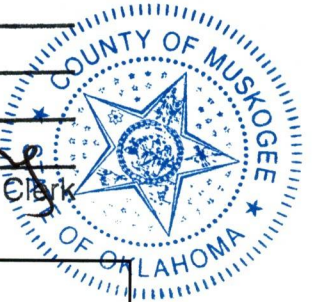




29th day of Sept 2025
Chairman _____
Member _____
Member _____
Attest: _____ County Clerk



Group: Muskogee County
Product: HMO
Group Number(s): C01A09 / C01A15 / C01B95
Renewal Date: January 1, 2026

| Current Plan: | | In-Force Plan Current | | In-Force Plan Proposed Renewal | | In-Force Plan Current | | In-Force Plan Proposed Renewal | |
|------------------------|---|---------------------------------------------------------|-------------|---------------------------------------------------------|-------------|----------------------------------------------------|--|----------------------------------------------------|--|
| HMO | | HMO Commercial Plan 12A HMO One; RX \$15/40/70/160 2xMO | | HMO Commercial Plan 12A HMO One; RX \$15/40/70/160 2xMO | | CC 1000/80 OE CR17 HMO One; RX \$15/40/70/160 2xMO | | CC 1000/80 OE CR17 HMO One; RX \$15/40/70/160 2xMO | |
| Employees by Tier | | | | | | | | | |
| Employee | 2 | \$ 753.15 | \$ 820.93 | 0 | \$ 649.81 | \$ 708.29 | | | |
| Employee/Spouse | 2 | \$ 1,641.55 | \$ 1,789.29 | 0 | \$ 1,416.31 | \$ 1,543.78 | | | |
| Employee/Child | 0 | \$ 1,259.63 | \$ 1,373.00 | 0 | \$ 1,086.80 | \$ 1,184.61 | | | |
| Employee/Children | 0 | \$ 1,259.63 | \$ 1,373.00 | 0 | \$ 1,086.80 | \$ 1,184.61 | | | |
| Employee/Spouse/ Child | 0 | \$ 2,116.05 | \$ 2,306.49 | 0 | \$ 1,825.70 | \$ 1,990.01 | | | |
| Family | 0 | \$ 2,116.05 | \$ 2,306.49 | 0 | \$ 1,825.70 | \$ 1,990.01 | | | |
| Monthly Premium: | | \$ 4,789.40 | \$ 5,220.45 | | \$ - | \$ - | | | |
| Rate Action: | | | 9.00% | | | | | 9.00% | |

| Current Plan: | | In-Force Plan Current | | In-Force Plan Proposed Renewal | | In-Force Plan Current | | In-Force Plan Proposed Renewal | |
|------------------------|---|-------------------------------------------------|-------------|-------------------------------------------------|--------------|-------------------------------------------------|--|-------------------------------------------------|--|
| HMO | | CC 2500/80 CR17 HMO One; RX \$15/40/70/160 2xMO | | CC 2500/80 CR17 HMO One; RX \$15/40/70/160 2xMO | | CC 5000/80 CR17 HMO One; RX \$15/40/70/160 2xMO | | CC 5000/80 CR17 HMO One; RX \$15/40/70/160 2xMO | |
| Employees by Tier | | | | | | | | | |
| Employee | 6 | \$ 549.63 | \$ 599.10 | 11 | \$ 497.54 | \$ 542.32 | | | |
| Employee/Spouse | 1 | \$ 1,197.96 | \$ 1,305.78 | 1 | \$ 1,084.42 | \$ 1,182.02 | | | |
| Employee/Child | 0 | \$ 919.25 | \$ 1,001.98 | 1 | \$ 832.13 | \$ 907.02 | | | |
| Employee/Children | 0 | \$ 919.25 | \$ 1,001.98 | 0 | \$ 832.13 | \$ 907.02 | | | |
| Employee/Spouse/ Child | 0 | \$ 1,544.24 | \$ 1,683.22 | 3 | \$ 1,397.89 | \$ 1,523.70 | | | |
| Family | 1 | \$ 1,544.24 | \$ 1,683.22 | 0 | \$ 1,397.89 | \$ 1,523.70 | | | |
| Monthly Premium: | | \$ 6,039.98 | \$ 6,583.58 | | \$ 11,583.16 | \$ 12,625.64 | | | |
| Rate Action: | | | 9.00% | | | | | 9.00% | |

