

Benefits	Renewal - HMO One									
	Fully Insured Plans					Partially Self Funded Plans EE Ded \$1,000; ER Ded \$1,001 - \$2,500				
	HMO 12A	CC 1000/80 OE CR17	HMO	CC 2500/80 CR17	HMO	CC 5000/80 CR17	HMO	Idea Plus 2A	HMO	CC 1000/80 CR17
Plan Design	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Network	\$0	\$1,000	\$2,500	\$5,000	\$5,000	\$5,000	\$5,000	\$1,000	\$1,000	\$1,000
Deductible	100%	80%	80%	80%	80%	80%	80%	100%	80%	80%
Coinsurance	\$3,000	\$3,000	\$5,000	\$6,350	\$3,000	\$3,000	\$3,000	\$3,000	\$5,000	\$5,000
Out of Pocket Maximum	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Out of Pocket Includes Deductible										
Physician Services	\$20	\$20	\$35	\$20	\$20	\$20	\$20	\$30	\$25	\$25
PCP Office Visit	\$30	\$50	\$60	\$50	\$50	\$50	\$50	\$40	\$50	\$50
Specialist Office Visit	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Specialist Self Referral (In-Network)										
Lab & Imaging										
Diagnostic Test (Xray, blood work)	\$0	20%	20%	20%	20%	20%	20%	\$0	20%	20%
Imaging (CT/PET/Scans, MRI)	\$100	20%*	\$750	20%*	\$750	20%*	\$150*	20%*	20%*	20%*
Hospital Services										
Inpatient Hospital	\$100 per day	20%*	20%*	20%*	20%*	20%*	\$200 per day*	20%*	20%*	20%*
Outpatient Surgery	\$100	20%*	20%*	20%*	20%*	20%*	\$150*	20%*	20%*	20%*
Emergency Services										
Urgent Care	\$40	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Emergency Room	\$100	20%*	20%*	20%*	20%*	20%*	\$100*	20%*	20%*	20%*
Prescription Drugs										
Deductible	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated	Integrated
\$0 Copay Program	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Tier 1 - Preferred Generic	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15	\$15
Tier 2 - Preferred Brand Name	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40	\$40
Tier 3 - Non Preferred	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70	\$70
Tier 4 - Specialty	\$160	\$160	\$160	\$160	\$160	\$160	\$160	\$160	\$160	\$160
Mail Order	2x	2x	2x	2x	2x	2x	2x	2x	2x	2x
EE	\$0	\$1K	\$2.5K	\$5K	\$750 PSF	\$1K	\$1K	\$1K	\$1K	\$1K
EE-5p	3	0	8	11	15	29	29	29	29	29
EE-5p	1	0	1	1	3	4	4	4	4	4
EE-CH	0	0	0	1	0	3	3	3	3	3
EE+Fam	1	0	1	2	3	3	3	3	3	3
Monthly Totals	5	0	10	15	21	39	39	39	39	39
Annual Totals	90									
Combined Annual Total										
\$ Amt Diff:										
% Difference										
	\$845,303.76					58,962				
	\$0.00					7.50%				

*Options are compared to current.
 **The above information is for illustrative purposes only; please refer to the full CommunityCare proposal.
 ***Please see the table above for assumed participation and enrollment allocation into each plan.
 ****Network Limitations May Exist. Please contact your Sales Representative or Account Manager for guidelines on multiple plan offerings.
 * Deductible Applies

23rd day of Sept 2022
 Chairman
 Member
 Member
 Attest
 County Clerk





September 26, 2024

POLLY IRVING
MUSKOGEE COUNTY
P O BOX 1008
MUSKOGEE, OK 74402

Re: MUSKOGEE COUNTY
Group No.: 0010693
Anniversary Date: January 1, 2025

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, 2025. 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, MMXXIV, LLC DBA LUCHT INSURANCE SERVICE

