

Regular Board Meeting – Notice & Agenda

Notice

As required by Section 311, Title 25, Oklahoma Statutes, **Notice is hereby given that the Board of Review** will hold a Regular Board Meeting, **Thursday, January 23rd, 2025**, at 10am at the ACCO Building, 429 NE 50th St, Oklahoma City, OK 73105.

Person Filing Notice:

» Tammy Malone, Board Chairperson, Craig County Courthouse, Vinita, OK 74301, 918-256-2507.

Remote Participation:

» By Device: <https://tinyurl.com/4uw86nda>

Meeting #: **2557 397 4456**

Password: **XtEEAniQ327**

» By Phone: **415 655 0001**

Meeting #: **2557 397 4456**

Password: **98332647**

Remote Participation Guidelines:

» Mute your microphone or phone when not speaking.

» All votes will be conducted by roll call.

» Voting board members leaving the meeting early, must announce their intention to do so.

» Loss of connection by one or more voting board members will result in the meeting being paused until connection is restored.

Meeting Materials

» Visit: www.opehw1.com/boardmeetingmaterials.html. Materials are available online, one week prior to the meeting.

Agenda

Report, discussion, consideration, amendment, and appropriate action, if any, on the following:

1. Minutes of the **10/10/24** Regular Board Meeting.
2. Minutes of the **11/14/24** Special Board Meeting.
3. New Board Members.
4. An Executive Session of the Board of Trustees, as authorized by Title 25, §§307 B.4 and B.7 of the Oklahoma Statutes, for the purpose of confidential communications concerning a potential claim for reimbursement by the Oklahoma Public Employees Health and Welfare Plan Trust against Amy Crowe, and with the advice of its attorneys, a determination by the Board of Trustees that disclosure to the public of the communications in such Executive Session would seriously impair the ability of the Trust to process the potential claim in the public interest and for purposes of discussing the Amy Crowe appeal where disclosure of such information relating to her confidential and protected health information would violate the confidentiality requirements imposed by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its Privacy, Security, Breach Notification and Enforcement Rules at 45 C.F.R. Parts 160 and 164.
5. After return by the Board of Trustees to the public meeting, vote upon any item of business which concerns the above-described and is considered during the Executive Session.
6. Financial Position as of **12/31/2024**.
7. Investment Position.
8. Investment Policy & Strategy.
9. Investment Accounts - Authorized Individuals.
10. Fiduciary, Dishonesty Policies & Directors E&O Coverage.
11. Legal Counsel Subrogation Instructions.
12. Insure Oklahoma Bill.
13. Woods County Lawsuit.
14. New Groups.
15. Green Imaging.
16. Catapult Health.
17. Mobile App.
18. Ancillary Products & FSA Plan.
19. Free Major Medical Care Benefit.
20. Medical & Dental Network Contract for 2025/26 Plan Year.
21. Administration Contract for 2025/26 Plan Year.
22. Actuary Study for 2025/26 Plan Year.
23. Benefit Changes for 2025/26 Plan Year.
24. Premium Rates for 2025/26 Plan Year.
25. Growth, Education & Retention.
26. ACCO Membership.
27. OSSBA Membership.
28. New Business, unforeseen at the time of this posted Agenda.
29. Adjourn.

Next Regular Board Meeting

» **10am - Thursday, April 10th, 2025**, ACCO Building, 429 NE 50th St, Oklahoma City, OK 73105.

Posted at _____ o'clock _____ m. on the _____ day of _____, 2025. Signed: _____



Meeting Minutes

OPEH&W Health Plan Board of Trustees Board Meeting

ACCO Building

429 NE 50th St, Oklahoma City, OK

October 10th, 2024

Trustees Present: Jeannie Boevers, Kingfisher County
Mike Brittingham, Pushmataha County
Amy Gonzalez, Cimarron County – Attended Virtually
Matt Jacobson, OMAG
Tammy Malone, Craig County
Kristie Moles, Pawnee County
Gary Nielsen, Harper County
CJ Rose, Beaver County
Kathy Ross, Johnston County
Dolan Sledge, Texas County
Gary Starns, Pontotoc County
Lynn Smith, Ellis County

Trustees Absent: Mike Bouvier, Washington County
Valarie Hogue, Seminole County
Steve Stinson, Grant County

Staff/Guests: Jenny Vincent, Ellis County
John Williams, McCurtain County
Jodi Cox, OMRF
Todd Roland, McElroy/Summit
Ross Naylor, Plan Administration Office
Jennifer Mullally, Plan Administration Office
January Smoot, Plan Administration Office

A quorum was established. Chairwoman, Tammy Malone, called the meeting to order at 10:00 a.m.

1. Minutes of the 8/8/2024 Regular Board Meeting.

Mike Brittingham made a motion to approve the August 8th minutes. Kathy Ross seconded. Jeannie Boevers, Matt Jacobson, Tammy Malone, Kristie Moles, Gary Nielsen, CJ Rose, Dolan Sledge, and Lynn Smith all voted aye, and the motion passed. Gary Starns abstained.

2. New Board Members.

No Action.

3. Financial Position of the Plan as of 8/31/2024.

Jennifer Mullally reviewed the financial position of the Plan. Total current assets- \$9,594,970.67 Total liabilities- \$5,566,135.78 Total Income for the month- \$4,475,492.92 Total Income through 8/31- \$8,093,759.29 Total expenses for the month- \$4,172,256.50 Total Income through 8/31 - \$8,185,502.18 Total net income for the month - \$303,236.42 Leaving a net income through 8/31 of \$(91,742.89).

Gary Starns made a motion to approve the financial position of the plan. Dolan Sledge seconded. Mike Brittingham, Jeannie Boevers, Matt Jacobson, Tammy Malone, Kristi Moles, Gary Nielsen, CJ Rose, Kathy Ross, and Lynn Smith all voted aye, and the motion passed.

4. Woods County Lawsuit.

The attorneys have completed the discovery and are entering the deposition phase.

No action required.

5. New Groups.

The plan has added two new groups: Town of Washington and Town of Goldsby.

Gary Nielsen made a motion to approve the new groups. Matt Jacobson seconded. Jeannie Boevers, Mike Brittingham, Tammy Malone, Kristie Moles, CJ Rose, Kathy Ross, Dolan Sledge, Gary Starns, and Lynn Smith all voted aye, and the motion passed.

6. 2023/24 Plan Year Audit.

The audit report has not been received yet. A special meeting will need to be held for approval.

No action required.

7. 1094/1095c XML Files.

Many groups have been receiving denial letters from the IRS for the waiver to send forms electronically. Ross Naylor spoke with a tax professional at Arledge & Associates about the troubles and possible solutions. The Plan Administrators office will be putting together some information for the groups about how to respond to the denials and steps to take.

For the 2024 tax season there are some issues that make completing the electronic files difficult. Such as not having details for employees who are not enrolled in coverage as well as groups who do not have their TCC codes to file the forms. The Plan Administrators have found a possible solution through e-file my forms. The Plan Administrators feel that it will be problematic to try and capture all the missing data on employees and to try and help groups that were not able to receive their TCC. So, they believe the best solution would be to let the groups use Kellpro or some other 3rd party to submit their electronic forms on their behalf. The Plan will still provide the 1095 forms for the employees that are on the Plan.

Kathy Ross made a motion to approve the groups finding their own solution for sending 1094 forms to the IRS. Kristie Moles seconded. Jeannie Boevers, Mike Brittingham, Matt Jacobson, Tammy Malone, Gary Nielsen, CJ Rose, Dolan Sledge, Gary Starns and Lynn Smith all voted aye, and the motion passed.

8. RWA Membership.

The Plan Administrators would like to join the RWA (Rural Water District Association). The silver plan membership is \$3,500 a year and includes an ad in their monthly newsletters, a quarter page ad in their annual reports, booth space at all conferences and our logo added on their website.

Mike Brittingham made a motion to approve the RWA membership. Gary Starns seconded. Jeannie Boevers, Matt Jacobson, Tammy Malone, Kristie Moles, Gary Nielsen, CJ Rose, Kathy Rose, Dolan Sledge, and Lynn Smith all voted aye, and the motion passed.

9. OML Membership.

The Plan Administrators would like to join OML (Oklahoma Municipal League). The membership fee is \$850 and includes discounts on ad space, discounts on booth space at their annual conference and reduced registration fees.

Matt Jacobson made a motion to approve the OML membership. CJ Rose seconded. Jeannie Boevers, Mike Brittingham, Tammy Malone, Kristie Moles, Gary Nielsen, Kathy Ross, Dolan Sledge, Gary Starns, and Lynn Smith all voted aye, and the motion passed.

10. Insure Oklahoma.

Todd Roland with the Plan Administrator's office gave an update on the acceptance of Plans like OPEH&W to Insure Oklahoma. There is ongoing legislative discussion to make this change and there are plans to draft a bill that will hopefully get approval in February.

No action required.

11. Propeller Asthma & COPD Solution.

The propeller program is a part of the Making Health Cheaper benefits being provided through Express Scripts. Express Scripts will no longer be offering the Propeller program so that benefit will be gone by the end of the year. The Plan administrators are working to find another solution.

No action required.

12. Green Imaging – Diagnostic Imaging Solution.

The plan administrators have found a new solution for diagnostic imaging that will fit into the Making Health Cheaper benefits. This benefit will include free diagnostic imaging for members such as MRI's, CT scans and X-rays. To access this benefit, members will have to utilize certain providers who are in the Green Imaging network. 75% of our membership is within 30 miles of a Green Imaging provider. The estimated reduction in overall diagnostic imaging spend is 60% or nearly 1 million in savings to the Plan.

Kathy Ross made a motion to approve adding Green Imaging to the benefits. Gary Starns seconded. Jeannie Boevers, Mike Brittingham, Matt Jacobson, Tammy Malone, Kristie Moles, Gary Nielsen, CJ Rose, Dolan Sledge, and Lynn Smith all voted aye, and the motion passed.

13. Catapult Health – Virtual Checkups.

Catapult health has created an at home health checkup. Instead of having to schedule an in-office appointment for their annual checkup, members can sign up with Catapult to receive the at-home testing kit. After signing up and completing a health questionnaire, members receive the at home test kit which includes a painless and easy to use blood sample collection device with complete instructions along with an

envelope to mail the sample back to Catapult. Members can even request an at home blood pressure monitor. Members then have a live video consultation set up with a Nurse Practitioner to review results, make referrals to the Plan's making healthy cheaper solutions and address any concerns the member might have. All test results are then sent to the member's primary care provider. There is also an option to have on-site events if groups are interested in having Catapult come to the workplace.

Dolan Sledge made a motion to approve adding Catapult Health to the benefits. Matt Jacobson seconded. Jeannie Boevers, Mike Brittingham, Tammy Malone, Kristie Moles, Gary Nielsen, CJ Rose, Kathy Ross, Gary Starns, and Lynn Smith all voted aye, and the motion passed.

14. Medefy – Member Communication Platform.

Medefy is an Oklahoma based company and one of the fastest growing tech companies in the country right now. This is a mobile app that will be branded for OPEH&W and will be a single source location for health, dental, vision, life and ancillary products. The app will have a 24/7 live care guide chat available where members receive instant information and help. Easy access to provider searches, pharmacy benefits and coverage, connection to MDLive virtual care, digital insurance cards, current usage accumulators, links to coverage details, benefit books and other documents. It allows better communication and easier access to care for our members.

Lynn Smith made a motion to approve the Medefy Mobile app. Gary Starns seconded. Jeannie Boevers, Mike Brittingham, Matt Jacobson, Tammy Malone, Kristie Moles, Gary Nielsen, CJ Rose, Kathy Ross, and Dolan Sledge all voted aye, and the motion passed.

15. Ancillary Products.

OPEH&W will now be able to offer ancillary products. This will be called 360° Coverage. Coverage will be better and lower costing than your current products, there is no minimum participation, simplified HR administration, payment through payroll deduction, reduces or removes having to deal with multiple vendors, no commission-based salespeople and online enrollment. Many products are available. Including a section 125 plan, Cancer and Accident plans, short- and long-term disability, FSA, Identity theft protection, legal protection and even Pet insurance. Every group will be able to decide whether to offer their employees these products or keep what they already have. With approval to offer these products, the Plan Administrators would like to offer these during the next Open Enrollment period.

Gary Nielsen made a motion to approve offering Ancillary products. Mike Brittingham seconded. Jeannie Boevers, Matt Jacobson, Tammy Malone, Kristie Moles, CJ Rose, Kathy Ross, Dolan Sledge, Gary Starns, and Lynn Smith all voted aye, and the motion passed.

16. Growth Opportunities.

Adding the memberships with OML and RWA will add new opportunities. There are several upcoming conferences the administrators are attending. Adding all the new products will also help attract new groups.

No action required.

17. Upcoming New Plan Year Study.

The actuary process is getting started soon in preparation for the New Plan year. If anyone has any benefit changes that they'd like the actuary to look at, let the Plan administrators know.

No action required

18. New Business unforeseen at the time of the posted agenda.

None

The Next Board Meeting is January 23rd, 2025.

19. Adjournment:

Gary Neilsen made a motion to adjourn the meeting. Matt Jacobson seconded. There is no opposition, and the meeting adjourned at 11:38 a.m.

Secretary/Board of Review

Attested To/ Notary

My Commission Expires

Chairman/Board of Review

Attested To/ Notary

My Commission Expires



3851C Tuxedo Blvd
Bartlesville, OK 74006
800.468.5744
www.opehw.com

Meeting Minutes

Date & Time: 10am, November 14th, 2024
Purpose: Special Meeting of the OPEH&W Health Plan Board of Trustees
Location: University A Meeting Room, Embassy Suites, Norman, Oklahoma

Trustee Attendance:

CJ Rose – Beaver County: **Present**
Amy Gonzalez – Cimarron County: **Present**
Tammy Malone – Craig County: **Present**
Lynn Smith – Ellis County: **Absent**
Steve Stinson – Grant County: **Present**
Gary Nielsen – Harper County: **Present**
Kathy Ross – Johnston County: **Present**
Jeanie Boevers – Kingfisher County: **Present**
Matt Jacobson – OMAG: **Present**
Kristen Moles – Pawnee County: **Absent**
Mike Brittingham – Pushmataha County: **Present**
Jymay McLeod – Roger Mills County: **Absent**
Valarie Hogue – Seminole County: **Absent**
Dolan Sledge – Texas County: **Present**
Mike Bouvier – Washington County: **Absent**

Guests Attending:

Ross Naylor – Plan Administration Office
Jake Winkler – Arledge & Associates – Auditor
? – Major County – District 3 Commissioner
Emily Lee – Kingfisher County – Chief Deputy County Clerk
Lowell Walker – Craig County – District 1 Commissioner

Minutes:

There being 8 or more Trustees in attendance a quorum was declared.
Chairwoman, Tammy Malone, called the meeting to order at 10 AM.

Agenda Item 1: 2023/24 Plan Year - Audit

Motion: Approval of the Audit report for the 2023/24 Plan Year.

Proposed By: Mike Brittingham
Seconded By: Matt Jacobson
For: CJ Rose, Amy Gonzalez, Tammy Malone, Steve Stinson, Gary Nielsen, Kathy Ross, Jeanie Boevers, Matt Jacobson, Mike Brittingham, & Dolan Sledge
Against: None
Abstentions: None
Result: Motion Carried

Agenda Item 2: Lobbying Contract.

Motion: Approval of the Lobbying Contract.

Proposed By: Steve Stinson
Seconded By: CJ Rose
For: CJ Rose, Amy Gonzalez, Tammy Malone, Steve Stinson, Gary Nielsen, Kathy Ross, Jeanie Boevers, Matt Jacobson, Mike Brittingham, & Dolan Sledge
Against: None
Abstentions: None
Result: Motion Carried

Agenda Item New Business: No New Business was bought.

Motion: To adjourn the meeting.

Proposed By: Gary Nielsen
Seconded By: Steve Stinson
For: CJ Rose, Amy Gonzalez, Tammy Malone, Steve Stinson, Gary Nielsen, Kathy Ross, Jeanie Boevers, Matt Jacobson, Mike Brittingham, & Dolan Sledge
Against: None
Abstentions: None
Result: Motion Carried

Chairwoman, Tammy Malone, thanked everyone for attending, and declared the meeting closed at 10:53 am.

Attestations:

Secretary of the Board of Trustees

Notary Attesting To
My Commission Expires: _____

Chairperson of the Board of Trustees

Notary Attesting To
My Commission Expires: _____

9,681,336.79

Balance Sheet
December 31, 2024

ASSETS

Current Assets		
Cash - Reserve Account	\$	770,941.01
Arvest Equities Account		1,575,044.12
Arvest Fixed Income Securities		3,081,385.03
Accounts Rec.-Rebates		1,600,000.00
Accounts Rec. - Surcharge		94,214.89
Accounts Rec - Unpaid Premiums		2,559,751.74
		<hr/>
Total Current Assets		9,681,336.79
Property and Equipment		<hr/>
Total Property and Equipment		0.00
Other Assets		<hr/>
Total Other Assets		0.00
Total Assets	\$	<u>9,681,336.79</u>

LIABILITIES AND CAPITAL

Current Liabilities		
Accounts Payable	\$	5,593,862.36
Bank Loan Payable		2,144,024.44
		<hr/>
Total Current Liabilities		7,737,886.80
Long-Term Liabilities		<hr/>
Total Long-Term Liabilities		0.00
Total Liabilities		7,737,886.80
Capital		
Beginning Balance Equity		(337,648.87)
Fund Balance		4,198,571.95
Net Income		(1,917,473.09)
		<hr/>
Total Capital		1,943,449.99
Total Liabilities & Capital	\$	<u>9,681,336.79</u>

O. P. E. H. & W. PLAN
Income Statement
For the Six Months Ending December 31, 2024

	Current Month		Year to Date	
Revenues				
Public Entity Premiums	\$ 3,640,924.72	79.25	\$ 21,285,277.06	89.13
Cobra Premiums	5,631.10	0.12	35,567.28	0.15
Retiree Premiums	147,555.78	3.21	810,560.19	3.39
Rebates	800,000.00	17.41	1,735,227.53	7.27
Subrogation Refunds	0.00	0.00	14,219.69	0.06
	<hr/>		<hr/>	
Total Revenues	4,594,111.60	100.00	23,880,851.75	100.00
Cost of Sales				
	<hr/>		<hr/>	
Total Cost of Sales	0.00	0.00	0.00	0.00
	<hr/>		<hr/>	
Gross Profit	4,594,111.60	100.00	23,880,851.75	100.00
Expenses				
Medical Claims Expense	2,373,277.95	51.66	12,840,211.05	53.77
Dental Claims Expense	142,288.86	3.10	814,163.51	3.41
Prescription Claims Expense	1,303,103.32	28.36	7,932,874.73	33.22
Administration Fees	94,850.00	2.06	574,839.93	2.41
Claims Supervisor Fees	303,914.17	6.62	2,054,845.35	8.60
Specific Reinsurance Expense	106,351.84	2.31	618,496.07	2.59
Group Life Insurance Expense	95,875.00	2.09	574,635.99	2.41
Vision Insurance Expense	41,032.54	0.89	245,939.59	1.03
Bank Charges	332.75	0.01	1,956.11	0.01
Dues & Fees	0.00	0.00	4,450.00	0.02
Interest Expense	11,701.46	0.25	78,960.19	0.33
Legal Fees	4,000.00	0.09	11,650.00	0.05
Meeting Expense	0.00	0.00	1,250.00	0.01
Postage Expense	540.96	0.01	3,662.61	0.02
Printing Expense	594.82	0.01	8,889.71	0.04
Professional Services	0.00	0.00	31,500.00	0.13
	<hr/>		<hr/>	
Total Expenses	4,477,863.67	97.47	25,798,324.84	108.03
	<hr/>		<hr/>	
Net Income	\$ 116,247.93	2.53	\$ (1,917,473.09)	(8.03)
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Oklahoma Public Employee Health and Welfare Plan

Statement of Investment Policy and Procedures

March 20, 2014

1. Purpose

The purpose of this Statement of Investment Policies and Procedures is to establish a framework such that the Trust Assets are managed to achieve the objectives of the Inter-local Agreement Oklahoma Public Employee Health and Welfare Trust - 1st Amendment to the 4th Amended and Restate Trust agreement filed November 2, 2007.

2. Investment Beliefs

The Trust believes in the principles of a Prudent Investor and requires a rate of investment return commensurate with the level of risk assumed.

The Trust believes that managing investment risks is just as important as generating returns.

3. Investment Objective

The Investments plan is to be managed on an ongoing concern basis. Within the levels of risk, the overriding objective is to maximize the long-term return and the preservation of capital with the willingness to incur some short-term return volatility to achieve greater long-term results, efforts to achieve this objective must not expose the plan to unacceptably high levels of downside or liquidity risk.

4. Risk Tolerance

The plan's exposure to risk will be measured against comparable funds and appropriate benchmarks. Neither individual funds, nor the plan, should experience materially higher risk than the comparable universe or benchmark. Where active management is employed, investment fund returns are expected to consistently exceed comparable market indices and consistently rank in the top half of comparable funds over a 5 year period.

The level of risk to which the plan is exposed will be controlled by diversifying the plan's holdings, not only in terms of asset class, but also in terms of holdings within each asset class.

5. Liquidity Requirements

Liquidity risk is the risk that it will become necessary to liquidate plan assets under unfavorable market conditions. In the event that cash is needed immediately by Trust all other avenues of raising funds will be taken by Trust before funds are liquidated. Investment Advisor will then liquidate securities as necessary with the least intrusion into capital.

6. Asset Descriptions

Stocks that are purchased must be listed on a major stock exchange and can include: US Stocks, Non-US Stocks including small cap, mid cap and large cap company stocks.

Corporate Bonds must be at least investment grade or better rating with Standard and Poor or Moody's.

7. Asset Allocation Policy Targets

ASSET CLASS	PERMISSIBLE RANGE	SUGGESTED TARGET ASSET MIX
Money Market/Savings Account	0-100%	8%
Certificates of Deposit	0- 100%	7%
Commercial Paper	0-100%	
US Government Securities/Agencies	0-100%	30%
Equities/Stocks	0-25%	15%
Preferred Stocks	0-10%	
Corporate Debt/Bond Securities	0-100%	30%
Convertible Stocks	0-25%	
Mutual (Pooled) Funds	0-100%	10%

8. Rebalancing

The plan's allocation among asset classes will be reviewed at least annually. Rebalancing will be considered on an ongoing basis and when allocations fall outside of the ranges suggested. Policy targets, time horizons, liquidity and income needs will be reviewed at least once a year by plan manager and investment advisor.

9. Reporting

Review of performance and asset allocations will be presented to the Board at least annually. Any changes in target mix to be presented to the Board and next quarterly meeting.

STATE OF OKLAHOMA

1st Session of the 60th Legislature (2025)

SENATE BILL 202

By: Daniels

AS INTRODUCED

An Act relating to the state Medicaid program; amending 56 O.S. 2021, Section 1010.1, as last amended by Section 2, Chapter 133, O.S.L. 2024 (56 O.S. Supp. 2024, Section 1010.1), which relates to premium assistance program; modifying eligibility requirements for self-funded or self-insured health care plan to participate in premium assistance program; conforming language; updating statutory language; updating statutory references; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY 56 O.S. 2021, Section 1010.1, as last amended by Section 2, Chapter 133, O.S.L. 2024 (56 O.S. Supp. 2024, Section 1010.1), is amended to read as follows:

Section 1010.1. A. Section 1010.1 et seq. of this title shall be known and may be cited as the "Oklahoma Medicaid Program Reform Act of 2003".

B. Recognizing that many Oklahomans do not have health care benefits or health care coverage, that many small businesses cannot afford to provide health care benefits to their employees, and that, under federal law, barriers exist to providing Medicaid benefits to

1 the uninsured, the Legislature hereby establishes provisions to
2 lower the number of uninsured, assist businesses in their ability to
3 afford health care benefits and coverage for their employees, and
4 eliminate barriers to providing health coverage to eligible
5 enrollees under federal law.

6 C. Unless otherwise provided by law, the Oklahoma Health Care
7 Authority shall provide coverage under the state Medicaid program to
8 children under the age of eighteen (18) years whose family incomes
9 do not exceed one hundred eighty-five percent (185%) of the federal
10 poverty level.

11 D. 1. The Authority is directed to apply for a waiver or
12 waivers to the Centers for Medicare and Medicaid Services (CMS) that
13 will accomplish the purposes outlined in subsection B of this
14 section. The Authority is further directed to negotiate with CMS to
15 include in the waiver authority provisions to:

- 16 a. increase access to health care for Oklahomans,
- 17 b. reform the ~~Oklahoma~~ state Medicaid ~~Program~~ program to
18 promote personal responsibility for health care
19 services and appropriate utilization of health care
20 benefits through the use of public-private cost
21 sharing,
- 22 c. enable small employers, and/or employed, uninsured
23 adults with or without children to purchase employer-
24 sponsored, state-approved private, or state-sponsored

1 health care coverage through a state premium
2 assistance payment plan. If by January 1, 2012, the
3 Oklahoma Employer/Employee Partnership for Insurance
4 Coverage premium assistance program is not consuming
5 more than seventy-five percent (75%) of its dedicated
6 source of funding, then the program will be expanded
7 to include parents of children eligible for Medicaid,
8 and

9 d. develop flexible health care benefit packages based
10 upon patient need and cost.

11 2. The Authority may phase in any waiver or waivers it receives
12 based upon available funding.

13 3. The Authority is authorized to develop and implement a
14 premium assistance plan to assist small businesses and/or their
15 eligible employees to purchase employer-sponsored insurance or "buy-
16 in" to a state-sponsored benefit plan.

17 4. a. The Authority is authorized to seek from the Centers
18 for Medicare and Medicaid Services any waivers or
19 amendments to existing waivers necessary to accomplish
20 an expansion of the premium assistance program to:
21 (1) include for-profit employers with two hundred
22 fifty employees or less up to any level supported
23 by existing funding resources, and

1 (2) include not-for-profit employers with five
2 hundred employees or less up to any level
3 supported by existing funding resources.

4 b. Foster parents employed by employers with greater than
5 two hundred fifty employees shall be exempt from the
6 qualifying employer requirement provided for in this
7 paragraph and shall be eligible to qualify for the
8 premium assistance program provided for in this
9 section if supported by existing funding.

10 E. For purposes of this paragraph, "for-profit employer" shall
11 mean an entity which is not exempt from taxation pursuant to the
12 provisions of Section 501(c)(3) of the Internal Revenue Code of
13 1986, as amended, and "not-for-profit employer" shall mean an entity
14 which is exempt from taxation pursuant to the provisions of Section
15 501(c)(3) of the Internal Revenue Code of 1986, as amended.

16 F. The Authority is authorized to seek from the Centers for
17 Medicare and Medicaid Services any waivers or amendments to existing
18 waivers necessary to accomplish an extension of the premium
19 assistance program to include qualified employees whose family
20 income does not exceed two hundred fifty percent (250%) of the
21 federal poverty level, subject to the limit of federal financial
22 participation.

