

**MINUTES
ORDINANCE AND INSURANCE COMMITTEE
SPECIAL MEETING
MONDAY, APRIL 4TH, 2022
5:30 P.M.**

THE ORDINANCE AND INSURANCE COMMITTEE MET IN SPECIAL SESSION IN THE COUNCIL CHAMBER, 12 NORTH ROWE STREET, PRYOR, OKLAHOMA AT THE ABOVE DATE AND TIME.

COMMITTEE MEMBERS: CHOYA SHROPSHIRE, DENNIS NANCE, _____, STEVE SMITH (ALTERNATE)

1. CALL MEETING TO ORDER.

The meeting was called to order by Choya Shropshire at 5:30 p.m. Committee members present: Choya Shropshire, Dennis Nance and Steve Smith. Members absent: none.

Others present: Mayor Larry Lees, Brown & Brown Insurance representatives Christopher Kennedy and Tommy Harvey, Black Sheep Salon representatives Amanda Carter and Hailey Jordan, and Terry Aylward.

2. DISCUSS, POSSIBLY APPROVE MINUTES OF MARCH 10TH, 2022 SPECIAL MEETING.

Motion was made by Nance, second by Smith to approve minutes of March 10th, 2022 Special Meeting. Voting yes: Shropshire and Nance. Abstaining, counting as a no vote: Smith. Voting no: none.

3. WORKER'S COMPENSATION PRESENTATION BY BROWN & BROWN.

No action. Christopher Kennedy with Brown & Brown Insurance provided an in-depth slide presentation regarding our worker's compensation coverage and the management of it. He pointed out areas we have been overpaying, due to lack of monitoring on the part of the current broker. He reported that our renewal comes up on August 1st, 2022, and we will know the amount we will need to budget for next year before that date.

Mayor stated that, as a long-time businessman, he recognizes the need for worker's compensation insurance and getting the most for our money.

4. DISCUSS, POSSIBLY RECOMMEND COUNCIL ACTION REGARDING CHANGE OF WORKER'S COMPENSATION CARRIER.

Motion was made by Smith, second by Nance to recommend Council action regarding change of worker's compensation broker. (*Scrivener's error on agenda – should have read "change of worker's compensation broker," instead of "carrier".*) Voting yes: Nance, Smith, Shropshire. Voting no: none.

5. DISCUSSION AND POSSIBLE COUNCIL ACTION REGARDING REQUIRING A CITY OF PRYOR CREEK LICENSE FOR THE SERVING OF COMPLIMENTARY ALCOHOLIC BEVERAGES AT SALONS WITHIN THE CITY LIMITS.

Motion was made by Nance, second by Smith to discuss requiring a City of Pryor Creek license for the serving of complimentary alcoholic beverages at salons within the city limits.

Mayor spoke and stated that since the state already requires a permit for this, and no alcohol is being sold, he sees no reason for the City to require an additional permit.

Motion was made by Smith, second by Nance to take no action. Voting yes: Smith, Shropshire, Nance.

6. DISCUSS, POSSIBLY RECOMMEND COUNCIL ACTION REGARDING THE AMENDMENT OF CITY CODE PROVISION 7-1-13 TO PROVIDE FLEXIBILITY OF DEVELOPMENT PROVISION RELATIVE TO COMPLETE STREETS PROGRAM.

Motion was made by Smith, second by Nance to recommend Council action regarding the amendment of City Code provision 7-1-13 to provide flexibility of development provision relative to Complete

Streets program. Changes made by City Attorney Ritchie were noted. Voting yes: Shropshire, Nance, Smith. Voting no: none.

7. SCHEDULE NEXT MEETING.

No action.

8. ADJOURN.

Motion was made by Smith, second by Nance to adjourn at 6:20 p.m. Voting yes: Nance, Smith, Shropshire. Voting no: none.



BlueCross BlueShield of Oklahoma

City Of Pryor Creek

Contact: LISA MALONE

12 N ROWE ST

PRYOR, OK 743613825

April 25, 2022

Dear Group Administrator:

We have evaluated the 07/01/2022 group insurance coverage renewal for City Of Pryor Creek Your Blue Cross and Blue Shield of Oklahoma (BCBSOK) current and renewal plans are enclosed.

Please review your Renewal Exhibit carefully, including the changes that have been made to your plans.

Your next steps:

- Review this renewal, including changes made for the upcoming year.
- Contact your Producer if you need assistance reviewing these materials or comparing options.

Thank you for doing business with us. We appreciate your continued trust. If you have any questions, our team is ready to help.

Sincerely,

Blue Cross and Blue Shield of Oklahoma



**BlueCross BlueShield
of Oklahoma**

Important Notices

I. Initial Notice About Special Enrollment Rights in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about very important provisions in the plan. You have the right to enroll in the plan under its “special enrollment provision” without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, non-federal governmental plans. Contact your employer or plan administrator for more information.

A. SPECIAL ENROLLMENT PROVISIONS

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program) If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or move out of the prior plan’s HMO service area, or after the employer stops contributing toward the other coverage).

Loss of Coverage For Medicaid or a State Children’s Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children’s Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED HEALTH PLANS ONLY)

For plans that require or allow for the designation of primary care providers by participants or beneficiaries:

If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

For plans that require or allow for the designation of a primary care provider for a child: For children, you may designate a pediatrician as the primary care provider.

For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider: You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.



BlueCross BlueShield of Oklahoma

Mid Market Business Renewal

| | | | |
|------------------------|---------------------|------------------------|-----------------------------------|
| Group Name: | CITY OF PRYOR CREEK | Rep: | MIRIAM ROBINETTE |
| Group Number: | 000232663 | Agent: | BROWN & BROWN OF OKLAHOMA, INC |
| Renewal Effective: | 07/01/2022 | Total HMO Subscribers: | 0 |
| Total Group Contracts: | 83 | | |
| Total Contracts: | 83 | | |
| Total Members: | 213 | | |

Sales Presentation

Current Plan Rates

| | EO | ES | EC | EF | Total |
|--------------------------------------|-----------|-------------|-----------|-------------|--------------|
| MOBAP0070 Blue Advantage PPO 0070 | \$ 467.05 | \$ 1,027.48 | \$ 864.06 | \$ 1,494.54 | \$ 45,606.88 |
| Contract Enrollment | 12 | 10 | 5 | 17 | 44 |
| MOBPF0010 Blue Preferred PPO 0010 | \$ 536.33 | \$ 1,179.84 | \$ 992.18 | \$ 1,716.16 | \$ 38,882.26 |
| Contract Enrollment | 14 | 8 | 10 | 7 | 39 |

Total Monthly Health Cost \$ 84,489.14

Renewing Plan Rates

| | EO | ES | EC | EF | Total* |
|--------------------------------------|-----------|-------------|-------------|-------------|--------------|
| MOBAP0072 Blue Advantage PPO 0072 | \$ 544.01 | \$ 1,196.71 | \$ 1,006.36 | \$ 1,740.73 | \$ 53,119.43 |
| Plan Rate Change | | | | | 16.5% |
| MOBPF0012 Blue Preferred PPO 0012 | \$ 599.13 | \$ 1,317.95 | \$ 1,108.32 | \$ 1,917.07 | \$ 43,434.11 |
| Plan Rate Change | | | | | 11.7% |

Total Monthly Health Cost \$ 96,553.54

Total Rate Change 14.3%

Note: This rate change percentage is based on total monthly premium. Each tier's rate change may vary from the total change percentage. The above rates are projected to be effective for the 12-month period beginning on the effective date of group coverage and are contingent upon the provisions shown on the following page.



BlueCross BlueShield of Oklahoma

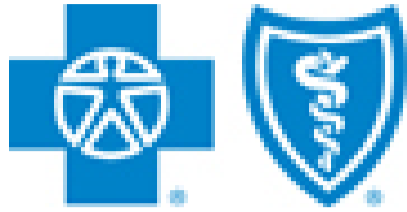
Mid Market Business Renewal

Rating Contingencies

| | | | |
|------------------------|---------------------|------------------------|-----------------------------------|
| Group Name: | CITY OF PRYOR CREEK | | |
| Group Number: | 000232663 | Rep: | MIRIAM ROBINETTE |
| Renewal Effective: | 07/01/2022 | Agent: | BROWN & BROWN OF OKLAHOMA, INC |
| Total Group Contracts: | 83 | | |
| Total Contracts: | 83 | Total HMO Subscribers: | 0 |
| Total Members: | 213 | | |

Rates are contingent upon:

1. BCBSOK reserves the right to non-renew or discontinue coverage unless the 50% minimum employer contribution is met and at least 75% of eligible employees are enrolled for coverage.
2. Rates do not include any future mandated benefit changes.
3. This renewal assumes BCBSOK will be the only carrier providing coverage to the employer group's employees. BCBSOK reserves the right to change premium rates if BCBSOK is not the exclusive carrier, Groups must promptly notify BCBSOK if BCBSOK will not be the exclusive carrier.
4. Standard BCBSOK Managed Care programs with standard membership, eligibility, administration, claims processing, and standard network. Standard Master Contract provisions and definitions apply. Any costs associated with special services or custom materials provided by BCBSOK will be supplemental billed separate and apart from the rates outlined on this confirmation page.
5. Annual open enrollment.
6. Assuming the group contract will be issued in Oklahoma. In addition to the benefits stated herein, benefits for covered persons who reside outside of Oklahoma will conform to all Extraterritorial requirements of those states.
7. State and federal law require that insurers determine whether an employer is subject to the Small Employer or Large Employer regulations. In determining group size an insurer may rely upon the information provided by employers. This renewal is based upon the condition that you are not a Small Employer as defined under the Affordable Care Act (ACA). An employer that has 50 or less employees (Small Employer) has different requirements under state and federal law than a large employer. Any group experiencing a reclassification as a Small (or Large) group on renewal is required to be issued contractual coverage appropriate for that size group.
8. Upon inquiry from employer groups, HCSC will provide information to the employer group regarding commissions and other compensation paid to the employer's broker/producer by HCSC in connection with the employer's policy or contract with HCSC.
9. BlueCross and BlueShield of Oklahoma reserves the right to change premium rates upon prior written notice when a substantial change occurs in the number or composition of subscribers covered. A substantial change will be deemed to have occurred when the number of subscribers covered changes by 10% or more over a thirty (30) day period or 25% or more over a ninety (90) day period.
10. Employer will promptly notify BCBSOK of any change in participation and Employer contribution.
11. Rates are projected to be effective for the 12-month period beginning on the effective date indicated.



BlueCross BlueShield of Oklahoma

Mid Market Business Renewal

Group Name: CITY OF PRYOR CREEK

Group Number: 000232663

Renewal Effective: 07/01/2022

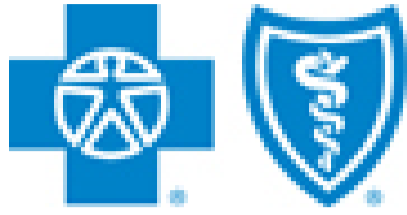
Rep: MIRIAM ROBINETTE
Agent: BROWN & BROWN OF
OKLAHOMA, INC

Important Information

Notwithstanding anything in the renewal or proposal to the contrary, BCBSOK reserves the right to revise or withdraw any term herein or to change our charge for the cost of coverage (premium, fees or other amounts) at any time before or during the contract period if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented, which would require BCBSOK to pay, submit or forward, on its own behalf or on the Employer Group's behalf.

BCBSOK also reserves the right to change the premium rates it charges Employer Group at any time before or during the contract period to the extent that any local, state or federal legislation, regulation, rule or guidance (or amendments or clarifications thereto) is enacted or becomes effective/ implemented which results in increased projected claim costs or an increase to BCBSOK's expenses or cost of plan administration.

If this document was generated for an employer with current BCBSOK coverage, it is void unless provided by a BCBSOK Representative with express permission from Underwriting.



BlueCross BlueShield of Oklahoma

Oklahoma Mid Market Business

Group Name: CITY OF PRYOR CREEK

Group Number: 000232663

Renewal Effective: 07/01/2022

Rep: MIRIAM ROBINETTE
Agent: BROWN & BROWN OF
OKLAHOMA, INC

Blue Directions

Blue Directions is an online enrollment and benefits administration solution aimed at creating a better benefits experience.

