

17 day of OCT 2022
 Chairman Sammy Papp
 Member Kathleen [Signature]
 Member [Signature]
 Attest [Signature] County Clerk

Group: Muskogee County
 Product: HMO
 Group Number(s): C01A09 / C01A15 / C01B95
 Renewal Date: January 1, 2023

Current Plan:		In-Force Plan Current		In-Force Plan Proposed Renewal		In-Force Plan Current		In-Force Plan Proposed Renewal	
HMO		IDEA Plus 2A Select (EE Ded \$1000; ER Ded \$1001-\$2500); RX \$15/40/70/160 2xMO		IDEA Plus 2A Select (EE Ded \$1000; ER Ded \$1001-\$2500); RX \$15/40/70/160 2xMO		IDEA Plus 2A Standard (EE Ded \$1000; ER Ded \$1001-\$2500); RX \$15/40/70/160 2xMO		IDEA Plus 2A Standard (EE Ded \$1000; ER Ded \$1001-\$2500); RX \$15/40/70/160 2xMO	
	Employees by Tier								
Employee	11	\$ 548.69	\$ 576.12	2	\$ 570.58	\$ 599.11			
Employee/Spouse	1	\$ 1,195.88	\$ 1,255.67	0	\$ 1,243.60	\$ 1,305.78			
Employee/Child	1	\$ 917.67	\$ 963.55	0	\$ 954.28	\$ 1,001.99			
Employee/Children	0	\$ 917.67	\$ 963.55	0	\$ 954.28	\$ 1,001.99			
Employee/Spouse/ Child	0	\$ 1,541.58	\$ 1,618.66	0	\$ 1,603.08	\$ 1,683.23			
Family	0	\$ 1,541.58	\$ 1,618.66	0	\$ 1,603.08	\$ 1,683.23			
Monthly Premium:		\$ 8,149.14	\$ 8,556.60		\$ 1,141.16	\$ 1,198.22			
Rate Action:			5.00%			5.00%			

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 Select (EE Ded \$1000; ER Ded \$1001-\$2500); RX \$15/40/70/160 2xMO		CC 1000/80 CR17 Select (EE Ded \$1000; ER Ded \$1001-\$2500); RX \$15/40/70/160 2xMO		CC 1000/80 CR17 Standard (EE Ded \$1000; ER Ded \$1001-\$2500); RX \$15/40/70/160 2xMO		CC 1000/80 CR17 Standard (EE Ded \$1000; ER Ded \$1001-\$2500); RX \$15/40/70/160 2xMO	
	Employees by Tier								
Employee	30	\$ 496.81	\$ 521.65	3	\$ 516.25	\$ 542.06			
Employee/Spouse	2	\$ 1,082.81	\$ 1,136.95	2	\$ 1,125.20	\$ 1,181.46			
Employee/Child	1	\$ 830.83	\$ 872.37	0	\$ 863.45	\$ 906.62			
Employee/Children	2	\$ 830.83	\$ 872.37	0	\$ 863.45	\$ 906.62			
Employee/Spouse/ Child	1	\$ 1,395.86	\$ 1,465.65	1	\$ 1,450.55	\$ 1,523.08			
Family	1	\$ 1,395.86	\$ 1,465.65	0	\$ 1,450.55	\$ 1,523.08			
Monthly Premium:		\$ 22,354.13	\$ 23,471.84		\$ 5,249.70	\$ 5,512.19			
Rate Action:			5.00%			5.00%			

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.

•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).

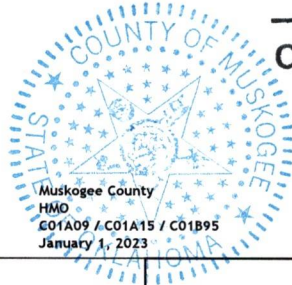
Please check the box below, then sign and date the form. Fax the completed form to (918) 879-4083 or email the form to your CommunityCare Account Manager no later than 12/5/2022

I elect to renew with our current plan 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 more than 100 employees.

