limited Health Care Services in Maryland and Delaware. In CA, benefits for the UnitedHealthcare Dental DHMO/Direct Compensation plans are offered by Dental Benefit Providers of California, Inc. UnitedHealthcare Dental is affiliated with UnitedHealthcare.



HOUSING AUTHORITY OF THE CITY OF MEXICO
828 BARFIELD

MEXICO, MO 65265

Dear Plan Administrator,

I personally want to thank you for placing your trust in Delta Dental of Missouri as your dental benefits provider. It has been our pleasure to serve **HOUSING AUTHORITY OF THE CITY OF MEXICO (18521087)** and we hope your experience with Delta Dental has been equally exceptional.

Your group's anniversary date with Delta Dental is **October 1, 2020**. To assist you with your renewal, I have included a summary of your current rates along with your renewal rates for your review and consideration. The renewal rates are guaranteed for 2 year.

This is also an opportunity to change your plan design, if desired. If you have any questions or concerns related to these items, please do not hesitate to contact me or your broker directly.

	<u>Current Rates</u>	<u>Renewal Rates</u>	<u>Enrollment</u>
Employee	\$39.98	\$39.98	5
Employee & Spouse	\$81.67	\$81.67	0
Employee & Child(ren)	\$80.83	\$80.83	2
Family	\$119.36	\$119.63	0

Please keep in mind that this is your annual enrollment period. Now is the time for your employees to review and make changes to their current coverage, which will become effective on your anniversary.

With your renewal, we are pleased to offer you the opportunity to expand your benefits to include vision coverage through DeltaVision! DeltaVision gives members access to one of the broadest and most diverse vision networks in the nation with the Superior Vision™ National network. If you add DeltaVision with your dental renewal*, a 2% discount will be applied to your dental renewal rates.

*Applicable to new vision business only with a minimum of 2 enrolled.

Thank you for your continued partnership with Delta Dental of Missouri.

Sincerely,

Jacob Morris
Client Services Associate
Phone: (314) 656-2617
Fax: (314) 656-4743
cc: Digital Insurance Inc

UnitedHealthcare Basic Life Proposal

Features that give you peace of mind

Online tools and information for preparing wills and trusts*
 Access to travel assistance for domestic and foreign needs such as medical assistance,
 Grief and loss consultation for beneficiaries*
 Waiver of premiums for disabled employees under age 60
 For Non-Contributory plans, 100% participation is required
 For Contributory plans, a minimum 25% employer contribution and 75% participation is required



Company Name: Mexico Housing Authority

Effective Date: 10/1/2021
 Total Eligible EEs: 9
 Situs State / SIC: MO (65265) / 9531- Housing programs
 Commissions / Rate Guarantee: Standard / 24 Months¹

Prime Plan Code	Basic Life Proposal 1	Basic Life Proposal 2	Basic Life Proposal 3	Basic Life Proposal 4
SW (BL / ADnD) Plan Code	BL0314 / ADD0449			
# of Employees	9			
Total Life Volume	225,000			
Contribution Type	Non-Contributory			
Benefit Type	Flat Amount			
Benefit Level	\$25,000			
Max Benefit Amount	\$25,000			
Age-Reduction Schedule	65% @ 65, 50% @ 70			
Basic Life Rate/1000 Volume	0.190			
AD&D Rate/1000 Volume	0.020			
Total Rate/1000 Volume	0.210			
Total Premium per Employee	\$5.25			
Total Monthly Premium	\$47.25			
<i>Illustrative Monthly Packaged Savings Credit</i>	<i>\$9.00</i>			
Total Annual Premiums (including fees and credits)	\$459.00			
Dependent Life				
Spouse Benefit				
Child Benefit				
Total Premium per Employee				
Total Monthly Premium				
Employee counts				
Total Annual Premium				