1 G. The Authority is authorized to create as part of the premium
2 assistance program an option to purchase a high-deductible health
3 insurance plan that is compatible with a health savings account.

4 H. 1. There is hereby created in the State Treasury a
5 revolving fund to be designated the "Health Employee and Economy
6 Improvement Act (HEEIA) Revolving Fund".

7 2. The fund shall be a continuing fund, not subject to fiscal
8 year limitations, and shall consist of:

- 9 a. all monies received by the Authority pursuant to this
10 section and otherwise specified or authorized by law,
11 b. monies received by the Authority due to federal
12 financial participation pursuant to Title XIX of the
13 Social Security Act, and
14 c. interest attributable to investment of money in the
15 fund.

16 3. All monies accruing to the credit of the fund are hereby
17 appropriated and shall be budgeted and expended by the Authority to
18 implement a premium assistance plan and to fund the state share for
19 the ~~Oklahoma~~ state Medicaid Program program on or after July 1,
20 2020, unless otherwise provided by law.

21 I. 1. The Authority shall establish a procedure for verifying
22 an applicant's individual income by utilizing available Oklahoma Tax
23 Commission records, new hire report data collected by the Oklahoma
24 Employment Security Commission, and child support payment data

1 collected by the Department of Human Services in accordance with
2 federal and state law.

3 2. The Oklahoma Tax Commission, Oklahoma Employment Security
4 Commission, and Department of Human Services shall cooperate in
5 accordance with federal and state law with the Authority to
6 establish procedures for the secure electronic transmission of an
7 applicant's individual income data to the Authority.

8 3. The Department of Public Safety shall cooperate in
9 accordance with federal and state law with the Authority to
10 establish procedures for the secure electronic transmission of an
11 applicant's individual identification data to the Authority.

12 J. ~~An employer participating in the premium assistance program~~
13 ~~created under this section as of May 1, 2024, may utilize a~~ A self-
14 ~~funded or self-insured health care plan as a participating health~~
15 ~~care plan~~ shall be eligible to participate in the premium assistance
16 program created under this section if:

17 1. The self-funded or self-insured health care plan meets at
18 least one of the following conditions:

19 a. the plan is utilized by an employer that was
20 participating in the premium assistance program as of
21 May 1, 2024, or

22 b. the plan is owned and operated by an interlocal self-
23 funded public trust formed under the Oklahoma Statutes
24 and comprised of local government employers;
25

1 2. The self-funded or self-insured health care plan is:

2 a. recognized by the Insurance Department under Section
3 6012 of Title 36 of the Oklahoma Statutes, if the plan
4 meets the conditions of subparagraph a of paragraph 1
5 of this subsection, or

6 b. under the oversight of the Office of the Attorney
7 General, if the plan meets the conditions of
8 subparagraph b of paragraph 1 of this subsection;

9 ~~2.~~ 3. The self-funded or self-insured health care plan covers
10 all essential health benefits as required by the Authority and all
11 other health benefits required under applicable federal laws;

12 ~~3.~~ 4. The self-funded or self-insured health care plan
13 otherwise complies with all applicable federal laws including, but
14 not limited to, the Employee Retirement Income Security Act of 1974
15 (ERISA);

16 ~~4.~~ 5. The self-funded or self-insured health care plan assesses
17 a monthly premium on members and maintains a rate schedule for
18 ~~provider~~ employer reimbursement;

19 ~~5.~~ 6. The self-funded or self-insured health care plan meets
20 actuarial standards for the premium assistance program as determined
21 by the Authority and the employer submits an attestation to the
22 Insurance Department or the Office of the Attorney General, as
23 applicable, that the self-funded or self-insured health care plan
24 meets such actuarial standards; and

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~~6.~~ 7. The Authority receives the necessary federal approval for self-funded or self-insured health care plans to participate in the premium assistance program.

SECTION 2. This act shall become effective November 1, 2025.

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FREE DIAGNOSTIC IMAGING

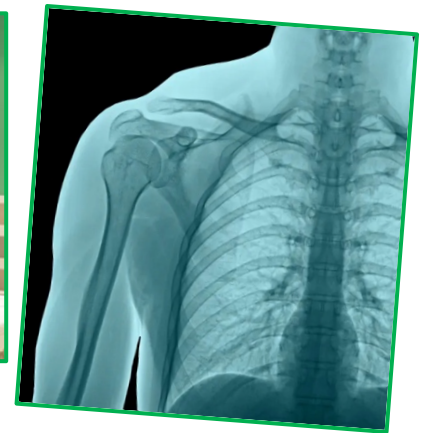
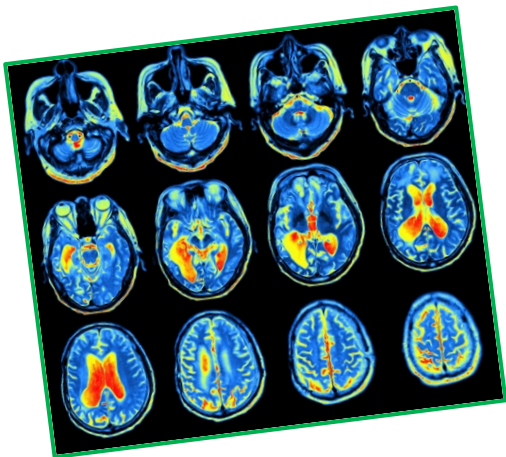
WITH GREEN IMAGING

INCLUDED WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER**, **BRONZE** & **COBALT** HEALTH PLAN OPTIONS

- › **Free** Members Pay Nothing for Diagnostic Imaging Procedures.
- › **Usage is Optional**, Members are Not Required to Use a Green Imaging Provider.
- › **Other Providers** Services Received from Non-Green Imaging Providers are Subject to Deductible & Co-Insurance.

4 Step Process

- › **Order:** Sent from Provider to Green Imaging via FAX, Email, Text, Website, or Portal.
- › **Schedule:** Procedure Scheduled & Member Provided Voucher.
- › **Perform:** Member has Procedure Performed.
- › **Report:** Radiologist Reads Exam & Report Sent to Provider.



Free Diagnostic Imaging Types

- › Arthrograms
- › Bone Density Scans
- › CT Scans
- › Echocardiograms
- › Mammograms
- › MRI Scans
- › Myelograms
- › Nuclear Medicine Scans
- › PET Scans
- › Ultrasounds
- › X-Rays

FREE VIRTUAL CHECKUP

WITH **CATAPULT HEALTH**

INCLUDED WITH **DIAMOND, PLATINUM, GOLD, SILVER, BRONZE & COBALT** HEALTH PLAN OPTIONS

Virtual Checkups Either At-Work or At-Home

- » **Exposes** Diseases & Health Risks Early.
- » **Creates** a Care Plan to Control, Shrink & Avoid Future Claims.
- » **Reports** Results in an Easy-to-Understand Traffic Lighted Format
- » **Rewards** Individuals who Complete a Virtual Checkup with a **\$250** reduction of their Deductible at the Start of the Following Plan Year.



Checkup Outcomes

- » **49%** of Catapult Participants Discover **One or More Previously Unknown Chronic Diseases**
- » **49%** of Catapult Participants Discover they are **Not Effectively Controlling their Diabetes**
- » **30%** of Catapult Participants Discover they have **High Blood Pressure**
- » **28%** of Catapult Participants Discover they are **Pre-Diabetic**
- » **7%** of Catapult Participants Discover they have **Stage 2 or Crisis-Level Blood Pressure**
- » **4%** of Catapult Participants Share they have **Suffered from Depression within the Past 14-days**
- » **3%** of Catapult Participants Discover they have **Diabetes**

VirtualCheckup® Home Kit

- » Instruction Sheet
- » Measuring Tape
- » Gauze Pad
- » Sample Collection Device
- » Sample Return Pouch
- » Blood Pressure Monitor
- » Arm Warmer
- » Alcohol Wipe
- » Bandage
- » Sample Collection Tube
- » Sample Return Envelope



15-Minute Check-Up

- » Schedule Appointment or Order Home Kit
- » Blood Test / Blood Pressure
- » Health Questionnaire & Health Risk Assessment
- » Live Video Consult with Nurse Practitioner
- » Referrals to Making Healthy Cheaper Solutions

Sample Collection Device

- » Virtually Painless, and Very Simple to Use
- » Clinical Grade Blood Samples on Par with Any Physician's or Hospital
- » 99% Patient Preference Over Blood Draw or Fingertick



Virtual Check-Ups Include:

Values Measured

- » Hemoglobin A1C
- » Low Density Lipids (LDL)
- » Blood Pressure
- » Body Mass Index
- » Total Cholesterol
- » Triglycerides
- » Framingham Risk Score
- » Arterio-Cardio Risk Score
- » High Density Lipids (HDL)
- » TC : HDL Ratio
- » Height & Weight
- » Abdominal Circumference

Behavioral Health

- » GAD-7 Anxiety Screening
- » Columbia Suicide Severity Risk
- » Tobacco Use
- » PHQ-9 Depression Screening
- » Alcohol Abuse
- » Opioid Misuse

Personal Health History

- » Allergies
- » Coronary Artery Disease
- » Asthma
- » Obstructive Sleep Apnea
- » Hyperlipidemia
- » Diabetes
- » Hypertension
- » Stroke
- » Cancer
- » Heart Failure
- » Kidney Disease
- » Musculoskeletal Pain

Gather Family Health History

- » Diabetes
- » Coronary Artery Disease
- » Breast Cancer
- » Hypertension
- » Stroke
- » Colon Cancer
- » Hyperlipidemia
- » TIA
- » Prostate Cancer

Symptoms Captured

- » Medication Reactions
- » Circulation Problems
- » Pain While Walking
- » Skin Infections
- » Swelling of Hands or Legs
- » Bladder Infections
- » Foot Ulcers
- » Seizures
- » Sleeping Problems
- » Chest Pain
- » Gum Infections
- » Shortness of Breath
- » Slow Healing Wounds

Compliance Consultation

- » Mammogram
- » Lung Cancer Screening
- » Pap Smear
- » Vaccination Consultation
- » Colorectal Screening

Filled Prescription Import

- » Adherence
- » Potential Reactions
- » Compliance
- » Generic Options
- » Effectiveness Review

Gaps in Care Identified & Addressed

- » Primary Care Status
- » COPD
- » Hypertension
- » Asthma
- » Diabetes
- » Coronary Artery Disease
- » Heart Failure

Personal Action Plan & Referrals

- » Clinical Action Plan
- » High-Risk Participant Follow-Up
- » Results Sent to Primary Care Physician (PCP)
- » Handoff to Making Healthy Cheaper Programs

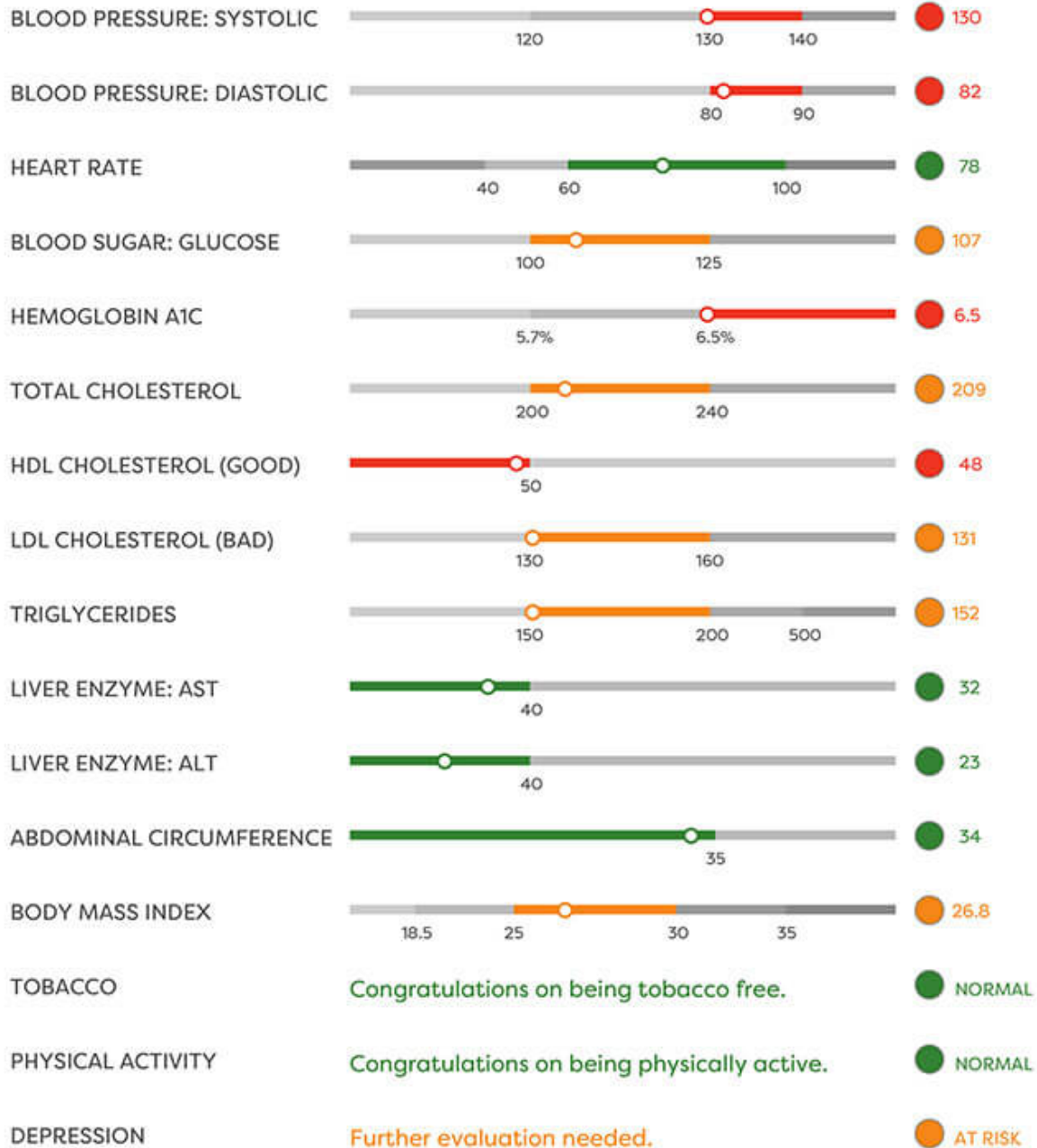
Traffic Lighted Reporting

Health Overview: Stephen Smith

March 1, 2022

Catac
HEALTH
CONFIDENTIAL

● NORMAL ● AT RISK ● ALERT



THE OPEH&W APP

24/7 CARE GUIDES



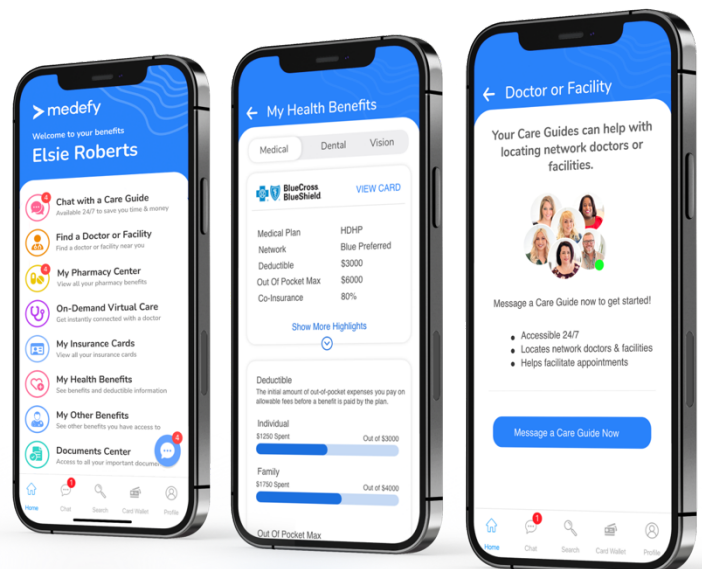
EVERYTHING OPEH&W



- ✓ Chat with a Care Guide
- ✓ Find a Doctor or Facility
- ✓ My Pharmacy Center
- ✓ On-Demand Virtual Care
- ✓ My Insurance Cards
- ✓ My Health Benefits
- ✓ My Other Benefits
- ✓ Documents Center

BlueCross BlueShield	
Medical Plan	HDHP
Network	Blue Preferred
Deductible	\$3000
Out Of Pocket Max	\$6000
Co-Insurance	80%

EASY TO USE



My Health Benefits

Medical Dental Vision

BlueCross BlueShield VIEW CARD

Medical Plan	HDHP
Network	Blue Preferred
Deductible	\$3000
Out Of Pocket Max	\$6000
Co-Insurance	80%

Show More Highlights

Deductible

The total amount of out-of-pocket expenses you pay on allowable fees before a benefit is paid by the plan.

Individual	\$1250 Spent	Out of \$3000
Family	\$1750 Spent	Out of \$4000

Out Of Pocket Max

Doctor or Facility

Your Care Guides can help with locating network doctors or facilities.

Message a Care Guide now to get started!

- Accessible 24/7
- Locates network doctors & facilities
- Helps facilitate appointments

Message a Care Guide Now

Ancillary Products & FSA Plan

Accident

Rates:

Type	Low Plan	High Plan
Employee Only	10.23	16.11
Employee & Spouse	20.29	31.88
Employee & Children	24.36	38.12
Employee, Spouse & Children	28.80	45.16

Coverage:

Benefit	Benefit Limits	Low Plan			High Plan		
		Employee	Spouse	Child	Employee	Spouse	Child
Accidental Death Benefits							
Basic Accidental Death	N/A	\$25,000	\$12,500	\$5,000	\$50,000	\$25,000	\$10,000
Accidental Death Common Carrier		\$75,000	\$37,500	\$15,000	\$150,000	\$75,000	\$30,000
Accidental Dismemberment/Functional Loss/Paralysis Benefits							
Basic Dismemberment/Functional Loss Benefit							
Loss of one finger or one toe	N/A	\$750	\$750	\$750	\$1,000	\$1,000	\$1,000
Loss of one arm or one leg		\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000
Loss of one hand or one foot		\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000
Loss of two or more fingers or toes		\$1,500	\$1,500	\$1,500	\$2,000	\$2,000	\$2,000
Loss of sight in one eye		\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000
Loss of hearing in one ear		\$10,000	\$10,000	\$10,000	\$15,000	\$15,000	\$15,000
Catastrophic Dismemberment/Functional Loss Benefit							
Loss of both arms or both legs or one arm and one leg	N/A	\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Loss of both hands or both feet or one hand and one foot		\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Loss of sight in both eyes		\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Loss of hearing in both ears		\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Loss of ability to speak		\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000
Paralysis Benefit							
Two Limbs (paraplegia or hemiplegia)	N/A	\$10,000	\$10,000	\$10,000	\$20,000	\$20,000	\$20,000
Four Limbs (quadriplegia)		\$20,000	\$20,000	\$20,000	\$40,000	\$40,000	\$40,000

		Low Plan	High Plan
Benefit	Benefit Limits	All Covered Persons	All Covered Persons
Accidental Injury Benefits			
Fracture Benefit (Closed)			
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$1,000	\$2,000
Skull Fracture - depressed (except bones of face or nose)		\$4,000	\$5,000
Skull Fracture - non depressed (except bones of face or nose)		\$2,000	\$2,500
Lower Jaw, Mandible (except alveolar process)		\$750	\$1,000
Upper Jaw, Maxilla (except alveolar process)		\$1,000	\$2,000
Upper Arm between Elbow and Shoulder (humerus)		\$1,000	\$2,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$750	\$1,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$750	\$1,000
Rib		\$750	\$1,000
Finger, Toe		\$100	\$200
Vertebrae, Body of (excluding vertebral processes)		\$1,500	\$2,000
Vertebral Process		\$500	\$750
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$1,500	\$2,000
Hip, Thigh (femur)		\$4,000	\$5,000
Coccyx		\$500	\$750
Leg (tibia and/or fibula)		\$1,500	\$2,000
Kneecap (patella)		\$500	\$750
Ankle		\$500	\$750
Foot (except toes)	\$500	\$750	
Chip Fracture	25%	25%	
Fracture Benefit (Open)			
Face or Nose (except mandible or maxilla)	If more than one bone is fractured, the amount we will pay for all fractures combined will be no more than 2 times the highest Fracture Benefit.	\$2,000	\$4,000
Skull Fracture - depressed (except bones of face or nose)		\$8,000	\$10,000
Skull Fracture - non depressed (except bones of face or nose)		\$4,000	\$5,000
Lower Jaw, Mandible (except alveolar process)		\$1,500	\$2,000
Upper Jaw, Maxilla (except alveolar process)		\$2,000	\$4,000
Upper Arm between Elbow and Shoulder (humerus)		\$2,000	\$4,000
Shoulder Blade (scapula), Collarbone (clavicle, sternum)		\$1,500	\$2,000
Forearm (radius and/or ulna), Hand, Wrist (except fingers)		\$1,500	\$2,000
Rib		\$1,500	\$2,000

Finger, Toe		\$200	\$400	
Vertebrae, Body of (excluding vertebral processes)		\$3,000	\$4,000	
Vertebral Process		\$1,000	\$1,500	
Pelvis (includes ilium, ischium, pubis, acetabulum except coccyx)		\$3,000	\$4,000	
Hip, Thigh (femur)		\$8,000	\$10,000	
Coccyx		\$1,000	\$1,500	
Leg (tibia and/or fibula)		\$3,000	\$4,000	
Kneecap (patella)		\$1,000	\$1,500	
Ankle		\$1,000	\$1,500	
Foot (except toes)		\$1,000	\$1,500	
Chip Fracture		25%	25%	
Dislocation Benefit (Closed)				
Lower Jaw		\$750	\$1,000	
Collarbone (sternoclavicular)		\$1,000	\$1,500	
Collarbone (acromioclavicular and separation)		\$750	\$1,000	
Shoulder (glenohumeral)		\$750	\$1,000	
Rib		\$750	\$1,000	
Elbow	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$750	\$1,000	
Wrist		\$750	\$1,000	
Bone or Bones of the Hand (other than fingers)		\$750	\$1,000	
Hip		\$4,000	\$5,000	
Knee (except patella)		\$2,000	\$2,500	
Ankle - Bone or bones of the Foot (other than toes)		\$750	\$1,000	
One Toe or Finger		\$100	\$200	
Partial Dislocation		25%	25%	
Dislocation Benefit (Open)				
Lower Jaw			\$1,500	\$2,000
Collarbone (sternoclavicular)			\$2,000	\$3,000
Collarbone (acromioclavicular and separation)			\$1,500	\$2,000
Shoulder (glenohumeral)			\$1,500	\$2,000
Rib		\$1,500	\$2,000	
Elbow	If more than one joint is dislocated, the amount we will pay for all dislocations combined will be no more than 2 times the highest Dislocation Benefit.	\$1,500	\$2,000	
Wrist		\$1,500	\$2,000	
Bone or Bones of the Hand (other than fingers)		\$1,500	\$2,000	
Hip		\$8,000	\$10,000	
Knee (except patella)		\$4,000	\$5,000	
Ankle - Bone or bones of the Foot (other than toes)		\$1,500	\$2,000	
One Toe or Finger		\$200	\$400	
Partial Dislocation		25%	25%	
Burn Benefit				

2nd Degree w/ less than 10% of surface skin burnt	1 time per accident; Unlimited time(s) per calendar year	\$75	\$100
2nd Degree 10-25% surface skin burnt		\$150	\$200
2nd Degree 25-35% surface skin burnt		\$500	\$750
2nd Degree 35% or more of surface skin burnt		\$1,000	\$1,500
3rd Degree w/ less than 10% of surface skin burnt		\$1,000	\$1,500
3rd Degree 10-25% surface skin burnt		\$1,500	\$2,000
3rd Degree 25-35% surface skin burnt		\$5,000	\$7,500
3rd Degree 35% or more of surface skin burnt		\$10,000	\$15,000
Concussion Benefit			
Concussion	1 time(s) per calendar year	\$250	\$500
Coma Benefit			
Coma	1 time(s) per accident; Unlimited time(s) per calendar year	\$7,500	\$10,000
Laceration Benefit			
Without repair by stiches	1 time per accident; 3 time(s) per calendar year	\$50	\$75
Repaired by stiches but less than 2 inches long		\$75	\$125
Repaired by stiches and 2-6 inches long		\$200	\$350
Repaired by stiches and over 6 inches long		\$400	\$700
Broken Tooth Benefit			
Crown	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$200	\$300
Extraction	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$100	\$150
Filling	1 time(s) per accident; Unlimited time(s) per calendar year (applies to all procedures)	\$25	\$50
Eye Injury Benefit			
Eye Injury	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$400

Medical Treatment & Services Benefits			
Ground Ambulance Benefit			
Ground Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$400
Air Ambulance Benefit			
Air Ambulance	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	\$1,250
Emergency Care Benefit			
Emergency Room	1 time per accident (combined with Non-Emergency Initial Care Benefit). Payable within 96 hours after the accident.	\$150	\$200
Physician's Office		\$75	\$100
Urgent Care		\$75	\$100

Non-Emergency Initial Care Benefit			
Non-Emergency Initial Care	1 time per accident (combined with Emergency Care Benefit)	\$75	\$100
Medical Testing Benefit			
Medical Testing (X-rays, MRI/MR, Ultrasound, NCV, CT/CAT, EEG)	2 time(s) per accident; Unlimited time(s) per calendar year	\$150	\$200
Physician Follow-Up Benefit			
Physician Follow-Up Visit	2 time(s) per accident; 6 time(s) per calendar year	\$75	\$100
Transportation Benefit			
Transportation	1 time(s) per accident; 2 time(s) per calendar year	\$300	\$400
Therapy Services Benefit			
Acupuncture	10 time(s) per accident; Unlimited time(s) per calendar year	\$35	\$50
Chiropractic Therapy		\$35	\$50
Cognitive Behavioral Therapy		\$35	\$50
Occupational Therapy		\$35	\$50
Physical Therapy		\$35	\$50
Respiratory therapy		\$35	\$50
Speech Therapy		\$35	\$50
Vocational Therapy		\$35	\$50
Pain Benefit			
Pain Management (for Epidural Anesthesia)	1 time(s) per accident; Unlimited time(s) per calendar year	\$75	\$100
Prosthetic Device Benefit			
One Device Only	1 time(s) per accident; Unlimited time(s) per calendar year	\$750	\$1,000
More than One Device		\$1,500	\$2,000
Medical Appliance Benefit			
Brace		\$75	\$150
Cane		\$75	\$150
Crutches		\$75	\$150
Walker - expected use < 1yr		\$150	\$200
Walker - expected use >=1 yr		\$300	\$400
Walking Boot		\$75	\$150
Wheelchair or motorized scooter - expected use < 1yr		\$200	\$300
Wheelchair or motorized scooter - expected use >=1yr		\$750	\$1,000
Other medical device used for Mobility		\$75	\$150
Medical Appliance Benefit Limit (for all appliances combined per accident)		\$750	\$1,000

Modification Benefit			
Modification	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,000	\$1,500
Blood/ Plasma/ Platelets Benefit			
Blood/Plasma/Platelets	1 time(s) per accident; Unlimited time(s) per calendar year	\$400	\$500
Surgery Benefits			
Surgical Repair – Cranial	1 time(s) per accident; Unlimited time(s) per calendar year	\$1,500	\$2,000
Surgical Repair – Hernia		\$150	\$200
Surgical Repair – Ruptured Disc		\$750	\$1,500
Surgical Repair – Skin Graft (% of Burn Benefit)		50%	50%
Surgical Repair – Torn Cartilage in Knee		\$750	\$1,500
Surgical Repair – Torn tendon/ligament/rotator cuff - one		\$750	\$1,000
Surgical Repair – Torn tendon/ligament/rotator cuff - two or more		\$1,500	\$2,000
Surgical Repair – Thoracic Cavity or Abdominal Pelvic Cavity		\$1,500	\$2,000
Exploratory Surgery (for any Surgery Benefit procedure)		\$150	\$200
Other Outpatient Surgery Benefit			
Other Outpatient Surgery Benefit	1 time(s) per accident; Unlimited time(s) per calendar year	\$300	\$400

Accident - Hospital Benefits			
Hospital Admission Benefit			
Admission	1 time per accident; Unlimited times per calendar year	\$1,000	\$1,500
ICU Supplemental Admission (paid in addition to Admission)		\$1,000	\$1,500
Hospital Confinement Benefit			
Confinement	15 days per accident. Payable after the first day of admission. ICU Supplemental Confinement will pay an additional benefit for 15 of those days.	\$200	\$300
ICU Supplemental Confinement (paid in addition to Confinement)		\$200	\$300
Inpatient Rehabilitation Benefit			
Inpatient Rehabilitation	15 days per accident; 30 days per calendar year	\$150	\$200

Other Benefits			
Health Screening Benefit	1 time(s) per calendar year	\$50	\$100
Lodging Benefit	15 day(s) per calendar year	\$100	\$200

Additional Benefits:

Health Screening Benefit:

Paid one time per calendar year.