Sammy Papp
 Signature

 Date



17 day of Oct 2022

Chairman Kenneth P. Pate

Member [Signature]

Member [Signature]

Attest [Signature] County Clerk

Group: Muskogee County
 Product: HMO
 Group Number(s): C01A09 / C01A15 / C01B95
 Renewal Date: January 1, 2023

Current Plan:		In-Force Plan Current		In-Force Plan Proposed Renewal		In-Force Plan Current		In-Force Plan Proposed Renewal	
HMO		HMO 12A Select; RX \$15/40/70/160 2xMO		HMO 12A Select; RX \$15/40/70/160 2xMO		HMO 12A Standard; RX \$15/40/70/160 2xMO		HMO 12A Standard; RX \$15/40/70/160 2xMO	
Employees by Tier									
Employee	0	\$ 667.88	\$ 701.27	12	\$ 695.84	\$ 730.63			
Employee/Spouse	0	\$ 1,455.69	\$ 1,528.47	5	\$ 1,516.62	\$ 1,592.45			
Employee/Child	0	\$ 1,117.02	\$ 1,172.87	0	\$ 1,163.77	\$ 1,221.96			
Employee/Children	0	\$ 1,117.02	\$ 1,172.87	0	\$ 1,163.77	\$ 1,221.96			
Employee/Spouse/ Child	0	\$ 1,876.47	\$ 1,970.29	0	\$ 1,955.01	\$ 2,052.76			
Family	0	\$ 1,876.47	\$ 1,970.29	0	\$ 1,955.01	\$ 2,052.76			
Monthly Premium:		\$ -	\$ -		\$ 15,933.18	\$ 16,729.84			
Rate Action:			5.00%			5.00%			

Current Plan:		In-Force Plan Current		In-Force Plan Proposed Renewal		In-Force Plan Current		In-Force Plan Proposed Renewal	
HMO		CC 1000/80 OE CR17 Select; RX \$15/40/70/160 2xMO		CC 1000/80 OE CR17 Select; RX \$15/40/70/160 2xMO		CC 1000/80 OE CR17 Standard; RX \$15/40/70/160 2xMO		CC 1000/80 OE CR17 Standard; RX \$15/40/70/160 2xMO	
Employees by Tier									
Employee	0	\$ 574.46	\$ 603.18	2	\$ 597.64	\$ 627.52			
Employee/Spouse	0	\$ 1,252.07	\$ 1,314.67	2	\$ 1,302.60	\$ 1,367.73			
Employee/Child	0	\$ 960.77	\$ 1,008.81	0	\$ 999.55	\$ 1,049.53			
Employee/Children	0	\$ 960.77	\$ 1,008.81	0	\$ 999.55	\$ 1,049.53			
Employee/Spouse/ Child	0	\$ 1,614.00	\$ 1,694.70	0	\$ 1,679.12	\$ 1,763.08			
Family	0	\$ 1,614.00	\$ 1,694.70	0	\$ 1,679.12	\$ 1,763.08			
Monthly Premium:		\$ -	\$ -		\$ 3,800.48	\$ 3,990.50			
Rate Action:			5.00%			5.00%			

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 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	8	\$ 487.70	\$ 512.09	2	\$ 506.70	\$ 532.04			
Employee/Spouse	0	\$ 1,062.81	\$ 1,115.95	1	\$ 1,104.35	\$ 1,159.57			
Employee/Child	1	\$ 815.56	\$ 856.34	0	\$ 847.42	\$ 889.79			
Employee/Children	0	\$ 815.56	\$ 856.34	0	\$ 847.42	\$ 889.79			
Employee/Spouse/ Child	1	\$ 1,370.15	\$ 1,438.66	0	\$ 1,423.53	\$ 1,494.71			
Family	2	\$ 1,370.15	\$ 1,438.66	0	\$ 1,423.53	\$ 1,494.71			
Monthly Premium:		\$ 8,827.61	\$ 9,268.99		\$ 2,117.75	\$ 2,223.64			
Rate Action:			5.00%			5.00%			

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Kenneth P. Pate _____
 Signature Date