

September 1, 2021



BROKER COPY

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, 2022** 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, 2022 - December 31, 2023
 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: \$150.00 Retail Frame / \$130.00 Elective Contact Lenses
 Renewal Rates: \$7.32 / 11.71 / 11.96 / 19.28

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,

Melissa Clark (800) 852-7600



20 day of Sept, 2021
 Chairman _____
 Member _____
 Member _____
 Attest _____
 County Clerk

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

Western Team



September 28, 2021

Polly Irving
Muskogee County
P O Box 1008
Muskogee, OK
74402

Re: Muskogee County
Group No.: 0010693
Anniversary Date: January 1, 2022

Dear Ms. Irving:

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, renewal effective January 1, 2022. 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



20 day of Sept 2021
 Chairman [Signature]
 Member [Signature]
 Member [Signature]
 Attest [Signature]
 County Clerk

Group: **Muskogee County**
 Product: **IDEA**
 Group Number(s): **C01A09 & C01A15 & C01B95**
 Renewal Date: **January 1, 2022**

Current Plan:		In-Force Plan Current	In-Force Plan Proposed Renewal		In-Force Plan Current	In-Force Plan Proposed Renewal
IDEA		IDEA HMO B12A Select; RX \$15/40/70/160 2xMO	IDEA HMO B12A Select; RX \$15/40/70/160 2xMO	Employees by Tier	IDEA HMO B12A Standard; RX \$15/40/70/160 2xMO	IDEA HMO B12A Standard; RX \$15/40/70/160 2xMO
Employee	0	\$ 651.59	\$ 667.88	10	\$ 678.87	\$ 695.84
Employee/Spouse	0	\$ 1,420.19	\$ 1,455.69	4	\$ 1,479.63	\$ 1,516.62
Employee/Child	0	\$ 1,089.78	\$ 1,117.02	0	\$ 1,135.39	\$ 1,163.77
Employee/Children	0	\$ 1,089.78	\$ 1,117.02	0	\$ 1,135.39	\$ 1,163.77
Employee/Spouse/ Child	0	\$ 1,830.70	\$ 1,876.47	0	\$ 1,907.33	\$ 1,955.01
Family	0	\$ 1,830.70	\$ 1,876.47	0	\$ 1,907.33	\$ 1,955.01
Monthly Premium:		\$ -	\$ -		\$ 12,707.22	\$ 13,024.90
Rate Action:			2.50%			2.50%

Current Plan:		In-Force Plan Current	In-Force Plan Proposed Renewal		In-Force Plan Current	In-Force Plan Proposed Renewal
IDEA		IDEA CC 1000/80 OE CR17 Select; RX \$15/40/70/160 2xMO	IDEA CC 1000/80 OE CR17 Select; RX \$15/40/70/160 2xMO	Employees by Tier	IDEA CC 1000/80 OE CR17 Standard; RX \$15/40/70/160 2xMO	IDEA CC 1000/80 OE CR17 Standard; RX \$15/40/70/160 2xMO
Employee	0	\$ 560.45	\$ 574.46	5	\$ 583.06	\$ 597.64
Employee/Spouse	0	\$ 1,221.53	\$ 1,252.07	1	\$ 1,270.83	\$ 1,302.60
Employee/Child	0	\$ 937.34	\$ 960.77	0	\$ 975.17	\$ 999.55
Employee/Children	0	\$ 937.34	\$ 960.77	0	\$ 975.17	\$ 999.55
Employee/Spouse/ Child	0	\$ 1,574.63	\$ 1,614.00	0	\$ 1,638.17	\$ 1,679.12
Family	0	\$ 1,574.63	\$ 1,614.00	0	\$ 1,638.17	\$ 1,679.12
Monthly Premium:		\$ -	\$ -		\$ 4,186.13	\$ 4,290.78
Rate Action:			2.50%			2.50%

Current Plan:		In-Force Plan Current	In-Force Plan Proposed Renewal		In-Force Plan Current	In-Force Plan Proposed Renewal
IDEA		IDEA CC 2500/80 CR17 Select; RX \$15/40/70/160 2xMO	IDEA CC 2500/80 CR17 Select; RX \$15/40/70/160 2xMO	Employees by Tier	IDEA CC 2500/80 CR17 Standard; RX \$15/40/70/160 2xMO	IDEA CC 2500/80 CR17 Standard; RX \$15/40/70/160 2xMO
Employee	7	\$ 475.80	\$ 487.70	1	\$ 494.34	\$ 506.70
Employee/Spouse	0	\$ 1,036.89	\$ 1,062.81	1	\$ 1,077.41	\$ 1,104.35
Employee/Child	2	\$ 795.67	\$ 815.56	0	\$ 826.75	\$ 847.42
Employee/Children	1	\$ 795.67	\$ 815.56	0	\$ 826.75	\$ 847.42
Employee/Spouse/ Child	0	\$ 1,336.73	\$ 1,370.15	0	\$ 1,388.81	\$ 1,423.53
Family	1	\$ 1,336.73	\$ 1,370.15	0	\$ 1,388.81	\$ 1,423.53
Monthly Premium:		\$ 7,054.34	\$ 7,230.70		\$ 1,571.75	\$ 1,611.04
Rate Action:			2.50%			2.50%

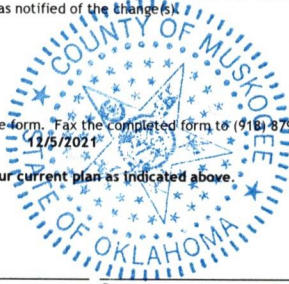
Caveats:
 •Our renewal offer is contingent upon the parameters outlined in this renewal. It is important to note that deviations from these assumptions may result in additional charges and/or adjustments in our quote.

