

Oklahoma Higher Education Employees Insurance Group
a/k/a OKHEEI Group

Agenda of Special Meeting to be held at
Rose State College
6420 SE 15th Street
Midwest City, Oklahoma

ITV locations:
Northwestern Oklahoma State University, Alva Oklahoma
Southeastern Oklahoma State University, Durant, Oklahoma
Western Oklahoma State College, Altus, Oklahoma

Thursday April 23, 2015
2:00 p.m.

1. Announcement of Filing Meeting Notice and Posting of the Agenda in Accordance with the Open Meeting Act.
 - A. Call meeting to order
 - B. Roll call
 - C. Approval of minutes of 3.06.2015 OKHEEI Board Meeting
2. Discussion and possible action self-funding vs fully insured.
3. Discussion and possible action on medical renewal and finalist presentations.
4. Discussion and possible action on dental renewal and finalist presentations.
5. Discussion and possible action on vision renewal and finalist presentations.
6. Discussion regarding voluntary products.
7. Discussion and possible action regarding life and LTD.
8. Benefit Coordinator's Report
9. Chair's Report
10. Trustee's Comments and Announcements
11. New Business

Consideration of any matters not known about or which could not have been reasonably foreseen prior to the posting of the agenda.

12. Adjournment

Oklahoma Higher Education Employees Insurance group
a/k/a OKHEEI Group
Attendance at Special Meeting
Midwest City, Oklahoma

April 23, 2015
2:00 pm

Institution	Representative
✓ East Central University	ITV <i>Jenna Balis</i>
✓ Murray State College	ITV <i>J</i>
✓ Northeastern State University	<i>See Below</i>
✓ Northern Oklahoma College	<i>Anta Simpson</i>
✓ Northwestern State University	ITV
✓ Redlands Community College	<i>Jenna Mann</i>
✓ Rose State College	<i>Krista Norton</i>
✓ RUSO Administrative Offices	<i>Erin Bell</i>
✓ Seminole State College	<i>Katherine Barton</i>
✓ Southeastern Oklahoma State University	ITV
✓ Southwestern Oklahoma State University	<i>[Signature]</i>
✓ University of Central Oklahoma	<i>Winnie Lindsey</i>
✓ Western Oklahoma State College	ITV

Oklahoma Higher Education Employees Insurance group
a/k/a OKHEEI Group
Attendance at Special Meeting
Midwest City, Oklahoma

April 23, 2015

2:00 pm

Guest Sign in

** PLEASE PRINT **

NAME	REPRESENTING
Hannon Crawford	NOC
Michelle Dyer	SSC
Kyler Chappelle	NSU
Kim Andrade	Rodlands
Kathy Dunn	RSC
Diane Feinberg	UCO
JUSTINE MANKIN	UCO
Lee M. Camargo-Quinn	UCO
David Meise	SWOSU
Naomi Schemm	UCO
Delora Purdum	SWOSU
Shazilish Kella	USI
Kathy Kwasnick	USI
Just Kemp	USI
Kimberly Hill	RSC
Beth Lett	OKHEEI
Jeanette Patton	UCO

Taylor Baird - UCO

Tamra Kitsmiller - UCO

Lisa Harper - UCO

Lynn Lofton - ECU

Dawn Thurber - ECU

Oklahoma Higher Education Employees Insurance Group
a/k/a OKHEEI Group
Minutes
6420 SE 15th Street
Midwest City, Oklahoma

April 23, 2015
2:00 p.m.

1. Announcement of Filing Meeting Notice and Posting of the Agenda in Accordance with the Open Meeting Act.

The OKHEEI Group Board of Trustees met in special meeting at 2:00 p.m., April 23, 2015, at Rose State College, 655 Research Parkway, Oklahoma City, Oklahoma. Notice of the meeting had been properly filed with the Secretary of State by April 20, 2015 and a copy of the Agenda posted by 2:00 p.m., April 22, 2015 in compliance with the Open Meeting Act.

a. Call meeting to order

Chairman Anita Simpson called the meeting to order at 2:05 p.m.

b. Attendance

The following OKHEEI Board of Trustees were present:

Jessica Boles, East Central University
David Koehn, Northeastern State University by Sue Catron
Anita Simpson, Northern Oklahoma College
Jena Marr, Redlands Community College
Kent Lashley, Rose State College by Krista Norton
Sheridan McCaffree, RUSO Administrative Offices by Charlie Babb
Katherine Benton, Seminole State College
Tom Fagan, Southwestern Oklahoma State University
Don Chrusciel, University of Central Oklahoma by Diane Feinberg

The following OKHEEI Board of Trustees were present via ITV:

Dennis Westman, Murray State College at Southeastern Oklahoma State University, Durant, OK
David Pecha, Northwestern Oklahoma State University at Northwestern Oklahoma State University, Alva OK
Ross Walkup, Southeastern Oklahoma State University by Marjorie Robertson at Southeastern Oklahoma State University, Durant OK
Tricia Latham, Western Oklahoma State College at Western Oklahoma State College Altus, OK.

The following Trustees were absent:

The following guests were present:

Beth Lott, OKHEEI
Courtney Jones, Seminole State College
David Misak, Southwestern Oklahoma State University
Dawn Thurber, East Central University
Debra Purdum, Southeastern Oklahoma State University
Diane Feinberg, University of Central Oklahoma
Jeanette Patton, University of Central Oklahoma
Justin Kaipus, USI Southwest Inc.
Justine Mankin, University of Central Oklahoma
Kathryn Kwasniak, USI Southwest Inc.
Kathy Dunn, Rose State College
Kim Andrade, Redlands Community College
Kimberly Delk, Rose State College
Lee Camargo-Quinn, University of Central Oklahoma
Lisa Harper, University of Central Oklahoma
Lynn Lofton, East Central University
Misty Treas, Murray State College
Naomi Schemm, University of Central Oklahoma
Phyllis Chappelle, Northeastern State University
Shannon Cranford, Northern Oklahoma College
Shailesh Kella, USI Southwest, Inc.
Tamara Kitsmiller, University of Central Oklahoma
Taylor Bird, University of Central Oklahoma

The following guests were present via ITV:

Northwestern Oklahoma State University, Alva OK

Tami Cooper, Northwestern Oklahoma State University
Pam Gale, Northwestern Oklahoma State University

Southeastern Oklahoma State University, Durant OK

Dorothy Owens, Southeastern Oklahoma State University
Joy McDaniel, Murray State College
Misty Treas, Murray State College

Western Oklahoma State College, Altus OK

Radonna Whitaker, Western Oklahoma State College

c. Minutes of 3.06.15 OKHEEI Board Meeting.

Diane Feinberg (UCO) made the motion, seconded by Tom Fagan (SWOSU), to approve the minutes of the March 6, 2015.

Voting for the motion:

Jessica Boles, East Central University
Dennis Westman, Murray State College
Sue Catron, Northeastern State University
Anita Simpson, Northern Oklahoma College
David Pecha, Northwestern Oklahoma State University
Jena Marr, Redlands Community College
Krista Norton, Rose State College
Charlie Babb, RUSO Administrative Offices
Katherine Benton, Seminole State College
Marjorie Robertson, Southeastern Oklahoma State University
Tom Fagan, Southwestern Oklahoma State University
Diane Feinberg, University of Central Oklahoma
Tricia Latham, Western State College

Voting against the motion: None

Abstaining: None

2. Discussion and possible action self-funding vs fully insured.(attachment A pages 1 - 94)

Kathy Kwasniak, USI, presented a quick tutorial on the mechanics of self-funding to the OKHEEI group. Shailesh Kella, USI, presented information around the claims history. With the group's claim history, USI Southwest did not feel it would be advantageous to the group to pursue self-funding for the 2016 plan year.

3. Discussion and possible action on medical renewal and finalist presentations.

Justin Kaipus, USI Southwest presented the Blue Cross Blue Shield of Oklahoma renewal for 2016. The renewal was at 16.8% with no changes to the current benefit design. After some concessions, Blue Cross is at 12.1% increase. Aetna quoted an original 11.6% with no changes to benefits, after negotiations they decreased to 8.5%. Cigna and United HealthCare quotes were uncompetitive and were not reviewed with the group.

Aetna did offer alternative plan designs that were priced below current premium rate. The OKHEEI group asked USI Southwest, Inc. to reach out to Blue Cross Blue Shield for alternative plan designs as well.

The group would like to see the geo access reports prior to the finalist presentations.

4. Discussion and possible action on dental renewal and finalist presentations.

Kathy Kwasniak presented the Blue Cross Blue Shield dental renewal for 2016. The renewal was a 2.2% increase with no changes to the current benefit design. After some concessions, Blue Cross is at flat renewal. Aetna quoted an original decrease of 6.9% with no changes to benefits, after negotiations they decreased further to -9.8%. Metlife quoted a rate with an increase of 0.012% with a one year rate guarantee then after negotiations quoted a rate with a decrease of 4.3% with a 2 year rate guarantee. Cigna, Delta Dental, United Concordia and United Healthcare quotes were uncompetitive and were not reviewed with the group.

The group would like to see the geo access reports prior to the finalist presentations.

5. Discussion and possible action on vision renewal and finalist presentations

Kathy Kwasniak presented the VSP vision renewal for 2016. The renewal was a 9% increase with no changes to the current benefit design. After some negotiations, VSP reduced renewal to a 2.9% increase. Eyemed quoted an original decrease of 5.1% with no changes to benefits, after negotiations they decreased further to -10.2%. Metlife quoted a rate with an increase of 3.9% with after negotiations quoted a rate still with an increase of 1.8%. Aetna, Cigna, Davis Vision, and Superior Vision quotes were uncompetitive and were not reviewed with the group.

The group would like to see the geo access reports prior to the finalist presentations.

6. Discussion regarding voluntary products

USI Southwest, Inc. is currently reviewing voluntary product offerings at a group level that will include Section 125 administration.

7. Discussion regarding life and LTD.

USI Southwest, Inc. will issue an RFP on the life and LTD coverages for the OKHEEI group. After campus visits some institutions are experiencing some difficulties with Lincoln. USI Southwest, Inc. is awaiting some additional census information from some of the institutions.

8. Benefit Coordinator's report

The Benefit Coordinator had nothing to report.

9. Chair's Report

The Chair had nothing to report.

10. Trustee's Comments and Announcements

The trustee's expressed concern over making a change just to make a change. The group has asked the consultant to go back to the carriers and ask for additional benefit options. The group hopes to keep premium at or below the current level on medical and other benefits. The trustees would like to know if the other carriers have any service issues to be aware of before the finalist presentations. Some trustees need an option to help them compete with local Indian Nations in their areas. Recruitment is difficult due to benefits offered by the Indian Nations.

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11. New Business

No new business to discuss

12. Adjournment

Katherine Benton (SSC) made a motion, seconded by Sue Catron (NSU) to adjourn the meeting.

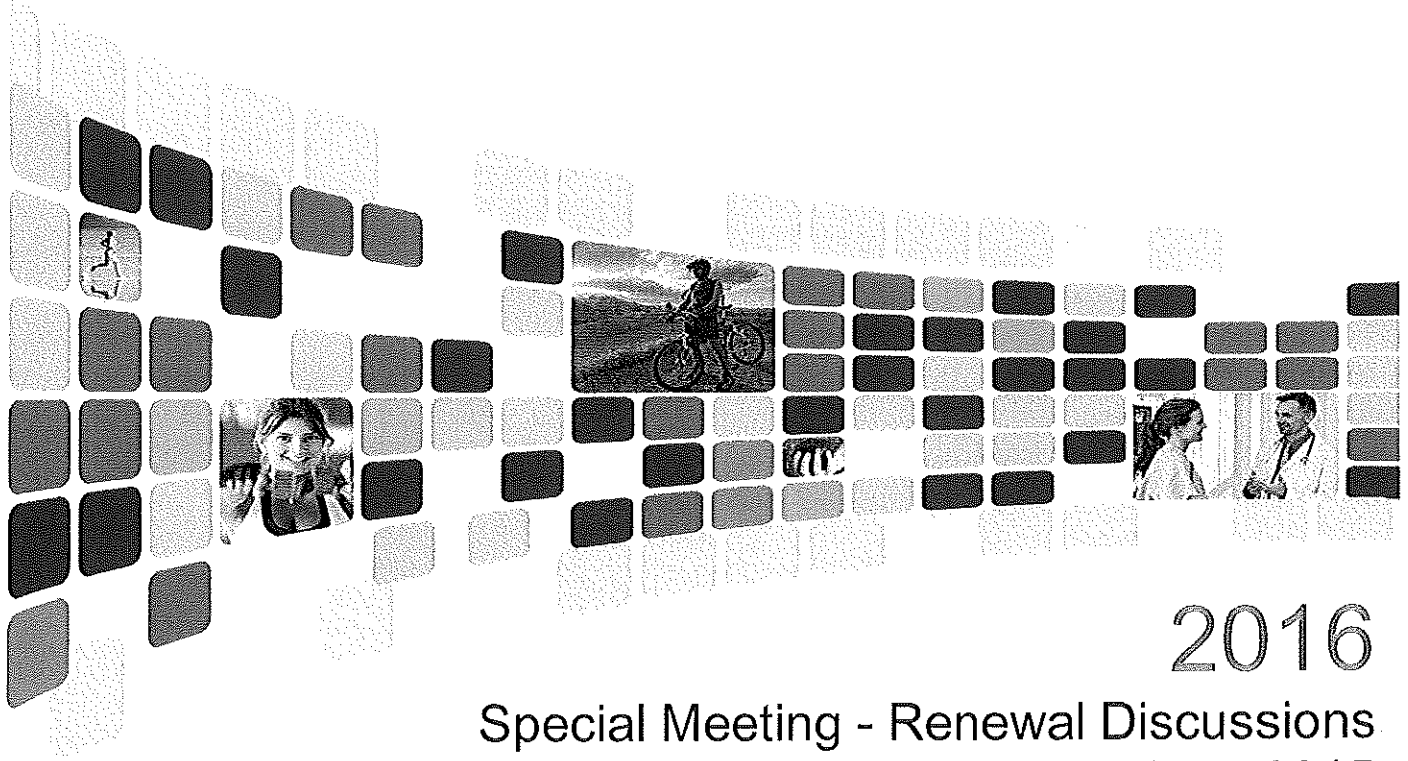
Voting for the motion:

Jessica Boles, East Central University
Dennis Westman, Murray State College
Sue Catron, Northeastern State University
Anita Simpson, Northern Oklahoma College
David Pecha, Northwestern Oklahoma State University
Jena Marr, Redlands Community College
Krista Norton, Rose State College
Charlie Babb, RUSO Administrative Offices
Katherine Benton, Seminole State College
Marjorie Robertson, Southeastern Oklahoma State University
Tom Fagan, Southwestern Oklahoma State University
Diane Feinberg, University of Central Oklahoma
Tricia Latham, Western State College

Voting against the motion: None

Abstaining: None

Chairman Anita Simpson (NOC) adjourned the meeting at 4:35 p.m.



2016

Special Meeting - Renewal Discussions

April 23, 2015

Prepared for:



Presented by:

Justin Kaipus, Employee Benefits Consultant

Kathy Kwasniak, Asst. Vice President, Sr. Account Executive

Shailesh Kella, Underwriting and Healthcare Analytics



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 - 6 Vision Renewal and Alternates**
 - 7 Appendix**
 - a. Renewals - BCBS & VSP**
 - b. Carrier Proposals (Aetna, EyeMed, MetLife)**
 - c. Self-Funding Overview Materials**
 - 8 Confidentiality and Disclosure Statement**
-



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Section 1

Underwriting Overview

a. USI Medical & Dental Renewal Projections

b. Marketing Results

**OKHEEI
Medical/Rx Plan
Renewal Projection "Estimate"**

Time Periods

Base Period: March 01, 2014 thru February 28, 2015
 Renewal Period: January 01, 2016 thru December 31, 2016

Renewal Projection	Medical / RX		Total
Lagged Subscribers	68,732		68,732
Lagged Members	93,133		93,133
Current Subscribers			5,234
Current Members			7,148
Member Ratio			1.37

	Medical	Rx	Total
Paid claims	\$27,254,060	\$9,837,320	\$37,091,380
Removal of Large Claims	\$500,000	\$1,266,963	\$1,266,963
Total Adjusted Incurred Claims	\$25,987,097	\$9,837,320	\$35,824,417
Annual Trend	7.6%	7.6%	
Midpoint Months	22	22	
Compounded Applied Trend	14.4%	14.4%	
Benefit Changes	0.0%	0.0%	

Trended Incurred Claims	\$29,722,153	\$11,251,211	\$40,973,365
Non-Pooled Claimants	2 \$1,000,000		\$1,000,000
Total Incurred Claims	\$30,722,153	\$11,251,211	\$41,973,365

Total Projected Incurred Claims Based on Current Enrollment \$28,074,216 \$10,281,471 \$38,355,687

Pooling Charge	\$879,312		\$879,312
Retention Costs	\$3,217,059	\$1,142,386	\$4,359,444

Premium Needed	\$32,170,586	\$11,423,857	\$43,594,443
a. Needed Premium Per Member	\$375.05	\$133.18	\$508.24
b. Current Premium Per Member			\$453.00
c. Projected Adjustment To Current			12.19%
d. Projected Adjustment To Current with Healthcare Reform Fees			16.12%

Notes

Actual renewal will vary.

OKHEEI
Medical/Rx Plan
Cost Summary

BCBS
March 2014 thru February 2015

	Enrollment		Premiums		Paid Claims			Loss Ratio
	EE	Members	Medical/Rx	Total	Medical	Rx	Total	Claims / Premiums
Mar-14	5,779	7,829	\$3,569,405	\$3,569,405	\$1,957,253	\$674,199	\$2,631,451	73.7%
Apr-14	5,768	7,819	\$3,564,272	\$3,564,272	\$2,408,320	\$693,455	\$3,101,775	87.0%
May-14	5,774	7,831	\$3,566,268	\$3,566,268	\$2,415,622	\$908,189	\$3,323,811	93.2%
Jun-14	5,742	7,781	\$3,545,107	\$3,545,107	\$2,874,649	\$642,183	\$3,516,832	99.2%
Jul-14	5,815	7,868	\$3,588,247	\$3,588,247	\$2,458,166	\$732,672	\$3,190,839	88.9%
Aug-14	5,791	7,832	\$3,569,126	\$3,569,126	\$2,460,160	\$937,527	\$3,397,688	95.2%
Sep-14	5,890	7,961	\$3,624,288	\$3,624,288	\$1,960,680	\$771,947	\$2,732,627	75.4%
Oct-14	5,900	7,971	\$3,630,905	\$3,630,905	\$2,460,719	\$966,920	\$3,427,639	94.4%
Nov-14	5,905	7,966	\$3,630,226	\$3,630,226	\$2,221,432	\$791,277	\$3,012,709	83.0%
Dec-14	5,891	7,972	\$3,625,764	\$3,625,764	\$2,439,888	\$883,790	\$3,323,678	91.7%
Jan-15	5,243	7,155	\$3,243,908	\$3,243,908	\$2,135,391	\$1,008,191	\$3,143,582	96.9%
Feb-15	5,234	7,148	\$3,238,053	\$3,238,053	\$1,461,779	\$826,970	\$2,288,749	70.7%
Totals	68,732	93,133	\$42,395,568	\$42,395,568	\$27,254,060	\$9,837,320	\$37,091,380	87.5%
Average EE/Member	5728	7761	\$617	\$617	\$397	\$143	\$540	
Member Ratio	1.36							

OKHEEI
Medical/Rx Plan
March 2014 thru February 2015
Large Claimant Report > \$150,000
BCBS

Relationship	Plan	Diagnosis	Paid Amount
Spouse	PPO HIGH	428 HEART FAILURE	\$651,255
Employee	PPO HIGH	038 SEPTICEMIA	\$615,708
Employee	PPO HIGH	172 MALIGNANT MELANOMA OF SKIN	\$470,199
Employee	PPO HIGH	202 OTHER MALIGNANT NEOPLASMS OF LYMPHOID AND HISTIOCYTIC TISSUE	\$358,306
Dependent	PPO HIGH	OTHER	\$321,797
Employee	PPO HIGH	200 LYMPHOSARCOMA AND RETICULOSARCOMA	\$294,788
Spouse	PPO HIGH	151 MALIGNANT NEOPLASM OF STOMACH	\$292,795
Dependent	PPO HIGH	OTHER	\$224,963
Employee	PPO HIGH	V58 ENCOUNTER FOR OTHER AND UNSPECIFIED PROCEDURES AND AFTERCARE	\$204,918
Employee	PPO HIGH	998 OTHER COMPLICATIONS OF PROCEDURES, NEC	\$178,984
Employee	PPO HIGH	191 MALIGNANT NEOPLASM OF BRAIN	\$176,065
Spouse	PPO HIGH	250 DIABETES MELLITUS	\$173,440
Employee	PPO HIGH	189 MALIGNANT NEOPLASM OF KIDNEY AND OTHER AND UNSPECIFIED URINARY ORGANS	\$171,057
Employee	PPO HIGH	V31 TWIN, MATE LIVEBORN	\$169,722
Employee	PPO HIGH	996 COMPLICATIONS PECULIAR TO CERTAIN SPECIFIED PROCEDURES	\$168,554
Spouse	PPO HIGH	V58 ENCOUNTER FOR OTHER AND UNSPECIFIED PROCEDURES AND AFTERCARE	\$161,048
Employee	PPO HIGH- SP/SP+CH	V57 CARE INVOLVING USE OF REHABILITATION PROCEDURES	\$158,290
Employee	PPO HIGH	996 COMPLICATIONS PECULIAR TO CERTAIN SPECIFIED PROCEDURES	\$157,674
Employee	PPO HIGH	OTHER	\$155,533
Spouse	PPO HIGH	174 MALIGNANT NEOPLASM OF FEMALE BREAST	\$150,834

**OKHEEI
Dental
Renewal Projection "Estimate"**

Time Periods

Base Period: March 01, 2014 thru February 28, 2015
 Renewal Period: January 01, 2016 thru December 31, 2016

Renewal Projection Total

Lagged Subscribers	72,082
Lagged Members	110,126
Current Subscribers	5,481
Current Members	8,428
Member Ratio	1.54

	Dental	Total
Paid claims	\$3,209,830	\$3,209,830
Annual Trend	5.0%	
Midpoint Months	22	
Compounded Applied Trend	9.4%	
Benefit Changes	0.0%	
<hr/>		
Trended Incurred Claims	\$3,510,177	\$3,510,177
Total Projected Incurred Claims Based on Current Enrollment	\$3,202,899	\$3,202,899
Retention Costs	\$391,465	\$391,465
Premium Needed	\$3,594,365	\$3,594,365
a. Needed Premium Per Member	\$35.54	\$35.54
b. Current Premium Per Member		\$35.84
c. Projected Adjustment To Current		-0.83%

Notes

Actual renewal will vary.