Our solution provides a secure website for all benefit enrollments and reporting. Blue Directions has built-in decision support and includes an easy to follow and personalized platform for employees to enroll in all their employer's benefits in one place. As everything is handled on the website, no enrollment forms are required. The administrator dashboard allows employers to view and update employee information, as well as run reports anytime, anywhere. Plus, our automated process sends benefit elections and changes to carriers on a weekly basis, eliminating the need to manually enter enrollments on multiple carrier portals.

The Blue Directions enrollment platform and administrative dashboard are available at no additional cost. Employers have the flexibility to keep their current BCBSOK medical and dental plans or select from all BCBSOK plans available in their market. Up to five medical plans can be offered on the platform with no minimum requirement.

Blue Directions can help simplify the enrollment process for employees and streamline administration for employers. Contact your account representative for more information or if you are interested in implementing Blue Directions.



**BlueCross BlueShield
of Oklahoma**

Group Name: CITY OF PRYOR CREEK

Rep: MIRIAM ROBINETTE

Group Number: 000232663

Effective Date: 07/01/2022

Disclaimer

Important Updates

If your existing group health plan or group health insurance coverage (each a “plan”) was in effect on March 23, 2010, it may be a “grandfathered health plan” as that term is defined in the Affordable Care Act and related regulations (currently 75 Fed. Reg. 34538).

Federal regulations have been published regarding the maintenance and loss of grandfathered health plan status. We encourage you to confer with your own legal counsel to determine what benefit changes or other events may cause the loss of grandfathered health plan status and to evaluate the benefit options that are most suitable for you.

The following proposed benefit programs are not considered “grandfathered health plans”.



**BlueCross BlueShield
of Oklahoma**
Oklahoma Mid Market Business

Account Name: CITY OF PRYOR CREEK
 Account Number: 000232663
 Renewal Effective Date: 07/01/2022

Rep: MIRIAM ROBINETTE
 Agent: BROWN & BROWN OF OKLAHOMA, INC

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act

| Health Plan # | Ded In/Out | Office Visit PCP/SPC | Coins % In/Out | Out of Pocket In/Out | Pharmacy Preferred | Pharmacy Non Preferred | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family | Total Monthly Health Cost |
|-----------------------------|----------------|----------------------|----------------|----------------------|---------------------------------|----------------------------------|---------------|-------------------|-----------------------|-------------------|---------------------------|
| Blue Advantage Plans | | | | | | | | | | | |
| MOBAP0072 | \$500/\$1000 | \$25/\$45 | 80%/60% | \$1250/\$3750 | \$0/\$10/\$35/\$75/\$150/\$250 | \$10/\$20/\$55/\$95/\$150/\$250 | \$544.01 | \$1,006.36 | \$1,196.71 | \$1,740.73 | \$91,986.91 |
| MOBAP0082 | \$1000/\$1500 | \$20 | 80%/60% | \$3000/\$9000 | \$0/\$10/\$35/\$75/\$150/\$250 | \$10/\$20/\$55/\$95/\$150/\$250 | \$496.67 | \$918.79 | \$1,092.57 | \$1,589.25 | \$83,982.19 |
| MOBAP0152 | \$1000/\$3000 | \$30/\$50 | 80%/50% | \$7150/\$10000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$473.49 | \$875.90 | \$1,041.57 | \$1,515.05 | \$80,061.69 |
| MOBAP0012 | \$1250/\$2500 | \$35/\$60 | 70%/60% | \$3000/\$9000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$473.84 | \$876.55 | \$1,042.36 | \$1,516.18 | \$80,121.46 |
| MOBAP0022 | \$1500/\$2500 | \$30/\$50 | 80%/60% | \$5000/\$15000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$455.62 | \$842.84 | \$1,002.26 | \$1,457.87 | \$77,040.02 |
| MOBAP0040 | \$1500/\$2500 | 80% | 80%/60% | \$5000/\$15000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$431.06 | \$797.41 | \$948.23 | \$1,379.28 | \$72,887.11 |
| MOBAP0092 | \$2000/\$3500 | \$20 | 80%/60% | \$5000/\$15000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$455.26 | \$842.19 | \$1,001.48 | \$1,456.73 | \$76,979.90 |
| MOBAP0032 | \$2500/\$4000 | \$30/\$50 | 80%/60% | \$6000/\$18000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$433.62 | \$802.15 | \$953.87 | \$1,387.48 | \$73,320.39 |
| MOBAP0102 | \$3000/\$6000 | \$20/\$40 | 70%/60% | \$7000/\$21000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$420.59 | \$778.05 | \$925.21 | \$1,345.80 | \$71,117.59 |
| MOBAP0050 | \$3500/\$7000 | 70% | 70%/60% | \$6000/\$18000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$366.49 | \$677.96 | \$806.19 | \$1,172.67 | \$61,968.95 |
| MOBAP0112 | \$4000/\$8000 | \$30/\$50 | 70%/60% | \$7000/\$21000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$402.94 | \$745.39 | \$886.37 | \$1,289.30 | \$68,132.21 |
| MOBAP0132 | \$5000/\$7500 | \$30/\$50 | 80%/60% | \$6000/\$18000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$417.32 | \$771.99 | \$918.01 | \$1,335.32 | \$70,563.97 |
| MOBAP0122 | \$5000/\$10000 | \$30/\$50 | 50%/50% | \$7000/\$21000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$397.89 | \$736.04 | \$875.26 | \$1,273.13 | \$67,277.88 |
| MOBAP0142 | \$6000/\$12000 | \$30/\$50 | 50%/50% | \$7000/\$21000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$396.82 | \$734.06 | \$872.91 | \$1,269.71 | \$67,097.09 |
| MOBAP0060 | \$7500/\$15000 | 100% | 100%/70% | \$7500/\$22500 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$340.15 | \$629.23 | \$748.25 | \$1,088.39 | \$57,515.15 |

Plans outlined above intended for summary review purposes, actual benefits and specific plan details are outlined in the plan documents.

RX subject to Medical Plan Out of Pocket Maximum.

Where a Per Occurrence Deductible applies, note that the Per Occurrence Deductible will apply before and in addition to the Annual Deductible and Coinsurance. copayment does not apply to Deductible/Coinsurance only plans.

Urgent Care will apply a \$50 copay for eligible in-network office visits, when applicable.

BH/SA care benefits determined by type of service & place of service - Professional claims billed as office visits will apply Office Copay; Facility claims will apply Ded/Coins, where applicable.



**BlueCross BlueShield
of Oklahoma**
Oklahoma Mid Market Business

Account Name: CITY OF PRYOR CREEK
Account Number: 000232663
Renewal Effective Date: 07/01/2022

Rep: MIRIAM ROBINETTE
Agent: BROWN & BROWN OF OKLAHOMA, INC

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act

| Health Plan # | Ded In/Out | Office Visit PCP/SPC | Coins % In/Out | Out of Pocket In/Out | Pharmacy Preferred | Pharmacy Non Preferred | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family | Total Monthly Health Cost |
|---|----------------|----------------------|----------------|----------------------|---------------------------------|----------------------------------|---------------|-------------------|-----------------------|-------------------|---------------------------|
| HSA Blue Embedded Deductible Plans, Blue Advantage | | | | | | | | | | | |
| MOBAP1010 | \$3000/\$6000 | 100% | 100%/100% | \$3000/\$6000 | 100% | 100% | \$411.76 | \$761.71 | \$905.79 | \$1,317.56 | \$69,624.83 |
| MOBAP1040 ^{*1} | \$3000/\$6000 | 100% | 100%/100% | \$3000/\$6000 | 100% | 100% | \$424.36 | \$785.03 | \$933.51 | \$1,357.88 | \$71,755.67 |
| MOBAP1092 | \$3000/\$6000 | 80% | 80%/60% | \$5000/\$15000 | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | \$401.01 | \$741.84 | \$882.14 | \$1,283.16 | \$67,807.32 |
| MOBAP1112 ^{*1} | \$3000/\$6000 | 50% | 50%/50% | \$7050/\$21150 | \$5/\$15/\$50/\$100/\$250/\$350 | \$15/\$25/\$70/\$120/\$250/\$350 | \$356.94 | \$660.32 | \$785.21 | \$1,142.16 | \$60,356.19 |
| MOBAP1071 | \$3500/\$7000 | \$30/\$60 | 80%/60% | \$6900/\$20700 | \$5/\$15/\$50/\$100/\$250/\$350 | \$15/\$25/\$70/\$120/\$250/\$350 | \$334.74 | \$619.22 | \$736.35 | \$1,071.09 | \$56,600.61 |
| MOBAP1081 | \$4000/\$8000 | 80% | 80%/60% | \$6900/\$20700 | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | \$320.85 | \$593.55 | \$705.81 | \$1,026.66 | \$54,252.99 |
| MOBAP1102 | \$4000/\$8000 | 50% | 50% | \$7050/\$21150 | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | \$306.90 | \$567.73 | \$675.12 | \$982.01 | \$51,893.58 |
| MOBAP1020 | \$5000/\$7500 | 100% | 100%/70% | \$5000/\$15000 | 100% | 100% | \$347.90 | \$643.59 | \$765.32 | \$1,113.23 | \$58,827.34 |
| MOBAP1050 ^{*1} | \$5000/\$7500 | 100% | 100%/70% | \$5000/\$15000 | 100% | 100% | \$362.78 | \$671.11 | \$798.05 | \$1,160.84 | \$61,343.17 |
| MOBAP1030 | \$6500/\$13000 | 100% | 100%/100% | \$6500/\$13000 | 100% | 100% | \$326.12 | \$603.29 | \$717.40 | \$1,043.52 | \$55,143.82 |
| MOBAP1060 ^{*1} | \$6500/\$13000 | 100% | 100%/100% | \$6500/\$13000 | 100% | 100% | \$332.60 | \$615.27 | \$731.65 | \$1,064.25 | \$56,239.21 |

Plans outlined above intended for summary review purposes, actual benefits and specific plan details are outlined in the plan documents.

Virtual Visits and Telemedicine are available from a participating provider for certain non-emergency services.

In accordance with HSA regulations, copays and/or coinsurance can only apply after the deductible is met.

*1 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share.



**BlueCross BlueShield
of Oklahoma**
Oklahoma Mid Market Business

Account Name: CITY OF PRYOR CREEK
Account Number: 000232663
Renewal Effective Date: 07/01/2022

Rep: MIRIAM ROBINETTE
Agent: BROWN & BROWN OF OKLAHOMA, INC

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act

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|--|---------------|----------------------|----------------|----------------------|---------------------------------|----------------------------------|---------------|-------------------|-----------------------|-------------------|---------------------------|
| Blue Preferred Plans - \$20 OVC | | | | | | | | | | | |
| MOBPF0012 | \$500/\$800 | \$20 | 80%/60% | \$2500/\$7500 | \$0/\$10/\$35/\$75/\$150/\$250 | \$10/\$20/\$55/\$95/\$150/\$250 | \$599.13 | \$1,108.32 | \$1,317.95 | \$1,917.07 | \$101,306.07 |
| MOBPF0042 | \$1000/\$1500 | \$20 | 80%/60% | \$3000/\$9000 | \$0/\$10/\$35/\$75/\$150/\$250 | \$10/\$20/\$55/\$95/\$150/\$250 | \$577.20 | \$1,067.75 | \$1,269.72 | \$1,846.92 | \$97,598.58 |
| MOBPF0032 | \$1000/\$1500 | \$20 | 80%/60% | \$4000/\$12000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$562.37 | \$1,040.33 | \$1,237.11 | \$1,799.47 | \$95,091.49 |
| MOBPF0232 | \$1500/\$2000 | \$20 | 80%/60% | \$3000/\$9000 | \$0/\$10/\$35/\$75/\$150/\$250 | \$10/\$20/\$55/\$95/\$150/\$250 | \$570.19 | \$1,054.79 | \$1,254.30 | \$1,824.49 | \$96,413.42 |
| MOBPF0062 | \$1500/\$2500 | \$20 | 80%/60% | \$4500/\$13500 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$545.75 | \$1,009.58 | \$1,200.53 | \$1,746.26 | \$92,280.13 |
| MOBPF0242 | \$2000/\$2500 | \$20 | 80%/60% | \$3000/\$9000 | \$0/\$10/\$35/\$75/\$150/\$250 | \$10/\$20/\$55/\$95/\$150/\$250 | \$567.99 | \$1,050.72 | \$1,249.46 | \$1,817.45 | \$96,041.40 |
| MOBPF0082 | \$2000/\$3500 | \$20 | 80%/60% | \$5000/\$15000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$532.62 | \$985.30 | \$1,171.67 | \$1,704.28 | \$90,061.29 |
| MOBPF0102 | \$2500/\$4000 | \$20 | 80%/60% | \$5500/\$16500 | \$0/\$10/\$35/\$75/\$150/\$250 | \$10/\$20/\$55/\$95/\$150/\$250 | \$523.81 | \$969.00 | \$1,152.29 | \$1,676.10 | \$88,571.81 |
| MOBPF0252 | \$3000/\$6000 | \$20/\$40 | 50%/50% | \$6000/\$18000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$474.03 | \$876.89 | \$1,042.76 | \$1,516.76 | \$80,152.44 |
| MOBPF0172 | \$5000/\$7500 | \$20 | 80%/60% | \$5600/\$16800 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$504.83 | \$933.88 | \$1,110.52 | \$1,615.35 | \$85,361.62 |