1. Rates are guaranteed for 24 months but may be modified to align with any existing UnitedHealthcare product renewal dates, if applicable.
 2. Stand-alone Life/AD&D available for employer groups with 6 or more eligible employees. Life/AD&D must be sold with medical for groups with 2 to 5 lives.
 3. Agents may receive commissions, bonuses, and other compensation for the products in this proposal.
 4. The employer must meet minimum contribution and eligible employee participation requirements. Non-Contributory plans require the employer contribute 100% of the premium yielding 100% participation. Contributory plans require 75% participation of eligible employees.
 5. The employer must meet minimum contribution and eligible employee participation requirements. Benefits of \$15,000: 100% of the employee rate; 100% participation. Benefits greater than \$15,000: 25% of the employee rate, 75% participation for contributory plans, 100% for non-contributory plans.
 6. Employer Contribution Premium / Month (Employee Only) is the amount of the total monthly employee premium contributed by the employer and does not include any additional amounts that may be contributed for dependents. This amount will change depending on the number of employees and the contribution percentage. If no contribution percentage has been provided, this amount assumes the employer pays 100% of the employee premium.
 7. Basic Life benefits include: waiver of premium, accelerated death benefit, reduction in benefits to 65% at age 65 and to 50% of original amount at age 70. Retirees are not eligible for coverage.
 8. UnitedHealthcare's Packaged Savings Program allows you the opportunity to receive an administrative credit on your monthly invoice when you purchase eligible UnitedHealthcare specialty products with your medical coverage. Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue for a period of 12 months as long as eligible medical and specialty benefits remain in-force. Contact your UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used by permission of UnitedHealth Group Incorporated.
 *Will & trust services provided by CLC, Inc; travel assistance services provided by OnCall International; grief services offered by OptumHealth Behavioral Solutions. OptumHealth is a subsidiary of UnitedHealth Group.

The above rates and benefits are for general information and discussion purposes only and not valid unless approved by UnitedHealthcare. This rate quote is not an offer or a guarantee of coverage. The rates quoted are applicable to the plan design selected. We reserve the right to modify your rates in the event your plan design must be modified as a result of any change, modification or clarification in law. This group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by us and final rates have been accepted by and initial premium paid by the group. Final rates are determined by UnitedHealthcare's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this Web site or printed output, will form the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

Individual Evidence of Insurability may be required if amounts exceed the Guarantee Issue Limit. Allowable Plan Maximums vary by employer group size. Refer to table below.

Group Size (eligible employees)	Guarantee Issue Limit	Plan Maximum Limit
2 - 5 ees	25,000	50,000
6 - 19 ees	50,000	175,000
20 - 50 ees	100,000	250,000
51 - 100 ees	175,000	350,000

UnitedHealthcare Vision Proposal



Company Name: Mexico Housing Authority

Better Vision is in Sight

- No participation requirement for voluntary vision
- Discounts on non-covered options to reduce out-of-pocket expenses (may not be available in all states)
- Both private practice and retail providers
- Access to discounted laser vision correction procedures
- Custom-programmed hearing aid discount program

Effective Date: 10/1/2021
 Total Eligible FTEs: 9
 Status State / SIC: MO (65265) / 9531- Housing programs
 Commissions / Rate Guarantee: Standard / 24 Months*

Plan includes a second exam for children under age 13 and pregnant or breastfeeding women (after applicable copayment)

Plan Code	Enrollment	Vision Proposal 1	Vision Proposal 2	Vision Proposal 3	Vision Proposal 4
Rate Guaranteed (Months)	24	\$1012			
Plan Type Description	Employee Core				
# of Employees	9				
Frequency (Months)	12 Months				
Exam(s)	12 Months				
Lenses (eyeglasses or contacts)	24 Months				
Frames					
In-Network					
Copy for Exam(s)	\$10				
Copy for Materials	\$25				
Copy for Retinal Screening for Diabetics	\$0				
Copy for 2nd Exam for Diabetics	\$10				
Contact Lens Allowance	\$105				
Contact Lens Fitting Allowance	\$30				
Non-Formulary Contact Lens Allowance	N/A				
(Material copy does not apply)					
Copy for Formulary Contact Lenses, Fitting and Evaluation	N/A				
Necessary Contact Lenses	100%				
Retail Frame Allowance	\$130				
Covered Lens Options	30% discount on frame coverage at participating providers				
	Std Scratch Coating, Polycarb to age 19				
Out-of-Network					
Reimbursement for Exam	Up to \$40				
Reimbursement for Single Vision Lenses	Up to \$40				
Reimbursement for Bifocal Lenses	Up to \$60				
Reimbursement for Trifocal Lenses	Up to \$80				
Reimbursement for Frame	Up to \$45				
Reimbursement for Contact Lenses	Up to \$80				
Reimbursement for Necessary Contact Lenses	Up to \$210				
Vision Monthly Premium	\$5.08				
Employee Only	0				
Employee & Spouse	\$10.69				
Employee & Child(ren)	\$12.54				
Employee & Family	\$18.50				
Estimated Monthly Premium**	\$45.72				
Illustrative Monthly Packaged Savings Credit	\$18.00				
Total Annual Premium (including fees and credits)	\$332.64				