•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).

Please check the box below, then sign and date the form. Fax the completed form to (918) 879-4083 or email to renewal@communitycare.com no later than **11/5/2021**.

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

Signature: *Kristy Hogg*
 Date: _____



20 day of Sept 2021
 Chairman *Kristy Hogg*
 Member *[Signature]*
 Member *[Signature]*
 Attest: *[Signature]*
 County Clerk



Group: Muskogee County
 Product: IDEA
 Group Number(s): C01A09 & C01A15 & C01B95
 Renewal Date: January 1, 2022

Current Plan:		In-Force Plan Current		In-Force Plan Proposed Renewal		In-Force Plan Current		In-Force Plan Proposed Renewal	
IDEA	Employees by Tier	IDEA Plus 2A (EE Ded \$1,000; ER Ded \$1,001-\$2,500) Select; RX \$15/40/70/160 2xMO	IDEA Plus 2A (EE Ded \$1,000; ER Ded \$1,001-\$2,500) Select; RX \$15/40/70/160 2xMO	IDEA Plus 2A (EE Ded \$1,000; ER Ded \$1,001-\$2,500) Standard; RX \$15/40/70/160 2xMO	IDEA Plus 2A (EE Ded \$1,000; ER Ded \$1,001-\$2,500) Standard; RX \$15/40/70/160 2xMO	Employee	Spouse	Child	Children
	11	\$ 535.31	\$ 548.69	\$ 556.66	\$ 570.58	3	0	0	0
Employee/Spouse	0	\$ 1,166.71	\$ 1,195.88	\$ 1,213.27	\$ 1,243.60	0	0	0	0
Employee/Child	1	\$ 895.29	\$ 917.67	\$ 931.00	\$ 954.28	0	0	0	0
Employee/Children	0	\$ 895.29	\$ 917.67	\$ 931.00	\$ 954.28	0	0	0	0
Employee/Spouse/ Child	0	\$ 1,503.98	\$ 1,541.58	\$ 1,563.98	\$ 1,603.08	0	0	0	0
Family	0	\$ 1,503.98	\$ 1,541.58	\$ 1,563.98	\$ 1,603.08	0	0	0	0
Monthly Premium:		\$ 7,937.02	\$ 8,135.45	\$ 1,769.93	\$ 1,814.18				
Rate Action:			2.50%		2.50%				

Current Plan:		In-Force Plan Current		In-Force Plan Proposed Renewal		In-Force Plan Current		In-Force Plan Proposed Renewal	
IDEA	Employees by Tier	IDEA CC 1000/80 CR17 (EE Ded \$1,000; ER Ded \$1,001-\$2,500) Select; RX \$15/40/70/160 2xMO	IDEA CC 1000/80 CR17 (EE Ded \$1,000; ER Ded \$1,001-\$2,500) Select; RX \$15/40/70/160 2xMO	IDEA CC 1000/80 CR17 (EE Ded \$1,000; ER Ded \$1,001-\$2,500) Standard; RX \$15/40/70/160 2xMO	IDEA CC 1000/80 CR17 (EE Ded \$1,000; ER Ded \$1,001-\$2,500) Standard; RX \$15/40/70/160 2xMO	Employee	Spouse	Child	Children
	43	\$ 484.69	\$ 496.81	\$ 503.66	\$ 516.25	6	3	1	0
Employee/Spouse	4	\$ 1,056.40	\$ 1,082.81	\$ 1,097.76	\$ 1,125.20	3	1	0	0
Employee/Child	1	\$ 810.57	\$ 830.83	\$ 842.39	\$ 863.45	1	0	0	0
Employee/Children	2	\$ 810.57	\$ 830.83	\$ 842.39	\$ 863.45	0	1	0	0
Employee/Spouse/ Child	1	\$ 1,361.81	\$ 1,395.86	\$ 1,415.17	\$ 1,450.55	1	0	0	0
Family	1	\$ 1,361.81	\$ 1,395.86	\$ 1,415.17	\$ 1,450.55	0	0	0	0
Monthly Premium:		\$ 7,186.35	\$ 7,366.01	\$ 1,601.42	\$ 1,641.46				
Rate Action:			2.50%		2.50%				

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).

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 12/5/2021.

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



Signature: [Handwritten Signature]

Date

20 day of Sept 2021
 Chairman: [Handwritten Signature]
 Member: [Handwritten Signature]
 Member: [Handwritten Signature]
 Attest: [Handwritten Signature]
 County Clerk



BlueCross BlueShield of Oklahoma

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

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

September 13, 2021

Subject: Renewal Analysis
Group Policy Number: F022071
Anniversary Date: January 1, 2022

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, 2023.

<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	\$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

20 day of Sept 2021

Chairman _____

Member _____

Member _____

Attest Deey Dunge
County Clerk