The screening/prevention measures for which a Health Screening Benefit may be paid are: routine health check-up exam; biopsies for cancer; blood chemistry panel; blood test to determine total cholesterol; blood test to determine triglycerides; bone marrow testing; breast MRI; breast ultrasound; breast sonogram; cancer antigen 15-3 blood test for breast cancer (CA 15-3); cancer antigen 125 blood test for ovarian cancer (CA 125); carcinoembryonic antigen blood test for colon cancer (CEA); carotid doppler; chest x-rays; clinical testicular exam; colonoscopy; complete blood count (CBC); coronavirus testing; dental exam; digital rectal exam (DRE); Doppler screening for cancer; Doppler screening for peripheral vascular disease; echocardiogram; electrocardiogram (EKG); electroencephalogram (EEG); endoscopy; eye exam; fasting blood glucose test; fasting plasma glucose test; flexible sigmoidoscopy; hearing test; hemocult stool specimen; hemoglobin A1C; human papillomavirus (HPV) vaccination; immunization; lipid panel; mammogram; oral cancer screening; pap smears or thin prep pap test; prostate-specific antigen (PSA) test; serum cholesterol test to determine LDL and HDL levels; serum protein electrophoresis; skin cancer biopsy; skin cancer screening; skin exam; stress test on bicycle or treadmill; successful completion of smoking cessation program; tests for sexually transmitted infections (STIs); thermography; two hour post-load plasma glucose test; ultrasounds for cancer detection; ultrasound screening of the abdominal aorta for abdominal aortic aneurysms; or virtual colonoscopy.

The Health Screening Benefit is referred to as the Accident Prevention Screening Benefit in some states. If a Health Screening Benefit is offered under your plan, please note that in certain states, it is provided by MetLife Consumer Services as a separate service and is not part of the group insurance policy. This does not impact the Health Screening Benefit's availability to your employees, total cost to you or your employees, or the way in which employees access the service. Your total cost reflects the fee for the service and there is no administrative or contractual impact to you.

Organized Sports Activity Injury Benefit Rider:

If a covered person has an accident that is due to organized sports activity, we will pay an extra 25% of eligible benefits, subject to limitations described in the certificate, under the following benefit categories: Accidental Injury, Accident - Medical Treatment and Services, Hospital benefits.

Cancer

Options: \$15,000 or \$30,000

Rates per \$1,000 of Coverage:

Attained Age	Employee Only	Employee & Spouse	Employee & Child(ren)	Employee + Spouse & Child(ren)
<25	\$0.30	\$0.51	\$0.48	\$0.70
25 - 29	\$0.33	\$0.56	\$0.51	\$0.74
30 - 34	\$0.37	\$0.63	\$0.56	\$0.82
35 - 39	\$0.51	\$0.86	\$0.69	\$1.04
40 - 44	\$0.67	\$1.11	\$0.85	\$1.30
45 - 49	\$0.92	\$1.49	\$1.10	\$1.67
50 - 54	\$1.23	\$1.94	\$1.41	\$2.12
55 - 59	\$1.73	\$2.67	\$1.91	\$2.85
60 - 64	\$2.21	\$3.35	\$2.39	\$3.54
65 - 69	\$2.62	\$3.97	\$2.80	\$4.16
70 - 74	\$3.24	\$4.88	\$3.42	\$5.06
75+	\$3.63	\$5.44	\$3.81	\$5.62

Multiply the per \$1,000 rates shown above by the benefit amount divided by \$1,000 (e.g., 15 for \$15,000 of coverage) and round to two decimals to calculate rates for the quoted benefit amounts.

Coverage:

Covered Conditions	Initial Benefit	Recurrence Benefit
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	100% of Initial Benefit, but not less than \$250

Health Screening Benefit:

Benefit Amount: \$50 Payable if an eligible covered person takes one of the screening/prevention measures listed below.

Times Payable per Calendar Year: 1 time per Employee, 1 time per Spouse/Domestic Partner, 1 time per Dependent Child.

Eligible Screening / Prevention Measures:

Routine Health Check-Up Exam	Fasting Blood Glucose Test
Biopsies For Cancer	Fasting Plasma Glucose Test
Blood Chemistry Panel	Flexible Sigmoidoscopy
Blood Test To Determine Total Cholesterol	Hearing Test
Blood Test To Determine Triglycerides	Hemoccult Stool Specimen
Bone Marrow Testing	Hemoglobin A1c
Breast Mri	Human Papillomavirus (Hpv) Vaccination
Breast Ultrasound	Immunization
Breast Sonogram	Lipid Panel
Cancer Antigen 15-3 Blood Test For Breast Cancer (Ca 15-3)	Mammogram
Cancer Antigen 125 Blood Test For Ovarian Cancer (Ca 125)	Oral Cancer Screening
Carcinoembryonic Antigen Blood Test For Colon Cancer (Cea)	Pap Smears Or Thin Prep Pap Test
Carotid Doppler	Prostate-Specific Antigen (Psa) Test
Chest X-Rays	Serum Cholesterol Test To Determine Ldl And Hdl Levels
Clinical Testicular Exam	Serum Protein Electrophoresis
Colonoscopy	Skin Cancer Biopsy
Complete Blood Count (Cbc)	Skin Cancer Screening
Coronavirus Testing	Skin Exam
Dental Exam	Stress Test On Bicycle Or Treadmill
Digital Rectal Exam (Dre)	Successful Completion Of Smoking Cessation Program
Doppler Screening For Cancer	Tests For Sexually Transmitted Infections (Stis)
Doppler Screening For Peripheral Vascular Disease	Thermography
Echocardiogram	Two-Hour Post-Load Plasma Glucose Test
Electrocardiogram (Ekg)	Ultrasounds For Cancer Detection
Electroencephalogram (Eeg)	Ultrasound Screening Of The Abdominal Aorta For Abdominal Aortic Aneurysms
Endoscopy	Virtual Colonoscopy
Eye Exams	

Critical Illness

Options: \$15,000 or \$30,000

Rates per \$1,000 of Coverage:

Attained Age	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Spouse and Child(ren)
<25	\$0.44	\$0.73	\$0.74	\$1.03
25 - 29	\$0.50	\$0.82	\$0.80	\$1.12
30 - 34	\$0.60	\$0.96	\$0.90	\$1.27
35 - 39	\$0.80	\$1.29	\$1.10	\$1.59
40 - 44	\$1.09	\$1.72	\$1.39	\$2.02
45 - 49	\$1.50	\$2.33	\$1.80	\$2.64
50 - 54	\$2.10	\$3.20	\$2.41	\$3.50
55 - 59	\$2.96	\$4.43	\$3.26	\$4.73
60 - 64	\$3.93	\$5.83	\$4.23	\$6.13
65 - 69	\$4.98	\$7.37	\$5.29	\$7.67
70 - 74	\$6.51	\$9.62	\$6.82	\$9.92
75+	\$8.86	\$13.14	\$9.16	\$13.45

Coverage:

Covered Conditions	Initial Benefit	Recurrence Benefit
Autism Spectrum Disorder Diagnosis	25% of Benefit Amount	NONE
Benign Brain Tumor	100% of Benefit Amount	100% of Initial Benefit
Invasive Cancer	100% of Benefit Amount	100% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	100% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than \$250	100% of Initial Benefit, but not less than \$250
Coronary Artery Bypass Graft (CABG) - where surgery involving either a median sternotomy or minimally invasive procedure is performed	50% of Benefit Amount	100% of Initial Benefit
Childhood Cerebral Palsy	100% of Benefit Amount	NONE
Childhood Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Childhood Cystic Fibrosis	100% of Benefit Amount	NONE
Childhood Diabetes (Type 1)	100% of Benefit Amount	NONE
Childhood Down Syndrome	100% of Benefit Amount	NONE
Childhood Sickle Cell Anemia	100% of Benefit Amount	NONE
Childhood Spina Bifida	100% of Benefit Amount	NONE
Coma	100% of Benefit Amount	100% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	100% of Initial Benefit
Heart Attack	100% of Benefit Amount	100% of Initial Benefit
Sudden Cardiac Arrest	50% of Benefit Amount	NONE
Bacterial Cerebrospinal Meningitis *	25% of Benefit Amount	100% of Initial Benefit
COVID-19 *	25% of Benefit Amount	100% of Initial Benefit
Diphtheria *	25% of Benefit Amount	100% of Initial Benefit
Encephalitis *	25% of Benefit Amount	100% of Initial Benefit

Legionnaire's Disease *	25% of Benefit Amount	100% of Initial Benefit
Malaria *	25% of Benefit Amount	100% of Initial Benefit
Necrotizing Fasciitis *	25% of Benefit Amount	100% of Initial Benefit
Osteomyelitis *	25% of Benefit Amount	100% of Initial Benefit
Rabies *	25% of Benefit Amount	NONE
Tetanus *	25% of Benefit Amount	100% of Initial Benefit
Tuberculosis *	25% of Benefit Amount	100% of Initial Benefit
Kidney Failure	100% of Benefit Amount	100% of Initial Benefit
Major Organ Transplant <i>For bone marrow, heart, lung, pancreas, and liver</i>	100% of Benefit Amount	100% of Initial Benefit
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE
Severe Burn	100% of Benefit Amount	100% of Initial Benefit
Stroke	100% of Benefit Amount	100% of Initial Benefit
Transient Ischemic Attack	10% of Benefit Amount	100% of Initial Benefit

* Payable after 3 consecutive days of hospitalization.

Health Screening Benefit:

Benefit Amount: \$50 Payable if an eligible covered person takes one of the screening/prevention measures listed below.

Times Payable per Calendar Year: 1 time per Employee, 1 time per Spouse/Domestic Partner, 1 time per Dependent Child.

Eligible Screening / Prevention Measures:

Routine Health Check-Up Exam	Fasting Blood Glucose Test
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Blood Test To Determine Total Cholesterol	Hearing Test
Blood Test To Determine Triglycerides	Hemoccult Stool Specimen
Bone Marrow Testing	Hemoglobin A1c
Breast Mri	Human Papillomavirus (Hpv) Vaccination
Breast Ultrasound	Immunization
Breast Sonogram	Lipid Panel
Cancer Antigen 15-3 Blood Test For Breast Cancer (Ca 15-3)	Mammogram
Cancer Antigen 125 Blood Test For Ovarian Cancer (Ca 125)	Oral Cancer Screening
Carcinoembryonic Antigen Blood Test For Colon Cancer (Cea)	Pap Smears Or Thin Prep Pap Test
Carotid Doppler	Prostate-Specific Antigen (Psa) Test
Chest X-Rays	Serum Cholesterol Test To Determine Ldl And Hdl Levels
Clinical Testicular Exam	Serum Protein Electrophoresis
Colonoscopy	Skin Cancer Biopsy
Complete Blood Count (Cbc)	Skin Cancer Screening
Coronavirus Testing	Skin Exam
Dental Exam	Stress Test On Bicycle Or Treadmill
Digital Rectal Exam (Dre)	Successful Completion Of Smoking Cessation Program
Doppler Screening For Cancer	Tests For Sexually Transmitted Infections (Stis)
Doppler Screening For Peripheral Vascular Disease	Thermography
Echocardiogram	Two-Hour Post-Load Plasma Glucose Test
Electrocardiogram (Ekg)	Ultrasounds For Cancer Detection
Electroencephalogram (Eeg)	Ultrasound Screening Of The Abdominal Aorta For Abdominal Aortic Aneurysms
Endoscopy	Virtual Colonoscopy
Eye Exams	

Disability - Short-Term (STD) & Long-Term (LTD)

Rates:

AGE	STD per \$10 of Coverage	LTD per \$100 of Coverage
Group Paid	0.636	0.399
Employee Paid		
< 25	0.987	0.113
25 to 29	1.038	0.140
30 to 34	1.063	0.246
35 to 39	1.040	0.411
40 to 44	1.038	0.649
45 to 49	1.265	0.954
50 to 54	1.569	1.331
55 to 59	1.923	1.585
60 to 64	2.278	1.235
65 to 70	2.733	0.681
> 70	2.733	0.492

Coverage:

	STD	LTD
Weekly Benefit Amount	60%	60%
Maximum Weekly Benefit	\$1,000	\$6,000
Minimum Benefit	Weekly Greater of \$25 & 10%	Monthly \$100
Elimination Period	14 Days	180 Days or until STD Ends.
Benefit Duration	24 Weeks	24 Months or Normal Social Security Retirement Age
Rehabilitation Incentives	Work Incentive Rehabilitation Program Family Care Moving Expense	Work Incentive Rehabilitation Program Family Care Moving Expense

Home & Auto

10% Discount

Insurance for What's Important

The Program offers a wide range of products and services - providing flexibility for your employees to choose what is right for them, including:

- » Auto
- » Renter's
- » Boat
- » Personal Excess Liability
- » Landlord's Rental Dwelling
- » And More!
- » Home
- » Condo
- » Flood
- » RV
- » Bundled Packages

Industry-Leading Features that Give Employees Confidence

- » Replacement Cost for Total Loss
- » Claim-Free Driving Rewards
- » Replacement Cost Coverage on Home
- » Multi-Policy Advantage

Value-Added Services

- » 6,000 Top-Quality Contractors
- » Choice of Contractor
- » Identity Protection Services
- » Towing Coverage
- » & Much More
- » Five-Year Handiwork Warranty
- » Farmers Concierge Auto Repair Experience® (Farmers CARE®)
- » Roadside Assistance
- » Car Rental

Service Employees Can Count On

- » Convenience of One Place for All Coverage
- » Quick & Easy Quotes
- » Claim Professionals Available at Any Time

Implement with Ease

- » Dedicated Implementation Manager
- » Dedicated Communication Specialist
- » Simplified Service

Hospital Indemnity

Rates:

Type	Low Plan	High Plan
Employee Only	9.91	19.43
Employee & Spouse	21.60	42.34
Employee & Children	15.27	29.93
Employee, Spouse & Children	26.96	52.85

Coverage:

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Admission Benefit	4 time(s) per calendar year	Admission	\$500	\$1,000
		ICU Supplemental Admission (Benefit paid concurrently with the admission benefit when a Covered Person is admitted to ICU)	\$500	\$1,000
Confinement Benefit	31 days per confinement ICU Supplemental Confinement will pay an additional benefit for 31 of those days	Confinement	\$100	\$200
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	\$100	\$200
Confinement Benefit for Newborn Nursery Care	3 day(s) per confinement	Confinement Benefit for Newborn Nursery Care	\$100	\$200
Inpatient Rehabilitation Benefit	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	\$100	\$200

Identity Protection

Rates:

	Protection		Protection Plus	
	Individual	Family	Individual	Family
Employee Paid	5.85	10.30	8.15	13.30
Group Paid	3.25	5.00	6.25	8.50
Employee Buy Up Options:				
Protection Family	7.05			
Protection Plus Individual	4.90	3.15		
Protection Plus Family	10.05	8.30	7.05	

Coverage:

Financial Fraud Protection	Protection	Protection Plus
Credit Monitoring & Alerts	1 Bureau	3 Bureaus
Credit Reports	1 Bureau	3 Bureaus
Credit Score Tracker	YES	YES
In-Platform Credit Dispute	YES	YES
Credit, Bank & Account Freeze Assistance	YES	YES
Home Title Monitoring	YES	YES
Vehicle Title Monitoring	YES	YES
Financial Account Opening & Takeover Monitoring	YES	YES
AI-Powered Financial Transaction Monitoring	YES	YES
Tax Fraud Prevention Assistance	YES	YES
High-Risk Transaction Alerts	YES	YES
Utility Account Monitoring	YES	YES
Payday/Specialty Loans Block	NO	YES
Credit Lock	NO	YES
Credit Score Simulator	NO	YES
Identity Theft Protection	Protection	Protection Plus
Privacy Assistant (Automated Data Broker Removal)	YES	YES
Dark Web Monitoring	YES	YES
Digital Vault	YES	YES
SSN & Identity Authentication Alerts	YES	YES
Criminal, Court & Public Record Monitoring	YES	YES
USPS Address Monitoring	YES	YES
Social Media Monitoring	YES	YES
Social Media Privacy Checkup	NO	YES
Gamertag Monitoring	NO	YES
Privacy & Device Protection	Protection	Protection Plus
Password Manager	YES	YES
Automated Password Change	YES	YES
Email Alias	YES	YES
Safe Web Browsing	YES	YES
IP Address Monitoring	YES	YES
WiFi Security (VPN)	2 Devices	Unlimited Devices
Antivirus	2 Devices	Unlimited Devices
AI-Powered Call Assistant	NO	YES
AI-Powered Text Assistant	NO	YES
Mobile Phone Takeover Protection	NO	YES

Family Safety (included with Family Plans)	Protection	Protection Plus
Parental Controls	YES	YES
Child Cyberbullying Protection	YES	YES
3-Bureau Child Credit Freeze Wizard	YES	YES
Child SSN Monitoring & Alerts	YES	YES
Sex Offender Geo Alerts	YES	YES
Family Sharing	YES	YES
Safe Gaming	YES	YES
Services & Support	Protection	Protection Plus
\$5M Insurance Policy per Enrolled Adult	YES	YES
Lost Wallet Protection with \$500 Emergency Cash	YES	YES
100% US-Based 24/7 Customer Support	YES	YES
White-Glove Fraud Resolution Services	YES	YES
Restoration Services for Pre-Existing Fraud Events	YES	YES
Unemployment & Tax Fraud Resolution	YES	YES
All-In-One Mobile App (iOS & Android)	YES	YES
Online Resolution Tracker	YES	YES
Aura Account Security	YES	YES

Legal

Rate: \$18.75 per employee per month (Covers Spouse & Dependents)

Network: 22 Average Years of Experience, Network Size:

Coverage:

Money Matters

- » Debt Collection Defense
- » Personal Bankruptcy
- » Financial Wellness Programs
- » Promissory Notes
- » Identity Theft Defense
- » Tax Audit Representation
- » Creditor Negotiations
- » Tax Collection Defense

Home & Real Estate

- » Boundary & Title Disputes
- » Mortgages
- » Security Deposit Assistance
- » Deeds
- » Property Tax Assessments
- » Tenant Negotiations
- » Eviction Defense
- » Refinancing & Home Loan
- » Zoning Applications
- » Foreclosure
- » Home Sale or Purchase

Estate Planning

- » Codicils
- » Powers of Attorney
- » Complex Wills
- » Revocable & Irrevocable Trusts
- » Healthcare Proxies
- » Simple Wills
- » Living Wills

Family & Personal

- » Adoption
- » Divorce (20 hours)
- » Juvenile Court Defense
- » Personal Properties Issues
- » Affidavits
- » Garnishment Defense
- » Name Change
- » Prenuptial Agreement
- » Conservatorship
- » Guardianship
- » Parental Responsibility
- » Domestic Violence Protection
- » Demand Letters
- » Immigration Assistance
- » School Hearings
- » Legal Document Review

Civil Lawsuits

- » Administrative Hearings
- » Incompetency Defense
- » Civil Litigation Defense
- » Pet Liabilities
- » Consumer Goods & Services Disputes
- » Small Claims Assistance

Elder-Care Issues

Consultation & Document Review for Issues Related to Parents:

- » Deeds
- » Notes
- » Wills
- » Leases
- » Nursing Home Agreements
- » Medicaid
- » Powers of Attorney
- » Medicare
- » Prescription Plans

Traffic & Other Matters

- » Defense of Traffic Tickets
- » Driving Privileges Restoration
- » Habeas Corpus
- » Repossession

Medical Transportation

Rates:

	Employee	Family
Plus	7.00	15.00
Premier	9.00	20.50

Coverage:

	Plus	Premier
Emergency Ground Ambulance Coverage	YES	YES
Emergency Air Ambulance Coverage	YES	YES
Hospital to Hospital Ambulance Coverage	YES	YES
Repatriation to Hospital Near Home Coverage	YES	YES
Post Admission Continued Care Transportation Coverage	NO	YES
Sick While Away from Home Expense Protection	NO	YES
Minor Return Transportation Coverage	NO	YES
Pet Return Transportation Coverage	NO	YES

Pet Insurance

- » **78%** of pet parents consider their pets to be their children.
- » **\$800 - \$1,500** average cost of an emergency vet visit for a dog.
- » **1 in 3** employees say pet insurance is a must-have benefit.

MetLife Pet Insurance is committed to helping pet parents experience the joys of parenthood by helping them cover the cost of care for a sick or injured pet. Pet insurance helps to reimburse pet parents for covered unexpected veterinary expenses for their furry family members, helping to give members confidence that they can care for their pets like family.

Pet parents will put their furry family members' well-being before their own:

- » **83%** of pet parents say there is no limit on what they'd spend to make sure their pet is happy and healthy.
- » **84%** of pet parents say the costs related to pet ownership have risen.
- » **62%** of pet parents are concerned about their pet developing illnesses because they might not be able to afford the cost of their pet's health over time.

More Coverage & Value

- » Competitive rates with discounts, and the only provider offering family plans (i.e., multiple pets covered by one policy).
- » Healthy pet incentive where employee's deductible decreases for each year without a claim.
- » We cover all vet-recommended medications, surgeries and treatments.

More Choice & Flexibility

- » No breed exclusions or upper age limits.
- » A wider range of deductible and reimbursement options than other carriers, giving pet parents maximum flexibility to choose the right plan.
- » Optional wellness coverage (preventive care) included in annual limit to cover flea and tick medications, teeth cleaning, blood work and more.

Simple & Delightful Experience

- » MetLife Pet mobile app with market leading features to help employees manage their pet's health and wellness and submit and track claims with most claims processed within five days.
- » Team of pet advocates to assist with enrollment and access to 24/7 live vet chat.
- » No waiting period for orthopedic coverage and among the industry's shortest wait period for accident and illness coverage.

Top-Quality Service & Simplified Enrollment

- » Caring and knowledgeable pet advocates to assist with enrollment and service.
- » An easy-to-use, personalized mobile app to submit and track claims.
- » Hassle-free claims experience with most claims processed within 5 days.

Coverage:

Enrollment Experience	
Covers All Breeds & Ages	YES
No Initial Exam/Past Vet Notes Required	YES
No Cancellation Fee	YES
Accident Coverage Starts at Midnight	YES
No Annual Care Requirements to Keep Coverage	YES
No Neuter/Spay Requirement	YES
Benefits & Limits	
No Schedule of Benefits	YES
No Lifetime Limit	YES
No Per-Incident Limit	YES
Optional Wellness Coverage (Preventive Care)	Included in Annual Limit
No Diagnostic Test Limit	YES
No Customary Charge Restrictions	YES
Healthy Pet Incentive	\$50
Automatic Annual Limit Increase	YES
Core Coverage	
Exam Fee Coverage	YES
Telemedicine Visit Coverage	YES
Prescription Food Coverage	YES
Hereditary Conditions	YES
Congenital Conditions	YES
Chronic Conditions	YES
No Waiting Period for Orthopedic Conditions	YES
Physical Therapy	YES
Crucial Repair	YES
Bi-Lateral Conditions	YES
Holistic/Alternative Therapy	YES
Periodontal Diseases	YES
Vaccinatable Diseases	YES
Dermatological Conditions	YES
Injuries Caused by Housemates	YES
Aging Pet Ear & Eye Conditions	YES
Value Adds	
Telehealth Concierge Service	YES
Boarding Fees While You're Hospitalized (When human is hospitalized for at least 48 hours)	YES
Loss Due to Theft or Straying	YES
Cremation Benefits	YES
Burial Benefits	YES
Mortality Benefit	YES
Grief Counseling Upon Death of Pet	YES

Flexible Savings Account

- » Includes Debit Card for Participant (MasterCard)
- » No Charge for Lost Card Replacement
- » Option for Free Additional Spouse/Dependent Cards
- » Online Participant Portal Access
- » Smartphone Mobile App for iPhone & Android
- » Online FSA Store Account with Integrated Access & Discounts
- » Includes Section 125 Premium Only Plan Document & Non-Discrimination Testing
- » Oklahoma Based Customer Service Team

DEPENDENT CARE ASSISTANCE PROGRAM (DCAP)

OPEH&W HealthPlan
Making Healthy Cheaper

A DCAP PLAN IS AN EMPLOYER-SPONSORED BENEFIT THAT HELPS EMPLOYEES PAY FOR THE CARE OF A QUALIFIED DEPENDENT. EACH PAY PERIOD, THE EMPLOYEE MAKES A PRE-TAX CONTRIBUTION TO THE DCAP ACCOUNT. AFTER PAYING FOR CARE AND FILING A CLAIM, THE EMPLOYEE RECEIVES REIMBURSEMENT FROM THE DCAP.