- Rates are guaranteed for 24 months but may be modified to align with any existing UnitedHealthcare product renewal dates, if applicable.
 - This quote assumes Carrier replacement.
 - Product availability may vary based upon group size.
 - Other covered lens options could vary by plan. Refer to benefits summary for specific plan benefits and design.
 - Children under age 13 and members pregnant or breastfeeding who have a prescription change of 0.5 diopter or more are eligible for a replacement frame and lenses. The replacement benefits are the same as the benefits for the initial frame and lenses.
 - Plan includes a second exam for children under age 13 and pregnant or breastfeeding women (after applicable copayment)
 - UnitedHealthcare vision members can receive their vision care through our network of over 90,000 network access points including major retailers and private practice locations.
 - Discounts are available on additional pairs of glasses (at participating providers), LASIK, hearing aids, as well as contact lenses (uicontracts.com).
 - Agents may receive commissions, bonuses and other compensations for selling the product in this proposal. The cost of the compensation may be directly or indirectly reflected in the premium or fees for these products.
 - Proposed rates are valid to the Effective Date.
 - UnitedHealthcare's Packaged Savings Program allows you the opportunity to receive an administrative credit on your monthly invoice when you purchase eligible UnitedHealthcare specialty products with your medical coverage. Per-employee per-month administrative savings apply based on the number of enrolled medical subscribers and will continue for a period of 12 months as long as eligible medical and specialty benefits remain in-force. Savings may vary and are not a guarantee of individual results. Contact your UnitedHealthcare representative to discuss plan and program availability. UnitedHealth Group Incorporated owns the trademark for Packaged Savings. Used
 - The employer must meet the minimum contribution and eligible employee participation requirements. For voluntary vision plans: minimum 1 or more enrollees required; no participation percentage required. For employer sponsored plans: at least 75% participation of eligible employees less valid waivers; not to fall below 50% of total eligible employees. For employee core/voluntary dependent vision plans: 75-100% employer contribution for employees; no employer contribution requirements for dependents; at least 75% participation of eligible employees less valid waivers; not to fall below 50% of total eligible employees.
- UnitedHealthcare vision coverage provided by or through UnitedHealthcare Insurance Company, located in Hartford, Connecticut, UnitedHealthcare Insurance Company of New York, located in Islandia, New York, or their affiliates. Administrative services provided by Spectera, Inc., United HealthCare Services, Inc. or their affiliates. Plans sold in Texas use policy form number VPOL.06.TX or VPOL.13.TX and associated COC form number VCOC.CER.13.TX. Plans sold in Virginia use policy form number VPOL.06.VA or VPOL.13.VA and associated COC form number VCOC.CER.13.VA. This policy has exclusions, limitations and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact either your broker or the company.

HOUSING AUTHORITY OF THE CITY OF MEXICO
828 BARFIELD

MEXICO, MO 65265

Dear Plan Administrator,

I personally want to thank you for placing your trust in Delta Dental of Missouri as your vision benefits provider. It has been our pleasure to serve **HOUSING AUTHORITY OF THE CITY OF MEXICO (18521087)** and we hope your experience with *DeltaVision* has been equally exceptional.

Your group's anniversary date with Delta Dental is **October 1, 2021**. To assist you with your renewal, I have included a summary of your current rates along with your renewal rates for your review and consideration. The renewal rates are guaranteed for 2 years.