| | | | | | | | | | | | |
|--|----------------|-----------|---------|----------------|---------------------------------|----------------------------------|----------|----------|------------|------------|-------------|
| Blue Preferred Plans - \$30 OVC | | | | | | | | | | | |
| MOBPF0022 | \$1000/\$1500 | \$30/\$50 | 80%/70% | \$5000/\$15000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$533.11 | \$986.20 | \$1,172.74 | \$1,705.85 | \$90,143.96 |
| MOBPF0272 | \$1000/\$3000 | \$30/\$50 | 80%/50% | \$7150/\$10000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$525.62 | \$972.33 | \$1,156.25 | \$1,681.85 | \$88,876.21 |
| MOBPF0052 | \$1500/\$2500 | \$30/\$50 | 80%/60% | \$5000/\$15000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$517.31 | \$956.96 | \$1,137.96 | \$1,655.25 | \$87,470.74 |
| MOBPF0072 | \$1500/\$3000 | \$30/\$50 | 50%/50% | \$6000/\$18000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$475.24 | \$879.15 | \$1,045.44 | \$1,520.68 | \$80,358.86 |
| MOBPF0092 | \$2500/\$4000 | \$30/\$50 | 80%/60% | \$6000/\$18000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$492.61 | \$911.27 | \$1,083.63 | \$1,576.23 | \$83,294.69 |
| MOBPF0112 | \$2500/\$5000 | \$30/\$50 | 50%/50% | \$6000/\$18000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$468.65 | \$866.94 | \$1,030.92 | \$1,499.55 | \$79,242.82 |
| MOBPF0132 | \$3000/\$6000 | \$30/\$50 | 70%/60% | \$7000/\$21000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$464.98 | \$860.16 | \$1,022.85 | \$1,487.81 | \$78,622.55 |
| MOBPF0142 | \$4000/\$8000 | \$30/\$50 | 70%/60% | \$7000/\$21000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$456.25 | \$844.02 | \$1,003.67 | \$1,459.91 | \$77,147.75 |
| MOBPF0162 | \$5000/\$7500 | \$30/\$50 | 80%/60% | \$6000/\$18000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$474.03 | \$876.89 | \$1,042.76 | \$1,516.76 | \$80,152.44 |
| MOBPF0262 | \$6000/\$12000 | \$30/\$50 | 50%/50% | \$7000/\$21000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$449.98 | \$832.42 | \$989.87 | \$1,439.83 | \$76,087.01 |

| | | | | | | | | | | | |
|--|----------------|-----|---------|----------------|---------------------------------|----------------------------------|----------|----------|----------|------------|-------------|
| Blue Preferred Plans - Deductible/Coinsurance | | | | | | | | | | | |
| MOBPF0210 | \$3000/\$6000 | 70% | 70%/60% | \$7000/\$21000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$426.55 | \$789.07 | \$938.31 | \$1,364.87 | \$72,125.09 |
| MOBPF0220 | \$6000/\$12000 | 80% | 80%/60% | \$7000/\$21000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$417.67 | \$772.64 | \$918.78 | \$1,336.44 | \$70,623.20 |

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RX subject to Medical Plan Out of Pocket Maximum.

Where a Per Occurrence Deductible applies, note that the Per Occurrence Deductible will apply before and in addition to the Annual Deductible and Coinsurance.

Members on copay plans have zero-dollar cost share for Telemedicine visits with in-network PCPs and non-emergency Virtual Visits with MDLIVE®. This benefit includes Behavioral Health consultations. The \$0 copayment does not apply to Deductible/Coinsurance only plans.

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BH/SA care benefits determined by type of service & place of service - Professional claims billed as office visits will apply Office Copay; Facility claims will apply Ded/Coins, where applicable.



**BlueCross BlueShield
of Oklahoma**
Oklahoma Mid Market Business

Account Name: CITY OF PRYOR CREEK
 Account Number: 000232663
 Renewal Effective Date: 07/01/2022

Rep: MIRIAM ROBINETTE
 Agent: BROWN & BROWN OF OKLAHOMA, INC

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act

| Health Plan # | Ded In/Out | Office Visit PCP/SPC | Coins % In/Out | Out of Pocket In/Out | Pharmacy Preferred | Pharmacy Non Preferred | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family | Total Monthly Health Cost |
|---|----------------|----------------------|----------------|----------------------|---------------------------------|----------------------------------|---------------|-------------------|-----------------------|-------------------|---------------------------|
| HSA Blue Embedded Deductible Plans, Blue Preferred | | | | | | | | | | | |
| MOBPF1010 | \$3000/\$6000 | 100% | 100%/100% | \$3000/\$6000 | 100% | 100% | \$492.12 | \$910.37 | \$1,082.56 | \$1,574.68 | \$83,212.50 |
| MOBPF1030 ^{*1} | \$3000/\$6000 | 100% | 100%/100% | \$3000/\$6000 | 100% | 100% | \$495.38 | \$916.40 | \$1,089.74 | \$1,585.11 | \$83,763.82 |
| MOBPF1082 ^{*1} | \$3000/\$6000 | 50% | 50%/50% | \$7050/\$21150 | \$5/\$15/\$50/\$100/\$250/\$350 | \$15/\$25/\$70/\$120/\$250/\$350 | \$427.65 | \$791.11 | \$940.74 | \$1,368.39 | \$72,311.34 |
| MOBPF1051 | \$3500/\$7000 | \$30/\$60 | 80%/60% | \$6900/\$20700 | \$5/\$15/\$50/\$100/\$250/\$350 | \$15/\$25/\$70/\$120/\$250/\$350 | \$399.45 | \$738.94 | \$878.71 | \$1,278.15 | \$67,542.87 |
| MOBPF1061 | \$4000/\$8000 | 80% | 80%/60% | \$6900/\$20700 | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | \$385.26 | \$712.71 | \$847.51 | \$1,232.78 | \$65,144.91 |
| MOBPF1072 | \$4000/\$8000 | 50% | 50%/50% | \$7050/\$21150 | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | \$368.97 | \$682.55 | \$811.65 | \$1,180.62 | \$62,388.75 |
| MOBPF1020 | \$5000/\$7500 | 100% | 100%/70% | \$5000/\$15000 | 100% | 100% | \$403.85 | \$747.09 | \$888.39 | \$1,292.24 | \$68,287.33 |
| MOBPF1040 ^{*1} | \$5000/\$7500 | 100% | 100%/70% | \$5000/\$15000 | 100% | 100% | \$407.60 | \$754.02 | \$896.64 | \$1,304.24 | \$68,921.32 |
| MOBPF1092 ^{*1} | \$7050/\$14100 | 100% | 100%/100% | \$7050/\$14100 | 100% | 100% | \$361.63 | \$668.98 | \$795.51 | \$1,157.15 | \$61,148.27 |

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Virtual Visits and Telemedicine are available from a participating provider for certain non-emergency services.

In accordance with HSA regulations, copays and/or coinsurance can only apply after the deductible is met.

*1 Select HDHP-HSA preventive prescription drugs will be covered with no member cost share.



**BlueCross BlueShield
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Oklahoma Mid Market Business

Account Name: CITY OF PRYOR CREEK
Account Number: 000232663
Renewal Effective Date: 07/01/2022

Rep: MIRIAM ROBINETTE
Agent: BROWN & BROWN OF OKLAHOMA, INC

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| Health Plan # | Ded In/Out | Office Visit PCP/SPC | Coins % In/Out | Out of Pocket In/Out | Pharmacy Preferred | Pharmacy Non Preferred | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family | Total Monthly Health Cost |
|---------------------------|---------------|------------------------|----------------|-----------------------|---------------------------------|----------------------------------|---------------|-------------------|-----------------------|-------------------|---------------------------|
| Blue Options Plans | | | | | | | | | | | |
| MOOPT0012 | \$500/\$500 | \$30 | 80%/70%/50% | \$2500/\$3500/\$7500 | \$0/\$10/\$35/\$75/\$150/\$250 | \$10/\$20/\$55/\$95/\$150/\$250 | \$634.05 | \$1,394.79 | \$1,172.93 | \$2,028.84 | \$107,877.63 |
| MOOPT0022 | \$500/\$500 | \$30 | 80%/70%/50% | \$3500/\$4500/\$10500 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$617.14 | \$1,357.58 | \$1,141.64 | \$1,974.69 | \$104,999.24 |
| MOOPT0052 | \$1000/\$1000 | \$30 | 80%/70%/50% | \$3000/\$4000/\$9000 | \$0/\$10/\$35/\$75/\$150/\$250 | \$10/\$20/\$55/\$95/\$150/\$250 | \$606.99 | \$1,335.25 | \$1,122.87 | \$1,942.24 | \$103,273.05 |
| MOOPT0042 | \$1000/\$1000 | \$30 | 80%/70%/50% | \$4000/\$5000/\$12000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$591.31 | \$1,300.77 | \$1,093.87 | \$1,892.08 | \$100,605.89 |
| MOOPT0062 | \$1500/\$1500 | \$20 | 80%/70%/50% | \$4500/\$5300/\$13500 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$581.28 | \$1,278.71 | \$1,075.32 | \$1,859.98 | \$98,899.38 |
| MOOPT0082 | \$2000/\$2000 | \$35 | 90%/80%/60% | \$3000/\$4000/\$9000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$594.07 | \$1,306.82 | \$1,098.96 | \$1,900.88 | \$101,074.10 |
| MOOPT0092 | \$2000/\$2000 | \$35 | 80%/70%/50% | \$5000/\$5300/\$15000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$555.11 | \$1,221.12 | \$1,026.89 | \$1,776.23 | \$94,445.89 |
| MOOPT0102 | \$2500/\$2500 | \$35 | 80%/70%/50% | \$5200/\$5400/\$15600 | \$0/\$10/\$35/\$75/\$150/\$250 | \$10/\$20/\$55/\$95/\$150/\$250 | \$547.80 | \$1,205.06 | \$1,013.38 | \$1,752.86 | \$93,203.22 |
| MOOPT0112 | \$2500/\$2500 | \$30/\$50 \$40/\$60 | 60%/60%/50% | \$6000/\$6500/\$18000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$515.71 | \$1,134.45 | \$954.01 | \$1,650.15 | \$87,742.31 |
| MOOPT0122 | \$3000/\$3000 | \$30/\$50 \$40/\$60 | 70%/60%/50% | \$7000/\$7150/\$21000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$506.48 | \$1,114.16 | \$936.94 | \$1,620.63 | \$86,172.58 |
| MOOPT0132 | \$4000/\$4000 | \$30/\$50 \$40/\$60 | 70%/60%/50% | \$7000/\$7150/\$21000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$496.37 | \$1,091.90 | \$918.23 | \$1,588.26 | \$84,451.51 |
| MOOPT0142 | \$5000/\$5000 | \$35 | 80%/70%/50% | \$5200/\$5400/\$15600 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$535.41 | \$1,177.79 | \$990.46 | \$1,713.19 | \$91,094.34 |

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RX subject to Medical Plan Out of Pocket Maximum.

Where a Per Occurrence Deductible applies, note that the Per Occurrence Deductible will apply before and in addition to the Annual Deductible and Coinsurance.

