



25 day of Sept 2023

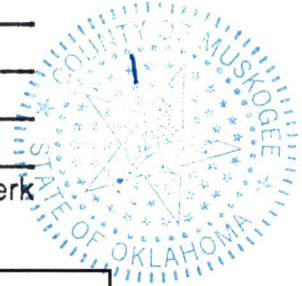
Chairman _____

Member _____

Member _____

Attest _____

County Clerk



Group: Muskogee County
Product: HMO
Group Number(s): C01A09 & C01A15 & C01B95
Renewal Date: January 1, 2024

Table with 6 columns: Current Plan, In-Force Plan Current, In-Force Plan Proposed Renewal, Employees by Tier, In-Force Plan Current, In-Force Plan Proposed Renewal. Rows include Employee, Employee/Spouse, Employee/Child, Employee/Children, Employee/Spouse/ Child, Family, Monthly Premium, and Rate Action.

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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.

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).

Your plan is offered an alternative funding mechanism. Contact your Account Manager for further information regarding expenses

Please check the box 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 12/5/2023

Input box with checkmark

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

Input box with checkmark

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

Input box with checkmark

Please confirm your contribution strategy:

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

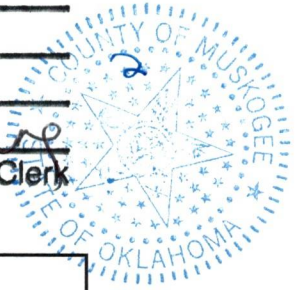
Signature: [Handwritten Signature]

Date: 9/25/2023



23 day of Sept 20 23

Chairman _____
 Member _____
 Member _____
 Attest _____
 County Clerk



Group: Muskogee County
 Product: HMO
 Group Number(s): C01A09 & C01A15 & C01B95
 Renewal Date: January 1, 2024

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 Select; RX \$15/40/70/160 2xMO		CC 2500/80 CR17 Select; RX \$15/40/70/160 2xMO		CC 2500/80 CR17 Standard; RX \$15/40/70/160 2xMO		CC 2500/80 CR17 Standard; RX \$15/40/70/160 2xMO	
	Employees by Tier								
Employee	9	\$ 512.09	\$ 506.97	3	\$ 532.04	\$ 526.72			
Employee/Spouse	0	\$ 1,115.95	\$ 1,104.79	1	\$ 1,159.57	\$ 1,147.97			
Employee/Child	0	\$ 856.34	\$ 847.78	0	\$ 889.79	\$ 880.89			
Employee/Children	0	\$ 856.34	\$ 847.78	0	\$ 889.79	\$ 880.89			
Employee/Spouse/ Child	0	\$ 1,438.66	\$ 1,424.27	0	\$ 1,494.71	\$ 1,479.76			
Family	2	\$ 1,438.66	\$ 1,424.27	0	\$ 1,494.71	\$ 1,479.76			
Monthly Premium:		\$ 7,486.13	\$ 7,411.27		\$ 2,755.69	\$ 2,728.13			
Rate Action:			-1.00%						-1.00%

Current Plan:		In-Force Plan Current		In-Force Plan Proposed Renewal	
HMO		CC 5000/80 CR17 Select; RX \$15/40/70/160 2xMO		CC 5000/80 CR17 Select; RX \$15/40/70/160 2xMO	
	Employees by Tier				
Employee	7	\$ 461.91	\$ 457.29		
Employee/Spouse	0	\$ 1,006.76	\$ 996.69		
Employee/Child	1	\$ 772.54	\$ 764.81		
Employee/Children	0	\$ 772.54	\$ 764.81		
Employee/Spouse/ Child	2	\$ 1,297.77	\$ 1,284.79		
Family	1	\$ 1,297.77	\$ 1,284.79		
Monthly Premium:		\$ 7,899.22	\$ 7,820.23		
Rate Action:			-1.00%		

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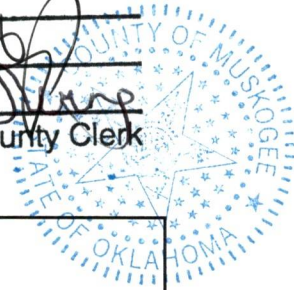
Signature: K. Paul Date: 9/25/2023

25th day of Sept 20 23

3



Chairman [Signature]
 Member [Signature]
 Member [Signature]
 Attest [Signature] County Clerk



Group: Muskogee County
 Product: HMO
 Group Number(s): C01A09 & C01A15 & C01B95
 Renewal Date: January 1, 2024