Caveats:

•Our renewal offer is contingent upon the parameters outlined in this renewal. It is important to note that deviations from these assumptions may result in additional charges and/or adjustments in our quote.

•Any changes to the network offering may affect final rates.

•If you change benefits on or after your group's renewal date, the change(s) will not take effect until the first of the month following 60 calendar days after the date CommunityCare was notified of the change(s).

•Advanced Renewal Release, which captures the pre-negotiated terms for the upcoming renewal period.

Please check the boxes below, then sign and date the form. Fax the completed form to (918) 879-4083 or email the form to your CommunityCare Account Manager no later than 12/5/2025



I elect to renew with our current plans as indicated above.



For the purpose of CMS reporting and Medicare Secondary processing, I validate that in the current or previous calendar year Muskogee County employed 100 or more employees.

Under the Consolidated Appropriations Act (CAA), health insurers are required to report data annually regarding prescription drugs and health care spending to the Departments of HHS, Labor, and Treasury. In order to facilitate this information you will be required annually to verify certain information.



Please confirm your contribution strategy:

Plan sponsor contributes 70% to single / 50% to dependent premiums.

Signature

Date

9/29/2025



Group: Muskogee County
Product: HMO
Group Number(s): C01A09 / C01A15 / C01B95
Renewal Date: January 1, 2026

| Current Plan: | | | | | | |
|------------------------|------------------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|
| HMO | | In-Force Plan Current | In-Force Plan Proposed Renewal | | In-Force Plan Current | In-Force Plan Proposed Renewal |
| | | IDEA Plus 2A HMO One (EE Ded \$1000; ER Ded \$1001 - \$2500); RX \$15/40/70/160 2xMO | HMO Commercial Plan 12A HMO One; RX \$15/40/70/160 2xMO | | CC 1000/80 CR17 HMO One (EE Ded \$1000; ER Ded \$1001 - \$2500); RX \$15/40/70/160 2xMO | CC 1000/80 CR17 HMO One (EE Ded \$1000; ER Ded \$1001 - \$2500); RX \$15/40/70/160 2xMO |
| | <i>Employees by Tier</i> | | | <i>Employees by Tier</i> | | |
| Employee | 18 | \$ 618.84 | \$ 674.54 | 24 | \$ 558.11 | \$ 608.34 |
| Employee/Spouse | 1 | \$ 1,348.81 | \$ 1,470.20 | 1 | \$ 1,216.43 | \$ 1,325.91 |
| Employee/Child | 0 | \$ 1,035.00 | \$ 1,128.15 | 0 | \$ 933.42 | \$ 1,017.43 |
| Employee/Children | 0 | \$ 1,035.00 | \$ 1,128.15 | 2 | \$ 933.42 | \$ 1,017.43 |
| Employee/Spouse/ Child | 0 | \$ 1,738.69 | \$ 1,895.17 | 1 | \$ 1,568.05 | \$ 1,709.17 |
| Family | 2 | \$ 1,738.69 | \$ 1,895.17 | 1 | \$ 1,568.05 | \$ 1,709.17 |
| Monthly Premium: | | \$ 15,965.31 | \$ 17,402.19 | | \$ 19,614.01 | \$ 21,379.27 |
| Rate Action: | | | 9.00% | | | 9.00% |

Caveats:

- Our renewal offer is contingent upon the parameters outlined in this renewal. It is important to note that deviations from these assumptions may result in additional charges and/or adjustments in our quote.
- Any changes to the network offering may affect final rates.
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