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Account Name: CITY OF PRYOR CREEK
 Account Number: 000232663
 Renewal Effective Date: 07/01/2022

Rep: MIRIAM ROBINETTE
 Agent: BROWN & BROWN OF OKLAHOMA, INC

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| Health Plan # | Ded In/Out | Office Visit PCP/SPC | Coins % In/Out | Out of Pocket In/Out | Pharmacy Preferred | Pharmacy Non Preferred | Employee Only | Employee + Spouse | Employee + Child(ren) | Employee + Family | Total Monthly Health Cost |
|---|----------------------|----------------------|----------------|-----------------------|-------------------------|-------------------------|---------------|-------------------|-----------------------|-------------------|---------------------------|
| HSA Blue Embedded Deductible Plans, Blue Options | | | | | | | | | | | |
| MOOPT1022 | \$3000/\$3000/\$5000 | 90%/80% | 90%/80%/60% | \$5000/\$5700/\$15000 | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | \$493.55 | \$1,085.71 | \$913.02 | \$1,579.26 | \$83,972.62 |
| MOOPT1032 | \$4000/\$4000/\$6500 | 90%/80% | 90%/80%/60% | \$6500/\$7000/\$19500 | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | \$460.37 | \$1,012.71 | \$851.63 | \$1,473.06 | \$78,326.29 |
| MOOPT1012 | \$5000/\$5000/\$7500 | 100%/80% | 100%/80%/70% | \$5000/\$5700/\$15000 | 100% | 100% | \$444.66 | \$978.15 | \$822.57 | \$1,422.81 | \$75,653.85 |
| MOOPT1042 | \$6000/\$6000/\$9000 | 90%/80% | 90%/80%/60% | \$6500/\$7000/\$19500 | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | \$427.79 | \$941.07 | \$791.38 | \$1,368.86 | \$72,785.14 |

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of Oklahoma**
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|--------------------------|---------------|----------------------|----------------|----------------------|---------------------------------|----------------------------------|---------------|-------------------|-----------------------|-------------------|---------------------------|
| Blue Choice Plans | | | | | | | | | | | |
| MOBCH0012 | \$500/\$500 | \$20 | 80%/60% | \$3500/\$10500 | \$0/\$10/\$35/\$75/\$150/\$250 | \$10/\$20/\$55/\$95/\$150/\$250 | \$689.78 | \$1,517.36 | \$1,276.01 | \$2,207.14 | \$117,358.27 |
| MOBCH0042 | \$1000/\$1000 | \$20 | 80%/60% | \$3000/\$9000 | \$0/\$10/\$35/\$75/\$150/\$250 | \$10/\$20/\$55/\$95/\$150/\$250 | \$668.55 | \$1,470.67 | \$1,236.75 | \$2,139.22 | \$113,746.89 |
| MOBCH0052 | \$1500/\$4500 | \$20/\$40 | 80%/60% | \$5000/\$15000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$618.12 | \$1,359.72 | \$1,143.45 | \$1,977.82 | \$105,165.51 |
| MOBCH0072 | \$2500/\$5000 | \$20/\$40 | 80%/60% | \$5000/\$15000 | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$600.11 | \$1,320.12 | \$1,110.13 | \$1,920.22 | \$102,102.25 |

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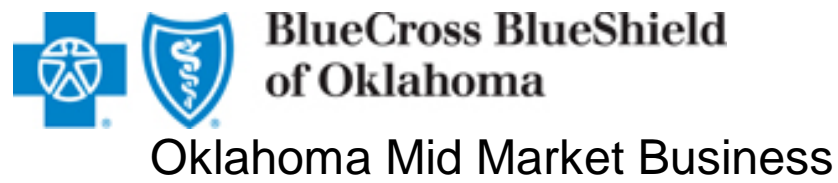
RX subject to Medical Plan Out of Pocket Maximum.

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|---|----------------|----------------------|----------------|----------------------|---------------------------------|----------------------------------|---------------|-------------------|-----------------------|-------------------|---------------------------|
| HSA Blue Embedded Deductible Plans, Blue | | | | | | | | | | | |
| MOHSA1031 | \$2900/\$5000 | 100% | 100%/70% | \$2900/\$8700 | 100% | 100% | \$598.92 | \$1,317.49 | \$1,107.93 | \$1,916.41 | \$101,899.53 |
| MOHSA1042 | \$3500/\$7000 | \$30/\$60 | 80%/60% | \$6900/\$20700 | \$5/\$15/\$50/\$100/\$250/\$350 | \$15/\$25/\$70/\$120/\$250/\$350 | \$514.87 | \$1,132.62 | \$952.47 | \$1,647.49 | \$87,600.59 |
| MOHSA1020 | \$4000/\$8000 | 100% | 100%/100% | \$4000/\$8000 | 100% | 100% | \$539.32 | \$1,186.40 | \$997.68 | \$1,725.71 | \$91,759.76 |
| MOHSA1010 | \$5000/\$10000 | 100% | 100%/70% | \$5000/\$15000 | 100% | 100% | \$491.66 | \$1,081.54 | \$909.52 | \$1,573.21 | \$83,650.72 |

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**BlueCross BlueShield
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Oklahoma Mid Market Business

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|-------------------------|------------|----------------------|----------------|----------------------|---------------------------------|----------------------------------|---------------|-------------------|-----------------------|-------------------|---------------------------|
| Blue Lincs Plans | | | | | | | | | | | |
| MOHMO0040 | \$500/NA | \$25 | 80%/NA | \$1250/NA | \$0/\$10/\$35/\$75/\$150/\$250 | \$10/\$20/\$55/\$95/\$150/\$250 | \$650.17 | \$1,430.25 | \$1,202.76 | \$2,080.42 | \$110,620.40 |
| MOHMO0050 | \$750/NA | \$25 | 80%/NA | \$3000/NA | \$0/\$10/\$35/\$75/\$150/\$250 | \$10/\$20/\$55/\$95/\$150/\$250 | \$607.94 | \$1,337.34 | \$1,124.62 | \$1,945.28 | \$103,434.58 |
| MOHMO0060 | \$1000/NA | \$25 | 80%/NA | \$6000/NA | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$541.81 | \$1,191.86 | \$1,002.28 | \$1,733.66 | \$92,182.58 |
| MOHMO0070 | \$2000/NA | \$30 | 70%/NA | \$3000/NA | \$0/\$10/\$50/\$100/\$150/\$250 | \$10/\$20/\$70/\$120/\$150/\$250 | \$553.71 | \$1,218.06 | \$1,024.31 | \$1,771.77 | \$94,208.67 |
| MOHMO0080 | \$3000/NA | 80% | 80%/NA | \$6500/NA | 90%/90%/80%/70%/60%/50% | 80%/80%/70%/60%/60%/50% | \$423.68 | \$932.02 | \$783.77 | \$1,355.70 | \$72,085.39 |
| MOHMO0090 | \$6000/NA | 80% | 80%/NA | \$7900/NA | \$0/\$10/\$35/\$75/\$150/\$250 | \$10/\$20/\$55/\$95/\$150/\$250 | \$417.91 | \$919.33 | \$773.11 | \$1,337.26 | \$71,104.49 |

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Members on copay plans have zero-dollar cost share for Telemedicine visits with in-network PCPs. This benefit includes Behavioral Health consultations. The \$0 copayment does not apply to Deductible/Coinsurance. Urgent Care will apply a \$50 copay for eligible in-network office visits, when applicable.

BH/SA care benefits determined by type of service & place of service - Professional claims billed as office visits will apply Office Copay; Facility claims will apply Ded/Coins, where applicable.



**BlueCross BlueShield
of Oklahoma**

Oklahoma Dental Plans

Account Name: CITY OF PRYOR CREEK
Account Number: 000232663
Renewal Effective Date 07/01/2022

Rep: MIRIAM ROBINETTE
Agent: BROWN & BROWN OF OKLAHOMA, INC

| Plan #*3 | Plan Type | Deductible In/Out*2 | Annual Benefit Max | Out-of-Network Reimb. | Coinsurance | | Orthodontia Lifetime Max | Employee Only | Employee + Spouse | Employee + Child(ren) | Family | Total Monthly Dental Cost |
|---------------------------|-----------|---------------------|--------------------|-----------------------|-------------------|-------------------|--------------------------|---------------|-------------------|-----------------------|----------|---------------------------|
| | | | | | In Network | Out of Network | | | | | | |
| Contributory Group | | | | | | | | | | | | |
| High Allocation | | | | | | | | | | | | |
| DONHR31 ¹⁶ | Passive | \$25/\$25 | \$3000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$2,000 | \$35.92 | \$71.84 | \$86.79 | \$134.39 | \$6,754.25 |
| DONHR32 ¹⁶ | Passive | \$50/\$50 | \$2000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$2,000 | \$33.33 | \$66.68 | \$83.28 | \$128.09 | \$6,390.18 |
| DONHR33 ¹⁶ | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1,500 | \$33.93 | \$67.87 | \$84.38 | \$129.89 | \$6,486.90 |
| DONHR34 ¹⁶ | Active | \$50/\$75 | \$1500/\$1000 | 90th R&C | 100%/80%/50%/50% | 80%/60%/50%/50% | \$1,000 | \$27.26 | \$54.51 | \$68.39 | \$105.10 | \$5,238.19 |
| DONHM38 | Passive | \$50/\$50 | \$1000 | MAC | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1,000 | \$25.46 | \$50.93 | \$67.43 | \$102.54 | \$5,051.11 |
| DONHM40 | Active | \$50/\$50 | \$1500/\$1000 | MAC | 100%/80%/50%/NA | 80%/60%/40%/NA | NA | \$26.11 | \$52.20 | \$62.60 | \$97.08 | \$4,887.38 |
| DONHM42 ¹⁴ | Passive | \$25/\$75 | \$750 | MAC | 100%/80%/NA/NA | 100%/80%/NA/NA | NA | \$11.57 | \$23.14 | \$34.57 | \$51.42 | \$2,469.97 |
| DONHR50 | Passive | \$50/\$50 | \$1,500 | 90th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | NA | \$30.30 | \$60.62 | \$70.79 | \$110.39 | \$5,590.17 |
| DONHM57 ¹⁶ | Passive | \$50/\$50 | \$1500 | MAC | 100%/100%/60%/50% | 100%/100%/60%/50% | \$1,500 | \$33.93 | \$67.87 | \$84.38 | \$129.89 | \$6,486.90 |
| Low Allocation | | | | | | | | | | | | |
| DONLR36 | Passive | \$50/\$50 | \$1,000 | 90th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | NA | \$25.24 | \$50.48 | \$60.50 | \$93.83 | \$4,724.30 |
| DONLR37 | Passive | \$75/\$75 | \$1,000 | 90th R&C | 100%/80%/50%/NA | 90%/70%/50%/NA | NA | \$21.94 | \$43.87 | \$52.27 | \$81.17 | \$4,092.23 |
| DONLM41 | Active | \$75/\$75 | \$1,000 | MAC | 90%/70%/50%/NA | 70%/50%/30%/NA | NA | \$18.88 | \$37.74 | \$46.28 | \$71.45 | \$3,579.20 |
| DONLM51 | Passive | \$50/\$50 | \$1,000 | MAC | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1,000 | \$23.16 | \$46.31 | \$61.65 | \$93.65 | \$4,608.09 |
| DONLR58 ¹⁵ | Passive | \$50/\$50 | \$1,000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1,000 | \$26.53 | \$53.05 | \$68.25 | \$104.36 | \$5,173.07 |
| Voluntary Group | | | | | | | | | | | | |
| High Allocation | | | | | | | | | | | | |
| DONHR43 ¹¹ | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1,500 | \$35.50 | \$71.00 | \$90.85 | \$139.07 | \$6,901.43 |
| DONHM44 ¹¹ | Active | \$50/\$50 | \$1500/\$1000 | MAC | 100%/80%/50%/NA | 80%/60%/40%/NA | NA | \$28.01 | \$56.00 | \$68.05 | \$105.26 | \$5,283.25 |
| DONHM46 ¹⁴ | Passive | \$25/\$75 | \$750 | MAC | 100%/80%/NA/NA | 100%/80%/NA/NA | NA | \$12.72 | \$25.46 | \$38.04 | \$56.56 | \$2,717.04 |
| DONHR52 ¹¹ | Passive | \$50/\$50 | \$1000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1,000 | \$30.63 | \$61.28 | \$79.47 | \$121.31 | \$6,002.91 |
| DONHR53 ¹¹ | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | NA | \$32.51 | \$65.00 | \$76.92 | \$119.64 | \$6,040.42 |
| DONHM59 ¹¹ | Passive | \$50/\$50 | \$1500 | MAC | 100%/100%/60%/50% | 100%/100%/60%/50% | \$1,500 | \$35.50 | \$71.00 | \$90.85 | \$139.07 | \$6,901.43 |
| Low Allocation | | | | | | | | | | | | |
| DONLR54 ¹¹ | Passive | \$50/\$50 | \$1000 | 90th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | NA | \$27.16 | \$54.30 | \$65.85 | \$101.90 | \$5,116.91 |
| DONLM55 ¹¹ | Passive | \$50/\$50 | \$1000 | MAC | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1,000 | \$24.93 | \$49.87 | \$67.19 | \$101.84 | \$4,997.85 |
| DONLM56 ¹¹ | Active | \$50/\$100 | \$750 | MAC | 100%/80%/50%/NA | 100%/50%/50%/NA | NA | \$22.02 | \$44.05 | \$56.08 | \$85.93 | \$4,268.94 |
| DONLR60 ^{11*5} | Passive | \$50/\$50 | \$1000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1,000 | \$28.55 | \$57.09 | \$74.37 | \$113.44 | \$5,608.03 |

Coinsurance Type - I : Exams/Cleanings/X-Rays (both High & Low Coverage).