QUALIFIED DEPENDENTS:

- ★ A DEPENDENT WHO IS 12 YEARS OLD OR YOUNGER (& LIVES WITH THE EMPLOYEE)
- ★ A SPOUSE OR OTHER IRS-RECOGNIZED DEPENDENT WHO IS PHYSICALLY OR MENTALLY UNABLE TO PROVIDE SELF-CARE

USE YOUR DCAP TO PAY FOR THE FOLLOWING:

(NOT ALL ELIGIBLE ITEMS ARE LISTED)

- ★ DAYCARE
- ★ PRE-SCHOOL
- ★ PRE-KINDERGARTEN
- ★ BEFORE AND AFTER SCHOOL CARE (EXTENDED DAY)
- ★ SUMMER DAY CAMPS (OVERNIGHT CAMP DOES NOT QUALIFY)
- ★ ADULT/ELDERLY CARE PROGRAMS
- ★ BABYSITTING DURING WORK AND/OR COLLEGE HOURS
- ★ SICK CHILD CARE
- ★ DEPOSITS FOR CHILD CARE

ANNUAL CONTRIBUTION LIMITS:

\$5,000 FOR EMPLOYEES FILING SINGLE/HEAD OF HOUSEHOLD OR MARRIED JOINT
\$2,500 FOR EMPLOYEES FILING MARRIED SEPARATE



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Flexible Spending Account (FSA)

A Flexible Spending Account allows employees to set-aside money from each paycheck, before payroll taxes are calculated, to help pay for eligible medical expenses for themselves and their dependents.



FSA Contribution Limits

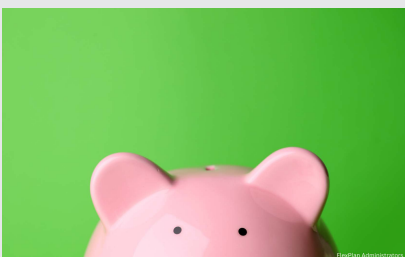
Per year, participants may elect to set aside a maximum of **\$3,300**

Tax Savings

The average FSA participant saves between 30-40% on the amount set aside pre-tax. (including Federal, State, and Local income taxes and Social Security/Medicare deductions)

Flexibility for end of plan year!

- **\$660 Carryover** – Any unused funds, up to a maximum of \$660 can be carried over from one plan year to the next



Uniform Coverage Rule

FSA participants can access the full amount of their annual contribution from the first day of the plan year. For example, if you elect \$1,300, and soon after the plan year begins you incur a \$1,300 medical bill, you can use all of your elected FSA funds to cover the expense, even though you haven't paid in all of the contributions yet. Throughout the rest of the plan year, deductions will still be taken at the same rate from each paycheck. However, your available FSA balance will be zero once all the funds are spent.

Eligible Expenses

Visit www.flexplanadmin.com for a interactive list resource. Eligible expenses include, medical, dental, vision, prescription, over-the-counter medications and other related expenses.

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FSA Eligible Health Care Expenses

Please note that we do not intend this list to be comprehensive tax advice. For more detailed information, please consult IRS Publication 502 or see your tax advisor. ***If prescribed for a particular ailment or medical condition; provider letter required.**

Acupuncture	Eye examinations and eyeglasses	Physical exams
Alcoholism treatment	Home health and/or hospice care	Physical therapy
Allergy shots and testing	Hospital services	Psychiatric care (<i>psychologists, psychotherapists</i>)
Ambulance (<i>ground or air</i>)	Insulin	Radial keratotomy
Artificial limbs	Laboratory fees	Schools (<i>special, relief, or handicapped</i>)
Blind services and equipment	LASIK eye surgery	Sexual dysfunction treatment
Car controls for handicapped*	Medical alert (<i>bracelet, necklace</i>)	Smoking cessation programs
Chiropractor services	Medical monitoring and testing devices*	Surgical fees
Coinsurance and deductibles	Nursing services	Television or telephone for the hearing impaired
Contact lenses	Obstetrical expenses	Therapy treatments*
Crutches, wheelchairs, walkers	Occlusal guards	Transportation (<i>essentially and primarily for medical care; limits apply</i>)
Dental treatment	Operations and surgeries (<i>legal</i>)	Vaccinations
Dentures	Optometrists	Vitamins*
Diagnostic tests	Orthodontia	Weight loss programs*
Doctor's fees	Orthopedic services	X-rays
Drug addiction treatment & facilities	Osteopaths	
Drugs (<i>prescription</i>)	Oxygen/oxygen equipment	

Important Notice About Over-the-Counter (OTC) Medications

With passage of the Coronavirus Aid, Relief and Economic Security Act (CARES Act) in March 2020, OTC medications are once again eligible for purchase with FSA/HSA funds without the need for a prescription. In addition, menstrual care products are now also eligible for purchase with FSA/HSA funds without the need for a prescription. You can use either your debit card to purchase these items or submit the purchase receipt for reimbursement.

FSA/HSA Eligible OTC Medications and Products

Acne medications & treatments	Contact lens solution	Laxatives
Allergy & sinus, cold, flu & cough remedies	Contraceptives (<i>condoms, gels, foams, suppositories, etc.</i>)	Medicated bandaids & dressings
Antacids & acid controllers	CPAP equipment & supplies	Menstrual care products
Antibiotic & antiseptic sprays, creams & ointments	Diabetic testing supplies/equipment	Motion sickness remedies
Anti-diarrheals	Durable medical equipment (<i>power chairs, walkers, wheelchairs, etc.</i>)	Nicotine patches and other smoking cessation aids
Anti-fungals	Eczema & psoriasis remedies	OTC varieties of Insulin
Anti-gas & stomach remedies	Eye drops, ear drops, nasal sprays	Pain relievers (<i>aspirin, ibuprofen, acetaminophen, naproxen, etc.</i>)
Anti-itch & insect bite remedies	First aid kits	Personal protection equipment (PPE)
Anti-parasitics	Hemorrhoidal preparations	Reading glasses
Digestive aids	Home diagnostic (pregnancy tests, ovulation kits, thermometers, blood pressure monitors, etc.)	Sleep aids & sedatives
Baby care (<i>diaper rash ointments, teething gel, rehydration fluids, etc.</i>)	Hydrogen peroxide, rubbing alcohol	Wart removal remedies, corn patches
Bandages and bandaids		
Breast pumps for nursing mothers		
Braces & supports		

All OTC items listed are examples.

These items are commonly mistaken as eligible but do not meet the requirements:

Cosmetic surgery and procedures	Health programs, health clubs and gyms	Teeth whitening
Cosmetic dental procedures (incl. teeth whitening, vitamins and supplements)	Insurance premiums (not reimbursable under FSA)	Vitamins & supplements without prescription



Medical & Dental Contract for 2025/26 Plan Year

Medical ASA Administration Renewal

	Current	Renewal	Change (\$)	Change (%)
Enrollment	3,355	3,607		7.5%
ASA Admin PMPM (\$)	38.46	39.61	1.15	3.0%
Medical Rebate PMPM (\$)	-2.50	-2.50	0.00	0.0%
3rd Party Stop-Loss Carrier Fee (\$)	0.50	0.50	0.00	0.0%
HAS PMPM (\$)	16.29	16.84	0.55	3.4%
MDLIVE PMPM (\$)	0.52	0.52	0.00	0.0%
MEDEFY PMPM (\$)	0.05	0.05	0.00	0.0%
Total PMPM (\$)	52.77	55.02	1.75	3.3%

Medical ASA History

Plan Year	Admin	Medical Rebate	Other Programs	MDLIVE	3 rd Party Stop-Loss	ASA Total	\$ Change	% Change
2025/26	39.61	-2.50	16.89	0.52	0.50	55.02	1.75	3.3%
2024/25	38.46	-2.50	16.29	0.52	0.50	53.27	1.62	3.1%
2023/24	37.34	-2.50	16.29	0.52	0.00	51.65	0.38	0.7%
2022/23	36.25	-2.50	17.00	0.52	0.00	51.27	0.05	0.1%
2021/22	35.67	-1.97	17.00	0.52	0.00	51.22	1.73	3.5%
2020/21	33.97	0.00	15.00	0.52	0.00	49.49	8.05	19.4%
2019/20	33.97	0.00	6.95	0.52	0.00	41.44	2.64	6.8%
2018/19	36.30	0.00	2.50	0.00	0.00	38.80	2.61	7.2%
2017/18	35.24	0.00	0.95	0.00	0.00	36.19	1.98	5.8%
2016/17	34.21	0.00	0.00	0.00	0.00	34.21	0.00	0.0%
2015/16	34.21	0.00	0.00	0.00	0.00	34.21	1.63	5.0%
2014/15	32.58	0.00	0.00	0.00	0.00	32.58	1.05	3.3%
2013/14	31.53	0.00	0.00	0.00	0.00	31.53	2.87	10.0%
2012/13	28.66	0.00	0.00	0.00	0.00	28.66	2.61	10.0%
2011/12	26.05	0.00	0.00	0.00	0.00	26.05		

Dental ASA Administration Renewal

	Current	Renewal	Change (\$)	Change (%)
Enrollment	3,510	3,743		6.6%
ASA Admin PMPM (\$)	3.21	3.21	0.00	0.0%

Dental ASA History

Plan Year	PMPM Rate	\$ Change	% Change
2025/26	3.21	0.00	0.0%
2024/25	3.21	0.09	2.9%
2023/24	3.12	0.09	3.0%
2022/23	3.03	0.14	4.8%
2021/22	2.89	0.14	5.1%
2020/21	2.75	0.00	0.0%
2019/20	2.75	0.11	4.2%
2018/19	2.64	0.13	5.2%
2017/18	2.51	0.12	5.0%
2016/17	2.39	0.00	0.0%
2015/16	2.39	0.07	3.0%
2014/15	2.32	0.11	5.0%
2013/14	2.21	0.11	5.2%
2012/13	2.10	0.19	9.9%
2011/12	1.91		

Cost Comparison

	H.A.S. Current	H.A.S. Renewal	McElroy E.D.G.E.
PMPM (\$)	16.29	16.84	12.00
PMPM Change (\$)		0.55	-4.84
PMPY (\$)	195.48	202.08	144.00
PMPY Change (\$)		6.60	-58.08
Members (#)	3,852	3,852	3,852
Monthly Total (\$)	62,749.08	64,867.68	46,244.00
Monthly Total Change (\$)		2,118.60	-18,623.68
Annual Total (\$)	752,988.96	778,412.16	554,688.00
Annual Total Change (\$)		25,423.20	-223,724.16
Change (%)		3.4	-26.3

Enhanced **D**ata, **G**roup & **E**mployee (**E.D.G.E.**) Support Program

The currently utilized 'one-approach-for-everyone' method is under-performing for the OPEH&W Health Plan's Groups and Members. As such, McElroy has developed the **E.D.G.E.** Support Program, a purpose-built solution using McElroy's 20+ year management, deep knowledge, and understanding of the OPEH&W Health Plan's population at its foundation. It offers a dynamic scalable performance based solution further enhancing the Making Healthy Cheaper concept already in place. In broad terms, the **E.D.G.E.** Support Program provides measurable and focused administrative enhancements in 3 key areas:

MEMBER



The **E.D.G.E.** Support Program utilizes a multi-layered personal-touch approach, tailor made for Oklahoma local government employees and their families. The **E.D.G.E.** Support Program includes expanding the administration team with individuals with nursing credentials, capable of working one-on-one with members. Providing in-person support, advocacy and education, alongside cutting-edge programs, all designed to meet the unique needs, behaviors and motivations of OPEH&W Health Plan's members.

E.D.G.E. MEMBER FEATURES:

- » New Member Onboarding Experience
- » Member Advocacy
- » Complex Case Management
- » Regional Health Fairs
- » Wellness Incentive Program
- » Open Enrollment Assistance
- » Enhanced Member Education
- » Enhanced Member Communication

GROUP



The **E.D.G.E.** Support Program has been designed to position the OPEH&W Health Plan as a partner and advocate, rather than an outside vendor. As such, the **E.D.G.E.** Support Program includes expanding the administration team with individuals focusing solely on group needs. This will utilize a highly visible and proactive approach, focused on supporting the group workforce and HR activities, helping to improve productivity, presenteeism, quality of life, and wellbeing.

E.D.G.E. GROUP FEATURES:

- » Group Leadership Communication
- » New Leader Education
- » Champions of Health Program
- » Regional Health Fairs
- » Annual Plan-Wide Health Seminar
- » Group Leadership Education
- » Enhanced HR Interfacing & Support
- » Leadership Meeting Attendance

DATA



The **E.D.G.E.** Support Program works seamlessly to inform, direct and drive the Member and Group **E.D.G.E.** Support Program activities; using deep dive data analytics to investigate, identify, and promote focused solutions to improve quality outcomes and contain cost. Additionally, it enhances total population management, by shining a light on and magnifying plan-wide issues, allowing for rapid deployment proactive solutions.

E.D.G.E. DATA FEATURES:

- » Gaps in Care Identification
- » Non-Adherence Identification
- » Population Deficiency Identification
- » Care Optimization Opportunities
- » Focused Employer Group Opportunities
- » Detailed & Customized Reporting
- » Benefit Optimization Opportunities
- » Horizon Event Planning

Plan Administration Agreement



This Plan Administrator Agreement ("Agreement") is made this **23rd day of January 2025**, by and between McElroy & Associates, Inc. ("McElroy" or "Plan Administrator"), an Oklahoma corporation, and the Trustees ("Trustees") of the Oklahoma Public Employees Health and Welfare Plan Trust ("Trust").

Whereas, certain governmental agencies ("Participating Agencies") acting under Oklahoma law, by their Inter-Local Governmental Agreement ("Inter-Local Agreement"), established the Oklahoma Public Employees Health and Welfare Plan ("Plan") for the benefit of eligible Employees of the Participating Agencies and their eligible dependents; whereas the Participating Agencies established the Trust to hold the assets of the Plan from which monies may be allocated for the payment of benefit claims from the Plan and the expenses of administering the Plan; whereas, the Trustees employed the services of McElroy, as Plan Administrator, by a contract service agreement; and whereas the Trustees and McElroy desire to amend and restate the terms and provisions of that contract service agreement. Now, therefore, in consideration of the mutual promises and covenants contained herein, it is hereby agreed, as set forth in this Agreement, as follows:

1: Definitions

As used in this Agreement, the following terms are defined and shall be read and understood as follows:

1.A: COBRA: Means the Consolidated Omnibus Reconciliation Act of 1985, as amended.

1.B: Employee: Employee shall have the same meaning as set forth in the Plan.

1.C: HIPAA: Means the Health Insurance Portability and Accountability Act of 1996, as amended.

1.D: Inter-Local Governmental Agreement or Inter-Local Agreement: Means that which is adopted by resolution by each of the Participating Agencies, under Title 51 O.S. §§ 167, 168, 169, and 172; Title 74 O.S. §§ 1001, et seq.; and other applicable provisions of Oklahoma law which allows the creation of the Trust Agreement and authorizes the creation of the Plan.

1.E: Participant: Means any Employee or former Employee who is or may become eligible to receive a benefit of any type from the Plan or whose beneficiaries may be eligible to receive any such benefit.

1.F: Participating Agencies: Means each governmental entity participating in the Inter-Local Agreement.

1.G: Plan: Means the Oklahoma Public Employees Health & Welfare Plan established and maintained by the Participating Agencies under the Inter-Local Agreement.

1.H: Plan Administrator: Means the person or entity contracted under the authority of the Inter-Local Agreement, pursuant to this Agreement, to control and manage the operation of the Plan.

1.I: Plan Document: Means the Inter-Local Agreement authorizing the Trust and the Plan which describes the benefits to be provided under the Plan; benefit book (summary plan description) which describes the benefits provided by the Plan in such language that the average employee can understand his or her rights and responsibilities in respect to the Plan; the Trust Agreement which, under the Inter-Local Agreement, creates and established the Plan itself, together with a Trust to hold the assets of the Plan in trust for the exclusive purpose of providing benefits to Participants and beneficiaries and defraying the reasonable expenses of administering the Plan; any insurance of reinsurance policy or policies written to provide for any benefit offered by the Plan; and any other written instrument which in any way affects the administration, management, or control of the Plan.

1.J: Trust: Means the Oklahoma Public Employees Health & Welfare Trust as set forth in the Trust Agreement.

1.K: Trust Account or Trust Fund: Means the funds to and from which monies are allocated for the payment of Participants' benefit claims and expenses of administering the Plan.

1.L: Trustees: Means the natural persons executing the Trust Agreement in their capabilities as Trustees and members of the Board of Review of the Inter-Local Agreement and their successors appointed pursuant to the Trust Agreement, having exclusive authority and discretion to manage and control the assets of the Plan.

1.M: Trust Agreement: Means the agreement by and among the Participating Agencies establishing the Plan and the Trust.

1.N: Trust Year: Means the period beginning July 1 of the first year and ending June 30, and each subsequent twelve (12) month period thereafter shall be construed to mean such a Trust Year.

2: Plan Administrator Services & Duties

McElroy shall act as the named fiduciary (as defined in the Trust Agreement) and, on behalf of the Participating Agencies, shall have the discretion and authority to control and manage the operation of the Plan pursuant to the terms of the Trust Agreement, including the following:

2.A: Staff & Office: Supply and maintain a staff, equipment, and an office necessary to satisfy the administrative duties and other duties required as Plan Administrator.

2.B: General Services: General services provided by McElroy as they relate to the duties of Plan Administrator, including, but not limited to:

2.B.1: Negotiating contracts with service providers for the Trustees, including a provider of claims administration service, and the Trustees may delegate such ministerial or other duties to McElroy as the Trustees may deem appropriate, provided, the Trustees shall themselves approve and execute any such service contracts or any Plan authorized by the Trust Agreement, make all decisions involving the investment or disposition of any assets of the Trust Fund, and McElroy shall act only in an advisory capacity with respect to all matters.

2.B.2: Prepare or cause to be prepared, in accordance with generally accepted accounting principles, unaudited monthly financial statements (income and expense and asset balance sheets), including a monthly reconciliation of all bank accounts.

2.B.3: Provide (within reason) all accounting and statistical reports to the Trustees and the Participating Agencies as needed.

2.B.4: Prepare or cause to be prepared all Federal and State Tax reports as required.

2.B.5: File or caused to be filed all proper documentation as required by Oklahoma law, including with the Secretary of State and the Participating Agency counties.

2.B.6: Administration and maintenance of all billing and premium payments from Participating Agencies, retirees, and COBRA qualified beneficiaries.

2.B.7: Respond to oral and written inquiries from Plan Participants, Participating Agencies, and providers with regards to administration of the Plan, including toll-free customer service and web-based informational services.

2.B.8: Assist and/or provide the necessary information and/or instructions to the third-party claims administrator as required to ensure accurate claim payments along with other duties performed by the third-party claim administrator.

2.B.9: Coordinate and consult with the Trust's legal counsel on matters involving claim payments, subrogation recoveries, and other Plan matters.

2.B.10: Assist the Trustees in determining the actuarial soundness of the Plan to the extent that funds received are sufficient to pay claims and incurred expenses. The cost of an actuary or underwriter will be paid for by the Trust.

2.B.11: Provide services to the Plan Participants on behalf of the Participating Agencies in connection with the operation of the Plan, including enrolling new Employees in the Plan, applications, maintaining current Plan data, billing, and assisting in the completion of any necessary forms.

2.B.12: Provide COBRA administration services on behalf of Participating Agencies, including the following:

2.B.12.A: Generate and mail initial COBRA notices to all new Plan enrollees.

2.B.12.B: Generate and mail specific qualifying event notices to all qualified beneficiaries.

2.B.12.C: Receive COBRA elections from qualified beneficiaries.

2.B.12.D: Receive COBRA premiums.

2.B.12.E: Answer qualified beneficiary premium questions.

2.B.12.F: Track all dates required for COBRA compliance.

2.B.12.G: Maintain proper documentation of COBRA activity.

2.B.12.H: Monitor COBRA's requirements for changes and update notices and procedures, as applicable.

2.B.13: Provide HIPAA administration services on behalf of the Plan, including the following:

2.B.13.A: McElroy will designate an employee to act as the "privacy official" and "contact person" for the Plan. The privacy official will be responsible for the development and implementation of privacy

policies and procedures and development of a compliance program that meets all the administrative requirements of HIPAA privacy rules and state laws governing the privacy of health information (referred to by HIPAA as "protected health information" or "PHI"). The privacy official will also serve as the contact person for Participants who have questions, concerns, or complaints about the privacy of their PHI.

2.B.13.B: Monitor HIPAA requirements for changes and update HIPAA policies and compliance program, as applicable.

2.B.13.C: Negotiate Business Associate Agreements with third-party vendors on behalf of the Plan, provided, the Trustees shall themselves approve and execute any such agreements.

2.B.13.D: Develop, maintain, and mail Plan's Notice of Privacy Practices to all Participants as required by HIPAA.

2.B.13.E: Provide workforce training on privacy policies and procedures.

2.B.13.F: Notification and management of third-party PHI authorizations for disclosure.

2.B.13.G: Management and tracking of access to PHI.

2.B.13.H: Provision of electronic hardware in providing security information.

2.B.13.I: Provision of accounting and disclosures of PHI to individuals.

2.B.13.J: Maintenance of depersonalized reports to minimize the transfer of PHI.

2.B.14: Provide over-65-year-old retired or retiring members and their family members with advice, guidance and assistance wherever necessary in the decisions associated with choosing a Medicare Supplement or Medicare Advantage policy.

2.B.15: Provide over-65-year-old retired or retiring members and their family members with advice, guidance and assistance wherever necessary in the decisions and choices associated with choosing a Medicare Part D Plan.

2.B.16: Production of IRS forms 1094C and 1095C.

2.B.17: Duties & Services relating to the Enhanced Data Group & Employee (E.D.G.E.) Support Program, as follows:

2.B.17.A: Member focused services include the following:

2.B.17.A.1: Conduct New Member Onboarding Meetings

2.B.17.A.2: Provide Member Advocacy

2.B.17.A.3: Provide Complex Case Management

2.B.17.A.4: Conduct Regional Health Fairs

2.B.17.A.5: Maintain a Wellness Incentive Program

2.B.17.A.6: Provide Open Enrollment Assistance

2.B.17.A.7: Deliver Enhanced Member Education

2.B.17.A.8: Deliver Enhanced Member Communication

2.B.17.B: Group focused services include the following:

2.B.17.B.1: Group Leadership Communication Program

2.B.17.B.2: Provide New Group Leadership Education

2.B.17.B.3: Maintain a Champions of Health Program

2.B.17.B.4: Conduct Regional Health Fairs

2.B.17.B.5: Manage an Annual Plan-Wide Health Seminar

2.B.17.B.6: Provide Group Leadership Education

2.B.17.B.7: Deliver Enhanced HR Interfacing & Support

2.B.17.B.8: Leadership Meeting Attendance

2.B.17.C: Data focused services include the following:

2.B.17.C.1: Gaps in Care Identification, Reporting & Actioning

2.B.17.C.2: Non-Adherence Identification, Reporting & Actioning

2.B.17.C.3: Population Deficiency Identification, Reporting & Actioning

2.B.17.C.4: Care Optimization Opportunities

2.B.17.C.5: Focused Employer Group Opportunities

2.B.17.C.6: Detailed & Customized Reporting

2.B.17.C.7: Benefit Optimization Opportunities

2.B.17.C.8: Horizon Event Planning

2.C: Records: Maintain, collect, manage, secure and store, either hard copy or electronic, all records and files as required by law and as directed by the Trustees.

2.D: Reserve Bank Account: McElroy shall establish and maintain a reserve bank account ("Reserve Account") with a banking institution designated by the Trustees as a depository for funds of the Trust (income, investment, premium income, and miscellaneous income) and on which to pay expenses of the Trust.

2.E: Marketing: McElroy shall be responsible for all marketing of the Plan but shall obtain the Trustees' approval for any marketing strategies and the enrollment of all new Participating Agencies in accordance with adopted policies and procedures.

2.F: No Responsibility: McElroy shall not be responsible for any services or duties otherwise not stated herein.

3: Trustees' Duties & Authority

The Trustees shall have the exclusive duty and final authority to interpret and construe the provisions of the Trust Agreement or of any Plan adopted by them; to decide any disputes which may arise with regard to the rights of Employees, Participants, dependents, or beneficiaries; and to retain such accounting, actuarial, administrative, legal, or other assistance as is deemed necessary to assist in the administration of the Trust or of any Plan adopted. Further, it is not the intent of this Agreement to delegate to McElroy discretionary authority or control with respect to any decisions involving the investment and disposition of any assets of the Trust Fund, and McElroy shall act only in an administrative capacity with respect to all matters. The Trustees shall establish and make policies, interpretations, rules, and procedures governing the Plan. McElroy agrees to provide services and perform duties pursuant to such policies, interpretations, rules, and procedures communicated to it in writing by the Trustees.

4: Indemnification & Hold Harmless

4.A: Plan Administrator's Liability: McElroy shall indemnify and hold harmless the Plan and the Trustees from any and all claims, including legal judgments, costs of litigation, and reasonable attorney fees, from any person or organization, which claims arise from or are caused by the gross negligence, fraud, or criminal conduct of McElroy, its agents, employees, officers, or directors in the course of performing its duties under this Agreement.

4.B: Bonding: The Trustees shall be responsible for procuring and maintaining, at the expense of the Trust Fund, any bonding coverage required by law or as Trustees deem necessary to protect the assets of the Plan.

4.C: Fiduciary Insurance: McElroy shall purchase and pay for all errors and omissions insurance and/or fiduciary liability insurance protecting the Plan Administrator against any loss by reason of errors or omissions which arise out of the Plan administration by McElroy under the terms and provisions of this Agreement.

5: Records, Documents, Supplies, & Equipment

5.A: Property of the Plan: McElroy agrees that all files and other recorded information and documents incidental to the administration of the Plan shall be and remain the property of the Plan and shall be delivered to the Trust upon demand. This is to include all member information in a non-proprietary electronic data format.

5.A: Safeguard Records: McElroy shall take reasonable measures to safeguard the Plan's records under its control.

5.A: Copies & Access: Notwithstanding the provisions of Sections 5.A and 5.B, McElroy shall, at the expense of the Trust, have the right to make and return copies of all records and shall have full access to all those records turned over to the Trust which are necessary for McElroy to defend itself against all claims and charges.

5.A: Return Upon Termination: McElroy will present to the Trust or its designees all records, documents, supplies, and equipment which are the property of the Plan as soon as reasonably possible after termination of this Agreement, but no later than thirty (30) days after termination. This is to include all Participant information in a non-proprietary electronic data format.