OKHEEI
Dental
Cost Summary

BCBS
March 2014 thru February 2015

	Enrollment		Premiums		Paid Claims		Loss Ratio
	EE	Members	Dental	Total	Dental	Total	
Mar-14	5,960	9,124	\$343,497	\$343,497	\$285,205	\$285,205	83.0%
Apr-14	5,947	9,110	\$342,832	\$342,832	\$268,067	\$268,067	78.2%
May-14	5,954	9,122	\$343,069	\$343,069	\$256,967	\$256,967	74.9%
Jun-14	5,930	9,071	\$341,597	\$341,597	\$303,837	\$303,837	88.9%
Jul-14	6,017	9,190	\$345,915	\$345,915	\$303,282	\$303,282	87.7%
Aug-14	5,995	9,138	\$344,224	\$344,224	\$273,892	\$273,892	79.6%
Sep-14	6,081	9,270	\$349,315	\$349,315	\$241,830	\$241,830	69.2%
Oct-14	6,089	9,276	\$349,721	\$349,721	\$273,942	\$273,942	78.3%
Nov-14	6,096	9,267	\$349,522	\$349,522	\$210,141	\$210,141	60.1%
Dec-14	6,092	9,268	\$349,377	\$349,377	\$271,646	\$271,646	77.8%
Jan-15	5,491	8,450	\$302,822	\$302,822	\$268,843	\$268,843	88.8%
Feb-15	5,481	8,428	\$302,036	\$302,036	\$252,178	\$252,178	83.5%
Totals	71133	108,714	\$4,063,926	\$4,063,926	\$3,209,830	\$3,209,830	79.0%
Average EE/Member	5928	9060	\$57	\$57	\$45	\$45	
Member Ratio	1.53						

OKHEEI**RFP Marketing Results - Medical, Dental, Vision****Renewal January 1, 2016**

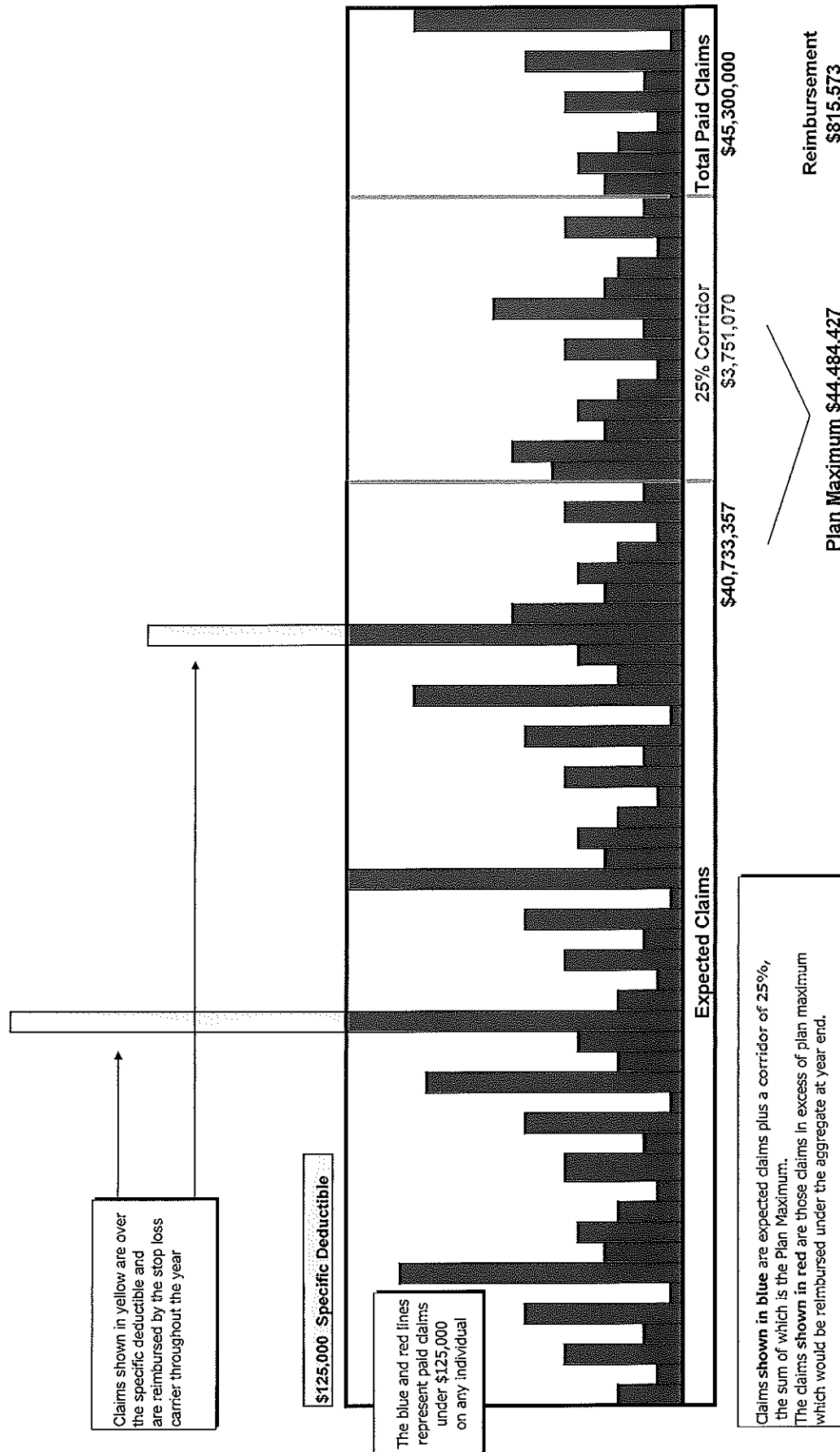
Carrier	Status	Comments
FULLY INSURED MEDICAL		
BCBS	Incumbent	Initial Renewal = +16.8% USI Negotiations = +12.1%
Aetna	Quoted	Presented/Competitive Initial Quote = +11.6% USI Negotiations = +8.5%
Cigna	Declined	Uncompetitive
United Healthcare	Quoted	Uncompetitive
SELF-FUNDED MEDICAL		
BCBS	Quoted	Uncompetitive to Fully Insured
Aetna	Quoted	Uncompetitive to Fully Insured
Cigna	Declined	Uncompetitive/Network
HCC Life	Declined	Uncompetitive to Fully Insured
United Healthcare	Quoted	Uncompetitive to Fully Insured
DENTAL		
BCBS	Incumbent	Initial Renewal = +2.2% USI Negotiations = Pass/No Increase
Aetna	Quoted	Presented/Competitive Initial Quote = -6.9% USI Negotiations = -9.8%
Cigna	Quoted	Uncompetitive to others
Delta Dental	Quoted	Uncompetitive to others
MetLife	Quoted	Presented/Competitive Initial Quote = +.012% 1Yr RG USI Negotiations = -4.3% 2Yr RG
United Concordia	Quoted	Uncompetitive to others
United Healthcare	Quoted	Uncompetitive to others
VISION		
VSP	Incumbent	Initial Renewal = +9% USI Negotiations = +2.9%
Aetna	Quoted	Uncompetitive to others
Cigna	Outstanding	Uncompetitive to others
Davis Vision	Declined	Uncompetitive
Eyemed	Quoted	Presented/Competitive Initial Quote = -5.1% USI Negotiations = -10.2%
MetLife/VSP	Quoted	Presented/Competitive Initial Quote = +3.9% USI Negotiations = +1.8%
Superior Vision	Quoted	Uncompetitive



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Section 2
Self-Funding Analysis

Graphic Explanation of Specific and Aggregate Stop Loss Insurance



Self-Funded Plan Considerations

- ◆ Specific Stoploss risk tolerance, cash flow considerations, for OKHEEI given the varying size of each school.

- ◆ Claims are paid with plan's money out of plan's bank account.
 - * Would OKHEEI need to establish a trust?
 - * Who would manage such account?
 - * Cash flow considerations due to fluctuation in claims activity.

- ◆ Process for allowing new institutions into the plan or exit from the plan would require a more thorough review of that school's risk (claims experience) and impact to the plan.

- ◆ Reserves are plan's responsibility.
 - * Plan must account for incurred but not reported (or paid) claims (IBNR).
 - * As state funded institutions, does OKHEEI have any restrictions on maintaining reserves?
 - * Would premium equivalent rates for budgeting and employee contributions need to be set based on maximum claims exposure?
 - * First year considerations for rates establishment in order to build reserves would need to be explored.

- ◆ The plan is the Plan Fiduciary and is ultimately responsible for plan decisions and legal defense of claims actions. The plan has the final say on the acceptance or denial of questionable claims and employees have no protection against the financial insolvency of the plan.

- ◆ Renewal timing may be later in the year due to the carrier's need of claims data for underwriting.

- ◆ Additional reporting due to ACA is required for self-funded plans.
 - * PCOR Fee -\$1.00 per covered life first year, \$2.00 second year
 - * Reinsurance Fee - \$27 per covered life for 2016

- ◆ Financial Incentive
 - * Removal of state premium tax
 - * Exempt from ACA health insurer fee (2.3% of fully insured premium)
 - * Reduction in carrier margin
 - * Plan holds reserves

Self-Funded Plan Considerations- (cont.)

- ◆ Specific Stoploss aka Individual Stoploss Limit (deductible)
 - * Protects on per individual basis
 - * Plan must fund the full claim amount then receive reimbursement of excess from carrier.
 - * Reimbursement is typically made to the plan one to six weeks after claim payment, but varies by carrier.
 - * Laser risk exists (placing a higher deductible/limit on certain individuals)

- ◆ Aggregate Stoploss
 - * Additional plan protection based on the total of all claims less than the Specific Deductible.
 - * Aggregate Deductible, also known as Aggregate Attachment Point, is set typically at 125% of expected claims.
 - * Reimbursements (if any) are made at the end of the plan year, and may take several months depending on the carrier's audit procedure.
 - * Monthly reimbursement options may be available for an additional charge to assist with cash flow.

- ◆ Contract Basis – the time period in which claims must be incurred and paid in order to be eligible under the applicable stoploss (specific and / or aggregate).
 - * First year is typically written on a 12/12 basis – claims must be incurred during the current 12 months period and paid during the current 12 months.
 - * Subsequent years are typically renewed on a PAID basis – incurred claims have a run-in provision that includes the prior coverage period and must be paid during the current contract period.
 - * 2nd year renewal may expect to see an increase of 20% to 25% in stoploss premiums and aggregate liability simply to compensate for changing from 12/12 basis to a PAID basis.

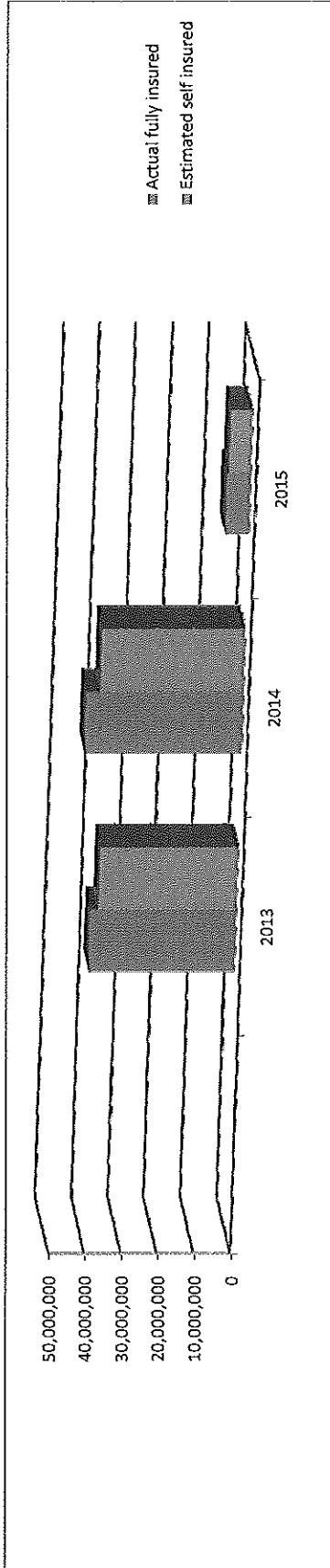
- ◆ More flexibility in plan designs as plan is not subject to state mandates; plan is subject to ERISA and federal mandates.

- ◆ The plan is responsible for preparation and distribution of all Plan Documents, Summary Plan Descriptions, SBCs, and Summary Material Modification. This service is typically coordinated with the carrier/ TPA.

- ◆ Self-insured plans must pass discrimination tests outlined by the IRS to ensure that the plan does not favor highly compensated employees. Failure to pass these tests could result in unfavorable tax treatment of premium and/or benefits.

OKHEEI

Illustration of actual fully insured and estimated self insured funding arrangements



Actual fully insured

	2013	2014	2015
Premium	\$39,973,656	\$43,071,240	\$355,716
HCR	Incl	Incl	Incl
	\$6,481,961	\$6,481,961	\$291,791
			\$5,260,331
			\$52,492

Estimated self insured

	2013	2014	2015
Admin	\$2,202,240	\$2,301,531	\$37,985,524
Stop loss	\$1,376,400	\$1,647,941	\$4,300,000
Net claims	\$34,203,670	\$34,797,282	\$87,285,524
HCR	\$0	\$496,130	\$2,241,333
Total	\$37,782,310	\$39,242,884	-2.50%

Total fully insured expense

Total	\$39,973,656	\$43,071,240	\$5,960,330
			\$89,526,857
			Estimated self insured expenses since Jan 2013
			Estimated self insured claim reserve liability
			Estimated self insured plan cost since Jan 2013
			Estimated savings under self insured funding arrangement

For illustrative purposes only

OKHEEI

Medical Plans - Self Insured Comparison using Active and Retiree Participation

	BCBS - \$400,000 ISL		Aetna - \$400,000 ISL	
	Self Insured Option @ Expected	Self Insured Option @ Maximum	Self Insured Option @ Expected	Self Insured Option @ Maximum
MEDICAL PLAN				
Claims	na	na	\$ 33,535,559	\$ 41,919,449
Fixed Costs	na	na	\$ 2,440,098	\$ 2,440,098
Expected Reserves	na	na	\$ 4,327,327	\$ 4,327,327
Medical Costs	\$ 37,841,507	\$ 42,421,039	\$ 40,302,985	\$ 48,686,874
Healthcare Reform Fees	included	included	\$ 209,547	\$ 209,547
Total Costs	\$ 37,841,507	\$ 42,421,039	\$ 40,512,532	\$ 48,896,421
Employee	\$ 5,653,769	\$ 6,337,981	\$ 6,052,838	\$ 6,052,838
OKHEEI	\$ 32,187,738	\$ 36,083,058	\$ 34,459,694	\$ 42,843,584
% Change for OKHEEI		12.10%	7.1%	33.1%
\$ Change for OKHEEI		\$ 3,895,320	\$ 2,271,956	\$ 10,655,846

OKHEE

Self Insured Comparison Details

	Current	Renewal	ASO Quote	ASO Quote	USI Projection
Lives	5131	5131	5131	5131	5131
Carrier/Stoploss	BCBS	BCBS	BCBS	Aetna	USI Projection
Specific Stop Loss	Fully Insured	Fully Insured	\$400,000	\$400,000	\$400,000
Contract Basis			12/12	12/12	12/12
Lifetime Reimbursement Max			Unlimited	Unlimited	Unlimited
Coverages Included			Medical/Rx	Medical/Rx	Medical/Rx
Aggregate Stop Loss	Fully Insured	Fully Insured	125%	125%	125%
Contract Basis			12/12	12/12	12/12
Aggregate Reimbursement Max			Unlimited	Unlimited	Unlimited
Coverages Included			Medical/Rx	Medical/Rx	Medical/Rx
Administration Fees					
PPO Plan			\$32.68	\$20.27	\$32.68
SSL Premium					
PPO Plan			\$11.50	\$19.36	\$11.50
ASL Premium					
PPO Plan			\$0.07		\$0.07
Maximum Claims					
PPO Plan	5131		\$707.99	\$680.82	\$677.05
Monthly Total	5131		\$3,632,697	\$3,493,287	\$3,473,944
Expected Claims					
PPO Plan	5131		\$566.39	\$544.66	\$541.64
Monthly Total	5131		\$2,906,157	\$2,794,630	\$2,779,155
Annual Totals					
			BCBS	Aetna	USI
Maximum Claims			\$43,592,360	\$41,919,449	\$41,687,323
Expected Claims			\$34,873,888	\$33,535,559	\$33,349,858
Stop Loss Premium			\$712,388	\$1,192,034	\$712,388
Administration			\$2,012,173	\$1,248,064	\$2,012,173
Estimated Reserves (For run out purposes)			\$4,327,327	\$4,327,327	\$4,327,327
Estimated Healthcare Reform Fees	Included	Included	\$209,547	\$209,547	\$209,547
Total Expected Liability w Reserves	\$37,841,507	\$42,421,039	\$42,135,323	\$40,512,532	\$40,611,293
Total Maximum Liability w Reserves	\$37,841,507	\$42,421,039	\$50,853,795	\$48,896,421	\$48,948,758
Expected % Change over Current	N/A	12.1%	11.3%	7.1%	7.3%
Maximum % Change over Current	N/A	12.1%	34.4%	29.2%	29.4%

Notes

Aetna will waive \$299K of administrative fees in the first year; not final until review of additional claims data, including laser liability
 Terminal Liability option not included Aetna's aggregate premium combined with SSL premium



Section 3

Fully Insured Renewals & Alternates

- a. Plan Costs Summary
- b. 2015 Contributions by School

OKHEEI

Total Costs Summary

Renewal January 1, 2016

Total Costs include Active and Pre-65 Retirees

	Current 2015	Negotiated Renewal 2016	Option 1 2016	Option2 2016
	BCBS	BCBS	Aetna	Aetna
Medical Plan (5,131 ee)				
Total Costs	\$ 37,841,507	\$ 42,421,039	\$ 41,071,381	\$ 41,071,381
Employee	\$ 5,653,769	\$ 6,337,981	\$ 6,136,333	\$ 6,136,333
OKHEEI	\$ 32,187,738	\$ 36,083,058	\$ 34,935,047	\$ 34,935,047
% Change for OKHEEI		12.10%	8.54%	8.54%
\$ Change for OKHEEI		\$ 3,895,320	\$ 2,747,310	\$ 2,747,310

	BCBS	BCBS-1Yr RG	Met Life-2Yr RG	Aetna-2Yr RG
Dental Plan (5,404 ee)				
Total Costs	\$ 3,554,627	\$ 3,554,627	\$ 3,401,942	\$ 3,206,035
Employee	\$ 2,916,186	\$ 2,916,186	\$ 2,790,925	\$ 2,630,204
OKHEEI	\$ 638,441	\$ 638,441	\$ 611,017	\$ 575,831
% Change for OKHEEI		0.00%	-4.30%	-9.81%
\$ Change for OKHEEI		\$ -	\$ (27,424)	\$ (62,610)

	VSP	VSP-4Yr RG	Met Life/VSP-3Yr RG	EyeMed-4Yr RG
Vision Plan (5,344 ee)				
Total Costs	\$ 592,699	\$ 609,882	\$ 603,281	\$ 531,951
Employee	\$ 317,303	\$ 326,502	\$ 322,968	\$ 284,781
OKHEEI	\$ 275,396	\$ 283,380	\$ 280,313	\$ 247,170
% Change for OKHEEI		2.90%	1.79%	-10.25%
\$ Change for OKHEEI		\$ 7,984	\$ 4,917	\$ (28,226)

	ANNUAL TOTAL	ANNUAL TOTAL	ANNUAL TOTAL	ANNUAL TOTAL
Total Plan				
Total Costs	\$ 41,988,833	\$ 46,585,548	\$ 45,076,604	\$ 44,809,367
Employee	\$ 8,887,258	\$ 9,580,669	\$ 9,250,226	\$ 9,051,319
OKHEEI	\$ 33,101,575	\$ 37,004,879	\$ 35,826,378	\$ 35,758,048
% Change for OKHEEI		11.79%	8.23%	8.03%
\$ Change for OKHEEI		\$ 3,903,304	\$ 2,724,803	\$ 2,656,473

	Savings Over Renewal	Savings Over Renewal
Plan Savings	\$ (1,508,944)	\$ (1,776,181)
OKHEEI Savings	\$ (1,178,501)	\$ (1,246,831)

On Line Enrollment	BCBS	bSwift - Aetna	bSwift - Aetna
	Awaiting response	\$ 309,707	\$ 309,707
		\$5.03/pepm	\$5.03/pepm

Initial Renewals
 BCBS = +16.8%/medical, +2.2% dental
 VSP = +9%

Carrier Funding/Allowances

BCBS - \$75,000 wellness fund (annual) (increased from current \$40,000)
 Aetna - \$20,000 implementation; \$15,000 communication; \$50,000 wellness (annual)
 MetLife - \$50,000 implementation
 EyeMed - \$5,000 implementation

OKHEEI Medical - Active & Retiree Participation

2015

Medical Premium

High Plan				
EE Only	ES	EC	ECH	EF
\$ 530.50	\$ 1,087.60	\$ 742.80	\$ 955.00	\$ 1,512.10