Coinsurance Type - II : Fillings/Non-Surgical Perio/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High).

Coinsurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low).

Coinsurance Type - IV: Ortho (both High & Low Coverage).

R&C: Reasonable & Customary, MAC: Maximum Allowable Charge.

Contributory Group = (> 75% Participation AND >50% Employer Contribution), Voluntary Group = (>25% Participation AND <50% Employer Contribution).

*1 A 12 month waiting period 12 month applies for following services: Surgical Periodontics, Major Services, Prosthodontics and Miscellaneous Restorative & Prosthodontics Services.

*2 Waived Deductible applies to all Class I services and and Class IV Orthodontic services and plans include 3x Family Deductible Limit.

*3 High vs low allocation defines which services fall into categories 1, 2 or 3. Please refer to plan document for details.

*4 Only Basic Restorative Services are covered under Class II.

*5 Prev/Diag svcs do not count toward annual max.

*6 Includes Implants

Account Name: CITY OF PRYOR CREEK
 Account Number: 000232663
 Renewal Effective Date: 07/01/2022

Rep: MIRIAM ROBINETTE
 Agent: BROWN & BROWN OF OKLAHOMA, INC

Dual Option Guidelines

| | Contributory Group | | Voluntary Group | |
|-----------------|--------------------|------------|---|---|
| | High Option | Low Option | High Option | Low Option |
| Groups (10+) | DONHR31 | DONLR36 | Any one contributory group high option | DONHM42 can be freely paired with any contributory group. |
| | DONHR32 | DONLR37 | can be paired with any one contributory group low option. | |
| | DONHR33 | DONLM41 | | |
| | DONHR34 | DONLM51 | | |
| | DONHM38 | DONLR58 | | |
| | DONHM40 | | | |
| | DONHM42 | | Two High Contributory plans that can be paired: | Two High Voluntary plans that can be paired: |
| | DONHR50 | | DONHM57 and DONHR33 | DONHM59 and DONHR43 |
| | DONHM57 | | | |
| | | | | |

Participation Requirements for OK

Contributory Group

- >75% participation
- >50% employer contribution

Voluntary

- >25% participation
- <50% employer contribution

The BlueCare Dental Advantage

As a full service carrier, Blue Cross and Blue Shield of Oklahoma offers a variety of dental plans to enhance employers' benefit packages. Our experience speaks for itself:

Simplicity

- ✓ Ease of administration
- ✓ One point of contact for Medical and Dental
- ✓ One ID Card and One 800 Number
- ✓ Coordination of coverage with Medical

Value

- ✓ Experienced Dental Carrier
- ✓ Competitive products and rates
- ✓ Large National Network of over 79,000 providers, 6,384 in Texas
- ✓ Excellent Service with a local touch
- ✓ Integrated Carrier approach

One Stop Shopping

Dental coverage through BCBSOK lessens your administrative burdens and helps you manage overall benefit costs. You will have one team for all your needs and one bill to pay. Administrative ease, superior service and flexible, cost-effective plan designs are just a few reasons why more employers are choosing BlueCare Dental.



Summary of Benefits and Coverage (SBC) Tool Steps

No Login Requirements!

Login information is not required to access the **Summary of Benefits and Coverage (SBC) tool**. Use the link provided to the right or continue to use **Blue Access for EmployersSM** or **Blue Access for ProducersSM**.



Steps to use the SBC Tool

| | |
|----------------|--|
| STEP 1: | Click on the Order basket if you are requesting SBCs for metallic plans. Use the old SBC Tool to access SBCs for metallic plans with effective dates before 2021, and all grandfathered, transitional and Blue Balance Funded SM plans. |
| STEP 2: | For best results, include the seven-character Plan ID in the first field at the top of the screen. <ul style="list-style-type: none"> Identify the plan year, your state and market segment. Select English or Spanish. Click Search. <div data-bbox="1078 1014 1472 1099" style="border: 1px solid black; padding: 5px; background-color: #0070C0; color: white; text-align: center;">TIP — For Spanish SBCs, the date format is DD/MM/YY.</div> |
| STEP 3: | Available SBCs will appear under the “Results” section. If the seven-digit Plan ID was not included in the search, a full list of small group benefit plans will appear under the “Results” drop down tab. <ul style="list-style-type: none"> Select your requested SBC and click “Next”. |
| STEP 4: | Identify the required plan effective dates. “Coverage for” will default to Individual/Family Click “Next”. |
| STEP 5: | Review the proof carefully. Check to make sure the correct period and coverage is populated on page 1 of the PDF in the upper right corner. Click the “Print on Site” button to download, save or print the SBC. |
| STEP 6: | Close the PDF pop-up window to complete your order. |



Technical Help

1. [CLICK HERE](#) for technical issues support.
2. If an SBC is missing or additional assistance is needed, please reach out to StandardSBCRequests@bcbsok.com.



BlueCross BlueShield of Oklahoma

Subject: 2022-2023 Benefit Plan Changes

Dear Group Administrator:

On your plan renewal date, there will be some minor changes to the benefits offered in your current plans.

Included with this letter is a list of plans with applicable benefit changes.

Your next steps:

- Find the nine-digit plan ID for your current plan(s), in the “Current Health Plans” section of your renewal exhibit
- Use that nine-digit plan ID to find your group’s benefit changes in the “Plan Changes” document
 - **Note: if you don’t see your plan(s) listed, it means there are no changes.**

If you would like to keep your current plan(s) at renewal **with the changes included in this document**, nothing else is needed. Your plan(s) will continue with no interruption. If you would like to make a change, contact your broker or call us with questions. A Benefit Program Application Amendment must be completed and returned to us for any changes to your group’s coverage.

Our goal is to serve your health care coverage needs through all of life’s changes. If you have any questions, our team stands ready to help.

Sincerely,

Blue Cross and Blue Shield of Oklahoma

bcbsok.com



2022 Mid-Market Plans

Mid-Market (51-150)

To find your group's 2022 benefit changes, search for the plan by pressing CTRL, then the F key; enter the plan name or Plan ID in the search field and press enter.

Benefit changes impacting the below plans at renewal include:

- In 2022, Blue Options PPO will no longer include the Blue Traditional Network.
- In 2022, pre-authorization will be required in order to receive benefits for specific services. Please see benefit booklet for additional details.

Plan ID and name changes for 2022:

| Old Plan ID | New Plan ID | Old Plan Name | New Plan Name |
|-------------|-------------|-----------------------|-----------------------|
| MOOPT1010 | MOOPT1012 | Blue Options HSA 1010 | Blue Options HSA 1012 |
| MOOPT1020 | MOOPT1022 | Blue Options HSA 1020 | Blue Options HSA 1022 |

Benefit changes impacting the below plans at renewal include:

- In 2022, Blue Options PPO will no longer include the Blue Traditional Network.
- In 2022, your in-network Urgent Care Office Visit copayment will change to a flat \$50 copay from the Primary Care Provider / Specialist copay. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.
- In 2022, pre-authorization will be required in order to receive benefits for specific services. Please see benefit booklet for additional details.

Plan ID and name changes for 2022:

| Old Plan ID | New Plan ID | Old Plan Name | New Plan Name |
|-------------|-------------|-----------------------|-----------------------|
| MOOPT0010 | MOOPT0012 | Blue Options PPO 0010 | Blue Options PPO 0012 |
| MOOPT0020 | MOOPT0022 | Blue Options PPO 0020 | Blue Options PPO 0022 |
| MOOPT0040 | MOOPT0042 | Blue Options PPO 0040 | Blue Options PPO 0042 |
| MOOPT0050 | MOOPT0052 | Blue Options PPO 0050 | Blue Options PPO 0052 |
| MOOPT0060 | MOOPT0062 | Blue Options PPO 0060 | Blue Options PPO 0062 |
| MOOPT0080 | MOOPT0082 | Blue Options PPO 0080 | Blue Options PPO 0082 |
| MOOPT0090 | MOOPT0092 | Blue Options PPO 0090 | Blue Options PPO 0092 |
| MOOPT0100 | MOOPT0102 | Blue Options PPO 0100 | Blue Options PPO 0102 |

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| | | | |
|-----------|-----------|-----------------------|-----------------------|
| MOOPT0110 | MOOPT0112 | Blue Options PPO 0110 | Blue Options PPO 0112 |
| MOOPT0120 | MOOPT0122 | Blue Options PPO 0120 | Blue Options PPO 0122 |
| MOOPT0130 | MOOPT0132 | Blue Options PPO 0130 | Blue Options PPO 0132 |
| MOOPT0140 | MOOPT0142 | Blue Options PPO 0140 | Blue Options PPO 0142 |

Benefit changes impacting the below plans at renewal include:

- In 2022, your in-network Urgent Care Office Visit copayment will change to a flat \$50 copay from the Primary Care Provider / Specialist copay. The copayment is a fixed dollar amount you are required to pay for covered services at the time you receive care.
- In 2022, pre-authorization will be required in order to receive benefits for specific services. Please see benefit booklet for additional details.