Current Plan:		In-Force Plan Current		In-Force Plan Proposed Renewal		In-Force Plan Current		In-Force Plan Proposed Renewal	
HMO		IDEA Plus 2A (EE Ded \$1000; ER Ded \$1001-\$2500) Select; RX \$15/40/70/160 2xMO		IDEA Plus 2A (EE Ded \$1000; ER Ded \$1001-\$2500) Select; RX \$15/40/70/160 2xMO		IDEA Plus 2A (EE Ded \$1000; ER Ded \$1001-\$2500) Standard; RX \$15/40/70/160 2xMO		IDEA Plus 2A (EE Ded \$1000; ER Ded \$1001-\$2500) Standard; RX \$15/40/70/160 2xMO	
	Employees by Tier								
Employee	7	\$ 576.12	\$ 570.36	5	\$ 599.11	\$ 593.12			
Employee/Spouse	2	\$ 1,255.67	\$ 1,243.11	0	\$ 1,305.78	\$ 1,292.72			
Employee/Child	0	\$ 963.55	\$ 953.91	0	\$ 1,001.99	\$ 991.97			
Employee/Children	0	\$ 963.55	\$ 953.91	0	\$ 1,001.99	\$ 991.97			
Employee/Spouse/ Child	0	\$ 1,618.66	\$ 1,602.47	0	\$ 1,683.23	\$ 1,666.40			
Family	2	\$ 1,618.66	\$ 1,602.47	0	\$ 1,683.23	\$ 1,666.40			
Monthly Premium:		\$ 9,781.50	\$ 9,683.69		\$ 2,995.55	\$ 2,965.59			
Rate Action:			-1.00%			-1.00%			

Current Plan:		In-Force Plan Current		In-Force Plan Proposed Renewal		In-Force Plan Current		In-Force Plan Proposed Renewal	
HMO		CC 1000/80 CR17 (EE Ded \$1000; ER Ded \$1001-\$2500) Select; RX \$15/40/70/160 2xMO		CC 1000/80 CR17 (EE Ded \$1000; ER Ded \$1001-\$2500) Select; RX \$15/40/70/160 2xMO		CC 1000/80 CR17 (EE Ded \$1000; ER Ded \$1001-\$2500) Standard; RX \$15/40/70/160 2xMO		CC 1000/80 CR17 (EE Ded \$1000; ER Ded \$1001-\$2500) Standard; RX \$15/40/70/160 2xMO	
	Employees by Tier								
Employee	36	\$ 521.65	\$ 516.43	2	\$ 542.06	\$ 536.64			
Employee/Spouse	3	\$ 1,136.95	\$ 1,125.58	0	\$ 1,181.46	\$ 1,169.65			
Employee/Child	0	\$ 872.37	\$ 863.65	0	\$ 906.62	\$ 897.55			
Employee/Children	1	\$ 872.37	\$ 863.65	0	\$ 906.62	\$ 897.55			
Employee/Spouse/ Child	1	\$ 1,465.65	\$ 1,450.99	1	\$ 1,523.08	\$ 1,507.85			
Family	1	\$ 1,465.65	\$ 1,450.99	0	\$ 1,523.08	\$ 1,507.85			
Monthly Premium:		\$ 25,993.92	\$ 25,733.98		\$ 2,607.20	\$ 2,581.13			
Rate Action:			-1.00%			-1.00%			

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[Signature]
 Signature

9/25/2023
 Date



BlueCross BlueShield of Oklahoma

701 E. 22nd Street, Suite 300 – Lombard, IL 60148

No changes

MUSKOGEE COUNTY
ATTN: POLLY IRVING
P O BOX 1008
MUSKOGEE OK 74402

25th day of *Sept* 20 *23*
Chairman _____
Member _____
Member _____
Attest: *Polly Irving*
County Clerk



June 26, 2023

Subject: Renewal Analysis
Group Policy Number: F022071
Anniversary Date: January 1, 2024

Dear Policyholder:

We would like to thank you for allowing us the opportunity to provide you and your employees with Group insurance products.

We have reviewed the current demographics of your group insurance programs. We are pleased to inform you that there will be no change in the existing rates for the upcoming renewal period. Rates will be guaranteed until January 1, 2025.

<u>Products</u>	<u>Current Rates</u>	<u>Renewal Rates</u>
Life	\$0.33 per \$1,000	\$0.33 per \$1,000
AD&D	\$0.03 per \$1,000	\$0.03 per \$1,000
Dependent Life	\$2.12 per unit	\$2.12 per unit
Supplemental Life	Step Rates	Step Rates
Supplemental AD&D	\$0.03/0.05 per \$1,000	\$0.03/0.05 per \$1,000
Supp Life(Spouse)	Step Rates	Step Rates
Supp Life(Child(ren))	\$0.24 per \$1,000	\$0.24 per \$1,000
Voluntary Retiree Life (Employee)	\$1.45 per \$1,000	\$1.45 per \$1,000
Voluntary Retiree Life (Spouse)	\$1.45 per \$1,000	\$1.45 per \$1,000

If you have any questions pertaining to your renewal, or would like more information including the availability of other products as well as a quote for additional benefit programs, please contact your local Blue Cross and Blue Shield of Oklahoma Ancillary sales office or insurance broker.