This is also an opportunity to change your plan design, if desired. If you have any questions or concerns related to these items, please do not hesitate to contact me or your broker directly.

	<u>Current Rates</u>	<u>Renewal Rates</u>	<u>Enrollment</u>
Employee	\$7.28	\$7.28	7
Employee & Spouse	\$13.65	\$13.65	0
Employee & Child(ren)	\$15.49	\$15.49	2
Family	\$22.57	\$22.57	1

Please keep in mind that this is your annual enrollment period. Now is the time for your employees to review and make changes to their current coverage, which will become effective on your anniversary.

DeltaVision gives members access to one of the broadest and most diverse vision networks in the nation with the Superior Vision™ National network.

Thank you for your continued partnership with Delta Dental of Missouri.

Sincerely,



Jacob Morris
Client Services Associate
Phone: (314) 656-2617
Fax: (314) 656-4743
cc: Digital Insurance Inc

UnitedHealthcare Short Term Disability Proposal

Company Name: Mexico Housing Authority



Good For Employees, Good for Business

Bridge2Health, an integrated approach based on early intervention

- Provides medical, disability and behavioral case management, coordinated by a single case manager
- Studies have shown that disabled employees return to work 13% more quickly & in a more productive state**
- Automatically offered at no additional cost to companies that have both fully-insured UnitedHealthcare medical and disability coverage

Lump Sum Survivor Benefit of the lesser of 3 weeks STD benefit or \$3,000

Policy Number: 459017

Effective Date: 10/1/2021

Total Eligible EES: 9

Situs State / SIC: MO (65265) / 9531 - Housing programs

Commissions / Rate Guarantee: Standard / 24 Months¹

	STD Proposal 1 ST0001SA029300	STD Proposal 2	STD Proposal 3	STD Proposal 4
# of Employees	9			
Total Weekly Benefit	5,192			
Benefit Amount	60% to \$750			
Elimination Period - Accident	7 Day			
Elimination Period - Sickness	7 Day			
Definition of Disability	Residual			
Benefit Duration	13 weeks			
Pre-Existing Limitation	12/12			
Recurrent Disability	14 Days			
Employer Contribution	Noncontributory/Composite			
STD Rate/\$10 Weekly Benefit	0.24			
Composite Rate				
Estimated Monthly Premium**	\$124.62			
Illustrative Monthly Packaged Savings Credit \$9.00				
Total Annual Premium (including fees and credits)	\$1,387.44	\$0.00	\$0.00	\$0.00

**Short-term Disability rates are guaranteed for 24 months

If both STD and LTD products are elected as non-contributory benefits, Package Savings will only be applied once for disability.

1. Proposed rates are valid for 90 days from the date of release and are guaranteed for 24 months but may be modified to align with any existing UnitedHealthcare product renewal dates, if applicable.
 2. In no event will the Short Term Disability flat weekly benefit amount exceed 70% of the employee's pre-disability earnings.
 3. Earnings are defined as average monthly earnings with the employer's including commission's average over the most recent 24-month period. This excludes bonuses, overtime pay, or any other extra compensation.
 4. Agents may receive commissions, bonuses and other compensations for selling the product in this proposal. The cost of the compensation may be directly or indirectly reflected in the premium for these products.
 5. Continuity of Coverage for previously covered employees is included in rates.
 6. All non-contributory plans must be 100% employer-paid and require 100% participation.
 7. Lump Sum Survivor Benefit and Catastrophic Disability are not included.
 8. Group must have been in business for a minimum of two years and no more than 50% of the group can be immediate family members.
 9. Rates are based on the SIC code and assume the contract is situated in the state shown on the quote.
 10. The employer must meet the minimum contribution and eligible employee participation requirements as specified by the quoted plan.
 11. Eligibility is the first of the month coincident with or following 30 days continuous employment.
 12. The premium shown is an estimate based on the census provided. This estimate is not valid if the sold census varies by more than 10% of coverage or lives. For group sizes 10-50 which have more than one class indicated on the census, the final premium will be calculated once the sold plan codes have been selected.
 13. Product availability may vary based on group size and may change if plan design or enrollment changes.
 14. Employees must be active, full-time and regularly work a minimum of 30 hours per week and must be U.S. citizens or residents working and living in the U.S. Temporary or seasonal workers are not eligible.
 15. Short Term Disability benefits are non-occupational only.
- * A 2010 retrospective cohort study of disability claim duration, excluding normal pregnancies, matched on the basis of disabling condition, age, job intensity and participation/non-participation in the Disability Management program.
- The above rates and benefits are for general information and discussion purposes only and not valid unless approved by UnitedHealthcare. This rate quote is not an offer or a guarantee of coverage. The rates quoted are applicable to the plan design selected. We reserve the right to modify your rates in the event your plan design must be modified as a result of any change, modification or clarification in law. This group should not, under any circumstances, cancel its existing coverage unless and until coverage is offered by us and final rates have been accepted by and initial premium paid by the group. Final rates are determined by UnitedHealthcare's underwriting guidelines and final enrollment. The insurance policy, not general rates and descriptions in this web site or printed output, will form the contract between the insured and UnitedHealthcare, and the Certificate of Coverage issued to the subscriber will provide the legal description of coverage.