Plan ID and name changes for 2022:

| Old Plan ID | New Plan ID | Old Plan Name | New Plan Name |
|--------------------|--------------------|-------------------------|-------------------------|
| MOBAP0070 | MOBAP0072 | Blue Advantage PPO 0070 | Blue Advantage PPO 0072 |
| MOBAP0081 | MOBAP0082 | Blue Advantage PPO 0081 | Blue Advantage PPO 0082 |
| MOBAP0010 | MOBAP0012 | Blue Advantage PPO 0010 | Blue Advantage PPO 0012 |
| MOBAP0020 | MOBAP0022 | Blue Advantage PPO 0020 | Blue Advantage PPO 0022 |
| MOBAP0091 | MOBAP0092 | Blue Advantage PPO 0091 | Blue Advantage PPO 0092 |
| MOBAP0030 | MOBAP0032 | Blue Advantage PPO 0030 | Blue Advantage PPO 0032 |
| MOBAP0101 | MOBAP0102 | Blue Advantage PPO 0101 | Blue Advantage PPO 0102 |
| MOBAP0111 | MOBAP0112 | Blue Advantage PPO 0111 | Blue Advantage PPO 0112 |
| MOBAP0121 | MOBAP0122 | Blue Advantage PPO 0121 | Blue Advantage PPO 0122 |
| MOBAP0131 | MOBAP0132 | Blue Advantage PPO 0131 | Blue Advantage PPO 0132 |
| MOBAP0141 | MOBAP0142 | Blue Advantage PPO 0141 | Blue Advantage PPO 0142 |
| MOBPF0010 | MOBPF0012 | Blue Preferred PPO 0010 | Blue Preferred PPO 0012 |
| MOBPF0020 | MOBPF0022 | Blue Preferred PPO 0020 | Blue Preferred PPO 0022 |
| MOBPF0030 | MOBPF0032 | Blue Preferred PPO 0030 | Blue Preferred PPO 0032 |
| MOBPF0040 | MOBPF0042 | Blue Preferred PPO 0040 | Blue Preferred PPO 0042 |
| MOBPF0230 | MOBPF0232 | Blue Preferred PPO 0230 | Blue Preferred PPO 0232 |
| MOBPF0050 | MOBPF0052 | Blue Preferred PPO 0050 | Blue Preferred PPO 0052 |
| MOBPF0060 | MOBPF0062 | Blue Preferred PPO 0060 | Blue Preferred PPO 0062 |
| MOBPF0070 | MOBPF0072 | Blue Preferred PPO 0070 | Blue Preferred PPO 0072 |
| MOBPF0240 | MOBPF0242 | Blue Preferred PPO 0240 | Blue Preferred PPO 0242 |
| MOBPF0080 | MOBPF0082 | Blue Preferred PPO 0080 | Blue Preferred PPO 0082 |

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| | | | |
|-----------|-----------|-------------------------|-------------------------|
| MOBPF0090 | MOBPF0092 | Blue Preferred PPO 0090 | Blue Preferred PPO 0092 |
| MOBPF0100 | MOBPF0102 | Blue Preferred PPO 0100 | Blue Preferred PPO 0102 |
| MOBPF0110 | MOBPF0112 | Blue Preferred PPO 0110 | Blue Preferred PPO 0112 |
| MOBPF0251 | MOBPF0252 | Blue Preferred PPO 0251 | Blue Preferred PPO 0252 |
| MOBPF0130 | MOBPF0132 | Blue Preferred PPO 0130 | Blue Preferred PPO 0132 |
| MOBPF0140 | MOBPF0142 | Blue Preferred PPO 0140 | Blue Preferred PPO 0142 |
| MOBPF0160 | MOBPF0162 | Blue Preferred PPO 0160 | Blue Preferred PPO 0162 |
| MOBPF0170 | MOBPF0172 | Blue Preferred PPO 0170 | Blue Preferred PPO 0172 |
| MOBPF0261 | MOBPF0262 | Blue Preferred PPO 0261 | Blue Preferred PPO 0262 |
| MOBCH0010 | MOBCH0012 | Blue Choice PPO 0010 | Blue Choice PPO 0012 |
| MOBCH0040 | MOBCH0042 | Blue Choice PPO 0040 | Blue Choice PPO 0042 |
| MOBCH0050 | MOBCH0052 | Blue Choice PPO 0050 | Blue Choice PPO 0052 |
| MOBCH0070 | MOBCH0072 | Blue Choice PPO 0070 | Blue Choice PPO 0072 |

2022 Mid-Market Group Plans

The 2022 Blue Cross and Blue Shield of Oklahoma Mid-Market Group Portfolio is available from July 1, 2022, through June 30, 2023. All our plans offer features and benefits designed with members' health and wellbeing in mind. We're making access to care even easier with more digital options for medical visits and wellness programs.

Here are the highlights of our 2022 Mid-Market Group portfolio:

Blue Advantage PPOSM

Blue Advantage PPO offers our most affordable plans with flexible benefits and a secure, statewide network of trusted doctors and hospitals that can be quoted for statewide in all 77 Oklahoma counties (but with a narrower network). It gives members the freedom to self-direct their care without having to select a primary care physician or obtain a referral for specialist care. It also provides coverage outside of Oklahoma through BlueCard[®].

Blue Preferred PPOSM

Blue Preferred PPO is BCBSOK's largest network offering with health insurance plans designed to give members access to a statewide network of contracting physicians and hospitals in Oklahoma at an affordable cost without compromising benefits, quality and services.

Wellbeing Management

Wellbeing Management delivers member-centered care management. A care team, led by a health doctor, addresses the mental, physical and emotional aspects of health issues for the most costly and complex member cases. Members can interact with their health advisor through email, secure messaging, phone and/or text.

Automated touch points triggered by missed appointments, tests and prescription refills help engage members. Personalized reminders emphasize the importance of annual visits, preventive screenings and immunizations, while educational messages encourage members with chronic conditions, such as diabetes and asthma, to take actions to improve their health.

Digital Mental Health

Mental health is an important part of our approach to our commitment to our members. Compassionate case managers, utilization management, specialty programs and member and provider support are all part of the mental health benefits (called behavioral health) that come standard with every group plan.

Beginning in 2022, Digital Mental Health by Learn to Live will also be included at no extra cost with each new or renewing group plan. Members can use Blue Access for MembersSM (BAMSM) to easily access private, online programs to help keep their mental health on track through:

- An online assessment supports and helps members pinpoint helpful programs.
- Quick, easy online lessons give members access to proven therapy-based techniques.
- Expert coaches guide and inspire members to reach their goals.
- Personal results, programs and messages are always private.

Expansion of Strategic Business Partners

Livongo[®]

A personalized diabetes management program that helps members understand their blood sugar, develop healthy habits and improve glycemic control.

Wondr Health[™]

A digital weight-management program that teaches members science-based skills that help members lose weight, sleep better, manage stress and more.

Well onTarget[®]

Well onTarget is a complete wellness solution that includes innovative tools that support members' lifelong journey of healthy living. Well onTarget is designed to:

- Enhance employee engagement
- Reduce costs
- Promote good health

Well onTarget offers cost-effective and low-risk solutions to help employers increase productivity, encourage employee engagement and enhance a culture of wellness in the workplace.

Ancillary Plans

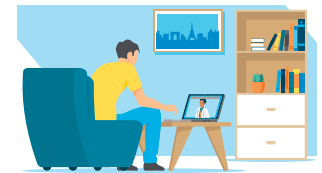
Competitive benefits are essential for employers to attract and retain a talented workforce. Offering ancillary benefits alongside medical coverage can help employers protect their employees' physical and financial wellbeing while providing them with peace of mind. When you offer medical coverage with other ancillary benefits such as dental, life, disability, critical illness, accident and vision insurance, you're protecting your employees' physical and financial well-being while providing them with greater peace of mind.

Employers can save up to 4% on Fully Insured Medical Plans by packaging medical with our qualifying ancillary options listed below. The medical savings is ongoing when qualifying ancillary coverage is renewed annually! Talk with your BCBSOK representative to find out how you can boost your groups' medical benefits with any of these ancillary options:

- BlueCare DentalSM
- Life Insurance
- Short- and/or Long-Term Disability
- Accident and Critical Illness
- Vision

Virtual Visits and Telemedicine

Providing access to virtual care is more important than ever as members seek convenience and cost-savings when addressing their non-emergency needs. Virtual Visits, powered by MDLIVE[®], and Telemedicine consultations through members' primary care physicians are conducted by phone, online video or mobile app. **This year, members continue have a \$0 copay for Virtual Visits on eligible plans.**



| | Virtual Visits | Telemedicine |
|--|----------------|--------------|
| Consultation with member's own primary care physician | | X |
| 24/7 access, 365 days a year | X | |
| E-prescriptions sent to local pharmacies | X | X |
| Consultations available by phone, online video or mobile app | X | X |
| Behavioral health consultations available | X | X |

NOTICE OF CARRIER FINANCIAL STATUS

Brown & Brown makes every attempt to place coverage with carriers rated A- or better* through AM Best (www.ambest.com), a national credit rating agency with a specific focus on the insurance industry. Because an AM Best rating is not required by the various state departments of insurance, there are many carriers in the Employee Benefits industry that elect not to participate in AM Best's rating process for various reasons. Therefore, Brown & Brown periodically places coverage with carriers rated less than A- or non-rated by AM Best.

Please be advised that Brown & Brown does monitor carriers rated less than A- or non-rated on an ongoing basis. However, because Brown & Brown cannot certify the financial soundness or stability of any insurance company or alternative risk transfer entity, or otherwise predict whether the financial condition of a company might improve or deteriorate, we encourage you to review the financial information for each carrier at AM Best's website (www.ambest.com), a state department of insurance website, the applicable carrier website and/or with your accountant, legal counsel and other advisors.

If you need assistance identifying the applicable issuing carriers for your current coverage, renewal coverage, or the coverage options being presented to you, please feel free to contact us at 918-825-3295 for assistance. Alternative quotes with an A- or better rated carrier may also be available upon your request.

* AM Best General Rating Guide

| Financial Strength Rating | |
|---------------------------|------------------------------|
| <u>A++</u> , <u>A+</u> | Superior |
| <u>A</u> , <u>A-</u> | Excellent |
| <u>B++</u> , <u>B+</u> | Good |
| <u>B</u> , <u>B-</u> | Fair |
| <u>C++</u> , <u>C+</u> | Marginal |
| <u>C</u> , <u>C-</u> | Weak |
| <u>D</u> | Poor |
| <u>E</u> | Under Regulatory Supervision |
| <u>F</u> | In Liquidation |
| <u>S</u> | Suspended |

| Financial Size Category (in Thousands) | | | |
|--|-------------|---------|-------------|
| Class I | Up to | \$1,000 | |
| Class II | \$1,000 | to | \$2,000 |
| Class III | \$2,000 | to | \$5,000 |
| Class IV | \$5,000 | to | \$10,000 |
| Class V | \$10,000 | to | \$25,000 |
| Class VI | \$25,000 | to | \$50,000 |
| Class VII | \$50,000 | to | \$100,000 |
| Class VIII | \$100,000 | to | \$250,000 |
| Class IX | \$250,000 | to | \$500,000 |
| Class X | \$500,000 | to | \$750,000 |
| Class XI | \$750,000 | to | \$1,000,000 |
| Class XII | \$1,000,000 | to | \$1,250,000 |
| Class XIII | \$1,250,000 | to | \$1,500,000 |
| Class XIV | \$1,500,000 | to | \$2,000,000 |
| Class XV | \$2,000,000 | or | Greater |

Compensation. In addition to the commissions or fees received by us for assistance with the placement, servicing, claims handling, or renewal of your insurance coverages, other parties, such as excess and surplus lines brokers, wholesale brokers, reinsurance intermediaries, underwriting managers and similar parties, some of which may be owned in whole or in part by Brown & Brown, Inc., may also receive compensation for their role in providing insurance products or services to you pursuant to their separate contracts with insurance or reinsurance carriers. That compensation is derived from your premium payments. Additionally, it is possible that we, or our corporate parents or affiliates, may receive contingent payments or allowances from insurers based on factors which are not client-specific, such as the performance and/or size of an overall book of business produced with an insurer. We generally do not know if such a contingent payment will be made by a particular insurer, or the amount of any such contingent payments, until the underwriting year is closed. That compensation is partially derived from your premium dollars, after being combined (or “pooled”) with the premium dollars of other insureds that have purchased similar types of coverage. We may also receive invitations to programs sponsored and paid for by insurance carriers to inform brokers regarding their products and services, including possible participation in company-sponsored events such as trips, seminars, and advisory council meetings, based upon the total volume of business placed with the carrier you select. We may, on occasion, receive loans or credit from insurance companies. Additionally, in the ordinary course of our business, we may receive and retain interest on premiums you pay from the date we receive them until the date of premiums are remitted to the insurance company or intermediary. In the event that we assist with placement and other details of arranging for the financing of your insurance premium, we may also receive a fee from the premium finance company.

If an intermediary is utilized in the placement of coverage, the intermediary may or may not be owned in whole or part by Brown & Brown, Inc. or its subsidiaries. Brown & Brown entities operate independently and are not required to utilize other companies owned by Brown & Brown, Inc., but routinely do so. In addition to providing access to the insurance company, the Wholesale Insurance Broker/Managing General Agent may provide additional services including, but not limited to: underwriting; loss control; risk placement; coverage review; claims coordination with insurance company; and policy issuance. Compensation paid for those services is derived from your premium payment, which may on average be 15% of the premium you pay for coverage, and may include additional fees charged by the intermediary.