Basic Plan				
EE Only	ES	EC	ECH	EF
\$ 399.70	\$ 819.40	\$ 559.50	\$ 719.40	\$ 1,139.10

Annual Total
\$ 37,841,507

Enrollment

High Plan				
EE Only	ES	EC	ECH	EF
375	25	50	0	3
110	9	4	10	3
225	12	17	17	2
743	29	59	30	21
218	14	32	0	11
87	5	8	8	3
310	16	30	16	3
3	1	0	0	2
96	3	14	7	2
326	18	3	54	10
428	34	78	0	12
897	61	154	1	47
78	2	15	78	8
3896	229	464	143	127

Basic Plan				
EE Only	ES	EC	ECH	EF
1	2	6	0	3
19	1	2	4	2
0	0	0	0	0
32	5	3	15	12
0	2	0	0	1
0	0	0	0	0
6	0	2	2	1
0	0	0	0	0
0	1	0	1	0
14	2	0	6	3
19	1	5	0	4
42	8	31	0	14
0	0	0	0	0
133	22	49	28	40

Annual Total
\$ 37,841,507

Employer Contribution

High Plan				
EE Only	ES	EC	ECH	EF
\$ 530.50	\$ 566.50	\$ 530.50	\$ 530.50	\$ 566.50
\$ 530.50	\$ 530.50	\$ 530.50	\$ 530.50	\$ 530.50
\$ 530.50	\$ 530.50	\$ 530.50	\$ 530.50	\$ 530.50
\$ 530.50	\$ 530.50	\$ 530.50	\$ 530.50	\$ 530.50
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\$ 530.50	\$ 530.50	\$ 530.50	\$ 530.50	\$ 530.50
\$ 530.50	\$ 530.50	\$ 530.50	\$ 530.50	\$ 530.50
\$ 480.50	\$ 480.50	\$ 480.50	\$ 480.50	\$ 480.50

Basic Plan				
EE Only	ES	EC	ECH	EF
\$ 399.70	\$ 399.70	\$ 399.70	\$ 399.70	\$ 399.70
\$ 399.70	\$ 399.70	\$ 399.70	\$ 399.70	\$ 399.70
\$ 399.70	\$ 399.70	\$ 399.70	\$ 399.70	\$ 399.70
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\$ 399.70	\$ 399.70	\$ 399.70	\$ 399.70	\$ 399.70
\$ 399.70	\$ 399.70	\$ 399.70	\$ 399.70	\$ 399.70
\$ 399.70	\$ 399.70	\$ 399.70	\$ 399.70	\$ 399.70
\$ 349.70	\$ 349.70	\$ 349.70	\$ 349.70	\$ 349.70

Annual Total
\$ 2,953,451

Employee Contribution

High Plan				
EE Only	ES	EC	ECH	EF
\$ -	\$ 521.10	\$ 212.30	\$ 424.50	\$ 945.60
\$ -	\$ 557.10	\$ 212.30	\$ 424.50	\$ 981.60
\$ -	\$ 557.10	\$ 212.30	\$ 424.50	\$ 981.60
\$ -	\$ 557.10	\$ 212.30	\$ 424.50	\$ 981.60
\$ -	\$ 557.10	\$ 212.30	\$ 424.50	\$ 981.60
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\$ -	\$ 557.10	\$ 212.30	\$ 424.50	\$ 981.60
\$ -	\$ 557.10	\$ 212.30	\$ 424.50	\$ 981.60
\$ -	\$ 557.10	\$ 212.30	\$ 424.50	\$ 981.60
\$ 50.00	\$ 607.10	\$ 262.30	\$ 474.50	\$ 1,031.60

Basic Plan				
EE Only	ES	EC	ECH	EF
\$ -	\$ 419.70	\$ 159.80	\$ 319.70	\$ 739.40
\$ -	\$ 419.70	\$ 159.80	\$ 319.70	\$ 739.40
\$ -	\$ 419.70	\$ 159.80	\$ 319.70	\$ 739.40
\$ -	\$ 419.70	\$ 159.80	\$ 319.70	\$ 739.40
\$ -	\$ 419.70	\$ 159.80	\$ 319.70	\$ 739.40
\$ -	\$ 419.70	\$ 159.80	\$ 319.70	\$ 739.40
\$ -	\$ 419.70	\$ 159.80	\$ 319.70	\$ 739.40
\$ -	\$ 419.70	\$ 159.80	\$ 319.70	\$ 739.40
\$ -	\$ 419.70	\$ 159.80	\$ 319.70	\$ 739.40
\$ -	\$ 419.70	\$ 159.80	\$ 319.70	\$ 739.40
\$ -	\$ 419.70	\$ 159.80	\$ 319.70	\$ 739.40
\$ -	\$ 419.70	\$ 159.80	\$ 319.70	\$ 739.40
\$ -	\$ 419.70	\$ 159.80	\$ 319.70	\$ 739.40
\$ -	\$ 419.70	\$ 159.80	\$ 319.70	\$ 739.40
\$ 50.00	\$ 469.70	\$ 209.80	\$ 369.70	\$ 789.40

Annual Total
\$ 365,948

OKHEEI meeting minutes April 23, 2015

Attachment A

OKHEEI Dental- Active & Retiree Participation

2015

Dental Premium

EE Only	ES	EC	ECH	EF
\$ 40.80	\$ 83.70	\$ 57.20	\$ 73.60	\$ 116.40

Annual Total

Total

\$ 3,554,624

Enrollment

	EE Only	ES	EC	ECH	EF	Total
ECU	293	62	44	0	31	430
Murray	116	21	9	9	8	163
Northern	230	41	14	20	20	325
NSU	610	137	57	38	64	906
NWOSU	175	42	22	0	24	263
Redlands	88	14	9	6	9	126
Rose	367	88	32	19	31	537
RUSO	5	1	0	0	1	7
Seminole	117	19	13	8	10	167
SEOSU	297	67	31	20	25	440
SWOSU	382	99	62	0	46	589
UCO	865	193	128	1	115	1302
Western	92	23	15	11	8	149
Total	3637	807	436	132	392	5404

Total

430
163
325
906
263
126
537
7
167
440
589
1302
149
5404

Employer Contribution

	EE Only	ES	EC	ECH	EF	Annual Total
ECU	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Murray	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Northern	\$ 40.80	\$ 40.80	\$ 40.80	\$ 40.80	\$ 40.80	\$ 159,120
NSU	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NWOSU	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Redlands	\$ 40.80	\$ 40.80	\$ 40.80	\$ 40.80	\$ 40.80	\$ 61,690
Rose	\$ 40.80	\$ 40.80	\$ 40.80	\$ 40.80	\$ 40.80	\$ 262,915
RUSO	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Seminole	\$ 40.80	\$ 40.80	\$ 40.80	\$ 40.80	\$ 40.80	\$ 81,763
SEOSU	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SWOSU	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
UCO	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Western	\$ 40.80	\$ 40.80	\$ 40.80	\$ 40.80	\$ 40.80	\$ 72,950
Total						\$ 638,438

Annual Total

\$ -
\$ -
\$ 159,120
\$ -
\$ -
\$ 61,690
\$ 262,915
\$ -
\$ 81,763
\$ -
\$ -
\$ -
\$ 72,950
\$ 638,438

Employee Contribution

	EE Only	ES	EC	ECH	EF	Annual Total
ECU	\$ 40.80	\$ 83.70	\$ 57.20	\$ 73.60	\$ 116.40	\$ 279,228
Murray	\$ 40.80	\$ 83.70	\$ 57.20	\$ 73.60	\$ 116.40	\$ 103,187
Northern	\$ -	\$ 42.90	\$ 16.40	\$ 32.80	\$ 75.60	\$ 49,878
NSU	\$ 40.80	\$ 83.70	\$ 57.20	\$ 73.60	\$ 116.40	\$ 598,340
NWOSU	\$ 40.80	\$ 83.70	\$ 57.20	\$ 73.60	\$ 116.40	\$ 176,489
Redlands	\$ -	\$ 42.90	\$ 16.40	\$ 32.80	\$ 75.60	\$ 19,505
Rose	\$ -	\$ 42.90	\$ 16.40	\$ 32.80	\$ 75.60	\$ 87,202
RUSO	\$ 40.80	\$ 83.70	\$ 57.20	\$ 73.60	\$ 116.40	\$ 4,849
Seminole	\$ -	\$ 42.90	\$ 16.40	\$ 32.80	\$ 75.60	\$ 24,560
SEOSU	\$ 40.80	\$ 83.70	\$ 57.20	\$ 73.60	\$ 116.40	\$ 286,568
SWOSU	\$ 40.80	\$ 83.70	\$ 57.20	\$ 73.60	\$ 116.40	\$ 393,272
UCO	\$ 40.80	\$ 83.70	\$ 57.20	\$ 73.60	\$ 116.40	\$ 866,728
Western	\$ -	\$ 42.90	\$ 16.40	\$ 32.80	\$ 75.60	\$ 26,380
Total						\$ 2,916,186

Annual Total

\$ 279,228
\$ 103,187
\$ 49,878
\$ 598,340
\$ 176,489
\$ 19,505
\$ 87,202
\$ 4,849
\$ 24,560
\$ 286,568
\$ 393,272
\$ 866,728
\$ 26,380
\$ 2,916,186

OKHEEI Vision- Active & Retiree Participation

2015

Vision Premium

EE Only	ES	EC	ECH	EF
\$ 6.36	\$ 12.75	\$ 12.46	\$ 13.60	\$ 21.72

Annual Total

Total

\$ 593,047

Enrollment

	EE Only	ES	EC	ECH	EF	Total
ECU	87	89	36	0	24	236
Murray	82	17	6	8	8	121
Northern	208	43	14	20	20	305
NSU	814	160	51	32	72	1129
NWOSU	215	52	13	0	35	315
Redlands	86	14	9	6	9	124
Rose	325	94	28	16	38	501
RUSO	5	2	0	0	2	9
Seminole	75	24	9	7	14	129
SEOSU	390	100	24	19	35	568
SWOSU	484	138	57	0	52	731
UCO	687	207	74	1	101	1070
Western	59	27	8	3	9	106
Total	3517	967	329	112	419	5344

Total

Employer Contribution

	EE Only	ES	EC	ECH	EF	Annual Total
ECU	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 18,012
Murray	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Northern	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
NSU	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 86,165
NWOSU	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 24,041
Redlands	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 9,464
Rose	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 38,236
RUSO	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 687
Seminole	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
SEOSU	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 43,350
SWOSU	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 6.36	\$ 55,790
UCO	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Western	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total						\$ 275,744

Annual Total

Employee Contribution

	EE Only	ES	EC	ECH	EF	Annual Total
ECU	\$ -	\$ 6.39	\$ 6.10	\$ 7.24	\$ 15.36	\$ 13,883
Murray	\$ 6.36	\$ 12.75	\$ 12.46	\$ 13.60	\$ 21.72	\$ 13,147
Northern	\$ 6.36	\$ 12.75	\$ 12.46	\$ 13.60	\$ 21.72	\$ 33,024
NSU	\$ -	\$ 6.39	\$ 6.10	\$ 7.24	\$ 15.36	\$ 32,053
NWOSU	\$ -	\$ 6.39	\$ 6.10	\$ 7.24	\$ 15.36	\$ 11,390
Redlands	\$ -	\$ 6.39	\$ 6.10	\$ 7.24	\$ 15.36	\$ 3,912
Rose	\$ -	\$ 6.39	\$ 6.10	\$ 7.24	\$ 15.36	\$ 17,652
RUSO	\$ -	\$ 6.39	\$ 6.10	\$ 7.24	\$ 15.36	\$ 522
Seminole	\$ 6.36	\$ 12.75	\$ 12.46	\$ 13.60	\$ 21.72	\$ 15,533
SEOSU	\$ -	\$ 6.39	\$ 6.10	\$ 7.24	\$ 15.36	\$ 17,527
SWOSU	\$ -	\$ 6.39	\$ 6.10	\$ 7.24	\$ 15.36	\$ 24,339
UCO	\$ 6.36	\$ 12.75	\$ 12.46	\$ 13.60	\$ 21.72	\$ 121,655
Western	\$ 6.36	\$ 12.75	\$ 12.46	\$ 13.60	\$ 21.72	\$ 12,665
Total						\$ 317,303

Annual Total



PROTECT. MANAGE. GROW.



Section 4

Medical Renewal and Alternates

Benefits Outline	CURRENT - BCBS		RENEWAL - BCBS		ALTERNATE - Aetna		
	High	Basic	High	Basic	High	Basic	
Calendar Year Deductible (S/F)	\$1,000 / \$3,000	First Dollar - \$500 at 100% then \$500 / \$1,000	\$1,000 / \$3,000	First Dollar - \$500 at 100% then \$500 / \$1,000	\$1,000 / \$3,000	First Dollar - \$500 at 100% then \$500 / \$1,000	
Coinsurance (unless otherwise stated)	80%	50%	80%	50%	80%	50%	
Out of Pocket Maximum (S/F)	\$3,300 / \$9,900	\$5,500 / \$11,000	\$3,300 / \$9,900	\$5,500 / \$11,000	\$3,300 / \$9,900	\$5,500 / \$11,000	
Combined Medical & Rx Deductible Included in OOP?	Yes	Yes	Yes	Yes	Yes	Yes	
Medical Copays Included in OOP?	Yes	Yes	Yes	Yes	Yes	Yes	
Rx Copays Included in OOP?	Yes	Yes	Yes	Yes	Yes	Yes	
Preventive Care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%	
PCP Office Visit Copay / Coinsurance	\$25	50% after Deductible	\$25	50% after Deductible	\$25 copay	50% after Deductible	
Specialist Office Visit Copay / Coinsurance	\$40	50% after Deductible	\$40	50% after Deductible	\$40 copay	50% after Deductible	
Telemedicine	Not Included	Not Included	Not Included	Included	Toladoc - \$40 Consult Fee		
Emergency Room Copay	80% after \$100 copay	50% after Deductible	80% after \$100 copay	50% after Deductible	80% after \$100 copay	50% after Deductible	
Urgent Care Copay	\$25/\$40 - in Office	50% after Deductible	Subject to Ded./Coinsurance for outpatient facility	50% after Deductible	\$75 copay	50% after Deductible	
Hospital Admission	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible	
Prescription Drugs	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100	Generic/Preferred less than \$100 = lesser cost or \$25 Generic/Preferred greater than \$100 = 25% up to \$50 Non-Preferred less than \$100 = lesser cost or \$50 Non-Preferred greater than \$100 = 50% up to \$100	Generic: \$25 copay Formulary brand-name: \$25 up to \$50 max Non-Formulary brand-name: 50% up to \$100 max	Generic: \$25 copay Formulary brand-name: \$25 up to \$50 max Non-Formulary brand-name: 50% up to \$100 max	Generic: \$25 copay Formulary brand-name: \$25 up to \$50 max Non-Formulary brand-name: 50% up to \$100 max
BCBS - Retail & Mail - one copay Aetna - 30 days retail, 90 days mail for 2 copays	102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max	102 day supply limit or 300 quantity limit per copay 50% coinsurance \$50min - \$100max
Specialty Drugs	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	No incentive other than copay tiers	
Generic Incentive							
Mental Health/Substance Abuse							
Inpatient	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible	
Outpatient	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible	
Chiropractic/Spinal Manipulation	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible	80% after Deductible	50% after Deductible	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Out-of-Network Benefits							
Calendar Year Deductible	\$1,000 / \$3,000	\$500 / \$1,000	\$1,000 / \$3,000	\$500 / \$1,000	\$1,000 / \$3,000	\$500 / \$1,000	
Coinsurance (unless otherwise stated)	50%	50%	50%	50%	50%	50%	
Out of Pocket Maximum	\$3,300 / \$11,400	\$5,500 / \$11,000	\$3,300 / \$11,400	\$5,500 / \$11,000	\$3,800 / \$11,400	\$5,500 / \$11,000	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	
Monthly Rates	High	Basic	Current	Negotiated Renewal	Aetna High	Aetna Basic	
Employee	3896	133	\$530.50	\$594.70	\$575.78	\$433.81	
Employee & Spouse	229	22	\$1,087.60	\$1,219.20	\$1,180.43	\$889.34	
Employee & Child	464	49	\$742.80	\$832.70	\$806.25	\$607.25	
Employee & Children	143	28	\$955.00	\$1,070.60	\$1,036.51	\$780.80	
Employee & Family	127	40	\$1,512.10	\$1,695.10	\$1,641.16	\$1,236.32	
Total Cost Summary							
Monthly Subtotal	4859	272	\$2,989,149	\$3,350,894	\$3,244,282	\$178,333	
Annual Subtotal			\$1,971,715	\$40,210,732	\$38,931,389	\$2,139,992	
Annual Total			\$37,841,507	\$42,421,039	\$41,071,381	\$3,229,874	
Change from Current				\$4,579,532		8.5%	
Percentage Change				12.1%			

\$250 Health Assessment credit included for both carriers
 Rates for both carriers do not include any costs for ben admin system
 Initial Renewal was +16.8% Aetna's intent is to match current benefits; items in red are being confirmed

OKHEEI Requested and Proposed Alternate Plan Designs and Rates, Effective 01/01/2016

Illustrative
Revised 4/17/2015

RFP Requested Option #1 - \$3k then 100%*	
OA MC-High Plan	Rates
EO	\$575.78
ES	\$1,180.43
EC1 (1 CH)	\$806.20
EC2 (Children)	\$1,036.51
EF	\$1,641.16

RFP Requested Option #2 - \$3k then Rx copays to \$5k*	
OA MC-High Plan	Rates
EO	\$538.35
ES	\$1,103.70
EC1 (1 CH)	\$753.80
EC2 (Children)	\$969.14
EF	\$1,534.48

RFP Requested Option #3 - \$5k then 100%*	
OA MC-High Plan	Rates
EO	\$537.20
ES	\$1,101.34
EC1 (1 CH)	\$752.18
EC2 (Children)	\$967.06
EF	\$1,531.20

Aetna Savings Plus Plan** \$1,000 Deductible 20/40/50% to \$3,300/3,500/3,800 \$25/40 Dr's Copay	
OA MC-High Plan	Rates
EO	\$547.12
ES	\$1,121.67
EC1 (1 CH)	\$766.07
EC2 (Children)	\$984.91
EF	\$1,559.46

REVISED 4/15/2015-Aetna Whole Health - Integris ACO*** \$1,000 Deductible, 20% to \$3,3000 \$25/40 Dr's Copay	
OA MC-High Plan	Rates
EO	\$520.76
ES	\$1,067.64
EC1 (1 CH)	\$729.17
EC2 (Children)	\$937.48
EF	\$1,484.35

Alternate 80%/50% Plan with \$5,000 INN/OON deductible (Family 2X) and OOP Max \$6350 INN/OON (Family 2X)*	
OA MC-High Plan	Rates
EO	\$501.50
ES	\$1,028.15
EC1 (1 CH)	\$702.20
EC2 (Children)	\$902.80
EF	\$1,429.45

* Before finalizing alternate plan design rates, we would require complete plan design specifics and approval to offer.

**Savings Plus Multi-tier Network- Would be based on enrollment in the following counties: Canadian, Cleveland, Grady (partial), McClain, Oklahoma County, Pottawatomie (partial), Rogers, Tulsa County, Wagoner.

***AHW-Integris ACO-Would be based on enrollment in the following counties: Canadian, Cleveland, Oklahoma County.

We talked about the schools that would be eligible for the ACO and Savings Plus. The following information should help map the schools in addition to the county info you already have.

With the exception of Western Oklahoma State College, who had no employee zips located within Savings Plus or AWH-Integris, the schools that are tied to AWH-Integris are: ECU, Murray State, Northern OK College, NSU, NWOSU, Redlands, Rose, RUSO Admin, Seminole State, SEOSU and UCO. The bulk of the lives come from Redlands, Rose, RUSO Admin, and University of Central Oklahoma (UCO). Aside for the four that comprise the bulk of the AWH, the other schools only had a handful of employee zips (single digits) who will see this as an option. For the Savings Plus, similarly to the AWH-Integris, the bulk of the lives that fall within are in Redlands, Rose, RUSO Admin, and University of Central Oklahoma (UCO). With the exception of WOSC, all of the other schools have a handful of employee zips (single digits) who will see Savings Plus as an option.

Provided on 4.21.15

Alternate 80/60 Plan* Deductible: \$1500 INN/OON Family 2X OOP Max: \$5550 INN/ \$6,000 OON Family 2X PCP: \$30 Copay Spec: \$45 Copay IP Hosp: 80% OP Hosp: 80% ER: 80% after \$150 Copay	
OA MC-Basic Plan	Rates
EO	\$425.72
ES	\$872.76
EC1 (1 CH)	\$595.93
EC2 (Children)	\$786.24
EF	\$1,213.27

Provided on 4.21.15

Alternate 50/50 Plan* Deductible: \$1500 INN/OON Family 2X OOP Max: \$5500 INN/OON Family 2X PCP: \$20 Copay Spec: \$25 Copay IP Hosp: 50% OP Hosp: 50% ER: 50% after \$150 Copay	
OA MC-Basic Plan	Rates
EO	\$418.74
ES	\$858.44
EC1 (1 CH)	\$586.15
EC2 (Children)	\$753.67
EF	\$1,193.36

* Before finalizing alternate plan design rates, we would require complete plan design specifics and approval to offer.

* Aetna may re-rate if there is 10% change in the total number of subscribers enrolled in each individual Aetna product or in aggregate, including the impact of new or terminating locations and/or groups.

* There is a minimum employer contribution of at least 50% of the total cost at each tier rate and the employer contribution percentage will not decline by more than 10 percentage points from the preceding plan year by product.

* Our proposed rates assume current contribution strategy will remain unchanged. In addition, we assume no policy changes will be implemented to create adverse selection to overall plans.

This proposal excludes bSwift which would be a buy up option at \$5.03 PEPM.