MUSKOGEE COUNTY

**Current Plan
Renewal Rates**

Options must be sold as designated, Single Options cannot be combined to create dual options

	Delta Dental PPO
Class I	100%
Class II	80%
Class III	50%
Class IV	N/A
Deductible	50*3
Max	\$1,500.00
Ortho Coverage	N/A
Ortho Max	N/A
EPO Class	Class II
Percent Change	0%
Employee Only	\$24.06
Employee + Spouse	\$47.10
Employee + Child(ren)	\$55.28
Employee + Family	\$77.42

	Delta Dental PPO
Class I	100%
Class II	80%
Class III	50%
Class IV	N/A
Deductible	50*3
Max	\$1,500.00
Ortho Coverage	N/A
Ortho Max	N/A
EPO Class	Class II
Percent Change	0%
Employee Only	\$24.06
Employee + Spouse	\$47.10
Employee + Child(ren)	\$55.28
Employee + Family	\$77.42

	Delta Dental PPO
Class I	100%
Class II	80%
Class III	50%
Class IV	N/A
Deductible	50*3
Max	\$1,500.00
Ortho Coverage	N/A
Ortho Max	N/A
EPO Class	Class II
Percent Change	0%
Employee Only	\$24.06
Employee + Spouse	\$47.10
Employee + Child(ren)	\$55.28
Employee + Family	\$77.42

	Delta Dental PPO
Class I	100%
Class II	80%
Class III	50%
Class IV	N/A
Deductible	50*3
Max	\$1,500.00
Ortho Coverage	N/A
Ortho Max	N/A
EPO Class	Class II
Percent Change	0%
Employee Only	\$24.06
Employee + Spouse	\$47.10
Employee + Child(ren)	\$55.28
Employee + Family	\$77.42

	Delta Dental PPO
Class I	100%
Class II	80%
Class III	50%
Class IV	N/A
Deductible	50*3
Max	\$2,000.00
Ortho Coverage	N/A
Ortho Max	N/A
EPO Class	Class II
Percent Change	0%
Employee Only	\$31.28
Employee + Spouse	\$61.24
Employee + Child(ren)	\$71.86
Employee + Family	\$100.66

	Delta Dental PPO
Class I	100%
Class II	90%
Class III	60%
Class IV	N/A
Deductible	50*3
Max	\$2,000.00
Ortho Coverage	N/A
Ortho Max	N/A
EPO Class	Class II
Percent Change	0%
Employee Only	\$32.84
Employee + Spouse	\$64.30
Employee + Child(ren)	\$75.46
Employee + Family	\$105.68

	Delta Dental PPO
Class I	100%
Class II	80%
Class III	50%
Class IV	N/A
Deductible	50*3
Max	\$2,500.00
Ortho Coverage	N/A
Ortho Max	N/A
EPO Class	Class II
Percent Change	0%
Employee Only	\$31.76
Employee + Spouse	\$62.18
Employee + Child(ren)	\$72.98
Employee + Family	\$102.20

	Delta Dental PPO - Point of Service
Class I	100%
Class II	70%
Class III	40%
Class IV	N/A
Deductible	50*3
Max	\$2,000.00
Ortho Coverage	N/A
Ortho Max	N/A
EPO Class	Class II
Percent Change	0%
Employee Only	\$33.56
Employee + Spouse	\$65.70
Employee + Child(ren)	\$77.12
Employee + Family	\$108.00

This page is for presentation purposes only. This is not a formal offer of coverage, and the plan design and rates are subject to audit and revision before a formal offer is provided.



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

August 13, 2024

Subject: Renewal Analysis
Group Policy Number: F022071
Anniversary Date: January 1, 2025

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, 2028.

<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 per \$1,000	\$0.03 per \$1,000
Supp Life(Spouse)	Step Rates	Step Rates
Supp Life(Child(ren))	\$0.24 per unit	\$0.24 per unit

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 LUCHT INSURANCE GROU P LLC
PO BOX 2878
MUSKOGEE OK 74402