Questions and Information Requests. Should you have any questions, or require additional information, please contact this office at 918-825-3295 or, if you prefer, submit your question or request online at <http://www.bbinsurance.com/customerinquiry/>

- The analysis of the proposed plans is a summary. Please refer to the policy certificate for a full list of coverage and exclusions.
- The rates and benefits in this proposal are based upon underwriting factors which include, but are not limited to, the census provided, the effective date shown, the status of employees/dependents (i.e. actively at work, COBRA, FMLA), final enrollment, etc. If any of the aforementioned changes prior to the proposed effective date, the final provisions, including rates, for these plans may vary or result in the proposed plan to be withdrawn.
- If you select to change carriers, any existing plans with other carriers should not be cancelled until advised by Brown & Brown of Oklahoma.
- This proposal may not be a complete listing of all available benefit options. Different benefit levels may be available.
- This presentation is the proprietary work product of Brown & Brown of Oklahoma and is not authorized for further use or distribution
- All insurance carriers have their own operating procedures. A change in carrier could affect certain benefits and coverage.
- Brown & Brown of Oklahoma representatives are available to explain any items presented. It is assumed that the recipients of this proposal will seek an explanation of any items that may be in question.
- Brown & Brown of Oklahoma representatives may from time to time provide guidance regarding certain requirements affecting health plans, including the requirements of federal and state health care reform legislation. Such guidance is based on good-faith interpretation of laws and regulations currently in effect, and is not intended to be a substitute for legal advice. Employers should contact their own legal counsel for advice regarding legal requirements.
- The network provider/facility lists obtained via paper directories or carrier websites may contain providers and facilities that are no longer participating in the insurance carriers' networks. We cannot be responsible for any changes to the provider/facility listings that are not reflected. To ensure that a specific provider or facility is still participating in the provider's preferred network, we recommend contacting the provider/facility directly.
- Failure to adhere to provisions of the Affordable Care Act (such as pay-or-play, employer reporting requirements, benefit mandates, etc.) may result in significant fees and penalties to the employer. For a more comprehensive explanation of what fees and penalties may apply to you, you may contact your (Profit Center Name) representative at any time.
- You are required to comply with Health Care Reform's Summary of Benefits & Coverage (SBC) distribution guidelines, which include requirements for SBC distribution at the plan renewal date. If an employee must enroll to continue coverage, the SBC must be provided when open enrollment materials are distributed. If enrollment materials are not distributed, employees must receive an SBC by the first day they are eligible to enroll. For insured plans, if coverage continues automatically for the next year, the SBC must be provided at least 30 days before the beginning of the new plan year. If the policy is not issued by that date, the SBC must be provided within seven business days once the information is available. Please refer to the Department of Health & Human Services' (HHS) official guidance for complete details regarding renewal and other SBC distribution guidelines.

Summary of Benefits & Coverage Notice to Policyholder

The Affordable Care Act requires group health plans and/or insurance issuers to create and distribute a Summary of Benefits and Coverage (or alternate format permitted by the Affordable Care Act) (the “SBC”), to participants and beneficiaries in certain specified situations as required by Section 2715 of the Public Health Service Act (42 USC 300gg-15) and SBC regulations (45 CFR 147.200), as supplemented and amended from time to time (the “SBC Requirements”). This Notice is to inform you that effective for Policy Years for which you, as Policyholder, hold an open enrollment period on or after September 23, 2012, Blue Cross and Blue Shield of Oklahoma (BCBSOK) will provide certain SBC services as follows. For participants and beneficiaries who join other than through an open enrollment period BCBSOK will provide the following SBC services as of the first day of your first plan year that is on or after September 23, 2012. Policyholder will promptly provide BCBSOK with such policy year date.

SBC Creation

BCBSOK will create the SBC and provide it to you, as Policyholder

SBC Review and Distribution

The Policyholder shall carefully review the SBC and if it is satisfactory, the Policyholder will distribute it to participants and beneficiaries at the time and in a manner consistent with the SBC Requirements. If not satisfactory, Policyholder will promptly notify BCBSOK.

Accordingly, your policy is being issued or renewed, as the case may be, subject to the above responsibilities and to additional SBC terms and conditions, including but not limited to:

- Policyholder is responsible for synthesizing information from its various insurers and administrative service providers it uses for its group health plan (or providing multiple partial SBCs if permitted by law).
- Nothing in the Policy relieves the Policyholder or its group health plan of their respective legal and regulatory obligations with respect to the SBC.
- BCBSOK has no responsibility for or obligations with respect to the SBCs except as specified in this Policy.
- Policyholder is responsible for furnishing to BCBSOK in a timely manner all information necessary for the timely creations and distribution of SBCs, including but not limited to names and addresses for: (i) any person currently enrolled in any plan administered or insured by BCBSOK, and (ii) any person the employer tells us is eligible or may become eligible. Policyholder’s failure to furnish such information, to agree to an implementation plan or to promptly review/approve SBCs may substantially delay and/or jeopardize BCBSOK’s preparation of the SBC and the Plan is relieved of its SBC obligations.
- BCBSOK’s SBC operations will not be considered to be in breach of the Policy to the extent BCBSOK has worked diligently and in good faith to provide the SBC services, based on a reasonable interpretation of then-current SBC-related ACA provisions and Guidance, in a manner consistent with the SBC Requirements.
- BCBSOK may, but is not required to, monitor Policyholder’s performance of its SBC obligations, audit the Policyholder with respect to the SBC, request and receive information, documents and assurances from Policyholder with respect to the SBC, provide its own SBC (or SBC corrections) to participants and beneficiaries, communicate with participants and beneficiaries regarding the SBC, respond to SBC-related inquiries from participants and beneficiaries, and/or take steps to avoid or correct potential violations of applicable laws or regulations.). Policyholder will notify the Plan of any actual or potential non-compliance with the SBC Requirements.
- Policyholder will indemnify and hold BCBSOK harmless with respect to the SBC.

These changes are binding on your Policy and/or you will receive a formal Policy amendment for your files once it has been approved by the Oklahoma Department of Insurance.



March 28, 2022

Eva Smith
City of Pryor Creek
P O Box 1167
Pryor, OK 74362

Re: City of Pryor Creek
Group No.: 0003215
Anniversary Date: July 1, 2022

Dear Valued Client:

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

We have reviewed dental utilization along with industry costs and inflation trends, to calculate the necessary premiums for your upcoming plan year, renewal effective July 1, 2022. Your plan’s renewal rates are also listed below.

Current Monthly Rates

| | |
|-----------------------------|---------|
| Employee Only..... | \$31.52 |
| Employee + Spouse | \$62.96 |
| Employee + Child(ren) | \$72.40 |
| Employee + Family..... | \$97.34 |

Renewal Monthly Rates

| | |
|----------------------------|---------|
| Employee Only | \$31.52 |
| Employee + Spouse | \$62.96 |
| Employee + Child(ren)..... | \$72.40 |
| Employee + Family | \$97.34 |

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

Sincerely,

Lan Miller
Chief Sales Officer

LPM/bb

cc: Jennifer Brittain, Brown & Brown of Oklahoma Inc



BlueCare Dental Enhanced BenefitSM

Enhanced Dental Benefits for Special Health Issues



Do you have heart disease or diabetes? Or are you pregnant? Poor dental health can complicate these conditions...and evidence shows that unmanaged diabetes can also worsen an existing periodontal condition. Blue Cross and Blue Shield of Oklahoma (BCBSOK) offers additional dental benefits that can keep you healthier and reduce your overall health care costs by lowering the chance of more serious complications.

What Does the Program Offer?

The program helps reduce financial barriers to receiving additional dental care. If you have heart disease, diabetes or are pregnant, the Enhanced Benefit program offers an additional one of the following after your regular benefits have been used:

| | | |
|---|---|---|
| ROUTINE CLEANING |  | SIMPLE DENTAL SERVICES CAN HELP MANAGE YOUR MEDICAL CONDITION AND SAVE MONEY, TOO. |
| PERIODONTAL MAINTENANCE CLEANING | | |
| PERIODONTAL SCALING AND ROOT PLANING | | |

BlueCare Dental ConnectionSM

The Enhanced Benefit program works with BlueCare Dental Connection, providing tips and information to help you learn about dental health.

BlueCare Dental Connection provides:

- Targeted mailings/emails to teach you about the link between gum disease and other health problems
- 24/7 use of the online Dental Wellness Center[®], which provides facts and tools to help you learn about oral care*

To access the Dental Wellness Center, log in to Blue Access for MembersSM at **bcbso.com** and click on the **My Health** tab.

The Dental Wellness Center lets you:

- Ask dental questions through **Ask a Dentist**
- Find a dentist using **Provider Finder[®]**
- Search the **Dental Dictionary** to find the definitions of common dental terms

Call the number on the back of your ID card to learn more about the BlueCare Dental Enhanced Benefit program.

*The Dental Wellness Center is a service provided by Dental Network of America, a separate and independent company from Blue Cross and Blue Shield of Oklahoma. Dental Network of America is solely responsible for the products or services it offers.



Reduce Your Medical Premium by **BOOSTING** Your Benefits

Medical & Ancillary Package Pricing

For Fully Insured Medical Groups with 51 – 3,000 eligible employees

Program offering effective beginning January 1, 2021

Blue Cross and Blue Shield of Oklahoma (BCBSOK) understands that competitive benefits are essential to attracting and retaining a talented workforce.

That's why we've combined our medical coverage with some of the most popular ancillary benefits—at significant savings.






When you offer medical coverage with other ancillary benefits such as dental, life, disability, critical illness, accident and vision insurance, you're protecting your employees' physical and financial well-being while providing them with greater peace of mind.

**It's the comprehensive coverage your employees want...
all from the brand they know and trust.**



Easy Options

Create the product package that works best for you and your employees by combining medical with any of these qualifying ancillary options. You can save up to 4% on Fully Insured Medical Plans by packaging medical with our **qualifying ancillary options** listed below.

| Dental  | Life ¹  | Disability  | Supplemental Health & Vision ²   |
|--|---|---|---|
| BlueCare DentalSM (Insured) | Basic Life Insurance | Short-Term Disability and/or Long-Term Disability (Insured) <ul style="list-style-type: none"> • Short-Term Disability: .50% • Long-Term Disability: .50% | Accident (AI) and Critical Illness (CI) <ul style="list-style-type: none"> • Both AI and CI Voluntary³: .25% • Both AI and CI, with at least one of AI or CI Employer Paid³: .50% Vision .50% |
| Fully Insured Medical Savings | | | |
| 1% | 1% | up to 1% | up to 1% |



Eligible for Ongoing Savings When You Renew

Ask us about ongoing medical savings when qualifying ancillary coverage is renewed annually and how you can increase your savings by adding more qualifying ancillary coverage.

Contact your BCBSOK medical or ancillary sales representative to learn more.

Terms & Conditions

The program applies to groups with 51 – 3,000 eligible employees. Package pricing is only available if an ancillary line of coverage is added on the same effective date or anniversary date as the medical line of coverage.

Savings are valid when writing a new medical account with ancillary coverage or adding a new ancillary line of coverage to an existing medical account. Ancillary lines canceled and reissued within 12 months are not eligible for this program.

MEWA, Small Group, Blue Balanced FundedSM, and select large group segments are excluded from this program.

Ancillary products may be employer paid or voluntary purchase (minimum employee participation rules may apply to each voluntary ancillary product).

Package pricing does not apply to cases with multiple producers because the medical and ancillary products must be with the same producer.

Package pricing does not apply to retroactive effective dates. Package pricing does not apply to qualifying ancillary products purchased prior to September 1, 2018.

Components of package pricing are subject to change without advance notice. These policies have exclusions, limitations and terms under which the policy may be continued in force or discontinued.

BlueCare Dental coverage must be exclusively fully insured. A mixed offering (ASO and fully insured dental) does not qualify.

For the qualifying life, disability, and supplemental health ancillary options, BCBSOK must be the sole carrier to receive package pricing medical savings.

¹Customers who have existing basic and supplemental life with another carrier must place both the basic and supplemental life with BCBSOK to qualify for package pricing on basic life insurance.

²In order to qualify for savings with the supplemental health and vision package, customers must already have or must purchase at least 1 other qualifying ancillary option.

³The supplemental health package must include both Accident (AI) and Critical Illness (CI) to qualify for medical savings. A core buy-up (employer-paid coverage with employee opportunity to purchase additional coverage) qualifies as employer paid supplemental health.

For broker/employer use only. For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.