Oklahoma Higher Education Employees Group

Plan Design

Benefit Review Document - Aetna

We have reviewed Oklahoma Higher Education Employees Group's requested PPO medical and PPO dental plan designs and matched them as closely as possible to Aetna's Open Access Managed Choice POS, Choice POS II and Dental PPO plans.

We have listed here those benefits that we cannot administer as requested. Where benefits were not specified, we have assumed that Aetna's standard benefit provisions will apply. We have assumed that Aetna's standard claim policies, schedule frequencies, definitions and exclusions will also apply unless noted otherwise.

All plans and benefits are subject to and governed by applicable contracts, policies and government regulations. The information herein is believed accurate as of the date of submission and is subject to change without notice. All benefits of the plan are subject to coordination of benefits and the terms (including exclusions) of the Contract.

Our plan review is based on a contract situs of Oklahoma. Plan features and product availability are subject to extra-territorial mandates and federal requirements as applicable. If there are multiple locations and both the contract and resident state laws mandate a certain level or type of benefit, the member will receive the benefit as defined by the state of residence. Wherever there is like legislation between the contract and extra-territorial locations, the legislation of the extra-territorial location will apply.

Oklahoma Higher Education Employees Group

Plan Design

Benefit Review Document - Aetna

Clarifications

*This review may not reflect the impact of all of the newly passed health care reform legislation, nor the regulations that will be issued to clarify and implement the law. Certain provisions of the law and forthcoming regulations may have a material impact on this review.

*We are using the South Carolina benchmark plan as the model for Essential Health Benefits (EHB) compliance.

* ACA caps 2015 out-of-pocket maximums at \$6,600 for individuals and \$13,200 for families (\$6,450 / \$12,900 for HSA-qualified HDHPs).

All in-network member cost sharing must reduce the in-network out-of-pocket maximum, including in-network prescription drug plan copays or other cost sharing, for all medical plans that are subject to ACA.

*The following is the link to Aetna's Clinical Policy Bulletins: http://www.aetna.com/healthcare-professionals/policies-guidelines/clinical_policy_bulletins.html

*Aetna covers Dental services based on a calendar year or number of rolling years versus number of months frequency limitation. For example, routine oral exams will be covered 2 times per calendar year rather than 2 times per 12 consecutive months. Aetna standard frequency administration for Dental services will replace the current carrier's.

*We will offer Aetna's standard classification of Dental services-Preventive, Basic, Major, Orthodontics and include standard services as appropriate within each category at the applicable coinsurance level, unless otherwise noted within this review.

Oklahoma Higher Education Employees Group

Plan Design

Benefit Review Document - Aetna

Plan Design	RFP/SPD Ref	Benefit Category	Requested Benefit	Comments
Aetna Open Access® Managed Choice (POS) / Fully Insured; Aetna Choice POS II / ASC w/Aetna Stop Loss	PPO High Option; PPO Basic Option	Allergy Injections and Testing -In and Out Of Network	60 tests every 24 months	Better Than: No limits will apply to allergy injections and testing.
Aetna Open Access® Managed Choice (POS) / Fully Insured; Aetna Choice POS II / ASC w/Aetna Stop Loss	PPO High Option	Mental Health and Substance Abuse- Outpatient -In Network	80% after deductible	Compliance/Better Than: Outpatient services will be covered subject to plan's specialist cost sharing. Mental Health Parity legislation requires eligible expenses to be covered on the same basis as any other medical expense, subject to the plan's regular cost sharing.
Aetna Open Access® Managed Choice (POS) / Fully Insured; Aetna Choice POS II / ASC w/Aetna Stop Loss	PPO High Option	Prescription Drugs – Retail – In and Out of Network	Generic and preferred-cost of RX \$100 or less; \$25 copay; Generic and preferred-cost of RX greater than \$100: 25% up to \$50 max; Non-preferred-cost of RX \$100 or less; \$50; Non-preferred-cost of RX greater than \$100: 50% up to \$100 max	Equal To: We recommend RX copays as follows: Generic: \$25; Preferred: 25% up to \$50 max; Non-preferred: 50% up to \$100 max. We can also support flat dollar copays. We are unable to administer copays based on cost of drug as requested.
Aetna Open Access® Managed Choice (POS) / Fully Insured; Aetna Choice POS II / ASC w/Aetna Stop Loss	PPO High Option; PPO Basic Option	Prescription Drugs – Retail – In and Out of Network	Generic and preferred-cost of RX \$100 or less; Member pays cost of RX up to \$75 max plus dispensing fee; Generic and preferred-cost of RX greater than \$100: Member pays cost of RX up to \$75 max plus dispensing fee; Non-preferred-cost of RX \$100 or less; Member pays cost of drug up to \$125 plus dispensing fee; Non-preferred-cost of RX greater than \$100: Member pays cost of drug up to \$125 plus dispensing fee	Equal To/Less Than: We recommend out-of-network coverage of 50% plus in-network copays. Out-of-network reimbursement will be based on the average wholesale price plus a dispensing fee.
Aetna Choice POS II / ASC w/Aetna Stop Loss	PPO High Option; PPO Basic Option	Prescription Drugs -In and Out Of Network	102 day supply or 300 quantity limit per copay	Less Than: We will offer our standard 30 day retail and 90 day mail order drug supply. These are the most requested and dispensed quantities.
Aetna Open Access® Managed Choice (POS) / Fully Insured	PPO High Option; PPO Basic Option	Preventive -In and Out Of Network	In-network: 100%; Out-of-network: 50%; includes hearing screening performed as part of routine exam	Better Than: Oklahoma mandates a 30% differential, therefore, if the out-of-network plan coinsurance is less than 70% all plan features that have 100% in-network coinsurance must reimburse out-of-network services at 70%.

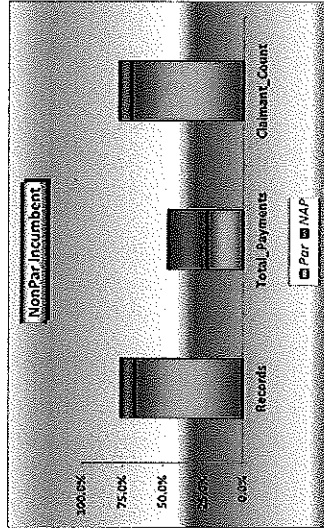
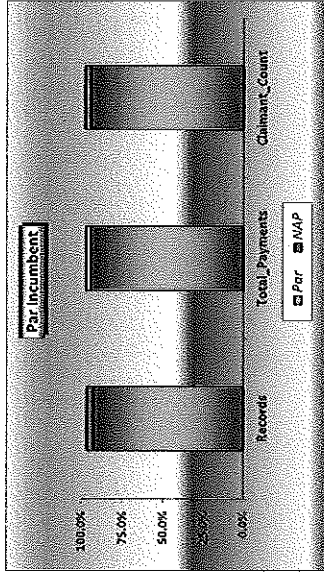
*This chart is based on Aetna's results compared to the current carriers Par/NonPar provider indicator.

Oklahoma Higher Education Employees Group - Request # 2058846

Aetna Open Access Managed Choice POS (FI)				
	Aetna	Records	Total Payments	Claimant Count
Par with Incumbent	Par	92.57%	94.72%	94.23%
	NAP	4.27%	2.73%	3.75%

Aetna				
	Aetna	Records	Total Payments	Claimant Count
NonPar with Incumbent	Par	67.53%	22.98%	69.99%
	NAP	9.14%	24.68%	8.14%

Prepared by Aetna



**Oklahoma Higher Education Employees Group
Claim Repricing Results**

Inpatient Facility	
Billed Eligible Charges before Discount	\$ 19,052,069
Less Excluded Billed Eligible Charges*	\$ 4,895
Billed Eligible Charges included in Repricing	\$ 19,047,175
In-Network Charges before Discount	\$ 18,002,528
Discount off In-Network Charges	\$ 9,809,578
NAP Eligible Charges (Shared Savings arrangement)	\$ 950,252
Discount off NAP Eligible Charges	\$ 228,061
Out-of-Network Charges before Discount	\$ 94,394
Reduction to Out-of-Network Charges	\$ 34,467
Eligible Charges after Discount	\$ 8,975,070
In-Network Discount	54.49%
Out-of-Network Discount	25.13%
Overall Discount	52.88%
% of Billed Eligible Charges in Network	94.52%
Outpatient Facility	
Billed Eligible Charges before Discount	\$ 29,094,247
Less Excluded Billed Eligible Charges*	\$ 20,695
Billed Eligible Charges included in Repricing	\$ 29,073,552
In-Network Charges before Discount	\$ 27,416,434
Discount off In-Network Charges	\$ 14,939,215
NAP Eligible Charges (Shared Savings arrangement)	\$ 696,080
Discount off NAP Eligible Charges	\$ 167,059
Out-of-Network Charges before Discount	\$ 961,038
Reduction to Out-of-Network Charges	\$ 272,328
Eligible Charges after Discount	\$ 13,694,950
In-Network Discount	54.49%
Out-of-Network Discount	26.52%
Overall Discount	52.90%
% of Billed Eligible Charges in Network	94.30%
Professional	
Billed Eligible Charges before Discount	\$ 24,745,816
Less Excluded Billed Eligible Charges*	\$ 191,857
Billed Eligible Charges included in Repricing	\$ 24,553,958
In-Network Charges before Discount	\$ 23,775,182
Discount off In-Network Charges	\$ 12,981,250
NAP Eligible Charges (Shared Savings arrangement)	\$ 480,679
Discount off NAP Eligible Charges	\$ 115,363
Out-of-Network Charges before Discount	\$ 298,097
Reduction to Out-of-Network Charges	\$ 104,580
Eligible Charges after Discount	\$ 11,352,766
In-Network Discount	54.60%
Out-of-Network Discount	28.24%
Overall Discount	53.76%
% of Billed Eligible Charges in Network	96.83%

Total	
Billed Eligible Charges before Discount	\$ 72,892,132
Less Excluded Billed Eligible Charges*	\$ 217,447
Billed Eligible Charges included in Repricing	\$ 72,674,685
In-Network Charges before Discount	\$ 69,194,144
Discount off In-Network Charges	\$ 37,730,042
NAP Eligible Charges (Shared Savings arrangement)	\$ 2,127,011
Discount off NAP Eligible Charges	\$ 510,483
Out-of-Network Charges before Discount	\$ 1,353,530
Reduction to Out-of-Network Charges	\$ 411,374
Eligible Charges after Discount	\$ 34,022,786
In-Network Discount	54.53%
Out-of-Network Discount	26.49%
Overall Discount	53.18%
% of Billed Eligible Charges in Network	95.21%

Claims associated with Vision Providers, Dental Providers, Pharmacy Providers, Military Providers, Third Party Administrators, Government Agencies/Police Department, Record Management Services, Blank Records, Billing Services, Cruise Lines, Foreign Providers,



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Section 5

Dental Renewal and Alternates

OKHEEI Dental Plan Benefit Outline and Cost Summary Renewal January 1, 2016												
	BCBS		MetLife 1 Yr / \$2K		MetLife 2 Yr / \$2K		MetLife 1 Yr / \$3K		MetLife 2 Yr / \$3K		Aetna	
Type	DPPO	In-Yes/Out-No	DPPO	In-Yes/Out-Yes	DPPO	In-Yes/Out-Yes	DPPO	In-Yes/Out-Yes	DPPO	In-Yes/Out-Yes	DPPO	In-Yes/Out-No
Deductible (EE/Fam)	\$25/\$75		\$25/\$75		\$25/\$75		\$25/\$75		\$25/\$75		\$25/\$75	
Waived for Preventive?												
Preventive/Basic/Major	Network - 100/85/60% Non-Network - 100/70/50%		Network - 100/85/60% Non-Network - 100/70/50%		Network - 100/85/60% Non-Network - 100/70/50%		Network - 100/85/60% Non-Network - 100/70/50%		Network - 100/85/60% Non-Network - 100/70/50%		Network - 100/85/60% Non-Network - 100/70/50%	
Child Age Limit	26		26		26		26		26		26	
Annual Maximum	\$2,000		\$2,000		\$2,000		\$3,000		\$3,000		\$2,000	
Orthodontia												
Eligibility	to age 19		to age 19		to age 19		to age 19		to age 19		to age 19	
Waiting Period	12 months		12 months		12 months		12 months		12 months		12 months	
Coinurance	50%		50%		50%		50%		50%		50%	
Lifetime Maximum	No Maximum		\$10,000		\$10,000		\$10,000		\$10,000		No Maximum	
Sealants	Preventive to age 16		Preventive to age 16		Preventive to age 16		Preventive to age 16		Preventive to age 16		Preventive to age 16	
X-rays	Preventive Full Mouth 36 mos		Preventive Full Mouth 36 mos		Preventive Full Mouth 36 mos		Preventive Full Mouth 36 mos		Preventive Full Mouth 36 mos		Preventive Full Mouth 36 mos	
Endodontics/Periodontics	Basic		Basic		Basic		Basic		Basic		Basic	
Periodontal/Oral Surgery	Basic		Basic		Basic		Basic		Basic		Basic	
Implants	Major		Major		Major		Major		Major		Major	
U&C Percentile	90th		90th		90th		90th		90th		90th	
	Current		MetLife 1 Yr / \$2K		MetLife 2 Yr / \$2K		MetLife 1 Yr / \$3K		MetLife 2 Yr / \$3K		Aetna	
Employee Only	3637	\$40.80	\$36.92	\$39.05	\$37.54	\$39.70	\$36.80					
Employee & Spouse	807	\$83.70	\$75.75	\$80.10	\$77.00	\$81.44	\$75.49					
Employee & Child	436	\$57.20	\$51.77	\$54.74	\$52.62	\$55.66	\$51.59					
Employee & Children	132	\$73.60	\$66.61	\$70.44	\$67.71	\$71.61	\$66.38					
Employee & Family	392	\$116.40	\$105.34	\$111.39	\$107.09	\$113.26	\$104.98					
Total enrollment	5404											
Monthly Total	\$296,219	\$296,219	\$268,066	\$283,495	\$272,531	\$288,229	\$267,170					
Annual Total	\$3,554,624	\$3,554,624	\$3,216,790	\$3,401,942	\$3,270,376	\$3,458,750	\$3,206,035					
% Change from Current	0.00%	\$0	-9.50%	-4.30%	-8.00%	-2.70%	-9.81%					
\$ Change from Current		\$0	-\$37,835	-\$152,683	-\$284,249	-\$95,874	-\$348,589					
Rate Guarantee	1 Year	No rate cap offered	1 Year	2 Years	1 Year	2 Years	2 Years					
Renewal Rate Cap not to exceed, could be less			Year 2 - 6% Year 3 - 7%	Year 3 - 8%	Year 2 - 6% Year 3 - 7%	Year 3 - 8%	Year 3 - 8%					
Geo Access	BCBS	MetLife	MetLife	MetLife	MetLife	MetLife	MetLife					
2 General Dentists in 10 miles	89.4%	86.2%	86.2%	86.2%	86.2%	86.2%	81.3%					
1 Oral Surgeon in 20 miles	76.2%	57.4%	57.4%	57.4%	57.4%	57.4%	96.0%					
1 Orthodontist in 25 miles	86.8%	73.6%	73.6%	73.6%	73.6%	73.6%	67.3%					
1 Specialists in 20 miles	98.8%	46.2%	46.2%	46.2%	46.2%	46.2%	76.5%					

BCBS initial renewal was 2.2%

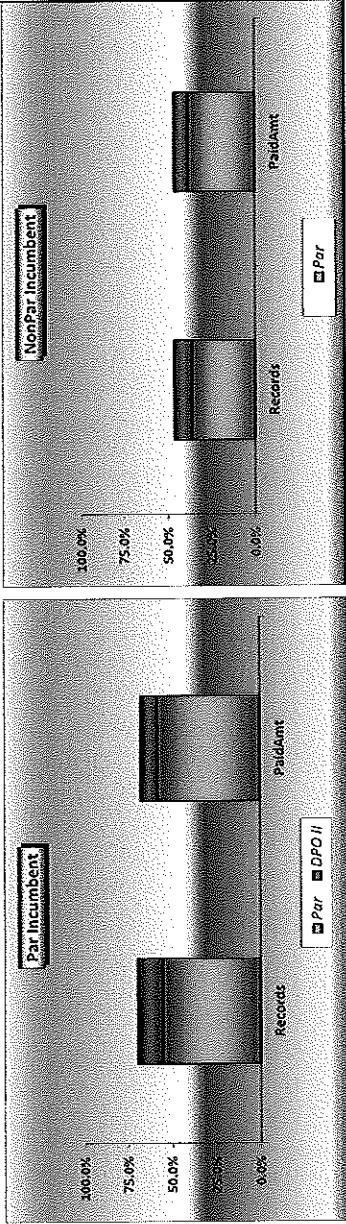
*This chart is based on Aetna's results compared to the current carriers Par/NonPar provider indicator.

Oklahoma Higher Education Employees Group - Request # 2059067

Aetna Dental PPO			
	Aetna	Records	PaidAmt
Par with Incumbent	Par	55.39%	58.36%
	DPO II	14.67%	9.88%

Aetna Dental PPO			
	Aetna	Records	PaidAmt
NonPar with Incumbent	Par	36.41%	38.45%
	DPO II	10.10%	8.32%

Prepared by Aetna



MetLife Dental Disruption Summary

Please see our disruption report for the dental attached. With MetLife, they'd experience very little Dental disruption (and I'd argue, less out of pocket and financial pain for ee's).

Disruption Overview

Out of 1604 providers...

- BCBS has 1029 In-Network
- MetLife has 1002 In-network

Out of the 1029 In Network BCBS providers

- MetLife has 817 In-Network

Out of the 574 Out-of-Network BCBS providers

- MetLife has 185 In-Network

One item to seriously consider is the quality of providers and the depth of discounts associated to the Network. Out of the carriers we're competing against, we are the only one that has built our network from the ground up. Aetna uses a number of rented networks, BCBS uses Dental Network of America, etc. I feel very confident that MetLife can bring more value through utilization review (ensures dentists aren't performing unneeded procedures) and our negotiated discounts.

Wes Goode
Senior Account Executive
Group Voluntary & Worksite Sales
MetLife
5400 LBJ Frwy, Suite 1100
Dallas, TX 75240
Direct (972) 246-3826
Fax (972) 934-8723
Cell (469) 951-4105
AR Lic.# 331989
CA Lic.# 0H38968



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Section 6

Vision Renewal and Alternates

OKHEEI Vision Plan Benefit Outline and Cost Summary January 1, 2016 Renewal Date				
Carrier	VSP - Renewal	EyeMed	MetLife/VSP	
Retail Chains (sample, not all)	Costco Optical, Eye Care Centers of America, Sam's Club Optical Center, Visionworld, Walmart	Sunglass Hut, LensCrafters, Pearle Vision, Target Optical, Sears Optical and JCPenney Optical	Costco Optical, Eye Care Centers of America, Sam's Club Optical Center, Visionworld, Walmart	
Plan Type	In Network Out of Network Reimbursement	In Network Out of Network Reimbursement	In Network Out of Network Reimbursement	
Exam	\$10 Copay Up to \$45	\$10 Copay Up to \$45	\$10 Copay Up to \$45	
Lenses				
*Single	Up to \$30	Up to \$30	Up to \$30	Up to \$30
*Bifocal	Up to \$50	Up to \$50	Up to \$50	Up to \$50
*Trifocal	Up to \$65	Up to \$65	Up to \$65	Up to \$65
*Lenticular	Up to \$100	Up to \$100	Up to \$100	Up to \$100
Frames	\$150 allowance Up to \$70	\$150 Allowance Up to \$70	\$150 allowance Up to \$70	Up to \$70
Elective Contact Lenses (in lieu of glasses)	\$150 allowance Up to \$105	\$150 allowance each, Contacts and Glasses	\$150 allowance Up to \$105	Up to \$105
Eye Exam	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months
Lenses	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months
Frames	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months
Contact Lenses (in lieu of glasses)	Every 12 Months	Every 12 Months	Every 12 Months	Every 12 Months
Monthly Rates	Ees	EyeMed	MetLife/VSP	
Employee Only	3517	\$5.87	\$6.68	
Employee & Spouse	967	\$11.86	\$13.36	
Employee & Child	329	\$11.57	\$13.08	
Employee & Children	112	\$12.57	\$14.28	
Employee & Family	419	\$20.07	\$22.81	
Total enrollment	5344			
Monthly Total	\$49,392	\$44,329	\$50,273	
Annual Total	\$592,699	\$531,951	\$603,281	
% Change from Current	2.90%	-10.2%	1.8%	
\$ Change from Current	\$17,183	-\$60,748	\$10,582	
Rate Guarantee	4 Years	4 Years	3 Years	

VSP's initial renewal was 9%.
USI Southwest

Disruption Analysis



Prepared For: Oklahoma Higher Education Employee Insurance Group
Group Number: 30017046

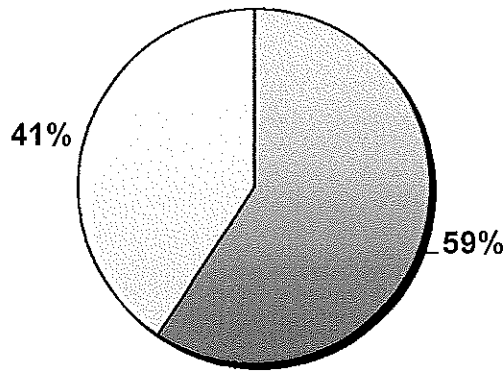
Current Network: Choice
Proposed Network: EyeMed Insight

Total Claims* Paid 4,231
Total Claims Disrupted 2,507
Total Claims Retained 1,724

****Top 100 Providers by Claim Volume**

Claim Data Date Range: April 2014 - March 2015
Proposed Network data as of: March 2015

Claims



■ Total Claims Disrupted □ Total Claims Retained

*In-network claims only

VSP Proprietary & Confidential

Date of Analysis: April 2015



Network Overlap Report: Unique Locations

Report Type: Network Overlap
 Report Date: April 16, 2015
 Line of Business: Vision
 Network Type: Providers
 Counting Method: Unique Locations
 Scope: State
 State(s): OK
 Subtotals: State, MSA
 Networks Selected: EyeMed Insight (P) Mar 2015
 VSP Choice Mar 2015
 Specialties Selected: OPHTHALMOLOGIST (OPH), OPTOMETRIST (OPT), RETAIL LOCATION (RET), UNKNOWN (UNK)
 Prepared By: Sam Ippisch



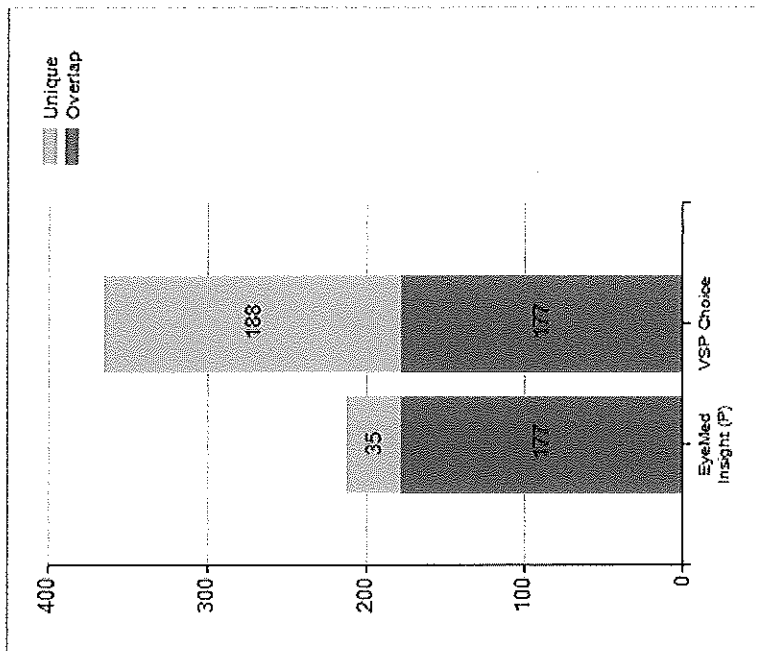
Network Overlap Report: Unique Locations

The sum of the individual specialty columns may not equal the total column. If a practitioner has more than one specialty, such as Cardiology and Internal Medicine, s/he is counted once for each specialty. However, when the total for all specialties is calculated, s/he is only counted once.