We value our relationship with you and look forward to providing quality service to you in the future.

Sincerely,

Ancillary Underwriting Department

Cc RELATION INSURANCE SERVICES INC
10425 S 82ND E AVE
STE 110
TULSA OK 74133



September 1, 2023

BROKER COPY

25 day of Sept 2023
 Chairman [Signature]
 Member _____
 Member [Signature]
 Attest [Signature] County Clerk

POLLY IRVING
 MUSKOGEE COUNTY
 400 W BROADWAY ST STE 100
 MUSKOGEE, OK 74401-6656



DEAR POLLY IRVING:

Thank you for choosing VSP® Vision Care — and for your continued business. Putting your employees first and guaranteeing their satisfaction is easy, when we have partners like you.

As the only national not-for-profit vision company, we're committed to giving your employees:

- **Lowest employee out-of-pocket costs** — employees' #1 priority in a vision plan.
- **Exclusive Member Extras.** offers you won't find anywhere else — only VSP members can save more than \$2,500 on vision, hearing, medical, and lifestyle services.
- **World class service** — the highest customer satisfaction in the industry, 15 years in a row.

Your VSP plan automatically renews on **January 1, 2024** and **no action is required** to continue to receive consumers' #1 choice in vision care.

Group Name/Number: Muskogee County / 30078709
 Renewal Period: January 1, 2024 - December 31, 2025
 Current Plan Frequency: 12 / 12 / 24
 Current Copay: \$10 Exam / \$25 Materials
 Current Allowance: \$130.00 Retail Frame / \$130.00 Elective Contact Lenses
 Current Rates: \$6.73 / 10.77 / 10.99 / 17.72
 Renewal Rates: \$6.73 / 10.77 / 10.99 / 17.72

Rates include all applicable taxes and health assessment fees known as of the date of your renewal.

Enhanced Offering

Have you considered **upgrading your Plan Frequency** or **increasing your Retail Frame Allowance** to maximize the lowest out-of-pocket for your employees? We recommend these enhancements when you renew your current plan to deliver greater value:

Plan Frequency: 12 / 12 / 24
 Copay: \$10.00 Exam / \$25.00 Materials
 Allowance: \$200.00 Retail Frame / \$130.00 Elective Contact Lenses
 Renewal Rates: \$7.74 / 12.39 / 12.65 / 20.39

Updating your plan is simple! Give me a call to enhance your benefits or to lower your premium and keep delivering the lowest out-of-pocket costs.

Thank you,

Yenifer Molina (800) 216-6248

cc: DYLAN LUCHT
 PREMIER CONSULTING PARTNERS
 10425 S 82ND EAST AVE STE 110
 TULSA, OK 74133-7097

CMI CS Team

September 27, 2023

POLLY IRVING
MUSKOGEE COUNTY
P O BOX 1008
MUSKOGEE, OK
74402
Re: MUSKOGEE COUNTY
Group No.: 0010693
Anniversary Date: January 1, 2024

23 day of Sept 20 23
Chairman _____
Member _____
Member _____
Attest _____
County Clerk



Dear Valued Client:

Thank you for selecting Delta Dental of Oklahoma as your dental benefits provider. We value your business, and hope our quality service standards and access to care meet or exceed the expectations of you and your employees.

We have reviewed dental utilization along with industry costs and inflation trends, to calculate the necessary premiums for your upcoming plan year, effective January 1, 2024. Your plan's renewal rates are also listed below.

Current Monthly Rates

Employee Only\$24.06
Employee + Spouse\$47.10
Employee + Child(ren)\$55.28
Employee + Family.....\$77.42

Renewal Monthly Rates

Employee Only\$24.06
Employee + Spouse\$47.10
Employee + Child(ren).....\$55.28
Employee + Family\$77.42

Advancing the oral wellness of all Oklahomans is part of our company's not-for-profit mission, and we are proud to partner with your organization in its commitment for greater oral health. If you have any questions, or need additional information, please contact your broker or our Sales team at 405-607-4709 (OKC Metro), 866-685-2112 (Toll Free) or Sales@DeltaDentalOK.org.

Sincerely,

Lan Miller
Chief Sales Officer

LPM/bb

cc: DYLAN LUCHT, RELATION INSURANCE SERVICES, INC