May 4, 2022

City of Pryor Creek
Ordinance & Insurance Committee

RE: Worker's Compensation

To Whom It May Concern:

After meeting with Mr. Kyle Beggs and Mr. John Hawkins of Integrated Insurance Services on Tuesday, April 19, 2022, and then with Mr. Chris Kennedy of Brown & Brown Insurance on Wednesday, April 20, 2022, it is my conclusion:

- Worker's Compensation Mod and Premiums are based on the total payroll. Therefore it could be detrimental to both entities to separate.
- The Mod and Premium savings presented by Mr. Kennedy was contingent upon light duty status/return to work with no Comp Pay filed and was completely contingent on an agreement from CompSource, and is not a guarantee. As of this time, MUB is not interested in creating a light duty return to work policy.
- Both insurance brokers are willing to provide Third Party Administration if requested and CompSource offers safety tools and upon request can facilitate on-site safety training to bring more awareness and consciousness to our employees.

Regrettably, I failed to ask Mr. Kennedy if Brown and Brown would rebate the presented discount if CompSource refused their request since he was so certain of his persuasion.

Sincerely,

A handwritten signature in blue ink that reads "Teri Hill".

Teri Hill
Office Manger



Coats, Darla <coatsd@pryorcreek.org>

Worker's Compensation

1 message

Larry Lees <leesl@pryorcreek.org>

Thu, May 5, 2022 at 4:24 PM

To: Choya Shropshire <shropshirec@pryorcreek.org>, "nanced@pryorcreek.org" <nanced@pryorcreek.org>, Chris Gonthier <pastorgonthier@gmail.com>, "smithe@pryorcreek.org" <smithe@pryorcreek.org>

Cc: Hill Office <hillt@pryorcreek.org>, "crispj@pryorcreek.org" <crispj@pryorcreek.org>, "Coats, Darla" <coatsd@pryorcreek.org>

All,

The meetings with Integrated Insurance Services, Brown & Brown, and Municipal Utility Board now give a clear picture of what I believe to be our next action regarding our Worker's Compensation policy.

The potential discounts shown by Brown & Brown implements the light duty component as the norm and the culture. Light Duty is not the culture or the norm with MUB as they do not normally allow it due to the nature of their work. Light Duty can work more often with city operations but whether our broker is Integrated or Brown & Brown, discounts are available with either. Also, each broker is willing to provide third party administration if requested. The decision to change brokers was premature, and a decision to separate would be detrimental to both organizations since the MOD and premiums are based on total payroll.

I recommend our next actions as follows:

1. City operations and MUB operations fully implement all safety initiatives and record keeping that gives CompSource reason to award the discounts.
2. We keep our Worker's Compensation coverage with Integrated and with CompSource.
3. We request third party administration of our Worker's Compensation policy.
4. Our Ordinance/ Insurance committee should request that City Council reverse it's action of April 5th, 2022 (item 6-f) regarding changing its Worker's Compensation carrier.

My apologies for missing some of the components of our decision making process. Lesson learned for me. If you have any questions, please call or email.

Thanks for your service

Larry Lees

Mayor

[12 N Rowe St](#)

PO Box 1167

Pryor, OK 74362-1167

LeesL@PryorCreek.org

5/5/22, 4:26 PM

City of Pryor Creek Mail - Worker's Compensation

Sent from [Mail](#) for Windows 10

ORDINANCE NO. 2022-_____

AN ORDINANCE AMENDING TITLE 10, CHAPTER 7, REGARDING “SUPPLEMENTAL USE AND BUILDING REGULATIONS” BY THE ADDITION A NEW SECTION TO BE CODIFIED AS TITLE 10, CHAPTER 7, SECTION 16 REGARDING REGULATION OF THE OUTDOOR STORAGE, PARKING AND PLACEMENT OF RECREATIONAL VEHICLES, CAMPERS, BOATS, TRAILERS, HEAVY COMMERCIAL TRUCKS, TRAIERED EQUIPMENT AND CONTAINERS USED FOR STORAGE IN RESIDENTIAL DISTRICTS WITHIN THE MUNICIPAL LIMITS OF THE CITY; AND PROVIDING FOR REPEALER AND SEVERABILITY.

WHEREAS, THE CITY COUNCIL FINDS IT IN THE BEST INTEREST OF THE PUBLIC FOR PURPOSES OF PROTECTION OF THE SAFETY, HEALTH AND WELFARE OF THE PUBLIC TO REGULATE THE OUTDOOR STORAGE, PARKING AND PLACEMENT OF RECREATIONAL VEHICLES, CAMPERS, BOATS, TRAILERS, HEAVY COMMERCIAL TRUCKS AND TRAIERED EQUIPMENT IN RESIDENTIAL DISTRICTS WITHIN THE CORPORATE CITY LIMITS OF THE CITY.

NOW, THEREFORE, BE IT ORDAINED BY THE MAYOR, AND THE COUNCIL OF THE CITY OF PRYOR CREEK, MAYES COUNTY, STATE OF OKLAHOMA, TO-WIT:

SECTION 1.

Title 10, Chapter 7, of the Code of Ordinances of the City of Pryor Creek, Mayes County, State of Oklahoma, is hereby amended by the addition of a new section 10-7-16 to read as follows, to-wit: (deletions indicated by strike through and additions indicated by underline)

10-7-16: OUTDOOR STORAGE, PARKING AND PLACEMENT OF RECREATIONAL VEHICLES, CAMPERS, BOATS, TRAILERS, HEAVY COMMERCIAL TRUCKS AND TRAIERED EQUIPMENT IN RESIDENTIAL DISTRICTS

1. In instances in which the outdoor storage, parking and placement of recreational vehicles, campers, boats, trailers, heavy commercial trucks, trailered equipment and containers used for storage has been authorized upon property as a Special Exception to zoning or otherwise as provided herein, such parking upon property shall be made subject to all applicable state and local laws, rules and ordinances including but not limited to the Motor Vehicles And Traffic Code of the City of Pryor Creek.
2. The phrase “Outdoor storage, parking and placement” as used in this section of the zoning code shall mean storage, parking or placement made outside of a fully enclosed structure having a roof and four sides fully enclosing the structure.
3. Zoning regulations prohibiting the outdoor storage, parking and placement of recreational vehicles, campers, boats, trailers, heavy commercial trucks, trailered equipment and containers used for storage shall not apply in the following instances and in the following manner:

- a. Temporary storage, parking or placement of recreational vehicles, campers, boats, trailers and trailered equipment upon property for a period of time not exceeding seven (7) days during any thirty (30) day time period. The time period specified herein shall commence upon the first day such storage, parking or placement occurs. Each day during which the storage, parking or placement occurs for any length of time shall constitute one day regardless of the duration of time during the day that it occurs.
- b. The temporary placement of trailers and containers used for storage utilized in construction activities upon the property during periods of construction on the property where said placement is otherwise authorized under the City Code for the City of Pryor Creek.
- c. The phrase "Heavy Commercial Truck" as used in this ordinance shall mean a vehicle with a GVWR exceeding 19,500 pounds or a Box Truck regardless of weight.
- d. No outdoor storage, parking and placement of recreational vehicles, campers, boats, trailers, heavy commercial trucks, trailered equipment and containers used for storage shall be allowed as a Special Exception where the placement occurs nearer the front lot line of the property than the location of the front setback line under the applicable zoning ordinance.

SECTION 2. REPEALER.

All ordinances or parts of ordinances in conflict herewith are hereby repealed to the extent of any such conflict.

SECTION 3 SEVERABILITY.

If any section, sub-section, sentence, clause, phrase, or portion of this Ordinance is, for any reason, held invalid or unconstitutional by any Court of competent jurisdiction, such portion shall be deemed a separate, distinct and independent provision and such holding shall not affect the validity of the remaining portion of this ordinance.

Passed and Approved by the Council of the City of Pryor Creek, Oklahoma, in regular session on this ____ day of _____, 2022

ATTEST:

LARRY LEES, MAYOR

EVA SMITH, CITY CLERK

APPROVED AS TO FORM AND LEGALITY:

K. ELLIS RITCHIE

Dated: _____, 2022

ORDINANCE NO. 2021-_____

AN ORDINANCE AMENDING TITLE 10, CHAPTER 6, TABLE 6-1 USE REGULATIONS BY THE ADDITION UNDER “OTHER” USES SPECIFIED THEREIN CONCERNING REGULATION OF THE OUTDOOR STORAGE, PARKING AND PLACEMENT OF RECREATIONAL VEHICLES, CAMPERS, BOATS, TRAILERS, HEAVY COMMERCIAL TRUCKS, TRAIERED EQUIPMENT AND CONTAINERS USED FOR STORAGE IN RESIDENTIAL DISTRICTS; AND PROVIDING FOR REPEALER AND SEVERABILITY.

WHEREAS, THE CITY COUNCIL FINDS IT IN THE BEST INTEREST OF THE PUBLIC FOR PURPOSES OF PROTECTION OF THE SAFETY, HEALTH AND WELFARE OF THE PUBLIC TO REGULATE THE OUTDOOR STORAGE, PARKING AND PLACEMENT OF RECREATIONAL VEHICLES, CAMPERS, BOATS, TRAILERS, HEAVY COMMERCIAL TRUCKS AND TRAIERED EQUIPMENT IN RESIDENTIAL DISTRICTS WITHIN THE CORPORATE CITY LIMITS OF THE CITY.

NOW, THEREFORE, BE IT ORDAINED BY THE MAYOR, AND THE COUNCIL OF THE CITY OF PRYOR CREEK, MAYES COUNTY, STATE OF OKLAHOMA, TO-WIT:

SECTION 1.

Title 10, Chapter 6, Table 6-1 “Use Regulations” under “OTHER” uses as therein specified the Code of Ordinances of the City of Pryor Creek, Mayes County, State of Oklahoma, is hereby amended to read as follows, to-wit: (deletions indicated by strike through and additions indicated by underline)

**TABLE 6-1
USE REGULATIONS**

| | | |
|-------------------------------|---|--------------------|
| P = Use permitted as of right | S = Special exception approval required | - = Prohibited use |
|-------------------------------|---|--------------------|

| Use | Zoning Districts | | | | | | | | | | | | Supplemental Regulations (Code Section) |
|-----|------------------|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | |

| | | | | | | | | | | | | |
|----|----|----|----|-----|----|----|----|-----|----|----|----|----|
| RS | RD | RT | RM | RMH | CO | CC | CR | CAR | CG | IL | IH | AG |
|----|----|----|----|-----|----|----|----|-----|----|----|----|----|

| | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Other: | | | | | | | | | | | | | |
| Drive-in or drive-through facility (as a component | - | - | - | - | - | - | - | - | P | S | P | P | - |

| | | | | | | | | | | | | | | | |
|---|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------------|
| of an allowed principal use) | | | | | | | | | | | | | | | |
| Off-premises outdoor advertising sign | - | - | - | - | - | - | - | - | - | P | - | P | P | - | 10-12-7F |
| <u>Outdoor storage, parking and placement of Recreational Vehicles, Campers, Boats, Trailers, Heavy Commercial Trucks and Trailered Equipment and Containers utilized for storage</u> | <u>S</u> | <u>S</u> | <u>S</u> | <u>S</u> | <u>S</u> | <u>P</u> | <u>P</u> | <u>P</u> | <u>P</u> | <u>P</u> | <u>P</u> | <u>P</u> | <u>P</u> | <u>P</u> | <u>10-7-16</u> |
| Wireless communication facility: | | | | | | | | | | | | | | | |
| Freestanding tower | S | S | S | S | S | S | S | S | S | S | S | S | S | S | 10-7-14 |
| Building or tower-mounted antenna | P | P | P | P | P | P | P | P | P | P | P | P | P | P | 10-7-14 |

SECTION 2. REPEALER.

All ordinances or parts of ordinances in conflict herewith are hereby repealed to the extent of any such conflict.

SECTION 3 SEVERABILITY.

If any section, sub-section, sentence, clause, phrase, or portion of this Ordinance is, for any reason, held invalid or unconstitutional by any Court of competent jurisdiction, such portion shall be deemed a separate, distinct and independent provision and such holding shall not affect the validity of the remaining portion of this ordinance.

Passed and Approved by the Council of the City of Pryor Creek, Oklahoma, in regular session on this ___ day of _____, 2021

LARRY LEES, MAYOR

ATTEST:

\

EVA SMITH, CITY CLERK

APPROVED AS TO FORM AND LEGALITY:

K. ELLIS RITCHIE

Dated: _____, 2021