Network Overlap Report: Unique Locations

EyeMed Insight (P)	EyeMed Insight (P)	EyeMed Insight (P)	EyeMed Insight (P)	Overlap	VSP Choice Overlap %	VSP Choice Only	VSP Choice
212	35	83%	177	48%	188	365	





Network Overlap Report: Unique Locations

State	MSA	EyeMed Insight (P)	EyeMed Insight Only	EyeMed Insight (P) Overlap %	Overlap	VSP Choice Overlap %	VSP Choice Only	VSP Choice
OK	FORT SMITH, AR-OK	5	1	80%	4	36%	7	11
	LAWTON, OK	8	4	50%	4	67%	2	6
	NON-MSA, OK	62	7	89%	55	37%	92	147
	OKLAHOMA CITY, OK	80	15	81%	65	59%	46	111
	TULSA, OK	57	8	86%	49	54%	41	90



PROTECT. MANAGE. GROW.

Section 7

Appendix

- a. Renewals - BCBS & VSP
- b. Carrier Proposals (Aetna, EyeMed, MetLife)
- c. Self-Funding Overview Materials

BCBS Renewals

04/21/2015

OKHEEI Group

Prospective Premium Projection
for the period
January 1, 2016 - December 31, 2016

2016 Insured Renewal - Current Benefit Revised

Presented by:

*Sheila Rice
Marvin Bontrager*

OKHEEI Group

Prospective Premium Projection

January 1, 2016 - December 31, 2016

2016 Insured Renewal - Current Benefit

Affordable Care Act (ACA) Disclaimer

If your existing group health plan or group health insurance coverage (each "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".

OKHEEI Group
 Prospective Premium Projection
 for the period
 January 1, 2016 - December 31, 2016
 2016 Insured Medical Renewal - Current Benefit

RATE DEVELOPMENT

Please refer to the ACA Disclaimer regarding benefits and final pricing.

	High Plan	Basic Plan
Premium at Current Rates	\$36,796,688	\$2,082,756
Rate Action	12.10 %	12.10 %
Requested Premium at Renewal Rates *	\$41,249,828	\$2,334,762
Allocated Taxes and Fees	\$1,154,995	\$65,373

	Lives	Current	Renewal *	Lives	Current	Renewal *
Single	3,983	\$530.50	\$594.70	130	\$399.70	\$448.10
Single + Spouse	234	\$1,087.60	\$1,219.20	24	\$819.40	\$918.50
Single + Child	360	\$742.80	\$832.70	19	\$559.50	\$627.20
Single + Child(ren)	265	\$955.00	\$1,070.60	62	\$719.40	\$806.40
Family	118	\$1,512.10	\$1,695.10	41	\$1,139.10	\$1,276.90
Total	4,960			276		

Spouse Only	\$557.10	\$624.50	\$419.70	\$470.40
Child	\$212.30	\$238.00	\$159.80	\$179.10
Children	\$424.50	\$475.90	\$319.70	\$358.30
Spouse + Child(ren)	\$981.60	\$1,100.40	\$739.40	\$828.80

Includes a \$75,000 Wellness Fund

*Reflects Blue Cross and Blue Shield of Oklahoma current, estimated effects of Health Insurer and Reinsurance Fees, plus federal and state taxes applicable to these fees.

OKHEEI Group

Prospective Premium Projection
for the period

January 1, 2016 - December 31, 2016

2016 Insured Dental Renewal - Current Benefit

RATE DEVELOPMENT

Please refer to the ACA Disclaimer regarding benefits and final pricing.

	High Plan	
Premium at Current Rates	\$3,659,816	
Rate Action	0.00 %	
Requested Premium at Renewal Rates *	\$3,659,816	
Allocated Taxes and Fees	\$80,900	
Lives		
	Current	Renewal *
Single	3,704	\$40.80
Single + Spouse	719	\$83.70
Single + Child	312	\$57.20
Single + Child(ren)	257	\$73.60
Family	489	\$116.40
Total	5,481	

Spouse Only	\$42.90	\$42.90
Child	\$16.40	\$16.40
Children	\$32.80	\$32.80
Spouse + Child(ren)	\$75.60	\$75.60

*Reflects Blue Cross and Blue Shield of Oklahoma current, estimated effects of Health Insurer and Reinsurance Fees, plus federal state taxes applicable to these fees.

OKHEEI Group

Prospective Premium Projection
January 1, 2016 - December 31, 2016
2016 Insured Medical Renewal - Current Benefit

CONDITIONS AND CAVEATS

Please refer to the ACA Disclaimer regarding benefits and final pricing.

Notwithstanding anything in the renewal or proposal to the contrary, BCBSOK reserves the right to revise or withdraw our offer or to change our charge for the cost of coverage (premium 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, any additional tax, surcharge, fee, or other amount (all of which may be estimated, allocated or pro-rated amounts).

NOTICE: AFFORDABLE CARE ACT (ACA) FEES

ACA established a number of taxes and fees that will affect our customers and their benefit plans. Two of those fees are: (1) the Annual Fee on Health Insurers or "Health Insurer Fee"; and (2) the Transitional Reinsurance Program Contribution Fee or Reinsurance Fee. Both the Reinsurance Fee and Health Insurer Fee began in 2014.

Section 9010(a) of ACA requires that "covered entities" providing health insurance ("health insurers") pay an annual fee to the federal government, commonly referred to as the Health Insurer Fee. The amount of this fee for a given calendar year is determined by the federal government and involves a formula based in part on a health insurers net premiums written with respect to health insurance on certain health risk during the preceding calendar year. This fee helps fund premium tax credits and cost-sharing subsidies offered to certain individuals who purchase coverage on health insurance exchanges.

In addition, ACA Section 1341 provides for the establishment of a temporary reinsurance program(s) (for a three (3) year period (2014-2016)) which is funded by Reinsurance Fees collected from health insurance issuers and self-funded group health plans. Federal and state governments provide information as to how these fees are calculated. Federal regulations establish a flat, per member, per month fee. The temporary reinsurance programs, funded by these Reinsurance Fees, help to stabilize premiums in the individual market.

Your premium, which already accounts for current applicable federal and state taxes, includes the effects of the Health Insurer and Reinsurance Fees. These rates may be adjusted on an annual basis for any incremental changes in Health Insurer Fees and Reinsurance Fees.

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). This health coverage does meet the minimum value standard for the benefits it provides.

After the initial benefit plan design(s) is quoted, HCSC will not be providing a Minimum Value determination for any requested alternative benefit plan design(s). After you have notified HCSC of your final benefit plan design selection(s) for the upcoming policy year or renewal period, a statement indicating whether each selected benefit plan design meets/does not meet Minimum Value standards will be included in the corresponding Summary of Benefits and Coverage document(s) provided by HCSC.

Rates/fees are projected to be effective for the 12-month period beginning on the effective date indicated.

Offer assumes the contract situs will be Oklahoma.

Non-standard benefits are subject to review by, and contingent upon approval of, internal operational areas.

Insured benefits must comply with applicable state mandates.

USI Southwest

OKHEE Group

Prospective Premium Projection
January 1, 2016 - December 31, 2016
2016 Insured Medical Renewal - Current Benefit

CONDITIONS AND CAVEATS

Please refer to the ACA Disclaimer regarding benefits and final pricing.

Unless otherwise indicated, proposal offers assume standard HCSC administration practices/contract provisions/reports/materials and renewal offers assume existing administration practices/contract provisions/reports/materials.

We reserve the right to revise or withdraw our offer if, at any time during the projected coverage period:

- The actual number of enrolled contracts (in total, by product, or by benefit plan), the Single/Family mix, or the Medicare/Non-Medicare mix varies by +/-10% from our projections.
- The information upon which our projections were based (benefit levels, census/demographics, commissions, etc.) becomes outdated or inaccurate.

Commissions are excluded from the quoted rates/fees. Upon inquiry from employer groups, HCSC will provide information to the employer group regarding commissions and other compensation paid to the employer's agent by HCSC in connection with the employer's policy or contract with HCSC.

Employer will contribute a minimum of 25% toward the cost of coverage.

A minimum of 75% of eligible employees excluding waivers, or a minimum of 50% of eligible employees including waivers, enroll for coverage.

Offer is contingent upon Underwriting approval of any changes to the plan's eligibility definitions.

Please refer to the separate exhibit(s) detailing the BlueCard Access Fee arrangements that will apply to claims incurred in non-HCSC plan locations. Any applicable BlueCard Access Fees are included in claim projection.

This offer expires as of the effective date indicated above.

VSP Renewal



Policy: 30017046
 Renewal Plan/Rates: Effective January 1, 2016
 REVISED: APRIL 15, 2015

Please mark the box for the renewal elected for 2016:

Type of Plan	Current - VSP Choice Plan	Renewal - VSP Choice Plan
Exam Copay (comprehensive exam with dilation)	\$10	\$10
Material Copay (include Lens and Frame)	\$25	\$25
Retinal Imaging	\$39 maximum	\$39 maximum
Benefit Frequency		
Exam, Lenses, Frame (or Contacts instead of glasses)	12/12/12	12/12/12
Frame Coverage		
Wide Selection: Frame Retail Allowance	\$150 Allowance; 20% off overage	\$150 Allowance; 20% off overage
Lens Coverage- In glass or plastic ⁽¹⁾	Single / Multifocal	Single / Multifocal
Standard Anti-Reflective Coating	\$41	\$41
Polycarbonate for Children	Covered in full	Covered in full
Polycarbonate Adults	\$31 - SV, \$35 MF	\$31 - SV, \$35 MF
Standard Progressive Lenses (multifocal only)	\$55	\$55
All other Progressive Lenses (multifocal only)	\$95-\$175	\$95-\$175
Photochromic Adaptive Lenses	\$70 - SV, \$82 - MF	\$70 - SV, \$82 - MF
Standard Scratch Resistant Coating	\$17	\$17
Guaranteed Cost Controlled Pricing on Lens Enhancements	20-25% Savings on All Lens enhancements	20-25% Savings on All Lens enhancements
Contact Lens Allowance		
Elective Contact Lens Materials & Exam	\$150	\$150
Contact Lens Fitting & Evaluation (Standard Fit Wearers & Premium)	15% discount off U&C	15% discount off U&C
Necessary Contacts (fitting & evaluation and materials)	Covered in full less material copay	Covered in full less material copay
Additional Benefits and Discounts		
Retail Chain Providers	Included	Included
Diabetic EyeCare Program	Not Included	Provides additional services for Type 1 and Type 2 diabetes, glaucoma, or age-related macular degeneration (AMD)
Free Diabetic Awareness Program	Outreach program and exam reminders	Outreach program and exam reminders
Additional pairs of Prescriptive Glasses or Non-Prescriptive	20% off from any VSP doctor within 12 months of your last WellVision Exam.	20% off from any VSP doctor within 12 months of your last WellVision Exam.
Laser Vision Correction	15% discount or 5% off promotional pricing	15% discount or 5% off promotional pricing
Exclusive Offers	Please review the attached flier	Please review the attached flier
Out-of-Network Allowances		
Exam	\$45	\$45
Single Vision Lenses	\$30	\$30
Bifocal Lenses	\$50	\$50
Trifocal Lenses	\$65	\$65
Frame	\$70	\$70
Elective Contact Lenses	\$105	\$105
Medically Necessary Contact Lenses	\$210	\$210
Monthly Rates⁽²⁾		
Employee Only	\$6.36	\$6.54
Employee & Spouse	\$12.72	\$13.10
Employee & Child	\$12.46	\$12.82
Employee & Children	\$13.60	\$14.00
Employee & Family	\$21.72	\$22.36
% Change		3%
Rate Information		Initial Renewal was 9%
Commission	Net	Net
Guarantee Period	1/1/2012-12/31/2015	4 years
Dependent Coverage		
Dependent Children	Covered: up to age 26	Please let VSP know if the dependent criteria for the policy should be modified.
Domestic Partner	Not Covered	
Domestic Partner Children	Not Covered	

⁽¹⁾ SV = single vision, MF = multi-focal

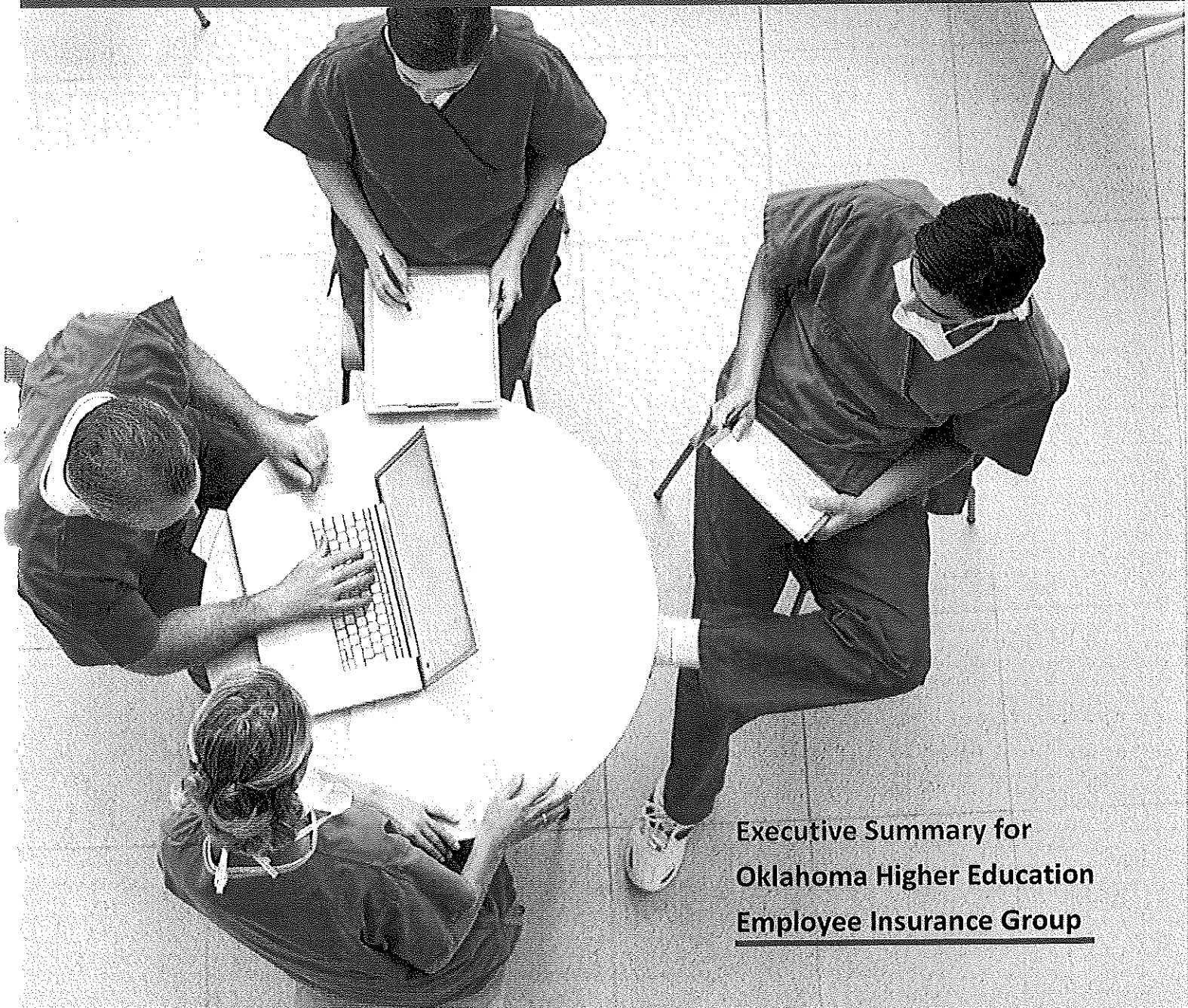
⁽²⁾ The Affordable Care Act requires fully-insured vision, dental and medical insurance policies to pay Health Insurance Provider Fees (HIPF) to the IRS beginning in 2014. In compliance, the renewal rates include the required ACA tax.

Aetna Proposal

Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna[®]

Better health, better care, better cost



**Executive Summary for
Oklahoma Higher Education
Employee Insurance Group**

Aetna is pleased to provide our response to the Request for Proposal (RFP) for the Oklahoma Higher Education Employee Insurance Group (OKHEEI). We have reviewed the RFP carefully and responded with a comprehensive submission tailored to meet OKHEEI's objectives. I am hopeful our proposal response conveys our enthusiasm regarding this opportunity.

Throughout our proposal, we have outlined our vision and the powerful impact that our collaborative partnership could make in order to help the OKHEEI employees and their families continue to lead healthier lives. We continually put all who use our services at the center of everything we do. We listen to them, anticipate their needs and develop creative solutions to help them improve their health sooner and in ways that wouldn't otherwise be possible.

We would like to highlight the following key elements in our proposal. These elements make up a customized solution that will drive a successful benefits program.

- **Provide a competitive financial offer dedicated to your solution**
- **Provides focused value-added services to promote healthy behaviors and efficient and effective health care utilization.**
- **Promoting transparency**
- **Increasing engagement**
- **Understand your employees needs and commit to providing a customized process that addresses these unique needs;**
- **Leveraging our ACO/Steerage Network capabilities as a strategic option**
- **Minimize disruption with transition**
- **Provide an embedded exchange platform**
- **Streamlined administration**
- **Comprehensive Dental Proposal**

Financial Proposal, Plan Design & Provider Network Structure

One of the greatest values that we can provide is the overall health of your employees, increasing productivity and reducing medical costs. As indicated in our proposal, we will accomplish this through network innovation, greater care management and a strong benefit plan.