6: Compensation

6.A: Administration Fee:

- 6.A.1:** The Trust shall pay a monthly administrative fee as compensation for services performed by McElroy.
- 6.A.2:** The administrative fee shall be calculated on a per contract per month basis, whereby a contract shall mean a Participant enrolled in the Plan on the first day of each month and includes active employees, retirees, and COBRA members.
- 6.A.3:** McElroy will submit to the Trust, each month, an invoice derived from Plan data, thereby conforming to financial auditing practices.
- 6.A.4:** The full amount of the administration fee is payable by the trust no later than the 20th day of each month.
- 6.A.5:** McElroy shall retain, without reducing the amount due as calculated from that stipulated in 6.A.2 as additional administrative fees any commission amounts received each month from third-party vendors for Medicare Supplement, Medicare Advantage, Medicare Part D and Ancillary products; due to the increased workload required for supporting these product types.
- 6.A.6:** McElroy shall reduce the administrative fee due each month by any commission amounts received from third-party vendors, which are not stipulated in 6.A.5.
- 6.A.7:** McElroy will attempt to negotiate all third-party vendor contracts on behalf of the Plan at net commissions, providing evidence thereof. However, if this is not possible, then McElroy will apply the stipulations set forth in 6.A.6.
- 6.A.8:** The per contract per month fee shall be as follows:
 - 6.A.8.A:** Contract Year 2024-2025: **\$20.07**
 - 6.A.8.B:** Contract Year 2025-2026: **\$21.07 +5.0%**

6.B: E.D.G.E Support Program Fee: The per contract per month fee shall be as follows:

- 6.B.1:** Contract Year 2024-2025: N/A
- 6.B.2:** Contract Year 2025-2026: **\$12.00**

6.C: Fee Adjustments: It is recognized that certain events may have an impact on the amount and/or cost of services required under this Agreement, in which event, McElroy requests that an adjustment be made in the administration fee specified in Section 6.A. Such events shall include, but not be limited to:

- 6.C.1:** Changes in administrative services required by law or regulations that impose greater duties or obligations on McElroy than contemplated by this Agreement.
- 6.C.2:** Administrative changes due to changes in Plan enrollment, in the program of benefits, insurance policies, eligibility rules, participation agreements, record-keeping rules, and federal and/or state regulations.
- 6.C.3:** Not less than ninety (90) days prior to the end of any contract term in which this Agreement is in effect, McElroy may propose in writing a revision in the administration fee for the following contract term.

6.D: Other Costs/Fees: This Agreement does not cover, nor is it limited to, the following items, and McElroy shall be reimbursed by the Trust at cost or at a negotiated cost/fee for any expenditure incurred by McElroy in relation thereto:

- 6.D.1:** Changes required from outside vendors, contractors, and providers to perform the administrative functions of this Agreement.
- 6.D.2:** Data processing and other storage media in the event this Agreement is terminated, and McElroy is required to furnish such material to a successor.
- 6.D.3:** Audits required by any local, state, federal entities or the Trustees.
- 6.D.4:** Underwriting, actuarial or legal services.
- 6.D.5:** Printing of any documents required by the Plan.
- 6.D.6:** Expenses associated with the Trustees meetings, except travel expenses incurred by McElroy.
- 6.D.7:** Expenses associated with marketing the Plan, except travel expenses incurred by McElroy.

7: Relationship

7.A: Independent Contractor: McElroy's relationship with the Trustees shall be that of an independent contractor. Nothing contained in this Agreement shall be construed to create the relationship of employee and employer. McElroy shall have the sole power to direct its personnel in carrying out its responsibilities and obligations under this Agreement. However, McElroy will consider any suggested changes in methods and details made by the Trustees.

7.B: Business Associate: This Agreement and the performance of Plan Administrator services by McElroy involves "Protected Health Information" (PHI) (as defined by 45 CFR § 164.501) that is subject to the federal privacy regulations issued pursuant to HIPAA and its implementing regulations (45 CFR §§ 160 and 164, Subparts A and E). As such, McElroy is considered a "Business Associate" of the Trust and/or the Plan and shall carry out its obligations under this Agreement in conformity with the privacy rule requirements as set forth in Addendum A attached hereto and fully incorporated herein by reference.

8: Term of Agreement

8.A: Initial Term: The initial term of this Agreement shall commence **July 1, 2025**, and shall terminate, unless renewed in accordance with the terms set forth below, at the end of the fiscal year of the State of Oklahoma, which is **June 30, 2026**.

8.B: Renewal: Each renewal term after the initial one (1) year term is subject to the review and approval of McElroy and the Trustees. Either McElroy or the Trustees may decline to renew for an additional one (1) year term by giving written notice of their intent not to renew at least ninety (90) days prior to the last day of the then current contract term. If either party fails to give a timely written notice of their intent to not renew for an additional year, this Agreement automatically renews for an additional one (1) year term.

8.C: Unacceptable Fee Adjustment: Failure of the parties to agree on the change of administration fee specified in 6.A, within thirty (30) days of notice of the revised fee, shall automatically terminate this Agreement on the indicated effective date of such change.

8.D: Appropriated Funds: The parties acknowledge and agree that funds paid by the Trust under the terms of this Agreement will be available only as appropriated on a fiscal year basis by properly constituted legal authority. If the Trust determines that sufficient funds have not been appropriated to make the payments required under the terms of this Agreement, the obligations of the Trust shall terminate. In the event Trust determines to terminate this Agreement due to insufficient funds being appropriated to make the payments required under this Agreement, Trust shall give McElroy written notice of Trust's intent to terminate this Agreement immediately after Trust makes such determination.

8.E: Unacceptable Performance: If the Trustees deem that McElroy is not performing its services in an acceptable manner, the Trustees will deliver to McElroy a written "show cause" letter specifying the way the Trustees deem that McElroy has failed to perform its services. McElroy shall have sixty (60) days to cure the non-compliance in the show cause letter. If the non-compliance is not completely or substantially cured by McElroy with the sixty (60) day cure period, the Trustees may, at the Trustees' option, terminate this Agreement and negotiate a termination and transition schedule with McElroy.

8.F: Termination Upon Default: This Agreement can also be terminated upon the occurrence of any of the following events of default:

8.F.1: A material breach of any of the provisions of this Agreement by either party, which is not cured within thirty (30) days of receipt of a written notice of such breach.

8.F.2: In the event of or material breach of any of the provisions of this Agreement and cure is not possible, non-defaulting party, in addition to any other remedies it may have, may terminate this Agreement immediately by giving written notice to the defaulting party.

8.F.3: The parties acknowledge and agree that no person who has pleaded guilty to or been convicted of a felony offense (including a nolo contendere plea), in or outside the jurisdiction of the State of Oklahoma, may be employed or serve as Plan Administrator pursuant to the terms of the Inter-Local Agreement. In the event McElroy or any officer of McElroy should be so convicted, Trustees may terminate this Agreement immediately by giving written notice to McElroy.

8.G: Mutual Agreement: This Agreement may be terminated on any other date mutually agreeable between the parties in writing.

9: General Provisions

9.A: Trust Fund Payments: The Trustees agree to authorize the Trust Fund to pay all taxes, licenses, and fees levied, if any by a local, state, or federal authority, in connection with the operation of the Plan or in connection with the duties of McElroy hereunder.

9.B: Applicable Law: This Agreement shall be deemed to have been made and entered into the State of Oklahoma and shall be construed and enforced according to the laws of the State of Oklahoma.

9.C: No Trust or Plan Liability: This Agreement is not a contract of insurance, and McElroy is not an insurer or underwriter of Trust liability under the Plan. It is understood and agreed that liability for payments for benefits under the Plan is the liability of the Trust and that McElroy shall not have any duty to use any of its funds for the payment of such benefits.

9.D: Arbitration: If any dispute shall arise between the Trustees and McElroy, either before, during, or after termination of this Agreement, either party with respect to any transaction under this Agreement, the dispute shall be referred to three arbitrators, one to be chosen by each party and the third by the two so chosen. If either party refuses or neglects to appoint an arbitrator within thirty (30) days after both arbitrators have been named, the third arbitrator shall be selected pursuant to the commercial arbitration rules of the American Arbitration Association. The arbitration shall take place in the State of Oklahoma, and the arbitration proceedings are to be governed by the rules of the American Arbitration Association and the Oklahoma Arbitration Act. The arbitrators shall consider this Agreement an honorable engagement rather than merely a legal obligation; they are relieved of all judicial formalities and may abstain from following the strict rules of law. The decision of a majority of the arbitrators shall be final and binding on both the Board of Review and McElroy, and judgment upon the award rendered by the arbitrators may be entered into any court having jurisdiction thereof. The expense of the arbitrators and the arbitration shall be equally divided between the Trust and McElroy. Arbitration is the sole remedy for disputes arising under this Agreement.

9.E: Prevention of Performance: Neither party shall be liable to the other for any delay or damage or any failure to act (other than payment of money otherwise due) as a result occasioned or caused by reason of federal or state laws or rules, regulations, orders of any public body, or official purporting to exercise in authority or control, respecting the operations covered hereby, or as a result occasioned or caused by strikes, actions or elements, acts of God, or other causes beyond the control of the parties, and the delay, as a result of the above causes, shall not be deemed to be a breach or failure to perform under this Agreement.

9.F: Notification: Any notice, given hereunder by either party hereto the other, shall be in writing and delivered personally or sent by registered mail, postage prepaid:

9.F.1: If to Board of Review, addressed to: Chairperson of the Board of Review, Oklahoma Public Employees Health & Welfare Plan, 210 W Delaware Suite 106, Vinita OK 74301.

9.F.2: If addressed to McElroy: McElroy & Associates, Inc., 3851C Tuxedo Blvd, Bartlesville, OK 74006.

9.F.3: Either party may designate another address at any time by appropriate written notice to the other.

9.F: Entire Agreement: This Agreement represents the entire Agreement between McElroy and the Board of Review with respect to the services described herein and supersedes all prior and contemporaneous oral or written agreement.

10: Execution

In witness whereof, the parties hereto have caused their duly authorized representatives to execute this Agreement on the date, month, and year first above written.

**Oklahoma Public Employees
Health & Welfare Plan**

McElroy & Associates, Inc.

By: _____

Name: **Tammy Malone**

Title: **Chairwoman/Trustee**

Date: **1/23/2025**

By: _____

Name: **Ross Naylor**

Title: **President**

Date: **1/23/2025**

Addendum A: Business Associate Agreement



This business associate agreement ("Agreement") is made and entered into effective as of the date provided below, by and between McElroy & Associates, Inc. ("Business Associate"), and Oklahoma Public Employees Health and Welfare Trust ("Plan Sponsor"), on behalf of the Oklahoma Public Employees Health and Welfare Plan ("Plan" or "Covered Entity"), collectively the "Parties".

Recitals

Whereas the Plan includes one or more group health plans that are a Covered Entity within the meaning of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and its Privacy, Security, Breach Notification, and Enforcement Rules at in 45 C.F.R. Parts 160 and 164, as the same may be amended from time to time ("HIPAA Rules"); whereas, Business Associate has been retained by Plan Administrator to perform certain services on behalf of Covered Entity under an underlying contract ("Contract") which qualify it as a "business associate" of Covered Entity within the meaning of 45 C.F.R. § 160.103; and whereas, the HIPAA Rules require, among other things, that Covered Entity obtain assurances from Business Associate that it will properly safeguard the confidentiality of Protected Health Information ("PHI") before Covered Entity may disclose such information to Business Associate or allow Business associate to create or receive PHI on behalf of Covered Entity.

Now, therefore, in consideration of the foregoing RECITALS and for other good and valuable consideration, including the execution or renewal of the Contract by the Parties, Covered Entity and Business Associate agree as follows:

1: Definitions

Capitalized terms used in this Agreement, but not otherwise defined, shall have the same meaning as those terms in the HIPAA Rules which definitions are herein incorporated by reference: Breach, Data Aggregation, Designated Record Set, Disclosure, Electronic Protected Health Information ("e-PHI"), Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information ("PHI"), Required By Law, Secretary, Security Incident, Subcontractor, Unsecured Protected Health Information ("Unsecured PHI"), and Use.

2: Obligations & Activities of Business Associate

2.A: Permitted Use or Disclosure. Business Associate agrees to not Use or disclose PHI other than as permitted or required by this Agreement or as Required By Law.

2.B: Safeguards. Business Associate agrees to use appropriate safeguards to prevent Use or Disclosure of PHI other than as provided for by this Agreement. Business Associate agrees it will implement administrative, technical, and physical measures that reasonably and appropriately protect the confidentiality, integrity, and availability of e-PHI that it creates, receives, maintains, or transmits on behalf of Covered Entity, as required at 45 C.F.R. § 164.410.

2.C: Mitigation. Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Business Associate of a Use or Disclosure of Protected Health Information by Business Associate in violation of the requirements of this Agreement.

2.D: Reporting of Unauthorized Use or Disclosure. Business Associate agrees to report to Covered Entity, without unreasonable delay, any Use or Disclosure of PHI not provided for by this Agreement of which it becomes aware, including Breaches of Unsecured PHI as required at 45 C.F.R. § 164.410, and any Security Incident of which it becomes aware. All such reports shall be made in writing and shall be directed to Covered Entity. Each such report shall contain at least the following information:

2.D.1: Description of the nature of the non-permitted Use or Disclosure, including date of the occurrence, date of the discovery, and affected individuals;

2.D.2: Description of PHI used or disclosed;

2.D.3: Identity of the person who made the non-permitted Disclosure or engaged in the non-permitted Use;

2.D.4: Description of corrective action, if any, Business Associate took or will take to prevent further non-permitted Use or Disclosure;

2.D.5: Description of what Business Associate did or will do to mitigate any deleterious effect of the non-permitted Use or Disclosure; and

2.D.6: Such other information as Covered Entity may reasonably request.

Provided however, Business Associate shall, following the discovery of a Breach of Unsecured PHI, notify Covered Entity of such Breach in no case later than 10 calendar days after the discovery of such Breach. Business Associate shall provide such additional information necessary or appropriate for Covered Entity to notify Individuals affected by such Breach (or to provide any other required notification), and shall provide such required notice directly to such affected Individuals (or other required recipients) as mutually agreed by the Parties.

2.E: Agreements With Agent or Subcontractor. In accordance with 45 C.F.R. § 164.502(e)(1)(ii) and § 164.308(b)(2), if applicable, Business Associate agrees to ensure that any of its agents, including a Subcontractor, to whom it provides PHI received from, or created or received by Business Associate on behalf of Covered Entity, agree, in writing, to the same restrictions, conditions, and requirements that apply through this Agreement to Business Associate with respect to such information.

2.F: Access to Information. Business Associate agrees to promptly make available, at the written request of Covered Entity and in the time and manner requested, PHI maintained by Business Associate in a Designated Record Set to Covered Entity or, as directed by Covered Entity, to an Individual or an Individual's designee as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.524.

2.G: Amendment of PHI. Business Associate agrees to promptly make any amendment(s) to PHI maintained by Business Associate in a Designated Record Set that the Covered Entity directs, or agrees to, pursuant to 45 C.F.R. § 164.526, at the written request of Covered Entity or an Individual, and in the time and manner requested, or to take other measures as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.526.

2.H: Document Disclosures. Business Associate agrees to document such Disclosures of PHI and information related to such Disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of Disclosures of PHI in accordance with 45 C.F.R. § 164.528.

2.I: Accounting of Disclosures. Business Associate agrees to provide to Covered Entity or an Individual, in time and manner requested, information collected in accordance with Section 2(h) of this Agreement, to permit Covered Entity to respond to a request by an Individual for an accounting of Disclosures of PHI in accordance with 45 C.F.R. § 164.528.

2.J: Inspection of Practices, Books and Records. Business Associate agrees to make its internal practices, books, and records available to the Secretary, in a time and manner requested or designated by the Secretary, for purposes of the Secretary determining compliance with the HIPAA Rules.

2.K: Standard Transactions and Data Code Sets. To the extent Business Associate is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 C.F.R. Part 164, Business Associate agrees to comply with the requirements of Subpart E that apply to Covered Entity in performance of such obligation(s).

3: Permitted Uses & Disclosures by Business Associate

3.A: General Use & Disclosure: Except as otherwise limited in this Agreement, Business Associate may Use or disclose PHI to perform functions, activities or services for, or on behalf of, Covered Entity as specified in the Contract, provided that such Use or Disclosure would not violate the HIPAA Rules if done by Covered Entity.

3.B: Use for Management & Administration: Except as otherwise limited in this Agreement, Business Associate may Use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.

3.C: Disclosure for Management & Administration: Except as otherwise limited in this Agreement, Business Associate may disclose PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate, provided the Disclosures are Required By Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required By Law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been Breached.

3.D: Data Aggregation: Except as otherwise limited in this Agreement, Business Associate may Use PHI to provide Data Aggregation services relating to the Health Care Operations of Covered Entity as permitted by 42 C.F.R. § 164.504(e)(2)(i)(B).

4: Obligation of Covered Entity

4.A: Privacy Practices: Covered Entity shall notify Business Associate in writing of any limitation(s) in the Notice of Privacy Practices of Covered Entity in accordance with 45 C.F.R. § 164.520, to the extent that such limitation may affect Business Associate's Use or Disclosure of PHI.

4.B: Changes: Covered Entity shall notify Business Associate in writing of any changes in, or revocation of, permission by Individual to Use or disclose PHI, to the extent that such changes may affect Business Associate's Use or Disclosure of PHI.

4.C: Restrictions: Covered Entity shall notify Business Associate in writing of any restriction to the Use or Disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's Use or Disclosure of PHI. Provided however, Covered Entity agrees that it will not commit Business Associate to any restrictions on the Use or Disclosure of such PHI without Business Associate's written approval.

4.D: Permissible Requests by Covered Entity: Covered Entity shall not request Business Associate to Use or disclose PHI in any manner that would not be permissible under the HIPAA Rules if done by Covered Entity.

5: Term & Termination

5.A: Term: The Term of this Agreement shall begin as of the effective date of this Agreement and continue until the Contract is terminated or expires, or the date Covered Entity terminates for cause as provided in paragraph (B) of this Section 5, whichever is sooner.

5.B: Termination for Cause. Upon Covered Entity's knowledge that Business Associate has violated a material term of this Agreement, Covered Entity shall either:

5.B.1: Provide an opportunity for Business Associate to cure the breach or end the violation and terminate this Agreement and the Contract if Business Associate does not cure the breach or end the violation within the time specified by Covered Entity;

5.B.2: Immediately terminate this Agreement and the Contract if Business Associate has violated a material term of this Agreement and cure is not possible; or

5.B.3: If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

5.C: Effect of Termination. Upon termination of this Agreement for any reason, Business Associate, with respect to PHI received from Covered Entity, or created, maintained, or received by Business Associate on behalf of Covered Entity, shall:

5.C.1: Retain only that PHI which is necessary for Business Associate to continue its proper management and administration or to carry out its legal responsibilities;

5.C.2: Return to Covered Entity (or, if agreed to by Covered Entity, destroy) the remaining PHI that the Business Associate still maintains in any form;

5.C.3: Continue to use appropriate safeguards and comply with Subpart C of 45 C.F.R. Part 164 with respect to e-PHI to prevent Use or Disclosure of the PHI, other than as provided for in this Section 6(c), for as long as Business Associate retains the PHI;

5.C.4: Not Use or Disclose the PHI retained by Business Associate other than for the purposes for which such PHI was retained and subject to the same conditions set out at Section 3 (b) and (c) of this Agreement which applied prior to termination; and

5.C.5: Return to Covered Entity (or, if agreed to by Covered Entity, destroy) the PHI retained by Business Associate when it is no longer needed by Business Associate for its proper management and administration or to carry out its legal responsibilities.

5.D: Cure of Non-Material Violation. Covered Entity shall provide an opportunity to Business Associate to cure a non-material breach or violation within the time specified by Covered Entity.

6: Miscellaneous

6.A: Regulatory References: A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

6.B: Amendment: This Agreement may be amended only by the mutual written agreement by the Parties. The Parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for Covered Entity and/or Business Associate to comply with the requirements of the HIPAA Rules.

6.C: Survival: The respective rights and obligations of Business Associate under Section 6(c) of this Agreement shall survive the termination of this Agreement so long as Business Associate or any agent or Subcontractor of Business Associate remains in possession of any PHI and shall expire thereafter.

6.D: Interpretation: Any ambiguity in this Agreement shall be resolved to permit Covered Entity and/or Business Associate to comply with the HIPAA Rules. In the event of a conflict between this Agreement and the Contract, this Agreement shall control.

6.E: No Third-party Beneficiary: This Agreement applies solely for the purposes set forth herein and is not intended for the benefit of any person not a Party to this Agreement.

6.F: Governing Law: This Agreement shall be construed and enforced in accordance with the laws of the State of Oklahoma to the extent not preempted HIPAA, the HIPAA Rules, or other applicable federal law.

6.G: Assignment: Neither this Agreement nor any of the rights, benefits, duties or obligations provided herein may be assigned by any Party to this Agreement without the prior written consent of the other Party.

6.H: Notices: Any notice given under this Agreement must be in writing and delivered via first class mail, via reputable overnight courier service, or in person to the Parties respective address provided below or to such other address as the Parties may from time to time designate in writing:

6.H.1: To: Business Associate: McElroy & Associates, Inc., 3851C Tuxedo Blvd., Bartlesville, OK 74006, ATTN: Privacy Officer.

6.H.2: To: Covered Entity: Oklahoma Public Employee's Health & Welfare Plan, 3851C Tuxedo Blvd., Bartlesville, OK 74006, ATTN: Privacy Officer.

6.I: Indemnification: To the extent allowed by law, each Party shall indemnify and hold the other Party harmless from all claims, suits, judgments, or penalties, including reasonable attorneys' fees, incurred by the other Party resulting from the indemnifying Party's or any of its agents, including a Subcontractor of the indemnifying Party, negligent acts or omissions under this Agreement.

7: Execution in Counterparts

This Agreement may be executed in one or more counterparts and all such counterparts together shall be deemed to be one and the same Agreement of the Parties.

8: Execution

In witness whereof, Business Associate and Covered Entity have entered into this Agreement to be effective on the **1st day of July 2025**.

Covered Entity

Plan Sponsor on behalf of:
**Oklahoma Public Employees
Health & Welfare Plan**

Business Associate

McElroy & Associates, Inc.

By: _____
Name: **Tammy Malone**
Title: **Chairwoman/Trustee**
Date: **1/23/2025**

By: _____
Name: **Ross Naylor**
Title: **President**
Date: **1/23/2025**

PLAN YEAR 2025-2026 ACTUARIAL REPORT

OKLAHOMA PUBLIC EMPLOYEES HEALTH AND WELFARE TRUST

January 10, 2025

Peter Kaczmarek, FSA, MAAA | Ryan Schultz, FSA, MAAA | Anna Ramos, FSA, MAAA

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1. Executive Summary

Purpose and Scope

The Oklahoma Public Employees Health and Welfare Plan (OPEH&W) engaged Oliver Wyman Actuarial Consulting, Inc. (Oliver Wyman) to perform a valuation of medical, drug, and dental benefits for the plan year beginning July 1, 2025. This review includes:

- Development of appropriate premiums for major medical (medical/pharmacy) and dental benefits
- Determination of incurred but not reported (IBNR) reserves
- Aggregate funding forecasts

Actuarial Findings

We have developed rates for plan year 2025-2026 based on our best estimate of actuarial pricing assumptions without any additional charges to increase OPEH&W surplus. Our initial projections produce a premium rate increase of 4.6% for plan year 2025-2026. Table 1 summarizes the proposed premium rate changes from current rates in plan year 2024-2025.

Table 1 – Proposed Premium Rate Changes

Benefit Plan	Blue Choice Diamond	Blue Preferred Diamond
Medical/Pharmacy	5.9%	5.9%
Enhanced Dental	-15.4%	-15.4%
Combined	4.6%	4.6%

The premium rate changes shown in Table 1 reflect the Diamond medical/pharmacy plan and the Enhanced dental plan. We have also developed premium rates for the five additional medical/pharmacy plans offered by OPEH&W. Appendix D displays the premium rates and the proposed changes to those rates for all plans.

The succeeding sections of this report provide greater context to the premium rate projection, including the data sources used, the methodology behind the premium rate projection, and a description of assumptions used.

2. Data

Data Received

We received information from OPEH&W, as supplied by its third-party administrator (TPA) and various vendors, including but not limited to the following:

- A summary of aggregated medical, dental, and pharmacy claim payments by month from July 2012 to October 2024 (referred to as the aggregated claim report)
- Medical claim lag reports for claims paid between February 2013 and November 2024
- Dental claim lag reports for claims paid between July 2013 and November 2024
- Shock or high-cost claimant reports for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024 with claims paid through November 2024
- Financial statements for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, and 2024-2025
- Detailed medical and dental census information for July 2012 through November 2024
- Current OPEH&W Briefing Book
- OPEH&W Benefit Books for each plan option offered in plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024, and 2024-2025
- Plan Audit Report for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, and 2022-2023
- Medical/pharmacy and dental premium rates for plan years 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024, and 2024-2025.
- Benefit changes for plan years 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2022-2023, and 2024-2025
- Summary of Benefits and Coverage for plan years 2015-2016, 2016-2017, 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024, and 2024-2025
- Coverage highlights for plan years 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024, and 2024-2025
- The medical and dental ASO renewal reports for plan year 2020-2021, 2021-2022, 2022-2023, 2023-2024 and 2024-2025 as prepared by Blue Cross and Blue Shield of Oklahoma (BCBSOK)
- Analyses and reports covering recent financial and utilization metrics prepared by BCBSOK
- Pharmacy rebates paid for plan years 2017-2018, 2018-2019, 2019-2020, 2020-2021, 2021-2022, 2022-2023, 2023-2024 and plan year 2024-2025 YTD as of December 2024 through reports developed by Express Scripts and Evernorth Health Services
- 2025-2026 plan year vendor fees
 - Medical plan management fees:
 - \$21.07 per contract per month (a 5.0% increase from \$20.07 in 2024-2025 plan year)
 - BCBSOK medical and dental fees:
 - Medical administration fee of \$39.61 per contract per month
 - Medical rebate credit of \$2.50 per contract per month
 - Dental administration fee of \$3.21 per contract per month
 - Stop-Loss Reinsurance (with an aggregate stop-loss component and third-party stop-loss carrier fee) as of 12/14/2024:
 - \$27.57 per contract per month
 - Additional fees
 - \$0.52 per member per month for virtual visits

- \$16.84 per contract per month for Health Advocacy Services (HAS)
- Stop loss contract for plan year 2020-2021
- Medical and dental paid claims by month for terminating groups between July 2022 through June 2023. Per OPEH&W, there were no terminated groups after June 2023.

The medical ASO projection for plan year 2024-2025 prepared by BCBSOK did not provide any information about the claim cost relativities between the Blue Choice and Blue Preferred networks. We have assumed the claim cost relativities will not change materially for plan year 2024-2025 relative to the estimate from BCBSOK that was provided in support of the rate development in previous years.

Data Reconciliation

To assess the reasonability of the data, we performed a reconciliation on both the enrollment and paid claims data provided by OPEH&W.

Paid Claims Reconciliation

To determine the reasonability of the medical and dental paid claims data, we compared the data from the medical and dental lag reports, the aggregated claim report, the ASO renewal reports developed by BCBSOK, the overview report prepared for OPEH&W, and the financial statements. We compared pharmacy claim information from the aggregated claim report to the financial statements and PBM reports to determine the reasonability of the pharmacy claims data. Pharmacy claims usually process quickly; therefore, paid pharmacy claims typically serve as a sufficient proxy for incurred pharmacy claims. Our reconciliation focused on the time period of data underlying the analysis (i.e., plan years 2022-2023, 2023-2024 and 2024-2025 year to date (YTD)). Any discrepancies outside of the time period of data underlying the analysis are not noted below.

We compared these sources to identify any differences in medical, pharmacy, and dental claims.

