



BlueCross BlueShield
of Oklahoma

Confirmation of 07/01/2023 Renewal Rates and Benefits

Group Name: The City of Lawton – Account #YNS005

Broker/Consultant: John Collins, Higginbotham

Coverage effective date: 07/01/2023

Benefit & Coverage Changes

- Medical
 - No Benefit Changes
- Pharmacy
 - No Benefit Changes
- Dental
 - **Change OON Provider Payment Percentile to 95th Percentile of U&C.**
- Vision
 - No Benefit Changes.
- Basic Life & AD&D/Supplemental Life & AD&D/Voluntary STD & LTD/Accident/Critical Illness/Vision
 - No Benefit Changes.
- Well Being Management
 - No Changes – Empower+ (Included in Admin Fee)
- Package Savings Discount applied to the Medical rates: (-3.75%) This Discount is included in the rates listed below).
- **A 1-time \$100,000 Renewal Transition Premium Credit will be applied to the Billing Invoice for either 07/2023 or 08/2023.**

Fully-Insured Rate Confirmations

	BluePreferred PPO \$1,500	BluePreferred PPO \$4,000	BluePreferred HSA \$5,000
	7/1/2023	7/1/2023	7/1/2023
Single	\$607.56	\$551.86	\$496.78
Single + Spouse	\$1,397.39	\$1,269.28	\$1,142.62
Single + Child(ren)	\$1,336.62	\$1,214.09	\$1,092.91
Family	\$1,458.14	\$1,324.46	\$1,192.31



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Dental Rate Confirmations:

The 07/01/2023 Dental Renewal Rates listed below will be guaranteed for 2 years for the 07/01/2023 – 06/30/2025 timeframe:

	Plan 1(Low)	Plan 2(Mid)	Plan 3(High)
Single	\$23.50	\$27.96	\$34.10
Single+Spouse	\$46.94	\$55.86	\$68.18
Single+Child(ren)	\$51.60	\$61.42	\$74.96
Family	\$72.06	\$85.76	\$104.66

Basic Life & AD&D/Supplemental Life & AD&D/Voluntary STD & LTD/Accident/Critical Illness/Vision Rate Confirmations:

Please refer to separate Rate Exhibit.

Wellness Credit

No Wellness Credit will apply for this Renewal Period.

As an authorized representative, I accept this confirmation of coverage and will return signed contracts. By signing below, I acknowledge agreement with rates and benefits attached.

Authorized Representative _____
(print name)

Signature: _____

Date _____