We have a fully insured option which mirrors your current plans, we have provided HDHP options, as well as provided options with Aetna's Accountable Care Collaboration – Aetna Whole Health Intergis Health in Oklahoma City and we have provided options with our Savings Plus network tiering designs in Oklahoma City and in Tulsa. The highlights of our financial proposal are found below:

- Fully insured structure –allowing smooth transition with existing funding model along with planning to build reserve in 2016 to move to self-insured in 2017
- Self-Insured alternative proposed with an option if desired to allow groups to elect the specific stop loss level for their size school.
- Current plans (Basic and High) + 8.5% over current premiums
- HDHP 1 (\$3k then 100%) + 8.5% over current premiums
- HDHP 2 (\$3k then RX Copays to \$5k) + 1.5% over current premiums
- HDHP 3 (\$5k then 100%) +1.3% over current premiums

- Alternate 1 50%/50% \$5k - 5.5% compared to current premiums
- Alternate 2 \$1500 80% -1.9% compared to current premiums
- Alternate 3 \$1500 50% - 3.6 compared to current premiums
- Aetna Whole Health –Integrus ACO in Oklahoma City area +5.1% increase over current premium
- Savings Plus – Triple tier network option for Tulsa and Oklahoma City area + 6.6% increase over current premium
- Quote allows any combination or all quoted plan options are offered to employees at annual enrollment
- Savings Factors utilized in the quotes

-9.4% medical trend, 9.5% RX trend

-Medical Management improvement of 3.3% reduction in current claims

-Statewide discount adjustment of 3% reduction in claims for better discounts

-Savings Plus adjustment of 5.5% reduction in claims

-ACO adjustment of 9.1% reduction in claims

CONFIDENTIAL

- bSwift – Aetna Exchange platform available as an option
- Aetna Strategic Desktop for each participating entity
- Service Performance guarantees offered with premium at risk for performance
- Teledoc included in premium, \$40 cost to access physician
- Matching the \$250 premium credit incentive in place today

Services included in the Aetna proposal
Implementation & Communications
\$20,000 Implementation Allowance
\$15,000 Communication Allowance
\$50,000 Wellness Allowance
Designated Implementation Manager
Open Enrollment Marketing Material
Onsite Open Enrollment Meeting Preparation
Standard ID Cards
General Administration
Experienced Account Management Team
Designated billing, eligibility, plan set up, underwriting and drafting services
Review or draft plan documents
Summary of Benefits and Coverage (SBCs)
Aetna Claim Fiduciary – provided
Aetna provides External Review
Member and Claim Services
Claim Administration
Member Services
Aetna Voice Advantage
Designated Service Center
Dedicated Toll Free Phone number to OKHEE Service Team
Plan Sponsor Liaison
Special Investigations / Zero Tolerance Fraud Unit

Aetna Strategic Desktop

Network

Network Access / Full National Reciprocity

Care Management Included

- Utilization Management Inpatient Precertification
- Utilization Management Outpatient Precertification
- Utilization Management Concurrent Review
- Utilization Management Discharge Planning
- Utilization Management Retrospective Review
- Aetna Compassionate CareSM Program (ACCP)
- Infertility Case Management
- National Medical Excellence[®]
- Institutes of Quality Program (IOQ) (same benefits)
- Aetna Health ConnectionsSM Disease Management¹
- MedQuery[®]
- MedQuery[®] with Physician Messaging³
- Informed Health[®] Line - 24-hour Nurseline 1-800 #

Simple Steps To A Healthier Life[®] - Health Assessment

Behavioral Health Included

Managed Behavioral Health

AbilTo

Web Tools Included

- DocFind[®] (online provider directory)
- Aetna Navigator[®] - Member Self Service Web
- Web-Chat Technology - Virtual Assistant Ann
- Online Programs
- Health Decision Support – Basic
- InteliHealthSM

Reporting Included

- 25 Hours of Ad Hoc Reports, Annual Restoration
- Aetna Health Information AdvantageTM
- e.Plan Sponsor MonitorTM - Level B Reporting (Standard Quarterly Utilization Reports)
- Monthly Financial Claim Detail Reports
- Monthly Banking Reports

Aetna Discount Program Included

at home products, books, fitness, hearing, national products and services, oral health care, vision and weight management

Claim Management Services Included

- Subrogation
- Coordination of Benefits, Retro Terminations, Medical Bill and Hospital Bill Audits, Workers Compensation, DRG and Implant Audits
- National AdvantageTM Program
- Standard Facility Charge Review
- Itemized Bill Review
- Enhanced Clinical Review

Aetna Strategic Desktop

Network

Network Access / Full National Reciprocity

Care Management Included

- Utilization Management Inpatient Precertification
- Utilization Management Outpatient Precertification
- Utilization Management Concurrent Review
- Utilization Management Discharge Planning
- Utilization Management Retrospective Review
- Aetna Compassionate CareSM Program (ACCP)

Infertility Case Management
National Medical Excellence[®]

Institutes of Quality Program (IOQ) (same benefits)
Aetna Health ConnectionsSM Disease Management¹

MedQuery[®]

MedQuery[®] with Physician Messaging³

Informed Health[®] Line - 24-hour Nurseline 1-800 #

Simple Steps To A Healthier Life[®] - Health Assessment

Behavioral Health Included

Managed Behavioral Health

AbilTo

Web Tools Included

DocFind[®] (online provider directory)

Aetna Navigator[®] - Member Self Service Web

Web-Chat Technology - Virtual Assistant Ann

Online Programs

Health Decision Support – Basic

InteliHealthSM

Reporting Included

- 25 Hours of Ad Hoc Reports, Annual Restoration
- Aetna Health Information AdvantageTM
- e.Plan Sponsor MonitorTM - Level B Reporting (Standard Quarterly Utilization Reports)
- Monthly Financial Claim Detail Reports
- Monthly Banking Reports

Aetna Discount Program Included

at home products, books, fitness, hearing, national products and services, oral health care, vision and weight management

Claim Management Services Included

- Subrogation
- Coordination of Benefits, Retro Terminations, Medical Bill and Hospital Bill Audits, Workers Compensation, DRG and Implant Audits
- National AdvantageTM Program
- Standard Facility Charge Review
- Itemized Bill Review
- Enhanced Clinical Review

Institutes of Excellence™ (Transplants) Teladoc
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Our Dental/Medical Integration Program Controls Costs and Focuses on Wellness

Aetna Dental® strongly supports research on the associations between oral and systemic health. Industry research is compelling - early preventive dental visits are most effective in lowering the cost of subsequent dental care. Furthermore, recent studies have demonstrated there is an association between periodontitis (gum disease) and certain systemic diseases, such as stroke, diabetes and heart disease, which remains a leading cause of death in both men and women. Aetna's exclusive program mines clinical data to determine "at-risk" members and then does an outreach to those members to educate them on these connections. At-Risk members are then eligible for our Enhanced Periodontal Benefits covered at 100%.

Dental Financials

- Fully Insured Dental PPO Rates are - 9% below current for 12 months
- Fully-Insured Dental DMO Rates included at - 45% below current PPO rates. We quoted a fairly rich plan but have many other plans to choose from to fit different price points
- We included 2nd & 3rd year FI rate caps for both DMO & PPO of 7% for each year
- ASC fees for Dental PPO guaranteed for 3 years at \$2.41pepm
- Pricing includes costs associated with additional wire lines and eligibility feeds (.32 pepm on FI DMO and PPO; .44 pepm on PPO ASC fees. We can break out separately if requested)
- Included 5-tier pricing as requested
- Performance Guarantees and Network Discount Guarantees with 30% At Risk included with our ASC Fees
- Customer Reporting Package Included - Quarterly plan sponsor reporting to review utilization and trends
- Network GEO Access Results DMO - 37.5% (criteria is 2 GD providers/10 miles)
- Network GEO Access Results PPO - 81.3% (criteria is 2 GD providers/10 miles)

Aetna's Accountable Care Collaborations

An Accountable Care Collaboration is an alliance of hospitals, physicians and other providers that offer a more coordinated approach to care for their patients with the goal of improving quality and reducing costs.

Aetna is not the only health plan engaged in helping health systems and employers manage medical costs. However, we believe our holistic approach is more effective in aligning payment, technology, and clinical and service operations. The key to success in the consumer-centric world of 21st century health care is a new model of partnership between payers and providers. Our model, built on a platform of industry-changing technologies, makes it easy to share information, perspectives and objectives. This results in an enhanced physician-led patient experience.

We began working with physician groups, specialists and health care facilities in 2007 to create a more personalized and efficient way to provide health care. Today, we are collaborating with health systems

and provider offices across the country to create strategic and meaningful accountable care relationships.

While others talk about collaboration, Aetna Accountable Care Solutions has made a substantial investment in enabling providers and patients to achieve meaningful and engaging interaction. We bring together the technology and expertise that allows health plans, providers and patients to not merely survive, but to thrive, in the rapidly changing health care world.

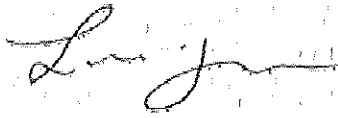
Collaboration/Partnership - Our commitment to OKHEEI

We will deliver world-class account management and customer service to OKHEEI. We will provide claims payment and member services through our nationally recognized service center, located in Arlington, Texas. Kip Hill will be assigned as your Plan Sponsor Liaison. These employees are experienced and they exemplify our values of excellence, integrity, caring and inspiration. We recognize the challenges faced by your organization. Our strength is in the relationship that our team develops with you and your employees and the understanding that we have of your individual culture and environment. As a result, our proposal includes the support of a designated team.

Your Account Team will be led by Darren Bruton, Director of Sales and Service. Darren and his team will provide strategic leadership and act as a single point of contact for all benefit plans offered through Aetna. Additionally, Brian Croce, Account Manager will be assigned to support OKHEEI. They will work closely in the day-to-day servicing of the plans. As a team, we will have the resources of our entire organization in which to prove the value of our program to your benefits personnel.

We believe we fully understand your focus, goals, and strategies and look forward to discussion as your process allows. We are confident in the value we will bring to your organization, your employees, retirees and their families — and we guarantee it in our proposal. We are absolutely the right partner to take your health and wellness strategy to the next level — and into the future.

You have our personal commitment that Aetna will deliver on the promises made and the customized solutions presented in our proposal response. We extend this commitment on behalf of the 47,500 Aetna employees who put the people we serve at the center of all we do every day.



Louie Heerwagen
Vice President

Aetna Sales West Region Public & Labor

Firm
Oklahoma Higher Education Employees Group (OKHEEI)

Contact Information

Account Executive: <u>Louie Heerwagen</u>	Email: <u>HeerwagenL@Aetna.com</u>
Telephone Number: <u>817-417-2530</u>	Fax: <u>860-975-1792</u>

Assumptions

Contract State: <u>OK</u>	Lives: <u>5,187</u>	Participation: <u>Acceptable</u>
Medical Pooling Level: <u>\$500,000</u>	Sic Code: <u>8821/8822</u>	Contributions: <u>Acceptable</u>
Commissions: <u>0</u>	Mem/EE Ratio: <u>1.36</u>	Large Claims: <u>\$\$/Diagnosis</u>
	¹ Reinsurance Contribution Fee: <u>\$2.25 (PMPM)</u>	¹ Reinsurance Contribution Fee: <u>0.44% (Estimated%)</u>
¹ Health Insurance Provider Fee%: <u>3.00%</u>		

Aetna Proposed Rates Effective Date: January 1, 2016 End Date: December 31, 2016

Total Amount Due Includes 0% Producer Service Fee*

Coverage	Lives	Monthly Rate PMPM	Monthly Amount Due
OA MC with Pharmacy Replacing Basic Plan			
EE	131	\$433.81	\$56,830
EE + Spouse	30	\$889.34	\$26,680
EE + 1 Child	61	\$607.25	\$37,043
EE + Children	37	\$780.80	\$28,890
Family	52	\$1,236.32	\$64,289
Total	311		\$213,731
OA MC with Pharmacy Replacing High Plan			
EE	3641	\$575.78	\$2,096,431
EE + Spouse	296	\$1,180.43	\$349,409
EE + 1 Child	568	\$806.20	\$457,924
EE + Children	226	\$1,036.51	\$234,252
Family	145	\$1,641.16	\$237,969
Total	4876		\$3,375,985

Total Medical Lives	5187	
Total Monthly Amount Due		\$3,589,716
Annual Total Amount Due		\$43,076,591.31

¹The Affordable Care Act imposes two new fees/assessments, the transitional reinsurance contribution and the health insurance provider fee. The fees are effective as of January 1, 2014. However, rate quotes for a policy year starting in 2013 will include, where permitted, the fees assessed on the portion of the premium that is paid in 2014. This rate quote includes, where permitted, an estimated proportionate allocation of expenses associated with these fees.

Oklahoma Higher Education Employees Group (OKHEEI)

Financial Information

Full Replacement Dental Proposal
January 1, 2016 to January 1, 2017

REVISED 4/16/2015

Assumed Enrollment: 5,364

DMO Benefit	
Plan Design	Plan 78
Office Visit Copay	\$5
Plan Maximum	None
Plan Deductible	None
Orthodontia Plan Design ⁴	\$2,400 Copay
Orthodontia Deductible	None
Orthodontia Maximum	None

Active DPPO		
	In-Network	Out-of-Network
Plan Design ¹	100/85/60	100/70/50
Plan Maximum	\$2,000	\$2,000
Individual Deductible	\$25	\$25
Family Deductible	\$75	\$75
Prev. Services Deductible	No	Yes
PPO Benefit	Yes	No ⁵
Orthodontia Plan Design ^{2,4}	50%	50%
Orthodontia Deductible	None	None
Orthodontia Maximum	None	None

¹Osseous Surgery, Anesthesia, Extraction of Bony Impactions and Molar Root Canals will be covered as Basic.

²A 12 month Waiting Period applies to Orthodontia for new enrollees after the initial enrollment.

⁴Orthodontia applies to children up to age 20 only.

⁵Non-network benefits are based on the 90th percentile of FAIR Health data.

Tier	DMO Rates
Employee	\$ 21.17
Employee + Spouse	\$ 43.42
Employee + Child	\$ 29.67
Employee + Children	\$ 38.18
Employee + Family	\$ 60.39

Tier	Active DPPO Rates
Employee	\$ 36.80
Employee + Spouse	\$ 75.49
Employee + Child	\$ 51.59
Employee + Children	\$ 66.38
Employee + Family	\$ 104.98

⁴We are relying on information from OKHEEI and its representatives in establishing the rates and terms of this proposal. If any of this information is inaccurate and has a material impact on the cost of the Plan, we reserve the right to adjust our rates and terms.



Dental Benefits Summary

	Active PPO With PPOII Network	
	Participating	Non-participating
Annual Deductible*		
Individual	\$25	\$25
Family	\$75	\$75
Preventive Services	100%	100%
Basic Services	85%	70%
Major Services	60%	50%
Annual Benefit Maximum	\$2,000	\$2,000
Office Visit Copay	N/A	N/A
Orthodontic Services**	50%	50%
Orthodontic Deductible	None	None
Orthodontic Lifetime Maximum	None	None

*The deductible applies to Basic & Major services only for Participating and Preventive, Basic & Major for Non-participating.

**12 month Waiting Period applies to Orthodontia.

**Orthodontia is covered only for children (appliance must be placed prior to age 20).

Partial List of Services	Active PPO With PPOII Network	
	Participating	Non-participating
Preventive		
Oral examinations (a)	100%	100%
Cleanings (a) Adult/Child	100%	100%
Fluoride (a)	100%	100%
Sealants (permanent molars only) (a)	100%	100%
Bitewing Images (a)	100%	100%
Full mouth series Images (a)	100%	100%
Space Maintainers	100%	100%
Basic		
Root canal therapy		
Anterior teeth / Bicuspid teeth	85%	70%
Root canal therapy, molar teeth	85%	70%
Scaling and root planing (a)	85%	70%
Gingivectomy*	85%	70%
Amalgam (silver) fillings	85%	70%
Composite fillings (anterior teeth only)	85%	70%
Stainless steel crowns	85%	70%
Incision and drainage of abscess*	85%	70%
Uncomplicated extractions	85%	70%
Surgical removal of erupted tooth*	85%	70%
Surgical removal of impacted tooth (soft tissue)*	85%	70%
Osseous surgery (a)*	85%	70%
Surgical removal of impacted tooth (partial bony/full bony)*	85%	70%
General anesthesia/intravenous sedation*	85%	70%
Crown Lengthening	85%	70%
Major		
Inlays	60%	50%
Onlays	60%	50%
Crowns	60%	50%
Full & partial dentures	60%	50%
Pontics	60%	50%
Denture repairs	60%	50%
Crown Build-Ups	60%	50%
Implants	60%	50%

*Certain services may be covered under the Medical Plan. Contact Member Services for more details.
(a) Frequency and/or age limitations may apply to these services. These limits are described in the booklet/certificate.



Dental Benefits Summary

Other Important Information

This Aetna Dental® Preferred Provider Organization (PPO) benefits summary is provided by Aetna Life Insurance Company for some of the more frequently performed dental procedures. Under the Dental Preferred Provider Organization (PPO) plan, you may choose at the time of service either a PPO participating dentist or any nonparticipating dentist. With the PPO plan, savings are possible because the participating dentists have agreed to provide care for covered services at negotiated rates. Non-participating benefits are subject to usual and prevailing charge limits, as determined by Aetna.

Coverage for Major and Orthodontic services is subject to a waiting period and will take effect after 12 months of continuous coverage under the PPO Plan.

Emergency Dental Care

If you need emergency dental care for the palliative treatment (pain relieving, stabilizing) of a dental emergency, you are covered 24 hours a day, 7 days a week.

When emergency services are provided by a participating PPO dentist, your co-payment/coinsurance amount will be based on a negotiated fee schedule. When emergency services are provided by a non-participating dentist, you will be responsible for the difference between the plan payment and the dentist's usual charge. Refer to your plan documents for details. Subject to state requirements. Out-of-area emergency dental care may be reviewed by our dental consultants to verify appropriateness of treatment.

Partial List of Exclusions and Limitations* - Coverage is not provided for the following:

1. Services or supplies that are covered in whole or in part:
 - (a) under any other part of this Dental Care Plan; or
 - (b) under any other plan of group benefits provided by or through your employer.
2. Services and supplies to diagnose or treat a disease or injury that is not:
 - (a) a non-occupational disease; or
 - (b) a non-occupational injury.
3. Services not listed in the Dental Care Schedule that applies, unless otherwise specified in the Booklet-Certificate.
4. Those for replacement of a lost, missing or stolen appliance, and those for replacement of appliances that have been damaged due to abuse, misuse or neglect.
5. Those for plastic, reconstructive or cosmetic surgery, or other dental services or supplies, that are primarily intended to improve, alter or enhance appearance. This applies whether or not the services and supplies are for psychological or emotional reasons. Facings on molar crowns and pontics will always be considered cosmetic.
6. Those for or in connection with services, procedures, drugs or other supplies that are determined by Aetna to be experimental or still under clinical investigation by health professionals.
7. Those for dentures, crowns, inlays, onlays, bridgework, or other appliances or services used for the purpose of splinting, to alter vertical dimension, to restore occlusion, or to correct attrition, abrasion or erosion.
8. Those for any of the following services (Does not apply to the DMO plan in TX):
 - (a) an appliance or modification of one if an impression for it was made before the person became a covered person;
 - (b) a crown, bridge, or cast or processed restoration if a tooth was prepared for it before the person became a covered person; or
 - (c) root canal therapy if the pulp chamber for it was opened before the person became a covered person.
9. Services that Aetna defines as not necessary for the diagnosis, care or treatment of the condition involved. This applies even if they are prescribed, recommended or approved by the attending physician or dentist.
10. Those for services intended for treatment of any jaw joint disorder, unless otherwise specified in the Booklet-Certificate.
11. Those for space maintainers, except when needed to preserve space resulting from the premature loss of deciduous teeth.
12. Those for orthodontic treatment, unless otherwise specified in the Booklet-Certificate.
13. Those for general anesthesia and intravenous sedation, unless specifically covered. For plans that cover these services, they will not be eligible for benefits unless done in conjunction with another necessary covered service.
14. Those for treatment by other than a dentist, except that scaling or cleaning of teeth and topical application of fluoride may be done by a licensed dental hygienist. In this case, the treatment must be given under the supervision and guidance of a dentist.
15. Those in connection with a service given to a person age 5 or older if that person becomes a covered person other than:
 - (a) during the first 31 days the person is eligible for this coverage, or
 - (b) as prescribed for any period of open enrollment agreed to by the employer and Aetna. This does not apply to charges incurred:
 - (i) after the end of the 12-month period starting on the date the person became a covered person; or
 - (ii) as a result of accidental injuries sustained while the person was a covered person; or



Dental Benefits Summary

(iii) for a primary care service in the Dental Care Schedule that applies as shown under the headings Visits and Exams, and X-rays and Pathology.

16. Services given by a nonparticipating dental provider to the extent that the charges exceed the amount payable for the services shown in the Dental Care Schedule that applies.
17. Those for a crown, cast or processed restoration unless:
 - (a) it is treatment for decay or traumatic injury, and teeth cannot be restored with a filling material; or
 - (b) the tooth is an abutment to a covered partial denture or fixed bridge.
18. Those for pontics, crowns, cast or processed restorations made with high-noble metals, unless otherwise specified in the Booklet-Certificate.
19. Those for surgical removal of impacted wisdom teeth only for orthodontic reasons, unless otherwise specified in the Booklet-Certificate.
20. Services needed solely in connection with non-covered services.
21. Services done where there is no evidence of pathology, dysfunction or disease other than covered preventive services.

Any exclusion above will not apply to the extent that coverage of the charges is required under any law that applies to the coverage.

*This is a partial list of exclusions and limitations, others may apply. Please check your plan booklet for details.

Your Dental Care Plan Coverage Is Subject to the Following Rules:

Replacement Rule

The replacement of; addition to; or modification of: existing dentures; crowns; casts or processed restorations; removable denture; fixed bridgework; or other prosthetic services is covered only if one of the following terms is met:

The replacement or addition of teeth is required to replace one or more teeth extracted after the existing denture or bridgework was installed. This coverage must have been in force for the covered person when the extraction took place.

The existing denture, crown; cast or processed restoration, removable denture, bridgework, or other prosthetic service cannot be made serviceable, and was installed at least 8 years before its replacement.

The existing denture is an immediate temporary one to replace one or more natural teeth extracted while the person is covered, and cannot be made permanent, and replacement by a permanent denture is required. The replacement must take place within 12 months from the date of initial installation of the immediate temporary denture.

The extraction of a third molar does not qualify. Any such appliance or fixed bridge must include the replacement of an extracted tooth or teeth.

Tooth Missing But Not Replaced Rule

Coverage for the first installation of removable dentures; fixed bridgework and other prosthetic services is subject to the requirements that such removable dentures; fixed bridgework and other prosthetic services are (i) needed to replace one or more natural teeth that were removed while this policy was in force for the covered person; and (ii) are not abutments to a partial denture; removable bridge; or fixed bridge installed during the prior 8 years.

Alternate Treatment Rule: If more than one service can be used to treat a covered person's dental condition, Aetna may decide to authorize coverage only for a less costly covered service provided that all of the following terms are met:

- (a) the service must be listed on the Dental Care Schedule;
- (b) the service selected must be deemed by the dental profession to be an appropriate method of treatment; and
- (c) the service selected must meet broadly accepted national standards of dental practice.

If treatment is being given by a participating dental provider and the covered person asks for a more costly covered service than that for which coverage is approved, the specific copayment for such service will consist of:

- (a) the copayment for the approved less costly service; plus
- (b) the difference in cost between the approved less costly service and the more costly covered service.

Finding Participating Providers

Consult Aetna Dentals online provider directory, DocFind®, for the most current provider listings. Participating providers are independent contractors in private practice and are neither employees nor agents of Aetna Dental or its affiliates. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice. For the most current information, please contact the selected provider or Aetna Member Services at the toll-free number on your online ID card, or use our Internet-based provider directory (DocFind) available at www.aetna.com.