Medical Paid Claims

All differences through paid dates of January 2023 were considered within the realm of reasonability, if not exact to the dollar. Beginning in February 2023 and ending in April 2023, we observed higher discrepancies month to month in the medical claims data between the lag report and the aggregated claim report than what had been reported in prior months. The differences between sources were 26.7%, -18.3%, and -29.0% for the months of February, March, and April respectively. OPEH&W has indicated this discrepancy is due to a difference in how paid dates for claims are reported by BCBSOK and OPEH&W. However, overall, the payments for medical claims appear reasonable for plan year 2022-2023. For plan years 2023-2024 and 2024-2025 YTD, we identified smaller discrepancies (less than 1.3%) month to month in the medical claims data between the lag report and the aggregated claim report.

When comparing data between the aggregated claim report and the financial statements, we noticed larger discrepancies than usual. For the 2023-2024 plan year, aggregated medical claims are \$22.07 million, which is 3.2% lower than the medical expenditures reported in the financial statement of \$22.79 million. OPEH&W has indicated that the discrepancy is due to the financial statements including durable medical equipment (DME) expenses. After excluding the DME expenses from the financial statements, the variance for the 2023-2024 plan year medical claims and the financial statement changed from -3.2% to -0.7%, and from -4.8% to -1.9% for July and August 2024 YTD.

Overall, the payments for medical claims appear reasonable when compared between the aggregated claim report and the financial statements.

We also compared the paid claims data we received for the plan year 2024-2025 premium rate analysis to the paid claims data we received for the plan year 2023-2024 premium rate analysis and the claim information was consistent for overlapping months for medical claims.

Dental Paid Claims

For dental paid claims we noticed some larger discrepancies in claims at the monthly level between the lag report and the aggregated claim report (for plan year 2022-2023), with a difference of 10.0% for February 2023 and -6.2% for March 2023. We also observed significant discrepancies for most months in the 2023-2024 plan year when compared to the overview report, with the differences between the two sources varying from 3.8% to -13.9%. OPEH&W has indicated that the discrepancies are due to how paid dates for claims are reported by BCBSOK and OPEH&W. Overall, the payments for dental claims appear lower in the lag report (\$3.55 million) compared to the claims and overview report (\$3.67 million) and the financial statements (\$3.73 million) for plan years 2022-2023 and 2023-2024 on an aggregate basis. Based on these results, we applied an adjustment to the estimated incurred dental claims in the Experience Period¹ as part of the development of dental rates for plan year 2025-2026. The adjustment is calculated as the ratio of dental expenditures in the financial statement (\$3.73 million) to the lag report (\$3.55 million), or 1.051; see step 7 Reconciliation Factor in the experience rating renewal calculation in Appendix C.

We also compared the paid claims data we received for the plan year 2024-2025 premium rate analysis to the paid claims data we received for the plan year 2023-2024 premium rate analysis and the claim information was consistent for overlapping months for dental claims.

Prescription Drug Paid Claims

We received incurred monthly data through a PBM report for plan years 2022-2023, 2023-2024 and 2024 YTD through October 2024. We compared these amounts to the claim amounts received in the aggregated claim report. While the amounts between the two reports vary month to month, the aggregate variance by plan year is minimal for plan year 2023-2024 with larger variance of approximately 5% for the plan year 2022-2023. .

For the 2022-2023 plan year, the aggregate Rx claims are \$11.81 million compared to \$11.73 million in the financial statement, a 0.7% difference. For the 2023-2024 plan year, the aggregate Rx claims are \$12.87 million compared to \$13.63 million in the financial statement, or a -5.6% difference. OPEH&W has indicated that the difference in the 2023-2024 plan year is due to Rx administration fees included in the prescription expenses reported in the financial statement. After removing the Rx administration fees the variance between aggregate Rx claims and the financial statement changed from -5.6% to 0.6% for the 2023-2024 plan year. Overall, the payments for Rx claims appear reasonable when comparing between the aggregated claim report and financial statements.

We also compared the paid claims data we received for the plan year 2024-2025 premium rate analysis to the paid claims data we received for the plan year 2023-2024 premium rate analysis and the claim information was consistent for overlapping months for pharmacy claims.

¹ Incurred claims incurred between July 2022 and June 2024 and paid through September 2024

Enrollment Reconciliation

To assess the reasonability of the enrollment data, we first compared the detailed contract and member enrollment data provided by OPEH&W (census reports) to the BCBSOK medical and dental ASO projections and BCBSOK annual plan review. Table 2 shows the discrepancies for plan years 2022-2023 and 2023-2024 for medical membership enrollment:

Table 2 – Medical Membership Discrepancies

Plan Year	OPEH&W average monthly membership (census reports)	BCBSOK annual plan review average monthly membership	% Difference
2022-2023	5,459	5,101	7.0%
2023-2024	5,431	4,959	9.5%

Next, we compared the average medical census report membership to the membership from the claims overview file. The variances for plan years 2022-2023 and 2023-2024 are 0.7% and 0.0%, respectively.

Per OPEH&W, the census report membership is considered correct for plan years 2022-2023, 2023-2024, and year-to-date for 2024-2025.

The detailed medical contract enrollment from the census reports shows discrepancies of 3.0% and 2.8% relative to the BCBSOK reports for plan years 2022-2023 and 2023-2024, respectively, which are consistent with the differences in prior plan years.

We also compared the average dental census report membership to the membership from the claims overview file. The variances for plan years 2022-2023 and 2023-2024 are 0.0% and 0.0%, respectively.

The detailed dental contract enrollment from census reports shows discrepancies of 2.3% and 1.8% relative to the BCBSOK reports for plan years 2022-2023 and 2023-2024, respectively, which are consistent with differences in prior plan years.

As a result of our review, we did not make any adjustments to the membership or contract information from the census reports for plan years 2022-2023 and 2023-2024 utilized in the Experience Period in the rate development for plan year 2025-2026.

3. Enrollment

This section provides a summary of groups that have terminated or have been added since the end of plan year 2023-2024 analysis. There were no new terminating groups, and six new groups were added since the prior year analysis.

New Groups

The groups shown in Table 3 have recently enrolled in health insurance coverage through OPEH&W:

Table 3 – New Groups

Start Date	Entity Name	Estimated Number of Employees ¹
11/1/2024	Washington, Town of	5
8/1/2024	McCurtain County - RWD #6	3
7/1/2024	Stroud, City of	60
7/1/2024	Sayre, City of	54
7/1/2024	Maud, City of	5
2/1/2024	The Village	159 ²
	Total	286

1. *Estimated based on the number of employees as of the month the group joined*
2. *Enrollment as of March 2024*

The six new groups that joined in 2024 represent a small portion of the overall membership. As of November 2024, the largest new group, 'The Village,' accounts for 2.8% of the total membership and all six groups represent 5.0% of total membership. Given the limited membership in these new groups and lack of claims experience, we did not apply a demographic adjustment in the medical and drug or dental premium rate development to account for them.

Demographics

In estimating plan year 2025-2026 claim costs, we have assumed the demographic composition of the block will not change materially relative to the experience used to develop the premium rates. This is in line with BCBSOK estimates used in the ASO medical projection. The Blue Preferred demographic factor assumed by BCBSOK has a modest impact on the overall rates with an adjustment of just 0.37% from the experience period of November 2023 to October 2024 to plan year 2025-2026.

4. Premium Rate Development

We utilized a rating approach that is consistent with renewal rating methods employed by insurers in the large group market. Specifically, we developed a projected claim amount per member per month (PMPM), added non-claim expenses to the projected claim amount PMPM, and converted the combined amount PMPM to a premium amount for each subscriber coverage tier (e.g., employee-only). The premium rate calculation was performed separately for medical/pharmacy benefits and dental benefits.

The projected claim amount PMPM was developed from OPEH&W experience for claims incurred between July 2022 and June 2024 and paid through September 2024 (the Experience Period). The experience was separated into two 12-month periods, July 2022 through June 2023 (plan year 2022-2023) and July 2023 through June 2024 (plan year 2023-2024), with each period projected independently and blended using actuarial credibility methods. The medical claims include the DME claims for the Experience Period. We utilized incurred claims rather than paid claims as the basis for the plan year 2025-2026 premium rate projection, which is consistent with how we have developed premium rates in the past. An incurred claim basis provides a more accurate alignment of funding and claims liabilities for OPEH&W.

An adjustment was made to the medical and dental claims experience to account for IBNR claims. With three months of claim run-out, IBNR claims estimates still have an impact on the rate development. Medical claims were also adjusted to remove claims that would have otherwise been recovered through the stop loss agreement. We note that starting with the 2020-2021 plan year, pharmacy claims were added to the stop loss arrangement; however, it is our understanding that the detailed member shock claims data provided by OPEH&W does not include pharmacy claims. As a result, we have assumed in the premium rate development that no adjustment is needed for pharmacy claims incurred during the Experience Period for the reinsurance arrangement. As noted earlier, we assume paid pharmacy claims are representative of incurred pharmacy claims since there is typically an immaterial lag between when pharmacy claims are incurred and when they are paid.

Both the medical and pharmacy claims experience was trended forward to the rating period. An additional adjustment was made to medical claims to adjust the claims experience associated with members utilizing the Blue Choice network to the average claim costs associated with the Blue Preferred network. Pharmacy claims were adjusted to account for anticipated pharmacy rebates. The adjusted projected medical, pharmacy and dental claims for the two 12-month periods were blended and adjusted to include expected costs of non-benefit expenses. The initial projected rate development assumes all members will utilize the Blue Preferred network and enroll in the Diamond plan.

An adjustment factor was applied to the Blue Preferred network premium rates to develop the Blue Choice network premium rates. The adjustment factor produces the same premium rate relativity between the two network options in plan year 2025-2026 as was included in the plan year 2024-2025 premium rate development and is based on information provided by BCBSOK from the premium rate development for previous years. If there have been significant provider reimbursement changes for either the Blue Preferred or Blue Choice networks, this assumption may not be appropriate.

Additionally, as noted in the plan year 2024-2025 premium rate development, if access to the Blue Choice network is limited to specific geographic areas, then it is possible the medical claim cost relativity between the two provider networks could be materially different from what we are projecting. However, most members currently utilize the Blue Preferred network.

Trend Adjustments

We generated historical trend estimates based on OPEH&W’s experience using incurred claims from September 2022 to August 2024, paid through September 2024. Medical and dental claims were adjusted to reflect IBNR claims. Pharmacy claims were not adjusted to reflect IBNR claims due to their quick completion rates.

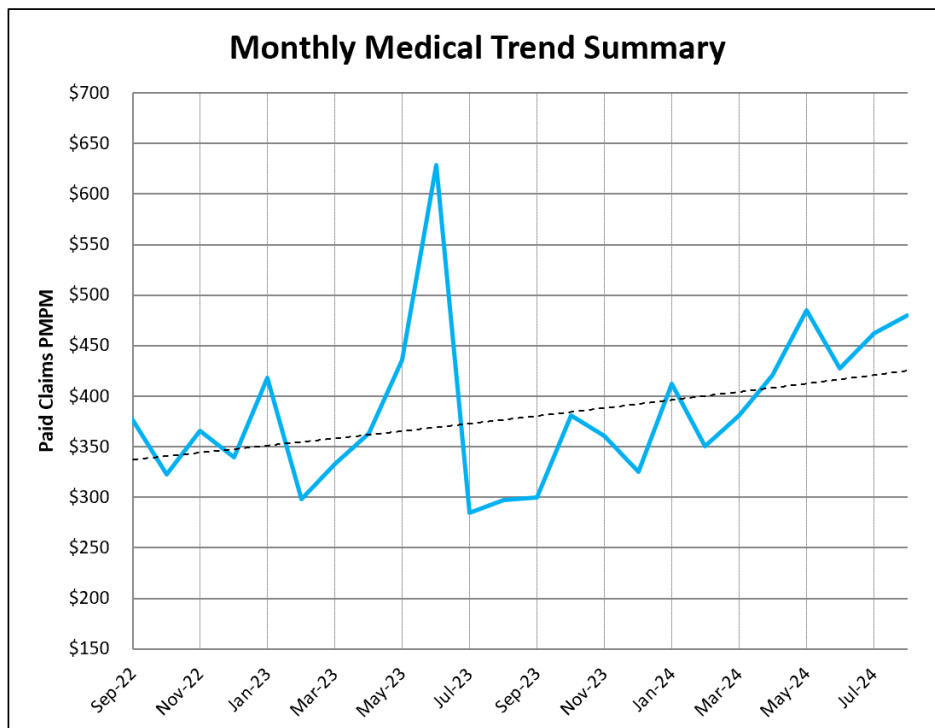
Medical, dental, and pharmacy claims were normalized to remove the impact of changes in member cost-sharing. Medical claims were further normalized to remove the impact of changes in the membership distributions between the Blue Preferred and Blue Choice networks. Medical and pharmacy benefit relativities were developed using MarVAL™, Oliver Wyman’s propriety pricing model, and dental benefit relativities were developed using an external dental relative value model.

Trends were not normalized for changes in the demographic mix of the population as we were not provided sufficient membership data to calculate average demographic factors for all time periods included in the trend analysis; also, BCBSOK estimates in the ASO medical projection suggest demographic changes are minimal. We have not made a specific adjustment in the trend analysis for changes in morbidity and large claims, but we acknowledge that the trends could be impacted by larger claims.

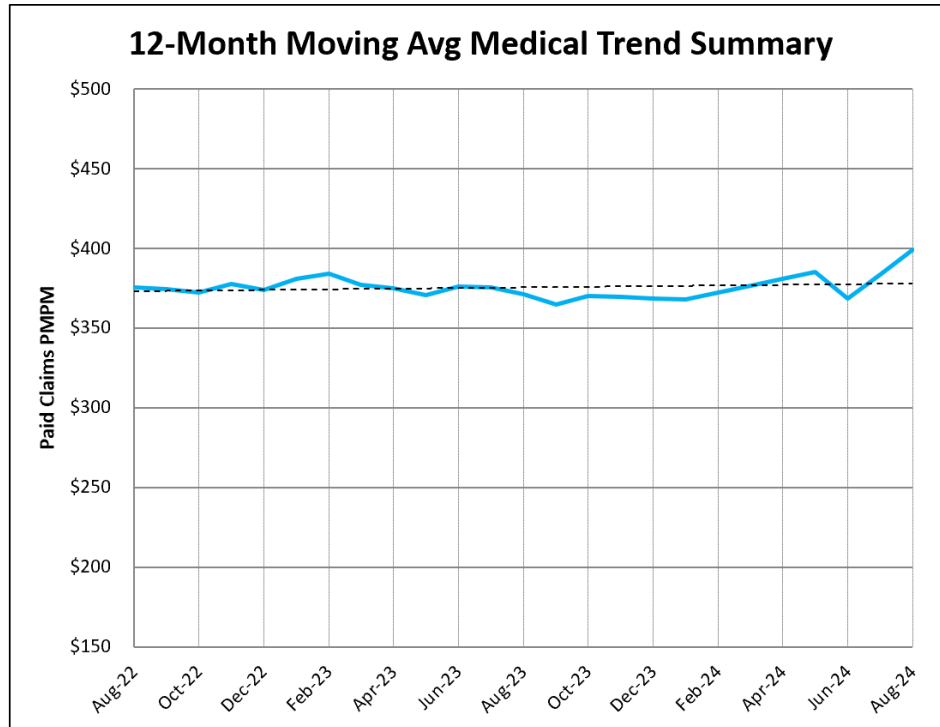
Medical Trends

OPEH&W’s normalized monthly medical claims experience has exhibited volatility including the impact from large claims. However, given the size of the overall block, greater volatility should be expected. Graph 1 and Graph 2 summarize normalized medical claims (excluding DME) PMPM on a monthly and 12-month moving average basis.

Graph 1



Graph 2



Estimating trends from actual experience is more difficult for a smaller membership base. Using various trend methodologies (e.g., linear versus exponential; monthly versus 12-month moving averages), the most recent 24-month medical trend estimates range from as low as 3.0% to as high as 16.0%. Longer range trends (i.e., using 24 months of data) are typically a better indicator of historical trends than shorter range trends, particularly for a smaller base of insureds.

We compared the trend estimates produced using OPEH&W’s experience to industry standards. Oliver Wyman completes a semi-annual trend survey which reflects responses from carriers and HMOs insuring 74.8 million group members. The most recent trend survey reflects pricing trends for July 2024. Table 4 summarizes the trend results from the July 2024 Carrier Trend Survey for group major medical PPO policies:

Table 4 – Industry Medical Group PPO Trend

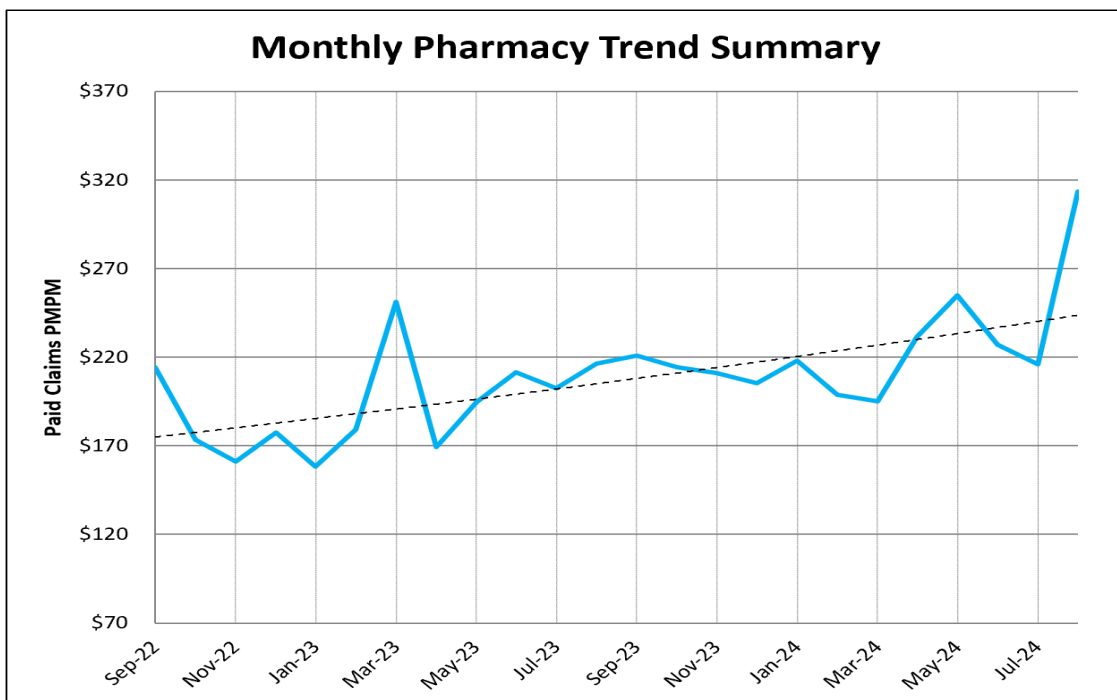
	Annual Trend Rate
Minimum	1.7%
25 th Percentile	6.2%
Median	6.5%
75 th Percentile	9.0%
Maximum	12.8%

We have elected to use an annualized median trend rate of 6.5% in the plan year 2025-2026 premium rate projection. This is an increase from 5.5% assumed in our prior pricing analysis. This trend factor is within the pricing trend range observed in the market, and it is in line with the 2023-2024 plan year medical trend rate of 6.8% for OPEH&W assumed in the medical ASO projection provided by BCBSOK.

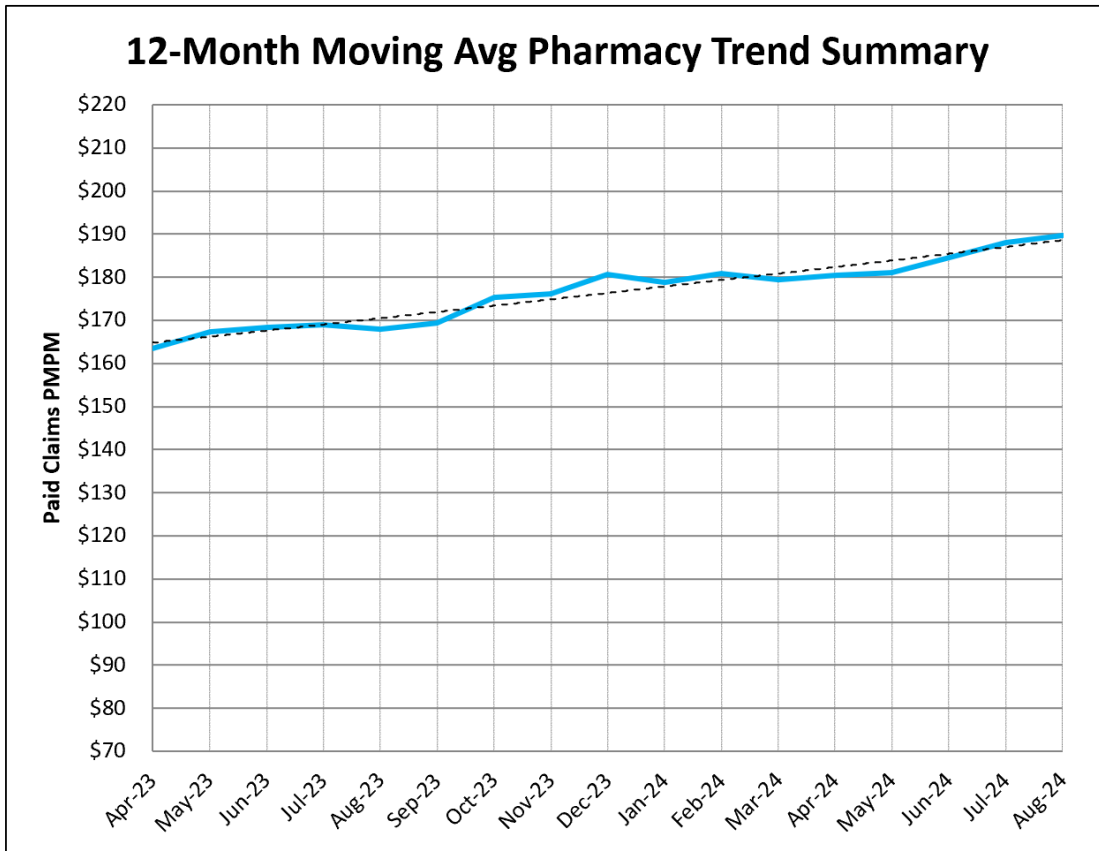
Pharmacy Trends

OPEH&W’s pharmacy claims costs, prior to pharmacy rebates, have been steadily increasing for several years. Graph 3 and Graph 4 summarize normalized pharmacy claims PMPM, prior to pharmacy rebates, on a monthly and 12-month moving average basis.

Graph 3



Graph 4



Graph 3 shows large month to month variation in pharmacy claim costs starting in February 2023. The 12-month moving average in Graph 4 shows a more gradual increase in claim costs. For the most recent 24-month period, pharmacy costs have increased at an annualized rate of between 11.0% and 20.0%. Mercer estimates that pharmacy benefit costs per employee have increased 7.2% in 2024 based on their employer survey.²

Table 5 summarizes the pricing trends reported from Oliver Wyman’s July 2024 Carrier Trend Survey for prescription drugs:

Table 5 – Industry Prescription Drug Trend

	Annual Trend Rate
Minimum	-1.7%
25 th Percentile	9.9%
Median	11.2%
75 th Percentile	11.6%
Maximum	20.2%

² <https://www.mercer.com/en-us/insights/us-health-news/survey-employers-expect-third-year-of-high-health-cost-growth-in-2025/>

Given that OPEH&W’s pharmacy claims have continued to increase over the course of the last 24 months, we believe a pharmacy trend rate that is more consistent with the July 2024 Carrier Trend Survey is appropriate. We have elected to use an annualized pharmacy trend rate of 11.2% in the plan year 2025-2026 premium rate projection, which is similar to the median trend rate shown in Table 5 and higher than the trend assumptions utilized in prior premium rate development (9.8%). We believe this is an appropriate trend assumption due to market wide observations of significant increases in costs and utilization of high-cost drugs.

Dental Trends

We have relied on dental trend estimates reported in Oliver Wyman’s July 2024 Carrier Trend Survey. Table 6 summarizes the pricing trends reported from the July 2024 Carrier Trend Survey for group dental PPO policies:

Table 6 – Group Dental PPO Trend

	Annual Trend Rate
Minimum	-0.7%
25 th Percentile	4.0%
Median	5.0%
75 th Percentile	5.8%
Maximum	6.0%

We have assumed an annualized dental claim trend rate of 5.0%, which is at the median in Table 6 and is an increase compared to the dental trend rate used in our prior premium rate development (4.5%). The assumed dental claim trend of 5.0% is in line with the 5.2% trend assumed by BCBSOK.

Additional Adjustments to Medical Claims

Stop-Loss Insurance

Medical claims from the Experience Period were adjusted to remove claims that would have otherwise been recovered through specific stop-loss insurance. Starting in plan year 2020-2021, OPEH&W’s stop loss arrangement was updated to include pharmacy claims and is expected to continue under the same arrangement through the 2025-2026 plan year.

To estimate the impact of the specific stop-loss coverage, we “discounted” the specific stop-loss attachment point to claim levels corresponding to the Experience Period. For example, a \$475,000 medical claim in plan year 2025-2026 would have cost about \$418,788 in plan year 2023-2024, assuming a 6.5% medical trend (i.e., $\$475,000 \div 1.065^2 = \$418,788$). Based on the detailed member shock claims data provided by OPEH&W, which did not include pharmacy claims, we are assuming that there will not be any recoveries as a result of the aggregate stop-loss component in plan year 2025-2026; we estimate the specific stop-loss insurance recoveries shown in Table 7 would have occurred.

Table 7 – Estimated Stop-Loss Recoveries for Medical Claims Only

	PY 2022-2023	PY 2023-2024
Reinsurance Attachment Point (RAP)	\$475,000	\$475,000
Trend-Adjusted RAP	\$393,228	\$418,788
Number of Members Exceeding RAP	2	0
Aggregate Dollars Exceeding RAP	\$12,123	\$0

As shown in Table 7, the frequency of larger claims over the attachment point and the aggregate recovery amounts were very low in both the 2022-2023 and 2023-2024 plan years. Due to the relatively small size of OPEH&W's membership base and the high stop-loss attachment point, additional variation in claim costs below the attachment point could influence the overall financial results of OPEH&W. However, such variation is often difficult to predict. We assume removing claims that would have otherwise been recovered through stop-loss coverage and adding the cost of stop-loss insurance to the premium rate development is a sufficient measure for smoothing the impact of large claims.

DME Expenses

The medical claims include a DME expense of \$608,534 for the 2022-2023 plan year and \$573,077 for the 2023-2024 plan year in the Experience Period.

Additional Adjustments to Pharmacy Claims

An adjustment was made to pharmacy claims to account for the impact of pharmacy rebates. Pharmacy rebates represented approximately 30.4% of pharmacy claims paid during the plan year ending June 2023 and about 26.4% of claims paid for the plan year ending June 2024 based on financial statement and claims overview file information. Therefore, we reduced paid pharmacy claims for the plan year ending June 2023 by 30.4% and for the plan year ending June 2024 by 26.4% to reflect the impact of pharmacy rebates. We assume that the incurred pharmacy claims utilized in the premium rate development exclude any fees and administrative costs assessed by the PBM. The PBM fees and administrative costs are included in the Administrative/Expense part of the rate development for 2025-2026 plan year.