UnitedHealthcare Long Term Disability Proposal



Good For Employees, Good for Business

Company Name: Mexico Housing Authority

Member Assistance Program: Access to confidential assistance with personal, financial and legal issues, as well as referrals to community resources*
 Bridge2Health, an integrated approach based on early intervention
 * Studies have shown that disabled employees return to work 13% more quickly & in a more productive state*
 • Automatically offered at no additional cost to companies that have both fully-insured UnitedHealthcare medical and disability coverage

Effective Date: 10/1/2021
 Total Eligible FES: 9
 Status State / SIC: MO (65265) / 9531- Housing Programs
 Commissions / Rate Guarantee: Standard / 24 Months

Policy Number: 459017

# of Employees	LTD Proposal 1	LTD Proposal 2	LTD Proposal 3	LTD Proposal 4
Covered Monthly Payroll	LT0001LTD00048			
Benefit Percent	37,500			
Maximum Monthly Benefit	60%			
Elimination Period	\$5000			
Definition of Disability	90 Days			
Own Occ	Residual			
Benefit Duration	24 Months			
Pre-Existing Conditions	5Yr			
Mental Illness Integration	3/12			
Substance Abuse Limitation	24 Months Lifetime			
Work Incentive Benefit	12 Months			
Subjective Symptoms	No limitation			
Survivor Benefit	3 Months Gross			
Transplant Benefit	Included			
Employer Contribution	Non-contributory			
LTD Rate/\$100 Monthly Covered Payroll				
0-24	0.09			
25-29	0.09			
30-34	0.14			
35-39	0.19			
40-44	0.26			
45-49	0.38			
50-54	0.50			
55-59	0.72			
60-64	0.88			
65+	0.88			
Composite Rate				
Estimated Monthly Premium**	\$97.50			