Specific products may not be available on both a self-funded and insured basis. The information in this document is subject to change without notice. In case of a conflict between your plan documents and this information, the plan documents will govern.

In the event of a problem with coverage, members should contact Member Services at the toll-free number on their online ID cards for information on how to utilize the grievance procedure when appropriate.

All member care and related decisions are the sole responsibility of participating providers. Aetna Dental does not provide health care services and, therefore, cannot guarantee any results or outcomes.



Dental Benefits Summary

Dental plans are provided or administered by Aetna Life Insurance Company, Aetna Dental Inc., Aetna Dental of California Inc. and/or Aetna Health Inc.

In Texas, the Dental Preferred Provider Organization (PPO) is known as the Participating Dental Network (PDN), and is administered by Aetna Life Insurance Company.

This material is for informational purposes only and is neither an offer of coverage nor dental advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. The availability of a plan or program may vary by geographic service area. Certain dental plans are available only for groups of a certain size in accordance with underwriting guidelines. Some benefits are subject to limitations or exclusions. Consult the plan documents (Schedule of Benefits, Certificate/Evidence of Coverage, Booklet, Booklet-Certificate, Group Agreement, Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan.

EyeMed Proposal

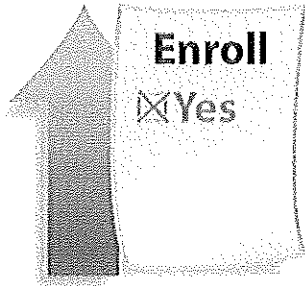
Challenge
the status
quo.

A vision benefits
proposal from

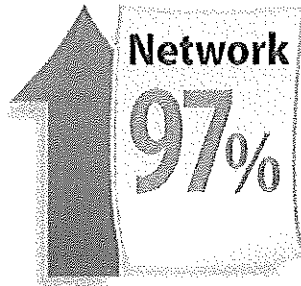
eye
Med

What to expect?

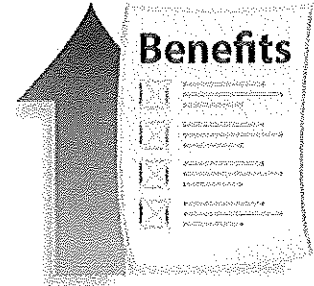
When you focus on providing employees the network they want with vision benefits that continue to redefine expectations, and then you make it easy for them to use their benefits, good things happen. Typically, when clients join EyeMed:



More employees enroll



More employees visit in-network providers



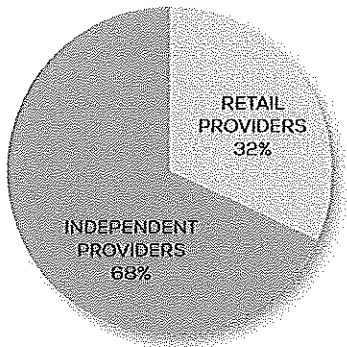
More employees use their benefits¹

Expect more from your vision benefits. Our clients expect more. And EyeMed delivers. It's why we're America's fastest growing vision benefits company². What do EyeMed clients know?

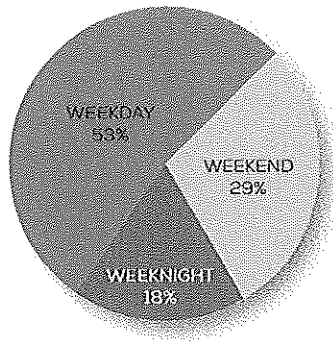
We have the network employees want

Employees want to receive care where and when they want. And to meet their expectations, they want a network with the right mix of independent, national retail, and regional retail providers.

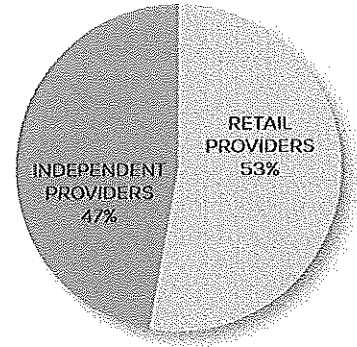
CONSUMERS PREFER TO GET EXAMS AT.³



AND THEY GET THEM WHEN THEY WANT TO.⁴



BUT PREFER TO BUY THEIR FRAMES AT.⁵



The result: 97% Of EyeMed members visit an in-network provider⁶.

Vision benefits that redefine expectations

We use data from 39 million members to provide spot-on benefits aligned with your benefit strategy and employee demographics. We want employees to enroll, use and get the most of their vision benefits. It's all about choice. And choice is more than where and when you get care. It's also about enabling employees to get the eyewear they want without unnecessary in-network limitations.

No frame restrictions – choose any ophthalmic frame in the store without worrying about frame towers or limited selection

Choose nearly any lens or contact lens⁷ – employees don't have to deal with confusing lens formularies at the point of service

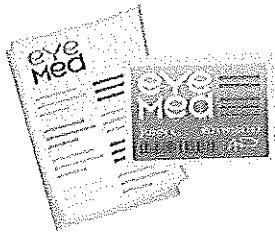
The result: 96% of EyeMed members are satisfied with their benefits.⁵

And, above all else, we make benefits easy

How do you make benefits easy? Give employees the tools they need and get out of their way. Provide answers when they want and how they want – whether in print, by phone, online, or via smartphone. Save employees time and provide a hassle-free experience.

1 Welcome kits with ID cards

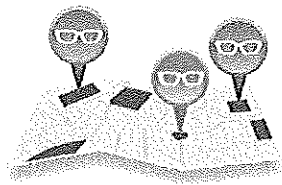
A summary of the benefit, member ID cards, and a customized listing of nearby independent and retail providers make it easy for employees to begin using their EyeMed vision benefits.



2 Enhanced provider search

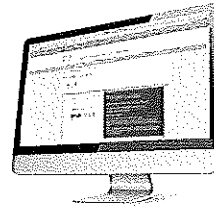
Search for a provider by choices such as:

- Location, including proximity to home or office
- Provider hours
- Specialty
- Frame brands
- Technology available



3 Schedule appointments online

Employees can schedule an appointment at participating in-network providers through our enhanced provider search, saving them time and making it easier to receive the care they need.



4 Award-winning service center

For 5 consecutive years, we've ranked among America's best call centers⁸ with 99.4% first-call resolution⁹. Our call center is open every day – including nights and weekends.



The result: Easy for employees means easy for you. It's why 99% of EyeMed clients agree we're easy to work with¹⁰.

Change the conversation

Once you provide the network employees want, vision benefits that redefine expectations, and the experience of making benefits easy...change the conversation. Here's a couple innovations from EyeMed that are taking "easy" to a new level:

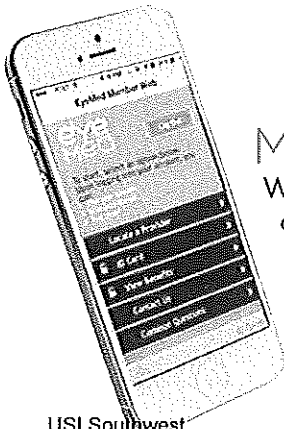
Adding online in-network options

Your employees will soon be able to purchase prescription eyewear and contacts online using their benefits through glasses.com or our new contact lens site (in development). If you haven't seen the future of easy, use your iPad or iPhone to take a look at glasses.com.

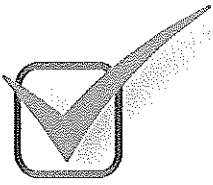


Mobile app

We're the first vision benefits company with a mobile app for members. Your ID card in a shake. Provider search on the go. Or, benefits readily available for your provider.



Challenge the status quo.



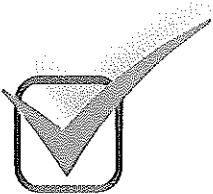
The network that employees want.

- Choice of the largest network (Access) with more independent providers than anyone¹¹ or our slightly smaller Insight network with greater cost controls to lower out-of-pocket costs
- The right mix of independent, national retail and regional retail providers
- 97% of employees use in-network providers⁵



Vision benefits that redefine expectations.

- Freedom to choose from nearly any ophthalmic frame, lens and contacts
- Fewer confusing restrictions: no frame towers and no confusing contact lens formularies
- Consistent administration of benefits across all providers
- 96% of members are satisfied with their benefits⁷



The experience of benefits made easy.

- Standard welcome kit and ID card mailed right to employee's home that lists the 5 closest independent and 5 closest retail providers
- Enhanced Provider Search with the ability to book appointments online
- Award-winning call center with more call-center hours than any other major vision benefits company
- Mobile app to provide service in a sn-appl
- 99% of clients agree we're easy to work with¹⁰

Plus, we make switching to EyeMed easy with 100% implementation satisfaction for 7 straight years!



The biggest network and the most choice. Because more is more.

¹ EyeMed analysis of new business that transferred over from a prior benefits company, 2013 - 2014. ² Internal analysis of EyeMed membership data compared to data from leading vision benefit companies, as reported in Freedom of Information Act (FOIA) requests and news alerts. ³ Vision Watch - The Vision Council Member Benefit Report, Q3 2013. ⁴ EMI Online Research Solutions. Consumer Study Commissioned by EyeMed 2010. ⁵ EyeMed book of business data 2013 - 2014. ⁶ EyeMed internal member satisfaction survey conducted by Convergys 2014. ⁷ May not be available on all plans. Confirm if your plan provides this option. ⁸ Purdue University Benchmark Portal independent assessment of call centers nationwide. ⁹ EyeMed incoming call analysis 2014. ¹⁰ EyeMed internal client satisfaction survey conducted by Walker 2014. ¹¹ Based on NetMinder provider comparisons as of September 2014.

OKHEEI

Option 1

Progressive Price List*	Member Cost In Network (Includes Lens Copay)
Standard Progressive	\$90 copay
Premium Progressives as Follows:	
Tier 1	\$110 Copay
Tier 2	\$120 Copay
Tier 3	\$135 Copay
Tier 4	\$90 Copay, 80% of charge less \$120 Allowance
Anti-Reflective Coating Price List*	Member Cost In Network
Standard Anti-Reflective Coating	\$45
Premium Anti-Reflective Coatings as Follows:	
Tier 1	\$57
Tier 2	\$68
Tier 3	80% of charge
Other Add-ons Price List	Member Cost In Network
Photochromic (Plastic)	\$75
Polarized	80% of charge
EyeMed Vision Care reserves the right to make changes to the products on each tier and the member out-of-pocket costs.	
*Fixed pricing is reflective of brands at the listed product level. All providers are not required to carry all brands at all levels.	

If OKHEEI has chosen this benefit design, attach this document to the group application and sign here:

Signature

Date

For a current listing of brands by tier, go to:

<http://www.eyemedvisioncare.com/theme/pdf/microsite-template/eyemedlenslist.pdf>



Eye Care Services	Member Cost In-Network	Out-of-Network Reimbursement*
Exam with Dilatation as Necessary	\$10 Copay	\$45
Retinal Imaging Benefit	Up to \$39	N/A
Exam Options:		
Standard Contact Lens Fit and Follow-Up:	Up to \$55	N/A
Premium Contact Lens Fit and Follow-Up:	10% off Retail Price	N/A
Frames:		
Available frame at provider location	\$0 Copay; \$150 Allowance, 20% off balance over \$150	\$70
Standard Plastic Lenses		
Single Vision	\$25 Copay	\$30
Bifocal	\$25 Copay	\$50
Trifocal	\$25 Copay	\$65
Lenticular	\$25 Copay	\$100
Standard Progressive Lens	\$90 Copay	\$50
Premium Progressive Lens	See attached Fixed Premium Progressive price list	\$50
Options:		
UV Treatment	\$15	N/A
Tint (Solid and Gradient)	\$15	N/A
Standard Plastic Scratch Coating	\$15	N/A
Standard Polycarbonate - Adults	\$40	N/A
Standard Polycarbonate - Kids under 19	\$0 Copay	\$28
Standard Anti-Reflective Coating	\$45	N/A
Polarized	20% off Retail Price	N/A
Photocromatic / Transitions Plastic	\$75	N/A
Premium Anti-Reflective	See attached Fixed Premium Anti-Reflective Coating price list	N/A
Other Add-Ons	20% off Retail Price	N/A
Contact Lenses		
(Contact lens allowance includes materials only)		
Conventional	\$0 Copay; \$150 allowance, 15% off balance over \$150	\$105
Disposable	\$0 Copay; \$150 allowance, plus balance over \$150	\$105
Optically Necessary	\$0 Copay, Paid-in-Full	\$210
Lasik or Vision Correction		
Lasik or PRK from U.S. Laser Network	15% off Retail Price or 5% off promotional price	N/A
Additional Pairs Benefit:	Members also receive a 40% discount off complete pair eyeglass purchases and a 15% discount off conventional contact lenses once the funded benefit has been used.	N/A
Replacement Frequency:		
Conventional Lenses or Contact Lenses	Once every 12 months	
Frame	Once every 12 months	
Monthly Rate		
Employee Only (OKHEEI Code: EO)	\$5.87	
Employee + 1 (OKHEEI Code: ES)	\$11.86	
Employee + 2 (OKHEEI Code: EC1)	\$11.57	
Employee + 3 (OKHEEI Code: EC2)	\$12.57	
Employee + 4 (OKHEEI Code: EF)	\$20.07	

All plans are based on a 48-month contract term and 48-month rate guarantee.
 Premium is subject to adjustment even during a rate guarantee period in the event of any of the following events: changes in benefits, employee contributions, the number of eligible employees, or the imposition of any new taxes, fees or assessments by Federal or State regulatory agencies.
 *Member Reimbursement Out-of-Network will be the lesser of the listed amount or the member's actual cost from the out-of-network provider. In certain states members may be required to pay the full retail rate and not the indicated discount rate with certain participating providers. Please see EyeMed's online provider locator to determine which participating providers have agreed to the discounted rate.

Additional Discounts:
 Member receives a 20% discount on items not covered by the plan at network Providers. Discount does not apply to EyeMed Provider's professional services, or contact lenses. Plan discounts cannot be combined with any other discounts or promotional offers. Services or materials provided by any other group benefit plan providing vision care may not be covered.
 Members also receive 15% off retail price or 5% off promotional price for Lasik or PRK from the US Laser Network, owned and operated by LCA Vision.
 After initial purchase, replacement contact lenses may be obtained via the Internet at substantial savings and mailed directly to the member. Details are available at www.eyemedvisioncare.com
 The contact lens benefit allowance is not applicable to this service.
 Benefit Allowances provide no remaining balance for future use within the same Benefit Frequency.
 Certain brand name Vision Materials in which the manufacturer imposes a no-discount practice.
 Discounts are valid only when the quoted plan is the sole stand-alone vision plan offered by the group.
 Discounts are valid for groups domiciled in the State of OK.
 Fees quoted will be valid until the 1/1/2016 plan implementation date. Date quoted: 3/20/2015.
 Rates assume Mixed.
 Insured Plans are underwritten by Fidelity Security Life Insurance Company of Kansas City, Missouri, except in New York City number VC-19/VC-20, form number M-9083

Exclusions:
 1) Orthoptic or vision training, subnormal vision aids and any associated supplemental testing; Anisotropic lenses; 2) Medical and/or surgical treatment of the eye, eyes or supporting structures; 3) Any eye or Vision Examination, or any corrective eyewear required by a Policyholder as a condition of employment; Safety eyewear;
 4) Services provided as a result of any Workers' Compensation law, or similar legislation, or required by any governmental agency or program whether federal, state or subdivisions thereof;
 5) Plano (non-prescription) lenses and/or contact lenses; 6) Non-prescription sunglasses; 7) Two pair of glasses in lieu of bifocals;
 Services rendered after the date an Insured Person ceases to be covered under the Policy, except when Vision Materials ordered before coverage ended are delivered,
 and the services rendered to the Insured Person are within 31 days from the date of such order; 9) Services or materials provided by any other group benefit plan providing vision care
 (u) Lost or broken lenses, frames, glasses, or contact lenses will not be replaced except in the next Benefit Frequency when Vision Materials will next become available

MetLife Proposal

OKHEEI - Rate Summary

Prepared by MetLife

Coverage	Participating Lives	MetLife	Incumbent	Difference to Current
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Matching Current - 1 Year Rate Guarantee with Rate Caps on years 2 and 3

Employee Only	3,783	\$36.92	\$40.80	-9.5%
Employee + Spouse	835	\$75.75	\$83.70	-9.5%
Employee + Child	376	\$51.77	\$57.20	-9.5%
Employee + Child(ren)	201	\$66.61	\$73.60	-9.5%
Employee + Family	386	\$105.34	\$116.40	-9.5%
Rates include a 2nd year Rate cap not to exceed 6%				
Rates include a 3rd year Rate cap not to exceed 7%				

Matching Current - 2 Year Rate Guarantee with Rate Cap on year 3

Employee Only	3,783	\$39.05	\$40.80	-4.3%
Employee + Spouse	835	\$80.10	\$83.70	-4.3%
Employee + Child	376	\$54.74	\$57.20	-4.3%
Employee + Child(ren)	201	\$70.44	\$73.60	-4.3%
Employee + Family	386	\$111.39	\$116.40	-4.3%
Rates include a 3rd year Rate cap not to exceed 8%				

\$3,000 Annual Max - 1 Year Rate Guarantee with Rate Caps on years 2 and 3

Employee Only	3,783	\$37.54	\$40.80	-8.0%
Employee + Spouse	835	\$77.00	\$83.70	-8.0%
Employee + Child	376	\$52.62	\$57.20	-8.0%
Employee + Child(ren)	201	\$67.71	\$73.60	-8.0%
Employee + Family	386	\$107.09	\$116.40	-8.0%
Rates include a 2nd year Rate cap not to exceed 6%				
Rates include a 3rd year Rate cap not to exceed 7%				

\$3,000 Annual Max - 2 Year Rate Guarantee with Rate Cap on year 3

Employee Only	3,783	\$39.70	\$40.80	-2.7%
Employee + Spouse	835	\$81.44	\$83.70	-2.7%
Employee + Child	376	\$55.66	\$57.20	-2.7%
Employee + Child(ren)	201	\$71.61	\$73.60	-2.7%
Employee + Family	386	\$113.26	\$116.40	-2.7%
Rates include a 3rd year Rate cap not to exceed 8%				



Oklahoma Higher Education Employee's Insurance Group

Voluntary Dental

Proposal produced on March 25, 2015
Quote valid through the effective date of the coverage quoted



Oklahoma Higher Education Employee's Insurance Group Rate Summary

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
Current with ET 3081459				
Voluntary Dental (per Employee Per Month)	5,701			
All Employees Not Residing in GA, LA, MS or TX				\$3,508,162
▪ Employee Only	3,783		\$39.05	
▪ Employee + Spouse	835		\$80.10	
▪ Employee + Child	376		\$54.74	
▪ Employee + Child(ren)	201		\$70.44	
▪ Employee + Family	386		\$111.39	
All Employees Residing in GA, LA, MS or TX				\$80,211
▪ Employee Only	77		\$39.05	
▪ Employee + Spouse	27		\$80.10	
▪ Employee + Child	4		\$54.74	
▪ Employee + Child(ren)	1		\$70.44	
▪ Employee + Family	11		\$111.39	
Rates are guaranteed from January 1, 2016 - December 31, 201				
3 rd year Rate Cap: The second year's renewal rates will not be increased by more than 8.0% above the current rates.				



Summary of Benefits Dental Insurance

Proposal Assumptions				
This proposal is contingent upon MetLife completing all required regulatory filings and obtaining all necessary regulatory approvals.		The rates, plan design, terms and conditions and other benefits presented in this proposal assume that the case will be administered by MetLife's Affinity & Specialty Benefits Administration Team located in Tampa, FL.		
Voluntary Dental				
Class Description	All Employees Not Residing in GA, LA, MS or TX		All Employees Residing in GA, LA, MS or TX	
	In-Network	Out-of-Network*	In-Network	Out-of-Network*
Reimbursement	Negotiated Fee Schedule	R&C 90th Percentile	Negotiated Fee Schedule	R&C 90th Percentile
Type A – Preventive	100%	100%	100%	100%
Type B – Basic	85%	70%	85%	85%
Type C – Major	60%	50%	60%	60%
Calendar Year Deductible applies to:	B & C	B & C	B & C	B & C
▪ Individual	\$25	\$25	\$25	\$25
▪ Family	\$75	\$75	\$75	\$75
	Aggregate	Aggregate	Aggregate	Aggregate
Calendar Year Maximum <i>(applies to A,B,C services)</i>	\$2,000	\$2,000	\$2,000	\$2,000
Orthodontia	50%	50%	50%	50%
Orthodontia Lifetime Maximum	\$10,000	\$10,000	\$10,000	\$10,000
* Out of Network benefits are payable for services rendered by a dentist who is not a participating provider. The Reasonable and Customary charge is based on the lowest of (1) the dentist's actual charge (the 'Actual Charge'), (2) the dentist's usual charge for the same or similar services (the 'Usual Charge') or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife (the 'Customary Charge'). Services must be necessary in terms of generally accepted dental standards.				