New or Terminating Group Adjustments

As discussed previously, there were no terminating groups reported since the prior year's analysis and a relatively small number of new groups without credible claims experience in the most recent plan year. As a result, we did not apply any adjustments for new or terminating groups in the rate development for the 2025-2026 plan year.

Benefit Adjustments

In developing the premium rates, we adjusted claims to account for changes in member cost-sharing that occurred relative to the Experience Period.

In plan year 2022-2023, OPEH&W modified the medical and pharmacy benefits with increases to deductibles, out-of-pocket maximums, primary and urgent care copays; the Diamond plan increased the pharmacy

deductible, while the Diamond, Platinum, and Gold plans increased the pharmacy Maximum Out-of-Pocket amounts.

The medical/pharmacy benefit designs for plan year 2025-2026 are shown in Appendix A.1. Per discussion with OPEH&W, the benefit designs remain unchanged from the 2024-2025 plan year.

Independent of the effect of variables such as trend and demographic changes, we estimate that plan level membership distribution changes, adjustments for benefit leveraging, and normalizing the experience to the diamond plan level will result in a 2.5% increase in claim costs for the experience underlying plan year 2022-2023 and 2023-2024.

In plan year 2025-2026, OPEH&W will continue to offer two dental plan options, with no expected changes to the benefit structure. However, starting in plan year 2023-2024, OPEH&W offered dental implants as a covered benefit. Based on industry research, we have assumed the cost of this benefit is \$2.29 PMPM. The benefit has been added to both the Enhanced and Standard plans. The dental plan designs for plan year 2025-2026 are shown in Appendix A.2.

Additional Claim Adjustments

Similar to the premium rate development approach used in prior plan years we have not adjusted the claims experience to reflect monies that may be recovered as a result of subrogation. Also, as was mentioned earlier, we have not adjusted claims in the Experience Period for changes in demographic composition.

We have assumed the Health Advocacy Solutions program that OPEH&W continues to utilize has resulted in some potential claim savings to the plan and that those are reflected in the Experience Period. Any potential savings from the Health Advocacy Solutions program are assumed to remain unchanged in the 2025-2026 plan year.

Non-Benefit Expenses

The following non-benefit expenses have been incorporated into the medical/pharmacy premium rate projection:

- Medical ASO fees
- Plan management fees
- Stop-loss reinsurance premiums
- Health Advocacy Solution fees
- Telehealth/Virtual Visit fees
- PCORI fee
- PBM fees and administrative cost

The stop-loss reinsurance premiums included in the claims overview file have decreased by 25.2% from the 2023-2024 plan year (\$36.21 PCPM) to the 2024-2025 plan year (\$27.07 PCPM). An additional \$0.50 PCPM is charged by BCBSOK as a third-party stop-loss carrier fee. Per OPEH&W, the current fees and benefits for the stop-loss reinsurance will remain in place for the 2025-2026 plan year. Similar to prior plan years, we did not include a contribution to surplus in the medical/pharmacy premium rates. A discussion regarding the appropriateness of surplus in the premium rate development is included in the Surplus Scenarios section of

this report. Additionally, non-benefit expenses associated with other vendor services utilized by OPEH&W not listed above were assumed to be offset by any claim savings that may result. It should also be noted that the PCORI fee was reinstated through fiscal year 2029 as a result of the federal spending bill that was signed into law on December 20, 2019.³ Reported PBM fees and administrative cost were 12.80 PMPM in the 2023-2024 plan year. We applied the annual pharmacy trend of 11.2% to the \$12.80 PMPM to estimate the fees at \$15.82 PMPM for plan year 2025-2026.

The following non-benefit expense has been incorporated into the dental premium rate projection:

- Dental ASO fees

Proposed Premium Rate Changes

We propose a premium rate increase of 5.9% for the Blue Preferred and Blue Choice network Diamond medical/pharmacy plans. Also, we propose a premium rate decrease of 15.4% for the enhanced dental plan. On a combined basis, the average proposed premium rate increase is 4.6% for the Blue Preferred network and Blue Choice network Diamond plans. The proposed rate change of 5.9% is slightly higher than the estimated increase of 5.8% for expected health benefit cost per employee in 2025.⁴

Table 8 summarizes the various components driving the proposed premium rate increase for the Blue Preferred network Diamond plan. The rate change assumes no changes to benefit plan design.

Table 8 - Proposed Premium Rate Changes

	Medical/Pharmacy Premium Increase		Combined* Premium Increase	
	% Change	\$ Change	% Change	\$ Change
Claims and Benefits	2.1%	\$15.34	2.1%	\$16.64
Carry Over from Prior Analysis	2.6%	\$20.45	1.4%	\$11.79
Administrative Costs	1.0%	\$7.80	1.0%	\$7.81
Total	5.9%	\$43.59	4.6%	\$36.25

**Medical/pharmacy plan and enhanced dental plan premium rate change combined*

A portion of the proposed premium rate increase is a result of an increase in claim costs relative to the plan year 2024-2025 premium rate development; however, several other components contribute to the increase. Approximately 2.6% of the medical/pharmacy premium rate increase is a “carryover” from the proposed plan year 2024-2025 premium rate increase (i.e., the rate increase that was implemented for the medical/pharmacy plans was lower relative to what Oliver Wyman proposed). When analyzing the premium rate increase on a combined basis, the magnitude of the various premium rate change components is generally similar relative to the medical/pharmacy premium rate change. However, the Carry Over from Prior Analysis component is less, mostly due to the significant premium rate decrease proposed for dental plans. We had proposed a 13.7% decrease to the enhanced dental premiums for plan year 2024-2025, whereas a 5.0% increase was implemented for the dental plan. The medical/pharmacy plan rates increased by 5.0% for plan year 2024-2025; we had proposed a 7.8% rate increase under the updated benefit plan designs.

³ <https://www.congress.gov/116/bills/hr1865/BILLS-116hr1865eah.pdf>

⁴ <https://www.mercer.com/en-us/insights/us-health-news/survey-employers-expect-third-year-of-high-health-cost-growth-in-2025/>

Based on the member cost sharing parameters summarized in Appendix A.1, we estimate the Blue Preferred network premium rates for each plan relative to the Diamond plan as shown in Table 9.

Table 9 – 2025-2026 Premium Relativity of Preferred Network Plans

Benefit Plan	Premium Rate Relativity
Diamond	0.0%
Platinum	-2.2%
Gold	-7.7%
Silver	-10.0%
Bronze	-15.4%
Cobalt	-20.0%

These estimates were produced using MarVAL™ based on the cost-sharing parameters specified in the summary of benefits and coverage for each plan. It is important to note the premium relativities have not been adjusted to reflect the potential for selection that may occur. It is our understanding that each group will only be allowed to offer one plan to its employees, which will significantly reduce the potential for selection. However, in our experience, there will likely be some level of selection between groups when choosing which plan to offer.

As mentioned in the “Benefit Adjustments” section of this report, OPEH&W has not requested any benefit changes be made to the 2025-2026 medical/pharmacy benefit plans.

A detailed development of the Diamond plan premiums for the Blue Preferred network is shown in Appendix B. As noted earlier, the premium rate development of the Blue Choice network premiums is based on the development of the Blue Preferred network premiums. Appendix C shows the detailed development of the enhanced dental plan premiums.

A comparison of the proposed premium rates to the current premium rates is shown in Appendix D. While we have included a stand-alone comparison of the proposed medical/pharmacy premium rates to the current medical/pharmacy premium rates, we have not included a stand-alone comparison of the proposed dental premium rates to the current dental premium rates for simplicity. Instead, we have included a comparison of the proposed medical/pharmacy and dental premium rates combined for the Standard benefit plan and Enhanced benefit plan. We note that Cobalt plan premium rates and benefit plan designs were not developed and priced by us in the previous year, and we propose a larger premium increase for the Cobalt plan (16.8% Medical/Pharmacy only) compared to the recommended rate changes for the Diamond (5.9% increase) and Platinum (15.0% increase) plans as shown in Appendix D.

5. Recommended Benefit Plan Modifications

Proposed Medical Benefit Plan Designs

No benefit changes were requested for the medical plans in year 2025-2026. We are not proposing any additional modifications to be made at this time. A majority of current enrollment is in the Diamond plan (about 79%) and a smaller portion of enrollment is in the Platinum (18%) and Cobalt (3%) plans. If enrollment in the benefit plans were to become more diversified, we would propose further updates to the benefits to maintain a consistent spread between each plan option and to help offset the impact of claim cost leveraging.

6. Surplus Scenarios

For the plan year 2025-2026 premium rate development, OPEH&W requested no contribution to surplus be built into the medical/pharmacy or dental premium rates. OPEH&W's capital position for the past six full plan years is summarized in Table 10. This information is based on the financial statements provided by OPEH&W. The capital-to-premium ratio has remained stable in plan years 2020-2021 (9.8%) and 2021-2022 (9.9%) and it has increased slightly in plan years 2022-2023 (10.4%) and 2023-2024 (10.9%) relative to the prior plan years.

Table 10 – OPEH&W Capital Position by Plan Year

Capital Position by Plan Year (Amounts in \$1,000)							
	Jul 2017 - Jun 2018	Jul 2018 - Jun 2019	Jul 2019 - Jun 2020	Jul 2020 - Jun 2021	Jul 2021 - Jun 2022	Jul 2022 - Jun 2023	Jul 2023 - Jun 2024
Total Capital (A)	\$1,530	\$3,645	\$6,091	\$4,437	\$4,515	\$4,184	\$4,442
Total Prem (B)	\$55,089	\$51,178	\$44,749	\$45,176	\$45,444	\$40,117	\$40,617
Active Prem	51,744	47,996	42,190	43,079	43,244	38,176	38,764
Cobra Prem	146	96	104	71	75	355	388
Retiree Prem	3,200	3,085	2,456	2,026	2,125	1,586	1,465
Capital % of Prem (A / B)	2.8%	7.1%	13.6%	9.8%	9.9%	10.4%	10.9%

Further actions could be considered to strengthen the capital position of the plan. We estimate that including an additional 2.0% rate increase will generate approximately \$0.96 million in surplus for plan year 2025-2026, assuming enrollment in plan year 2025-2026 is consistent with November 2024 enrollment levels.

7. Incurred But Not Reported Claim Reserves

We estimate IBNR claim reserves for the plan year ending June 30, 2024 to be approximately \$3.20 million. This estimate is based on medical, dental, and pharmacy claims incurred between July 2023 and June 2024 and paid through September 2024. Given that there are three months of claims run-out, the amount we have assumed including a margin at 15% is \$3.68 million. The estimate is similar compared to the \$3.57 million estimate with margin for June 2024 in our prior report.

OPEH&W has historically requested an IBNR estimate for the current plan year as part of the annual rate review process. The current plan year spans July 1, 2024 to June 30, 2025, and consequently, some claims for the plan year have not yet been incurred or paid. There is significant uncertainty in estimating IBNR claim reserves for future valuation dates, and to do so, we made several broad assumptions:

- The claim payment pattern reflected in the most recently completed plan year (ending June 30, 2024) will be replicated for the current plan year
- The membership levels observed in November 2024 will remain constant for future months (i.e., through June 2025)
- Claims will trend according to the annualized trends specified in the premium rate projections (e.g., 6.5% for medical)
- Claims were adjusted to reflect benefit changes, anticipated changes in benefit plan mix, and pharmacy rebates

Given these caveats, we calculated an estimated IBNR claim reserve for the plan year ending June 30, 2025 to be approximately \$3.80 million. We also recommend a margin of no less than 15% be included to reflect uncertainty associated with claim trends, membership changes, and other unknowns. The projected IBNR claim reserve for the plan year ending June 30, 2025 with margin is \$4.37 million. Please note that the estimate assumes stable enrollment, claims processing, and claims utilization end of June 30, 2025 similar to current experience. An alternative that OPEH&W may want to consider is to use a reserve on a PMPM basis for member months associated with the plan year to better reflect changes in enrollment that may occur between November 2024 and June 2025. The IBNR claim reserve estimate PMPM is \$59.21 without margin and \$68.10 with margin.

The IBNR claim reserve estimates do not consider loss adjustment expenses (LAE). These expenses reflect the costs OPEH&W incurs for having the TPA process IBNR claims. Sometimes these costs are pre-negotiated with the TPA. If so, OPEH&W should use those costs as the LAE. If these have not been negotiated, then OPEH&W should set up an additional reserve to cover approximately two months of claim processing expenses. If there are any additional administrative expenses beyond TPA expenses (such as general plan expenses, PBM fees, etc.), OPEH&W should set up a reserve for those as well. In addition, the estimated IBNR claim reserve is based on claims experience excluding DME expenses.

Please note, due to the prospective nature of the IBNR claim reserve, we cannot opine as to the adequacy of the IBNR claim reserve for the plan year ending June 30, 2025. Instead, we can only provide a general estimate based on the information available to us at this time. Our estimates will not reflect case-specific reserves that may be necessary for known large claimants. Our reserve estimate could be subject to change if the network or plan mix, or enrollment changes significantly relative to our current expectations.

8. Distribution and Use

Usage and Responsibility of Client – Oliver Wyman prepared this report for the sole use of OPEH&W for the stated purpose. This report includes important considerations, assumptions, and limitations and, as a result, is intended to be read and used only as a whole. This report may not be separated into, or distributed, in parts other than by the client to whom this report was issued, as needed, in the case of distribution to such client's directors, officers, or employees. All decisions in connection with the implementation or use of advice or recommendations contained in this report are the sole responsibility of OPEH&W.

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9. Considerations and Limitations

Data Verification – For our analysis, we relied on publicly available data and information provided by the client named herein without independent audit. Though we have reviewed the data for reasonableness and consistency, we have not audited or otherwise verified this data. Our review of data may not always reveal imperfections. We have assumed that the data provided is both accurate and complete. The results of our analysis are dependent on this assumption. If this data or information is inaccurate or incomplete, our findings and conclusions might therefore be unreliable.

Unanticipated Changes – We based our conclusions on the estimation of the outcome of many contingent events. We developed our estimates from historical experience, with adjustments for anticipated changes. Unless otherwise stated, our estimates make no provision for the emergence of new types of risks not sufficiently represented in the historical data on which we relied or which are not yet quantifiable.

Internal / External Changes – The sources of uncertainty affecting our estimates are numerous and include factors internal and external to the client named herein. Internal factors include items such as changes in provider reimbursement and claims adjudication practices. The most significant external influences include, but are not limited to, changes in the legal, social, or regulatory environment, and the potential for emerging diseases. Uncontrollable factors such as general economic conditions also contribute to the variability.

Uncertainty Inherent in Projections – While this analysis complies with applicable Actuarial Standards of Practice, users of this analysis should recognize that our projections involve estimates of future events and are subject to economic and statistical variations from expected values. We have not anticipated any extraordinary changes to the regulatory, legal, social, or economic environment or the emergence of new diseases or catastrophes that might affect our results. For these reasons, we provide no assurance that the emergence of actual experience will correspond to the projections in this analysis.

10. Acknowledgement of Qualifications

I, Peter Kaczmarek, Senior Manager of Oliver Wyman Actuarial Consulting, Inc. (Oliver Wyman), have been engaged by Oklahoma Public Employees Health and Welfare Plan (OPEH&W) to prepare this report summarizing the premium rate development for the plan year beginning July 1, 2025. Oliver Wyman is an independent actuarial consulting firm that is not affiliated with, nor a subsidiary, nor in any way owned or controlled by a health plan, health insurer, or a trade association of health plans or insurers.

The analysis underlying the development of the premium rates included in this report is based on our interpretation of current State and Federal laws and regulations. Should these laws and/or regulations be modified our results could be subject to change. It should be noted that Oliver Wyman is an actuarial consulting firm and is not engaged in the practice of law. Therefore, nothing in this actuarial memorandum should be interpreted as legal advice.

The premium rates developed in this report reflect estimates of future contingent events; actual results will likely vary. The magnitude of differences between projections in this report and actual observed experience will depend on the extent to which actual experience in the future conforms to the assumptions made in this analysis. It is certain that actual experience will not conform exactly to the assumptions made in this filing.

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Reliance

In performing the analyses outlined in this report and arriving at my opinion, I used and relied on information provided by OPEH&W. I used and relied on this information without independent investigation or audit. If this information is inaccurate, incomplete, or out of date, the findings and conclusions noted within this report may need revision. While I have relied on the data provided without independent investigation or audit, I reviewed the data for consistency and reasonableness. Where I found the data inconsistent or unreasonable, I requested clarification.

Actuarial Certification

I am a member of the American Academy of Actuaries and meet the Qualification Standards of the American Academy of Actuaries to render this opinion. I have utilized generally accepted actuarial methodologies in reaching this opinion.

A handwritten signature in cursive script, appearing to read "Peter Kaczmarek".

Peter Kaczmarek, FSA, MAAA
Senior Manager
Oliver Wyman Actuarial Consulting, Inc.

Appendix A. Benefit Designs

A.1. Medical/Pharmacy: Plan Years 2025-2026

	Diamond	Platinum	Gold	Silver	Bronze	Cobalt
Medical - In-Network						
Network	Blue Choice	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred	Blue Preferred
Deductible - Individual	1,000	1,500	3,250	2,250	4,250	5,500
Deductible - Family	2,000	3,000	6,500	4,500	8,500	11,000
Max Out-of-Pocket - Individual	5,000	5,000	7,000	7,000	7,500	7,500
Max Out-of-Pocket - Family	10,000	10,000	14,000	14,000	15,000	15,000
Coinsurance (%)	80%	80%	80%	50%	50%	80%
Primary Care Office Visit	25	25	25	25	25	N/A
Urgent Care Office Visit	25	25	25	25	25	N/A
Specialist Office Visit	50	50	50	50	50	N/A
Medical - Out-of-Network						
Deductible - Individual	2,000	3,000	6,500	4,500	8,500	5,500
Deductible - Family	4,000	6,000	13,000	9,000	17,000	11,000
Max Out-of-Pocket - Individual	10,000	10,000	14,000	14,000	15,000	7,500
Max Out-of-Pocket - Family	20,000	20,000	28,000	28,000	30,000	15,000
Coinsurance (%)	70%	70%	70%	50%	50%	50%
Primary Care Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Urgent Care Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Specialist Office Visit	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance	Deductible & Coinsurance
Rx						
Brand Deductible	75	100	100	500	500	0
Max Out-of-Pocket - Individual	2,500	2,500	2,500	2,500	2,500	2,500
Max Out-of-Pocket - Family	5,000	5,000	5,000	5,000	5,000	5,000
30-Day Supply						
Generics	10	10	10	10	50% coinsurance up to \$20	5
Preferred Brands	45	55	25% coinsurance up to \$80	25% coinsurance up to \$80	30% coinsurance up to \$100	45
Non-Preferred Brands	60	70	40% coinsurance up to \$120	40% coinsurance up to \$120	50% coinsurance up to \$150	85
90-Day Supply						
Generics	25	25	25	25	50% coinsurance up to \$50	12
Preferred Brands	112	25% coinsurance up to \$137.5	25% coinsurance up to \$200	25% coinsurance up to \$200	30% coinsurance up to \$250	112
Non-Preferred Brands	150	40% coinsurance up to \$175	40% coinsurance up to \$300	40% coinsurance up to \$300	50% coinsurance up to \$375	212
Specialty - 30-Day Supply						
Generics	10	10	10	10	20% coinsurance up to \$50	5
Preferred Brands	60	60	60	20% coinsurance up to \$80	30% coinsurance up to \$80	95
Non-Preferred Brands	100	100	100	40% coinsurance up to \$120	50% coinsurance up to \$120	100

A.2. Dental Plan Year 2025-2026

	Standard	Enhanced
Individual Deductible	50	25
Plan Year Maximum Per Covered Person	1,500	2,500
Preventive & Diagnostic Services	0%	0%
Basic Services	20%	15%
Major Services	50%	40%
Orthodontic Treatment (Only for dependent children up to age 26)		
Deductible	0	0
Coinsurance	50%	50%
Lifetime Maximum per Child	1,500	1,500

Appendix B. Medical/Pharmacy Rate Development

OPEH&W Health Plan Medical/Pharmacy Experience Rating Renewal Calculation - Diamond Plan, Blue Preferred Network

Rating Period: 7/1/2025 to 6/30/2026
Pooling Level: \$475,000

	Experience Period 1 7/1/2022 to 6/30/2023	Experience Period 2 7/1/2023 to 6/30/2024
Experience Period	7/1/2022 to 6/30/2023	7/1/2023 to 6/30/2024
Member Months	65,513	65,166
Contract Months	43,425	42,064
Number of Projection Months	36	24
Member Months/Contract	1.509	1.549

BASE PERIOD MEDICAL/PHARMACY CLAIMS		
1. Medical Claims	\$ 23,626,716	\$ 22,501,779
2. Less Reinsurance Recoveries	\$ 12,123	\$ -
3a. Claims Adjusted for Reinsurance Recoveries (1. - 2.)	\$ 23,614,592	\$ 22,501,779
3b. Adjustment for change in Provider Network	0.9998	0.9976
3c. Large Claim Adjustment	1.0000	1.0000
3d. Other Adjustment	1.0000	1.0000
3e. Morbidity Adjustment	1.0000	1.0000
4. Trend Factor to 01/01/2026 Effective Date @ 6.5%	x 1.2079	1.1342
5. Projected Medical Claims (3a. x 3b. x 3c. x 3d. x 3e. x 4.)	\$ 28,518,167	\$ 25,459,917
6a. Pharmacy Claims For Period	\$ 11,810,377	\$ 12,867,688
6b. PBM Adjustment	0.6958	0.7359
6c. COVID-19 Adjustment	1.0000	1.0000
6d. Large Trend Adjustment	1.0000	1.0000
7. Trend Factor to 01/01/2026 Effective Date @ 11.2%	x 1.3750	1.2365
8. Projected Pharmacy Claims (6a. x 6b. x 6c. x 6d. x 7.)	\$ 11,300,284	\$ 11,709,327
9. Projected Net Claims (5. + 8.)	\$ 39,818,451	\$ 37,169,244
10. Member Months	/ 65,513	65,166
11. Projected Medical and Drug Costs PMPM (9. / 10.)	\$ 607.79	\$ 570.38
12. Other Multiplicative Adjustment		
Benefit Changes	1.0246	1.0245
Demographic and Morbidity	x 1.0000	1.0000
Total	1.0246	1.0245
13. Other Additive Adjustment PMPM	+ \$ -	\$ -
14. Adjusted Trended Medical Claims (11. x 12. + 13.)	\$ 622.75	\$ 584.36

PROJECTED CLAIMS PMPM FOR 7/1/2025 to 6/30/2026		
1. Projected Medical and Pharmacy Claims Experience	\$ 622.75	\$ 584.36
2. Period Weightings	0.35	0.65
3. Contributing Claims Experience (1. x 2.)	3a. \$ 218.79	3b. \$ 379.06
4. Weighted Projected Medical and Pharmacy Claims (3a. + 3b.)		\$ 597.85

ADMINISTRATIVE/EXPENSE			PMPM
1. Projected Medical and Pharmacy Claims			\$ 597.85
2. Fees			
a. BCBSOK Medical ASO Fee	PCPM	\$37.11	\$ 23.80
b. Plan Management Fee	PCPM	\$21.07	\$ 13.52
c. Health Advocacy Solutions	PCPM	\$16.84	\$ 10.80
d. Stop Loss Premium	PCPM	\$27.57	\$ 17.68
e. Telehealth Fee	PCPM	\$0.52	\$ 0.33
f. PCORI	PMPM		\$ 0.30
g. Rx Admin Fee	PMPM		15.82
* Ratio of Members/Contract for Nov 20	1.559		\$ 82.26
			\$ 680.11
4. Contribution to Surplus			0.00%
5. Projected Claims and Contribution to Surplus (3 / (1 - 4.))			\$ 680.11

Convert Premium PMPM to Tier Rates Single Conversion Factor	1.157
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Appendix C. Dental Rate Development

**OPEH&W Health Plan
Dental Experience Rating Renewal Calculation - Enhanced Dental Plan**

Rating Period: 7/1/2025 to 6/30/2026

	Experience Period 1	Experience Period 2
Experience Period	7/1/2022 to 6/30/2023	7/1/2023 to 6/30/2024
Member Months	67,677	67,774
Contract Months	44,335	43,382
Number of Projection Months	36	24
Member Months/Contract	1.526	1.562

BASE PERIOD DENTAL CLAIMS			
1. Dental Claims For Period		\$ 1,744,376	\$ 1,800,800
2. Trend Factor to 01/01/2026 Effective Date @ 5%	x	1.158	x 1.103
3. Projected Net Claims (1. x 2.)		\$ 2,019,333	\$ 1,985,382
4. Member Months	/	67,677	/ 67,774
5. Projected Dental Costs PMPM (3. / 4.)		\$ 29.84	\$ 29.29
6. Benefit Adjustment		1.016	1.017
7. Reconciliation Factor to Financials		1.051	1.051
8. Other Additive Adjustment PMPM		\$ 2.29	\$ 2.29
9. Adjusted Trended Dental Claims (5. x 6. x 7. + 8.)		\$ 34.14	\$ 33.59

PROJECTED CLAIMS PMPM FOR 7/1/2025 to 6/30/2026			
1. Projected Dental Claims Experience		\$ 34.14	\$ 33.59
2. Period Weightings		0.35	0.65
3. Contributing Claims Experience (1. x 2.)	3a.	\$ 11.94	3b. \$ 21.84
4. Weighted Projected Dental Claims (3a. + 3b.)			\$ 33.78

ADMINISTRATIVE/EXPENSE			PMPM
1. Projected Dental Claims			\$ 33.78
2. Fees	PCPM	\$3.21	\$2.05
Ratio of Members/Contract for Nov 2023	1.567		
3. Projected Claims and Expense (1. + 2b.)			\$ 35.83
4. Contribution to Surplus			0.00%
5. Projected Claims and Contribution to Surplus (3 x (1 + 4.))			\$ 35.83

Convert Premium PMPM to Tier Rates	
Single Conversion Factor	1.124

Appendix D. Premium Rate Changes

Appendix D. Premium Rate Changes

D.1. Diamond Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$786.85	\$786.85	\$802.58	\$820.83	\$820.83	\$837.24	\$827.13	\$827.13	\$843.67
Employee + Child	\$1,162.75	\$1,162.75	\$1,186.02	\$1,214.68	\$1,214.68	\$1,238.99	\$1,224.31	\$1,224.31	\$1,248.81
Employee + Children	\$1,398.81	\$1,398.81	\$1,426.78	\$1,461.34	\$1,461.34	\$1,490.56	\$1,472.92	\$1,472.92	\$1,502.38
Employee + Spouse	\$1,706.83	\$1,706.83	\$1,740.96	\$1,782.78	\$1,782.78	\$1,818.43	\$1,796.86	\$1,796.86	\$1,832.80
Employee + Spouse + Child	\$2,082.74	\$2,082.74	\$2,124.40	\$2,176.63	\$2,176.63	\$2,220.19	\$2,194.04	\$2,194.04	\$2,237.94
Employee + Spouse + Children	\$2,318.79	\$2,318.79	\$2,365.16	\$2,423.29	\$2,423.29	\$2,471.76	\$2,442.65	\$2,442.65	\$2,491.51