Total Annual Premium (including fees and credit) \$1,170.00

**Long Term Disability rates are guaranteed for 24 months

- Proposed rates are valid for 90 days from the date of release and are guaranteed for 24 months but may be modified to align with any existing UnitedHealthcare product renewal dates, if applicable.
- Earnings are defined as average monthly earnings with the employers' including commission's average over the most recent 24-month period. This excludes bonuses, overtime pay, or any other extra compensation.
- Other provisions included are: Recurrent disability, waiver of premium, continuity of coverage, workplace modification benefit, and care management services.
- Rates are based on the SIC code and assume the contract is sitused in the state shown on the quote.
- There is a full family integration with Social Security.
- The employer must meet the minimum contribution and eligible employee participation requirements as specified by the quoted plan.
- Employees must be active, full-time and regularly work a minimum of 30 hours per week and must be U.S. citizens or residents working and living in the U.S. Temporary or seasonal workers are not eligible.
- Benefit amounts are based on Total Monthly Covered Payroll. For a group with 10-50 eligible lives, the maximum benefit is the lesser of: \$10,000 or the average of the top three salaries. For a group with 2-9 eligible lives, the maximum benefit is the lesser of: \$5,000 or the average of the top two salaries. Based on the census provided, the LTD benefit requested may be reduced.
- Eligibility is the first of the month coincident with or following 30 days continuous employment.
- All non-contributory plans must be 100% employer-paid and require 100% participation.
- Extended Own Occupation is only available for Salaried Office Employees with base annual earnings greater than \$100,000.
- SSNRA means "Social Security Normal Retirement Age"
- Product availability may vary based on group size and may change if plan design or enrollment changes.
- The premium shown is an estimate based on the census provided. This estimate is not valid if the sold census varies by more than 10% of coverage or lives. For group sizes 10-50 which have more than one class indicated on the census, the final premium will be calculated once the sold plan codes have been selected.
- Group must have been in business for a minimum of two years and no more than 50% of the group can be immediate family members.
- There is a 3 months lump sum gross survivor benefit and a 12 month Work Incentive Benefit.
- Mental Illness and Substance Abuse has a 24 months lifetime limitation.
- Services include referral to a network of licensed and certified clinicians for up to three face-to-face counseling sessions. We also facilitate referrals to attorneys for assistance with legal issues.

6/21/21

HOUSING AUTHORITY of the CITY of MEXICO

INFORMAL BID SUMMARY

DETAILED SPECIFICATION of ITEM or SERVICE

Remodel ~~Community~~ center, Vct tile through, new base boards, painting throughout, remodel women & mens bathrooms

BIDDER NO.	BIDDER: COMPANY / PHONE #	CONTACT	*RECEIVED: T F L P	DATE of BID
1	Robnett /	John	T P	7/2/21
2	Anchor /	Josh	T	
3	Greenhead /	Bryan	T	
4	Shesser /		T x3	
5	Pace /		T x3	

* RECEIVED BY: T = TELEPHONE; F = FAX; L = LETTER; P = IN PERSON; I=INTERNET

BIDDER NO.	DESCRIPTION	QUANT	U of M	UNIT PRICE	TOTAL AMOUNT
1	Robnett				33,843.00
2	Anchor - not interested				
3	Greenhead - not interested				
4	Shesser - no response				
5	Pace - no response				

AWARDED TO: (COMPANY / PHONE NUMBER)

Robnett / DATE 8/3/21

AWARDED BY: (NAME / TITLE)

Josh Hunter / Contract Maint Mgr SIGNATURE

NOTES / COMMENTS

Awarded to Robnett as lowest responsive, responsible, sole bidder

**Mexico Housing Authority – Siding Installation
“2021-04”**

Public Bid Opening Tabulation


Tuesday July 07, 2021 @ 10 am

This Public Bid Opening is being conducted as detailed within Section 6.9 of HUD Procurement Handbook 7460.8 REV2. Accordingly, during this public bid opening the H.A. will read only the name of each bidder, the dollar amount each bidder proposed, and the existence of the bid bond. A fully executed copy of this tabulation form will be available to the public at the conclusion of this public bid opening. No bids submitted will be made available for public inspection until after the H.A. has completed award (i.e. executed a contract with the successful bidder). Therefore, the following noted “apparent low bidder” is NOT to be considered the successful bidder until the H.A. announces such. The H.A. will, after this public bid opening, fully investigate bids for responsiveness and will conduct its due diligence to ensure that the eventual successful bidder is responsible. All bidders will be informed in writing by a post-bid opening notice if the following noted apparent low bidder (or any other bidder) is found to be non-responsive or not responsible.

*	Name of Bidder	Total Base Bid	Base Bid	Confirm Bid Bond
			Deductive Alternative #1	
	Economy	69,264		
	Ancher	135,200		
	Robnett	65,209		Y
	Greenhead	bid packet returned 7/25/21		

* Mark an "X" for the apparent low bidder.

SEALED BIDS OPENED BY:


Signature

8/3/21
Date

Josh Hunter
Printed Name


BID OPENING WITNESSED BY:


Signature

8-3-21
Date

T Dwyer
Printed Name

BID RECORDED BY:


Signature

8/3/21
Date

Josh Hunter
Printed Name

HOUSING AUTHORITY OF THE CITY OF MEXICO