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$743.26	\$743.26	\$758.12	\$786.12	\$786.12	\$801.84	\$790.88	\$790.88	\$806.70
Employee + Child	\$1,098.34	\$1,098.34	\$1,120.32	\$1,163.84	\$1,163.84	\$1,187.14	\$1,171.12	\$1,171.12	\$1,194.56
Employee + Children	\$1,321.32	\$1,321.32	\$1,347.74	\$1,400.20	\$1,400.20	\$1,428.20	\$1,408.94	\$1,408.94	\$1,437.12
Employee + Spouse	\$1,612.28	\$1,612.28	\$1,644.52	\$1,708.08	\$1,708.08	\$1,742.24	\$1,718.72	\$1,718.72	\$1,753.10
Employee + Spouse + Child	\$1,967.36	\$1,967.36	\$2,006.72	\$2,085.80	\$2,085.80	\$2,127.54	\$2,098.96	\$2,098.96	\$2,140.96
Employee + Spouse + Children	\$2,190.34	\$2,190.34	\$2,234.14	\$2,322.16	\$2,322.16	\$2,368.60	\$2,336.78	\$2,336.78	\$2,383.52

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.6%	4.6%	4.6%
Employee + Child	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.5%	4.5%	4.5%
Employee + Children	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.5%	4.5%	4.5%
Employee + Spouse	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.5%	4.5%	4.5%
Employee + Spouse + Child	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.5%	4.5%	4.5%
Employee + Spouse + Children	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.5%	4.5%	4.5%

D.2. Diamond Plan – Blue Choice Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$841.80	\$841.80	\$858.63	\$875.78	\$875.78	\$893.29	\$882.08	\$882.08	\$899.72
Employee + Child	\$1,243.94	\$1,243.94	\$1,268.82	\$1,295.87	\$1,295.87	\$1,321.79	\$1,305.50	\$1,305.50	\$1,331.61
Employee + Children	\$1,496.45	\$1,496.45	\$1,526.39	\$1,558.98	\$1,558.98	\$1,590.18	\$1,570.56	\$1,570.56	\$1,601.99
Employee + Spouse	\$1,826.01	\$1,826.01	\$1,862.51	\$1,901.96	\$1,901.96	\$1,939.98	\$1,916.04	\$1,916.04	\$1,954.35
Employee + Spouse + Child	\$2,228.15	\$2,228.15	\$2,272.70	\$2,322.05	\$2,322.05	\$2,368.48	\$2,339.46	\$2,339.46	\$2,386.24
Employee + Spouse + Children	\$2,480.66	\$2,480.66	\$2,530.27	\$2,585.16	\$2,585.16	\$2,636.86	\$2,604.52	\$2,604.52	\$2,656.61

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$795.16	\$795.16	\$811.06	\$838.02	\$838.02	\$854.78	\$842.78	\$842.78	\$859.64
Employee + Child	\$1,175.02	\$1,175.02	\$1,198.52	\$1,240.52	\$1,240.52	\$1,265.34	\$1,247.80	\$1,247.80	\$1,272.76
Employee + Children	\$1,413.54	\$1,413.54	\$1,441.82	\$1,492.42	\$1,492.42	\$1,522.28	\$1,501.16	\$1,501.16	\$1,531.20
Employee + Spouse	\$1,724.84	\$1,724.84	\$1,759.32	\$1,820.64	\$1,820.64	\$1,857.04	\$1,831.28	\$1,831.28	\$1,867.90
Employee + Spouse + Child	\$2,104.70	\$2,104.70	\$2,146.78	\$2,223.14	\$2,223.14	\$2,267.60	\$2,236.30	\$2,236.30	\$2,281.02
Employee + Spouse + Children	\$2,343.22	\$2,343.22	\$2,390.08	\$2,475.04	\$2,475.04	\$2,524.54	\$2,489.66	\$2,489.66	\$2,539.46

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	5.9%	5.9%	5.9%	4.5%	4.5%	4.5%	4.7%	4.7%	4.7%
Employee + Child	5.9%	5.9%	5.9%	4.5%	4.5%	4.5%	4.6%	4.6%	4.6%
Employee + Children	5.9%	5.9%	5.9%	4.5%	4.5%	4.5%	4.6%	4.6%	4.6%
Employee + Spouse	5.9%	5.9%	5.9%	4.5%	4.5%	4.5%	4.6%	4.6%	4.6%
Employee + Spouse + Child	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.6%	4.6%	4.6%
Employee + Spouse + Children	5.9%	5.9%	5.9%	4.4%	4.4%	4.4%	4.6%	4.6%	4.6%

D.3. Platinum Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$769.35	\$769.35	\$784.74	\$803.33	\$803.33	\$819.40	\$809.63	\$809.63	\$825.83
Employee + Child	\$1,136.90	\$1,136.90	\$1,159.63	\$1,188.82	\$1,188.82	\$1,212.60	\$1,198.46	\$1,198.46	\$1,222.42
Employee + Children	\$1,367.70	\$1,367.70	\$1,395.05	\$1,430.23	\$1,430.23	\$1,458.84	\$1,441.81	\$1,441.81	\$1,470.65
Employee + Spouse	\$1,668.87	\$1,668.87	\$1,702.24	\$1,744.81	\$1,744.81	\$1,779.71	\$1,758.89	\$1,758.89	\$1,794.08
Employee + Spouse + Child	\$2,036.42	\$2,036.42	\$2,077.13	\$2,130.31	\$2,130.31	\$2,172.91	\$2,147.72	\$2,147.72	\$2,190.67
Employee + Spouse + Children	\$2,267.22	\$2,267.22	\$2,312.56	\$2,371.72	\$2,371.72	\$2,419.15	\$2,391.08	\$2,391.08	\$2,438.90

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$668.94	\$668.94	\$682.32	\$711.80	\$711.80	\$726.04	\$716.56	\$716.56	\$730.90
Employee + Child	\$988.52	\$988.52	\$1,008.28	\$1,054.02	\$1,054.02	\$1,075.10	\$1,061.30	\$1,061.30	\$1,082.52
Employee + Children	\$1,189.20	\$1,189.20	\$1,212.98	\$1,268.08	\$1,268.08	\$1,293.44	\$1,276.82	\$1,276.82	\$1,302.36
Employee + Spouse	\$1,451.06	\$1,451.06	\$1,480.08	\$1,546.86	\$1,546.86	\$1,577.80	\$1,557.50	\$1,557.50	\$1,588.66
Employee + Spouse + Child	\$1,770.64	\$1,770.64	\$1,806.04	\$1,889.08	\$1,889.08	\$1,926.86	\$1,902.24	\$1,902.24	\$1,940.28
Employee + Spouse + Children	\$1,971.32	\$1,971.32	\$2,010.74	\$2,103.14	\$2,103.14	\$2,145.20	\$2,117.76	\$2,117.76	\$2,160.12

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	15.0%	15.0%	15.0%	12.9%	12.9%	12.9%	13.0%	13.0%	13.0%
Employee + Child	15.0%	15.0%	15.0%	12.8%	12.8%	12.8%	12.9%	12.9%	12.9%
Employee + Children	15.0%	15.0%	15.0%	12.8%	12.8%	12.8%	12.9%	12.9%	12.9%
Employee + Spouse	15.0%	15.0%	15.0%	12.8%	12.8%	12.8%	12.9%	12.9%	12.9%
Employee + Spouse + Child	15.0%	15.0%	15.0%	12.8%	12.8%	12.8%	12.9%	12.9%	12.9%
Employee + Spouse + Children	15.0%	15.0%	15.0%	12.8%	12.8%	12.8%	12.9%	12.9%	12.9%

D.4. Gold Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$726.21	\$726.21	\$740.73	\$760.19	\$760.19	\$775.39	\$766.49	\$766.49	\$781.82
Employee + Child	\$1,073.14	\$1,073.14	\$1,094.61	\$1,125.06	\$1,125.06	\$1,147.58	\$1,134.69	\$1,134.69	\$1,157.40
Employee + Children	\$1,291.02	\$1,291.02	\$1,316.84	\$1,353.56	\$1,353.56	\$1,380.62	\$1,365.13	\$1,365.13	\$1,392.43
Employee + Spouse	\$1,575.31	\$1,575.31	\$1,606.80	\$1,651.25	\$1,651.25	\$1,684.27	\$1,665.33	\$1,665.33	\$1,698.63
Employee + Spouse + Child	\$1,922.23	\$1,922.23	\$1,960.68	\$2,016.13	\$2,016.13	\$2,056.46	\$2,033.54	\$2,033.54	\$2,074.22
Employee + Spouse + Children	\$2,140.12	\$2,140.12	\$2,182.91	\$2,244.62	\$2,244.62	\$2,289.50	\$2,263.98	\$2,263.98	\$2,309.25

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$639.20	\$639.20	\$651.98	\$682.06	\$682.06	\$695.70	\$686.82	\$686.82	\$700.56
Employee + Child	\$944.56	\$944.56	\$963.46	\$1,010.06	\$1,010.06	\$1,030.28	\$1,017.34	\$1,017.34	\$1,037.70
Employee + Children	\$1,136.34	\$1,136.34	\$1,159.06	\$1,215.22	\$1,215.22	\$1,239.52	\$1,223.96	\$1,223.96	\$1,248.44
Employee + Spouse	\$1,386.56	\$1,386.56	\$1,414.28	\$1,482.36	\$1,482.36	\$1,512.00	\$1,493.00	\$1,493.00	\$1,522.86
Employee + Spouse + Child	\$1,691.92	\$1,691.92	\$1,725.76	\$1,810.36	\$1,810.36	\$1,846.58	\$1,823.52	\$1,823.52	\$1,860.00
Employee + Spouse + Children	\$1,883.70	\$1,883.70	\$1,921.36	\$2,015.52	\$2,015.52	\$2,055.82	\$2,030.14	\$2,030.14	\$2,070.74

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	13.6%	13.6%	13.6%	11.5%	11.5%	11.5%	11.6%	11.6%	11.6%
Employee + Child	13.6%	13.6%	13.6%	11.4%	11.4%	11.4%	11.5%	11.5%	11.5%
Employee + Children	13.6%	13.6%	13.6%	11.4%	11.4%	11.4%	11.5%	11.5%	11.5%
Employee + Spouse	13.6%	13.6%	13.6%	11.4%	11.4%	11.4%	11.5%	11.5%	11.5%
Employee + Spouse + Child	13.6%	13.6%	13.6%	11.4%	11.4%	11.4%	11.5%	11.5%	11.5%
Employee + Spouse + Children	13.6%	13.6%	13.6%	11.4%	11.4%	11.4%	11.5%	11.5%	11.5%

D.5. Silver Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$708.09	\$708.09	\$722.25	\$742.07	\$742.07	\$756.91	\$748.37	\$748.37	\$763.34
Employee + Child	\$1,046.37	\$1,046.37	\$1,067.31	\$1,098.30	\$1,098.30	\$1,120.28	\$1,107.93	\$1,107.93	\$1,130.10
Employee + Children	\$1,258.79	\$1,258.79	\$1,283.97	\$1,321.32	\$1,321.32	\$1,347.76	\$1,332.90	\$1,332.90	\$1,359.57
Employee + Spouse	\$1,535.99	\$1,535.99	\$1,566.73	\$1,611.93	\$1,611.93	\$1,644.19	\$1,626.01	\$1,626.01	\$1,658.56
Employee + Spouse + Child	\$1,874.27	\$1,874.27	\$1,911.78	\$1,968.17	\$1,968.17	\$2,007.56	\$1,985.58	\$1,985.58	\$2,025.32
Employee + Spouse + Children	\$2,086.69	\$2,086.69	\$2,128.45	\$2,191.19	\$2,191.19	\$2,235.04	\$2,210.55	\$2,210.55	\$2,254.79

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$616.90	\$616.90	\$629.24	\$659.76	\$659.76	\$672.96	\$664.52	\$664.52	\$677.82
Employee + Child	\$911.62	\$911.62	\$929.86	\$977.12	\$977.12	\$996.68	\$984.40	\$984.40	\$1,004.10
Employee + Children	\$1,096.68	\$1,096.68	\$1,118.62	\$1,175.56	\$1,175.56	\$1,199.08	\$1,184.30	\$1,184.30	\$1,208.00
Employee + Spouse	\$1,338.18	\$1,338.18	\$1,364.96	\$1,433.98	\$1,433.98	\$1,462.68	\$1,444.62	\$1,444.62	\$1,473.54
Employee + Spouse + Child	\$1,632.90	\$1,632.90	\$1,665.58	\$1,751.34	\$1,751.34	\$1,786.40	\$1,764.50	\$1,764.50	\$1,799.82
Employee + Spouse + Children	\$1,817.96	\$1,817.96	\$1,854.34	\$1,949.78	\$1,949.78	\$1,988.80	\$1,964.40	\$1,964.40	\$2,003.72

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	14.8%	14.8%	14.8%	12.5%	12.5%	12.5%	12.6%	12.6%	12.6%
Employee + Child	14.8%	14.8%	14.8%	12.4%	12.4%	12.4%	12.5%	12.5%	12.5%
Employee + Children	14.8%	14.8%	14.8%	12.4%	12.4%	12.4%	12.5%	12.5%	12.5%
Employee + Spouse	14.8%	14.8%	14.8%	12.4%	12.4%	12.4%	12.6%	12.6%	12.6%
Employee + Spouse + Child	14.8%	14.8%	14.8%	12.4%	12.4%	12.4%	12.5%	12.5%	12.5%
Employee + Spouse + Children	14.8%	14.8%	14.8%	12.4%	12.4%	12.4%	12.5%	12.5%	12.5%

D.6. Bronze Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$665.60	\$665.60	\$678.92	\$699.57	\$699.57	\$713.58	\$705.87	\$705.87	\$720.01
Employee + Child	\$983.57	\$983.57	\$1,003.25	\$1,035.50	\$1,035.50	\$1,056.23	\$1,045.13	\$1,045.13	\$1,066.05
Employee + Children	\$1,183.25	\$1,183.25	\$1,206.94	\$1,245.79	\$1,245.79	\$1,270.73	\$1,257.36	\$1,257.36	\$1,282.54
Employee + Spouse	\$1,443.83	\$1,443.83	\$1,472.71	\$1,519.77	\$1,519.77	\$1,550.18	\$1,533.85	\$1,533.85	\$1,564.55
Employee + Spouse + Child	\$1,761.81	\$1,761.81	\$1,797.05	\$1,855.70	\$1,855.70	\$1,892.83	\$1,873.11	\$1,873.11	\$1,910.58
Employee + Spouse + Children	\$1,961.49	\$1,961.49	\$2,000.73	\$2,065.99	\$2,065.99	\$2,107.33	\$2,085.34	\$2,085.34	\$2,127.08

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$594.60	\$594.60	\$606.50	\$637.46	\$637.46	\$650.22	\$642.22	\$642.22	\$655.08
Employee + Child	\$878.66	\$878.66	\$896.24	\$944.16	\$944.16	\$963.06	\$951.44	\$951.44	\$970.48
Employee + Children	\$1,057.04	\$1,057.04	\$1,078.20	\$1,135.92	\$1,135.92	\$1,158.66	\$1,144.66	\$1,144.66	\$1,167.58
Employee + Spouse	\$1,289.82	\$1,289.82	\$1,315.62	\$1,385.62	\$1,385.62	\$1,413.34	\$1,396.26	\$1,396.26	\$1,424.20
Employee + Spouse + Child	\$1,573.88	\$1,573.88	\$1,605.36	\$1,692.32	\$1,692.32	\$1,726.18	\$1,705.48	\$1,705.48	\$1,739.60
Employee + Spouse + Children	\$1,752.26	\$1,752.26	\$1,787.32	\$1,884.08	\$1,884.08	\$1,921.78	\$1,898.70	\$1,898.70	\$1,936.70

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	11.9%	11.9%	11.9%	9.7%	9.7%	9.7%	9.9%	9.9%	9.9%
Employee + Child	11.9%	11.9%	11.9%	9.7%	9.7%	9.7%	9.8%	9.8%	9.8%
Employee + Children	11.9%	11.9%	11.9%	9.7%	9.7%	9.7%	9.8%	9.8%	9.8%
Employee + Spouse	11.9%	11.9%	11.9%	9.7%	9.7%	9.7%	9.9%	9.9%	9.9%
Employee + Spouse + Child	11.9%	11.9%	11.9%	9.7%	9.7%	9.7%	9.8%	9.8%	9.8%
Employee + Spouse + Children	11.9%	11.9%	11.9%	9.7%	9.7%	9.7%	9.8%	9.8%	9.8%

D.7. Cobalt Plan – Blue Preferred Network

Proposed Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$629.36	\$629.36	\$641.95	\$663.34	\$663.34	\$676.61	\$669.63	\$669.63	\$683.04
Employee + Child	\$930.03	\$930.03	\$948.63	\$981.96	\$981.96	\$1,001.60	\$991.59	\$991.59	\$1,011.42
Employee + Children	\$1,118.84	\$1,118.84	\$1,141.22	\$1,181.38	\$1,181.38	\$1,205.01	\$1,192.95	\$1,192.95	\$1,216.82
Employee + Spouse	\$1,365.21	\$1,365.21	\$1,392.52	\$1,441.16	\$1,441.16	\$1,469.98	\$1,455.24	\$1,455.24	\$1,484.35
Employee + Spouse + Child	\$1,665.89	\$1,665.89	\$1,699.19	\$1,759.78	\$1,759.78	\$1,794.98	\$1,777.19	\$1,777.19	\$1,812.73
Employee + Spouse + Children	\$1,854.69	\$1,854.69	\$1,891.79	\$1,959.20	\$1,959.20	\$1,998.38	\$1,978.55	\$1,978.55	\$2,018.13

Current Premium Rates

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	\$538.86	\$538.86	\$549.64	\$581.72	\$581.72	\$593.36	\$586.48	\$586.48	\$598.22
Employee + Child	\$796.30	\$796.30	\$812.22	\$861.80	\$861.80	\$879.04	\$869.08	\$869.08	\$886.46
Employee + Children	\$957.96	\$957.96	\$977.12	\$1,036.84	\$1,036.84	\$1,057.58	\$1,045.58	\$1,045.58	\$1,066.50
Employee + Spouse	\$1,168.90	\$1,168.90	\$1,192.28	\$1,264.70	\$1,264.70	\$1,290.00	\$1,275.34	\$1,275.34	\$1,300.86
Employee + Spouse + Child	\$1,426.34	\$1,426.34	\$1,454.86	\$1,544.78	\$1,544.78	\$1,575.68	\$1,557.94	\$1,557.94	\$1,589.10
Employee + Spouse + Children	\$1,588.00	\$1,588.00	\$1,619.76	\$1,719.82	\$1,719.82	\$1,754.22	\$1,734.44	\$1,734.44	\$1,769.14

Premium Rate Change

Tier	Medical			Medical & Standard Dental			Medical & Enhanced Dental		
	Active	Retiree	Cobra	Active	Retiree	Cobra	Active	Retiree	Cobra
Employee	16.8%	16.8%	16.8%	14.0%	14.0%	14.0%	14.2%	14.2%	14.2%
Employee + Child	16.8%	16.8%	16.8%	13.9%	13.9%	13.9%	14.1%	14.1%	14.1%
Employee + Children	16.8%	16.8%	16.8%	13.9%	13.9%	13.9%	14.1%	14.1%	14.1%
Employee + Spouse	16.8%	16.8%	16.8%	14.0%	14.0%	14.0%	14.1%	14.1%	14.1%
Employee + Spouse + Child	16.8%	16.8%	16.8%	13.9%	13.9%	13.9%	14.1%	14.1%	14.1%
Employee + Spouse + Children	16.8%	16.8%	16.8%	13.9%	13.9%	13.9%	14.1%	14.1%	14.1%



Oliver Wyman

1401 Discovery Parkway, Suite 150 Wauwatosa, WI 53226

Premium Rates for 2025/26 Plan Year

Health

- Increase Applies to Member, Spouse, and Dependent tiers.
- Increase also Applies to Retiree Coverage.
- Recommended Increases are:
 - o **4.5%** for **Diamond**Preferred & **Diamond**Choice Plans
 - o All other plans would increase as follows to maintain their relative rating gap to **Diamond**Preferred:
 - **5.0%** for **Platinum** -**10%** from **Diamond**Preferred
 - **6.0%** for **Gold** -**14%** from **Diamond**Preferred
 - **7.0%** for **Silver** -**17%** from **Diamond**Preferred
 - **9.0%** for **Bronze** -**20%** from **Diamond**Preferred
 - **0.0%** for **Cobalt** -**27.5%** from **Diamond**Preferred

	Diamond Preferred	Platinum Preferred	Gold	Silver	Bronze	Cobalt
Current (m \$)	743.26	668.94	639.20	616.90	594.60	538.86
New (m \$)	776.70	699.04	667.96	644.66	621.36	563.10
Increase (m \$)	33.44	30.10	28.76	27.76	26.76	24.24
Increase (y \$)	401.28	361.20	345.12	333.12	321.12	290.88
% Difference to Diamond Preferred		90.00%	86.00%	83.00%	80.00%	72.50%
% Increase	104.5%	105%	106%	107%	109%	0%

New Health Options

- Would use the BlueAdvantage Network
- **Diamond**Advantage **-15%** from **Diamond**Preferred
- **Platinum**Advantage **-15%** from **Platinum**Preferred

	Diamond Advantage	Platinum Advantage
(m \$)	660.20	594.18
New (y \$)	7,922.40	7,130.16
Savings (m \$)	116.50	104.86
Savings (y \$)	1,398.00	1,258.32
% Difference to Preferred	-15%	-15%
Savings from Current (m \$)	83.06	71.20
Savings from Current (y \$)	996.72	854.40

Dental

	Enhanced Dental	Standard Dental
Current (m \$)	47.62	42.86
New (m \$)	49.76	44.78
Increase (m \$)	2.14	1.92
Increase (y \$)	25.68	23.04
% Increase	4.5%	4.5%



Membership Benefits & Comparisons

Membership Level & Cost	Corporate Level \$750.00	Executive Level \$1750.00	Select Level \$4000.00	Elite Level \$5500.00
Directories with Each Membership	4	6	8	10
Cost of Each Additional Directory	\$25.00	\$20.00	\$15.00	\$10.00
Choice of Indoor Exhibitor Conference Booth for the year				✓
Booth Selection Renewable with Continued Membership				✓
Company Name Listed in ACCO Directory	✓	✓	✓	✓
Receive ACCO Digital Newsletter (3 Times Per Year)	✓	✓	✓	✓
Invitation to Exhibit at ACCO Conferences (Membership Required)	✓	✓	✓	✓
Company Membership Listed on ACCO Website	✓	✓	✓	✓
Elite Membership Banner on Full Page Ad in Directory				✓
ACCO Color Directory Ad Full Page			✓	✓
ACCO Color Directory Ad 1/4 Page		✓		
Membership Recognition Signage at ACCO Conferences	✓	✓	✓	✓
Scrolling Company Bar Linked to your Company Website			✓	✓
Post Conference List of Commissioners who Attended		✓	✓	✓
Company Logo in Three (3) Conference Agendas			✓	✓
Booth and Two (2) Attendees Included in Membership (Each Conference)			✓	✓
1st to Receive Conference Packet			✓	✓
2nd to Receive Conference Packet		✓		
3rd to Receive Conference Packet	✓			

Additional Membership Options

Upgrade to 1/4 Page Ad in the Directory	\$450.00	Included	Full Page Ad Included with Membership	Full Page Ad Included with Membership
Upgrade to 1/2 Page Ad in the Directory	\$625.00	\$275.00	Full Page Ad Included with Membership	Full Page Ad Included with Membership
Upgrade to Full Page Ad in the Directory	\$850.00	\$500.00	Included	Included
Upgrade to 1/4 Ad in the Newsletter	\$500.00	\$300.00	Included	Included

Note: Elite Members may permanently secure (1) extra booth location contact Felix (405) 516-5317

Elevate your presence among Oklahoma's school decision makers!

Partnership Opportunities

OSSBA partners play a crucial role in the important tasks OSSBA performs and our membership recognizes and appreciates the support from our partner organizations. As an OSSBA partner, you'll be in the spotlight, gaining exposure to decision-makers who are shaping the future of education in our state and making a positive difference in the lives of Oklahoma's students. Your partnership not only enhances your brand visibility but also underscores your commitment to supporting Oklahoma students' success. Seize the opportunity to become an OSSBA partner organization today and make a lasting impact and forge valuable connections with Oklahoma school decision makers.



	DIAMOND \$20,000	GOLD \$10,000	SILVER \$5,000	BRONZE \$2,500	PREMIERE \$1,000
WEBSITE AND PUBLICATIONS					
Recognition on website homepage	Logo and link				
Recognition on website partnership page	Logo and link	Link	Link	Link	Listing
Legislative update emails	✓	✓			
Banner footer on bi-weekly OSSBA Education Headlines emails	One month	One week	One day		
ANNUAL CONFERENCE					
Breakout session presentation opportunity	✓				
10' x 10' booth space	Two	One	One	1/2 off	\$100 off
Early bird booth sign-up	1 st priority	2 nd priority	3 rd priority	4 th priority	5 th priority
Early bird access to room reservations at the conference headquarter hotel	✓	✓	✓	✓	✓
Space in the conference program	Full-page	Half-page	Half-page	25% discount	10% discount
Recognition on conference sponsor signage	Logo	Logo	Logo	Listing	
Recognition on general session sponsor slides	Logo	Logo	Logo	Listing	
Full conference attendee registration	Up to two attendees	Up to two attendees	One attendee		
Opportunity to provide items for conference attendee bags	Two items	One item	One item		
Inclusion in the annual Dr. Bob Mooneyham Memorial Scholarship Golf Tournament	Hole sponsorship	Hole sponsorship	Two players	Two players	
\$100 discount on architectural exhibition entries	Up to four entries	Up to four entries	Up to two entries	Up to two entries	
Partner recognition in the conference mobile app	✓	✓	✓	✓	✓
ADDITIONAL MEMBER-FACING AND GROWTH OPPORTUNITIES					
Opportunity to sponsor an OSSBA workshop	Lunch sponsor	Coffee break sponsor	Early bird access	Early bird access	10% discount
Opportunity to provide material to be included in workshop packets	Up to two workshops	Up to two workshops	One workshop		
Opportunity to register for workshops at OSSBA member price	Up to two attendees	Up to two attendees	One attendee	One attendee	
Invitation to special partner events	✓	✓	✓	✓	✓

Interested in a partnership? Contact Christy Watson at christyw@ossba.org or 888.528.3571.
All partner organizations and partner material submissions are subject to OSSBA approval.