Frequency & Allocations / Exclusions

(Custom Comprehensive (Flex) - Custom Standard (Flex))

Class Description: All Employees	
TYPE A	
Benefits are payable immediately from the start date of an individual's benefits	
<ul style="list-style-type: none"> ▪ Examinations ▪ Examinations – Problem Focused ▪ Prophylaxis: Cleanings ▪ Sealants ▪ Space Maintainers ▪ Fluoride ▪ Full Mouth X-Rays ▪ Bitewing X-Rays ▪ Labs & Other Tests ▪ Emergency Palliative Treatment ▪ Periapical X-Rays 	<ul style="list-style-type: none"> ▪ 2 times in 1 calendar year ▪ Combined with Examinations Limit ▪ 2 times in 1 calendar year ▪ 1 per molar in 60 months for a child under age 16 ▪ 1 per lifetime for a child under age 19 ▪ 2 times in 12 Months for a dependent child under age 16 ▪ Once in 3 calendar years ▪ For a child under 19: 2 times in 1 calendar year ▪ Adult: 2 times in 1 calendar year
TYPE B	
Benefits are payable immediately from the start date of an individual's benefits	
<ul style="list-style-type: none"> ▪ Amalgam Fillings ▪ Root Canal ▪ Periodontal Maintenance ▪ Periodontal Surgery ▪ Scaling & Root Planing ▪ Prefabricated Crowns ▪ Dentures – Rebases / Relines ▪ Tissue Conditioning ▪ Other X-Rays ▪ General Anesthesia ▪ Resin Composite Fillings(excludes coverage for composite fillings on molars) ▪ Pulpotomy ▪ Pulp Capping ▪ Pulp Therapy ▪ Apexification & Recalcification ▪ Periodontal Surgery – Soft & Connective Tissue Grafts ▪ Periodontics – Non-Surgical ▪ Oral Surgery: Simple Extractions ▪ Oral Surgery: Surgical Extractions ▪ Other Oral Surgery ▪ General Services 	<ul style="list-style-type: none"> ▪ 1 replacement per surface in 24 Months ▪ 1 per tooth per lifetime ▪ 2 perio. Treatments in 1 calendar yr, includes 2 cleanings (total comb: 2) ▪ 1 per quadrant in any 36 month period ▪ 1 per quadrant in any 24 month period ▪ 1 per tooth in 5 calendar years ▪ 1 in 36 months ▪ 1 in 36 months
TYPE C	
Benefits are payable immediately from the start date of an individual's benefits	
<ul style="list-style-type: none"> ▪ Consultations ▪ Crown Buildups / Post Core ▪ Repairs ▪ Recementations ▪ Dentures ▪ Denture Adjustments ▪ Fixed Bridges 	<ul style="list-style-type: none"> ▪ 2 in 12 months ▪ 1 per tooth in 5 calendar years ▪ 1 in 12 months ▪ 1 in 12 months ▪ 1 in 5 calendar years ▪ 1 in 12 months ▪ 1 in 5 calendar years



▪ Inlays / Onlays /Crowns	▪ 1 replacement per tooth in 5 calendar years
▪ Implant Services	▪ 1 per tooth position in 5 calendar years
▪ Implant Repairs	▪ 1 per tooth in 12 months
▪ Implant Supported Prosthetic	▪ 1 per tooth in 5 calendar years
▪ Occlusal Adjustments	▪ 1 in 12 months
Orthodontics – 12 month waiting period	
<i>Benefits are payable immediately from the start date of an individual's benefits</i>	
▪ Orthodontic Diagnostics	
▪ Orthodontic Treatment	

Other services may be added or deleted upon review of your current plan design. It is our intent to match your current plan design to the extent our systems and contracts allow.

Exclusions
All Employees
<ul style="list-style-type: none"> ▪ Services which are not dentally necessary, those which do not meet generally accepted standards of care for treating the particular dental condition, or which we deem experimental in nature. ▪ Services for which a covered person would not be required to pay in the absence of dental insurance. ▪ Services or supplies received by a covered person before the insurance starts for that person. ▪ Services which are neither performed nor prescribed by a dentist except for those services of a licensed dental hygienist which are supervised and billed by a dentist and which are for scaling or polishing of teeth or fluoride treatment. ▪ Services which are primarily cosmetic. (For residents of Texas: Services which are primarily cosmetic unless required for the treatment or correction of a congenital defect of a newborn child). ▪ Services or appliances which restore or alter occlusion or vertical dimension. ▪ Restoration of tooth structure damaged by attrition, abrasion or erosion unless caused by disease. ▪ Restorations or appliances used for the purpose of periodontal splinting. ▪ Counseling or instruction about oral hygiene, plaque control, nutrition and tobacco. ▪ Personal supplies or devices including, but not limited to: water piks, toothbrushes, or dental floss. ▪ Initial installation of a Denture to replace one or more teeth which were missing before such person was insured for Dental Insurance, except for congenitally missing natural teeth. ▪ Decoration or inscription of any tooth, device, appliance, crown or other dental work. ▪ Missed appointments. ▪ Services covered under any workers' compensation or occupational disease law. ▪ Services covered under any employer liability law. ▪ Services for which the employer of the person receiving such services is not required to pay. ▪ Services received at a facility maintained by the Policyholder, labor union, mutual benefit association, or VA hospital. ▪ Services covered under other coverage provided by the Policyholder. ▪ Temporary or provisional restorations. ▪ Temporary or provisional appliances. ▪ Prescription drugs. ▪ Services for which the submitted documentation indicates a poor prognosis. ▪ Services, to the extent such services, or benefits for such services, are available under a government plan. This exclusion will apply whether or not the person receiving the services is enrolled for the government plan. We will not exclude payment of benefits for such services if the government plan requires that Dental Insurance under the group policy be paid first. ▪ The following when charged by the dentist on a separate basis - Claim form completion; infection control such as gloves, masks, and sterilization of supplies; or local anesthesia, non-intravenous conscious sedation or analgesia such as nitrous oxide. ▪ Dental services arising out of accidental injury to the teeth and supporting structures, except for injuries to the teeth due to chewing and biting of food. ▪ Caries susceptibility tests. ▪ Precision attachments associated with fixed and removable prostheses. ▪ Adjustment of a denture made within 6 months after installation by the same dentist who installed it. ▪ Duplicate prosthetic devices or appliances.

MetLife

- Replacement of a lost or stolen appliance, cast restoration or denture.
- Intra and extraoral photographic images.
- Fixed and removable appliances for correction of harmful habits.
- Appliances or treatment for bruxism (grinding teeth), including but not limited to occlusal guards and night guards.
- Treatment of temporomandibular joint disorder. This exclusion does not apply to residents of Minnesota.



Highlights
Broker Commissions included in the rate: None
Expected Participation: 84% and at least 10 covered lives.
Employee Contributions: Varies by Group
Financial Arrangement: Non-retrospectively Experience Rated
Situs is OKLAHOMA
Only those residing in the United States are eligible for benefits
Dependent Child Definition: A Child is covered up to age 26, A student is covered up to age 26.
Ortho coverage applies to: Child Only. Children are covered to age 19.
This quote assumes the plan is a Section 125 plan.
An Open Enrollment period occurring annually is included.
Late Entrant Employees who do not elect coverage during their 31-day application period may still elect coverage later.
Dental coverage would be subject to the following waiting periods:
Type A Services No waiting period
Type B Services (Fillings) 6 month waiting period
Type B Services – All Other Services 12 month waiting period
Type C Services 12 month waiting period
Orthodontic Services (if applicable) 12 month waiting period



Underwriting Assumptions
<p>PlanSmart* - PlanSmart is a multifaceted program, offered at no additional cost, which enables you to provide your employees with access to a range of financial and retirement education resources through on-site workshops, with optional personal consultations and decision-support assistance.</p>
<p>Retirewise - Retirewise is an in-depth program consisting of a four-part series of workshops that deliver objective information covering a broad spectrum of retirement issues from Estate Planning to Tax Planning. Each workshop is delivered by a locally based financial professional.</p>
<p>*Certain conditions apply. Please discuss with your MetLife representative to determine if this program is right for your company.</p>
<p>WillsCenter.com: Online will prep service offered through SmartLegalForms, Inc., available to all customers at no charge.</p>
<p>If insurance coverage is provided, it will be governed by the terms and conditions of the insurance policy and applicable law. If administrative services are provided, they are governed by the terms and condition of the administrative services agreement and by applicable law.</p>
<p>If MetLife is requested to duplicate contractual provisions from the prior carrier, such provisions must be compatible with all MetLife's standards.</p>
<p>The quoted rates and or fees are based upon the request received. If new or additional information in connection with this request is provided, MetLife reserves the right to change its quote at any time before the effective date. After the effective date, rate and or fees are subject to the terms and conditions of the policy and or administrative services agreement.</p>
<p>Only those eligible persons residing in the United States may be covered. Any others must be approved by MetLife.</p>
<p>SIC Code: 8221</p>



INTERMEDIARY AND PRODUCER COMPENSATION NOTICE

MetLife enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products ("Products") with brokers, agents, consultants, third-party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such Products (each an "Intermediary"). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of Products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your Products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your Products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (number of Products sold or dollar value of premium) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife's current supplemental compensation plan, the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on: (1) the number of Products sold through your Intermediary during a prior one-year period; (2) the amount of premium or fees with respect to Products sold through your Intermediary during a prior one-year period; (3) the persistency percentage of Products in force through your Intermediary during a prior one-year period; (4) premium growth during a prior one-year period; (5) a fixed percentage of the premium for Products as set by MetLife. The supplemental compensation percentage will be set by MetLife prior to the beginning of each calendar year and it may not be changed until the following calendar year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our Products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your Products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., insurance and employee benefits exchanges, enrollment firms and platforms, consulting agreements, or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Web site at www.metlife.com/brokercompensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your MetLife sales representative. Compensation paid to your MetLife sales representative is for participating in the sale, servicing, and/or renewal of Products, and the compensation paid may vary based on a number of factors including the type of Product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your MetLife sales representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your MetLife sales representative or calling (866) 796-1800.

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Oklahoma Higher Education Employee's Insurance Group

Vision

Proposal produced on March 25, 2015
Quote valid through the effective date of the coverage quoted



Oklahoma Higher Education Employee's Insurance Group Rate Summary

Coverage	Participating Lives	Covered Volume	Rates	Annual Premium
New Vision Option 3062512				
Vision (Per Employee Per Month)	5,227			\$603,126
▪ Employee Only	3,405		\$6.68	
▪ Employee + Spouse	1,070		\$13.36	
▪ Employee + Child	278		\$13.08	
▪ Employee + Child(ren)	144		\$14.28	
▪ Employee + Family	330		\$22.81	
Rates are guaranteed from January 1, 2016 - December 31, 2018				



Summary of Benefits VISION - New Vision Option

Proposal Assumptions		
This proposal is contingent upon MetLife completing all required regulatory filings and obtaining all necessary regulatory approvals.	The rates, plan design, terms and conditions and other benefits presented in this proposal assume that the case will be administered by MetLife's Affinity & Specialty Benefits Administration Team located in Tampa, FL.	
Vision		
Class Description	All Active Full Time Employees (30 Hours)	
Plan Name	M150A-10/25	
Reimbursement	In-Network Coverage (Using a Network Provider)	Out-of-Network Reimbursement (Using a Non-Network Provider)
Eye Examination		
Comprehensive exam of visual functions and prescription of corrective eyewear.	\$10 copay	\$45 allowance
Retinal Imaging This screening is used to take pictures of the inside of the eye particularly the retina to look for possible changes.	Up to \$39 copay	Applied to the exam allowance
Materials / Eyewear (Either Glasses or Contacts)		
Standard Corrective Lenses		
• Single vision	\$25 copay	\$30 allowance
• Lined bifocal	\$25 copay	\$50 allowance
• Lined trifocal	\$25 copay	\$65 allowance
• Lenticular	\$25 copay	\$100 allowance



Standard Lens Enhancement		
<ul style="list-style-type: none"> Ultraviolet coating 	Covered in Full	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> Polycarbonate (child up to age 18) 	Covered in Full	Applied to the allowance for the applicable corrective lens
Additional Lens Enhancements¹		
<ul style="list-style-type: none"> Progressive Standard 	Up to \$55 copay	\$50 allowance
<ul style="list-style-type: none"> Progressive Premium/Custom 	Premium: Up to \$95-\$105 copay Custom: Up to \$150-\$175 copay	\$50 allowance
<ul style="list-style-type: none"> Polycarbonate (adult) 	Single Vision: Up to \$31 copay Multifocal: Up to \$35 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> Scratch-resistant coating (variable by type) 	Up to \$17 - \$33 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> Tints (variable by type) 	Single Vision: Up to \$17 - \$34 copay Multifocal: Up to \$17 - \$44 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> Anti-reflective coating (variable by type) 	Up to \$41 - \$85 copay	Applied to the allowance for the applicable corrective lens
<ul style="list-style-type: none"> Photochromic (variable by type) 	Up to \$47 - \$82 copay	Applied to the allowance for the applicable corrective lens
Frame Allowance		
(You will receive an additional 20% off any amount that you pay over your allowance. This offer is available from all participating locations except Costco.)	\$150 allowance	\$70 allowance
<ul style="list-style-type: none"> Costco 	\$85 allowance	
Contact Lenses		
<ul style="list-style-type: none"> Elective 	\$150 allowance	\$105 allowance
<ul style="list-style-type: none"> Necessary 	Covered in full after eyewear copay	\$210 allowance
<ul style="list-style-type: none"> Contact Fitting and Evaluation 	Standard or Premium fit: Covered in full with a maximum copay of \$60	Applied to the contact lens allowance
Value Added Features		
Additional Savings on Glasses and Sunglasses¹	Get 20% off the cost for additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.	
Laser Vision correction²	Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. Offer is only available at MetLife participating locations.	



¹Member costs for listed lens enhancements will be limited to copays that MetLife has negotiated with participating providers. These copays can be viewed by members after enrollment at www.metlife.com/mybenefits. All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm the availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Laser vision care discounts are only available from participating locations.



Frequency / Exclusions

Class Description: All Active Full Time Employees	
Frequencies	
▪ Examinations	▪ 1 per 12 Months
▪ Standard Corrective Lenses	▪ 1 per 12 Months
▪ Frames	▪ 1 per 12 Months
▪ Contact Lenses	▪ 1 per 12 Months
Either glasses or contacts allowed per frequency	

Exclusions
<ul style="list-style-type: none"> ▪ Services and/or materials not specifically included in the Summary of Benefits as covered Plan Benefits. ▪ Any portion of a charge in excess of the Maximum Benefit Allowance or reimbursement indicated in the Summary of Benefits. ▪ Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter) ▪ Two pairs of glasses instead of bifocals. ▪ Replacement of lenses, frames and/or contact lenses furnished under this Plan which are lost, stolen or damaged, except at the normal intervals when Plan Benefits are otherwise available. ▪ Orthoptics or vision training and any associated supplemental testing. ▪ Medical or surgical treatment of the eyes. ▪ Prescription and non-prescription medications. ▪ Contact lens insurance policies or service agreements. ▪ Refitting of contact lenses after the initial (90-day) fitting period. ▪ Contact lens modification, polishing or cleaning. ▪ Local, state and/or federal taxes, except where MetLife is required by law to pay. ▪ Any eye examination or any corrective eyewear required as a condition of employment. ▪ Services and supplies received by You or Your Dependent before the Vision Insurance starts for that person. ▪ Missed appointments. ▪ Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Workers' Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits. ▪ Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital. ▪ Services, to the extent such services, or benefits for such services, are available under a Government Plan. This exclusion will apply whether or not the person receiving the services is enrolled for the Government Plan. We will not exclude payment of benefits for such services if the Government Plan requires that Vision Insurance under the group policy be paid first. Government Plan means any plan, program, or coverage which is established under the laws or regulations of any government. The term does not include any plan, program or coverage provided by a government as an employer or Medicare. ▪ Services or materials received as a result of disease, defect, or injury due to: <ul style="list-style-type: none"> ▪ war or an act of war (declared or undeclared), while serving in the military or an auxiliary unit attached to the military or working in an area of war whether voluntarily or as required by an employer; ▪ taking part in a riot or insurrection, or; ▪ committing or attempting to commit a felony. ▪ Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony. ▪ Services and materials obtained while outside the United States, except for emergency vision care. ▪ Services, procedures, or materials for which a charge would not have been made in the absence of insurance.



Highlights
Broker Commissions included in the rate: None
Expected Participation: 77%
Employee Contributions: 100%
Financial Arrangement: Non-retrospectively Experience Rated
Situs is OKLAHOMA
SIC Code: 8221
Dependent Child Definition: A Child is covered up to age 26; A student is covered up to age 26.
This quote assumes the plan is not a Section 125 plan.
An Open Enrollment period occurring annually is included



Underwriting Assumptions
<p>PlanSmart* - PlanSmart is a multifaceted program, offered at no additional cost, which enables you to provide your employees with access to a range of financial and retirement education resources through on-site workshops, with optional personal consultations and decision-support assistance.</p>
<p>Retirewise - Retirewise is an in-depth program consisting of a four-part series of workshops that deliver objective information covering a broad spectrum of retirement issues from Estate Planning to Tax Planning. Each workshop is delivered by a locally based financial professional.</p>
<p>*Certain conditions apply. Please discuss with your MetLife representative to determine if this program is right for your company.</p>
<p>WillsCenter.com: Online will prep service offered through SmartLegalForms, Inc., available to all customers at no charge.</p>
<p>If insurance coverage is provided, it will be governed by the terms and conditions of the insurance policy and applicable law. If administrative services are provided, they are governed by the terms and condition of the administrative services agreement and by applicable law.</p>
<p>If MetLife is requested to duplicate contractual provisions from the prior carrier, such provisions must be compatible with all MetLife's standards.</p>
<p>The quoted rates and or fees are based upon the request received. If new or additional information in connection with this request is provided, MetLife reserves the right to change its quote at any time before the effective date. After the effective date, rate and or fees are subject to the terms and conditions of the policy and or administrative services agreement.</p>
<p>Only those eligible persons residing in the United States may be covered. Any others must be approved by MetLife.</p>
<p>SIC Code: 8221</p>



INTERMEDIARY AND PRODUCER COMPENSATION NOTICE

MetLife enters into arrangements concerning the sale, servicing and/or renewal of MetLife group insurance and certain other group-related products ("Products") with brokers, agents, consultants, third-party administrators, general agents, associations, and other parties that may participate in the sale, servicing and/or renewal of such Products (each an "Intermediary"). MetLife may pay your Intermediary compensation, which may include, among other things, base compensation, supplemental compensation and/or a service fee. MetLife may pay compensation for the sale, servicing and/or renewal of Products, or remit compensation to an Intermediary on your behalf. Your Intermediary may also be owned by, controlled by or affiliated with another person or party, which may also be an Intermediary and who may also perform marketing and/or administration services in connection with your Products and be paid compensation by MetLife.

Base compensation, which may vary from case to case and may change if you renew your Products with MetLife, may be payable to your Intermediary as a percentage of premium or a fixed dollar amount. MetLife may also pay your Intermediary compensation that is based upon your Intermediary placing and/or retaining a certain volume of business (number of Products sold or dollar value of premium) with MetLife. In addition, supplemental compensation may be payable to your Intermediary. Under MetLife's current supplemental compensation plan, the amount payable as supplemental compensation may range from 0% to 8% of premium. The supplemental compensation percentage may be based on: (1) the number of Products sold through your Intermediary during a prior one-year period; (2) the amount of premium or fees with respect to Products sold through your Intermediary during a prior one-year period; (3) the persistency percentage of Products inforce through your Intermediary during a prior one-year period; (4) premium growth during a prior one-year period; (5) a fixed percentage of the premium for Products as set by MetLife. The supplemental compensation percentage will be set by MetLife prior to the beginning of each calendar year and it may not be changed until the following calendar year. As such, the supplemental compensation percentage may vary from year to year, but will not exceed 8% under the current supplemental compensation plan.

The cost of supplemental compensation is not directly charged to the price of our Products except as an allocation of overhead expense, which is applied to all eligible group insurance products, whether or not supplemental compensation is paid in relation to a particular sale or renewal. As a result, your rates will not differ by whether or not your Intermediary receives supplemental compensation. If your Intermediary collects the premium from you in relation to your Products, your Intermediary may earn a return on such amounts. Additionally, MetLife may have a variety of other relationships with your Intermediary or its affiliates, or with other parties, that involve the payment of compensation and benefits that may or may not be related to your relationship with MetLife (e.g., insurance and employee benefits exchanges, enrollment firms and platforms, consulting agreements, or reinsurance arrangements).

More information about the eligibility criteria, limitations, payment calculations and other terms and conditions under MetLife's base compensation and supplemental compensation plans can be found on MetLife's Web site at www.metlife.com/brokercompensation. Questions regarding Intermediary compensation can be directed to ask4met@metlifeservice.com, or if you would like to speak to someone about Intermediary compensation, please call (800) ASK 4MET. In addition to the compensation paid to an Intermediary, MetLife may also pay compensation to your MetLife sales representative. Compensation paid to your MetLife sales representative is for participating in the sale, servicing, and/or renewal of Products, and the compensation paid may vary based on a number of factors including the type of Product(s) and volume of business sold. If you are the person or entity to be charged under an insurance policy or annuity contract, you may request additional information about the compensation your MetLife sales representative expects to receive as a result of the sale or concerning compensation for any alternative quotes presented, by contacting your MetLife sales representative or calling (866) 796-1800.

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Section 8

Confidentiality and Disclosure Statement



Confidentiality Statement

These materials are produced by USI Southwest for the sole use of its clients, prospective clients, and their representatives. Certain information contained in this proposal is considered proprietary information created by USI Southwest and / or their licensed and appointed insurance carriers. Such information and any insurance designs furnished by USI Southwest are considered "Confidential Material." Such information shall not be used in any way, directly or indirectly, detrimental to USI Southwest and clients and / or potential clients and any of their representatives will keep that information confidential.

Disclosures

USI Southwest will not enter into any formal or informal agreement with any insurance company or vendor to reduce a client's premiums or fees in return for raising the premium or fees of another USI Southwest client.

When we place your insurance coverage with an insurance company, we are paid a sales commission by the insurance company or wholesale broker, as provided in the Agency and/or Broker Agreement which we have negotiated with the insurance company and/ or wholesale broker. Instances where we receive a fee from you or a combination of a fee from you and commission from the insurance company/wholesale broker, we will provide you with a written fee agreement outlining all compensation we receive on your account.

As is customary in the insurance industry, we may receive additional payments from insurance companies with whom we hold an agency contract. These payments are made within the rate structures filed with, accepted by and approved by the Texas Insurance Commissioner. These payments are generally not client specific, are not guaranteed, and can be based on several factors including the size, growth, retention, and/or profitability of our overall book of business with the insurance company. These agreements do not impair our objectivity nor deter us from our commitment to provide the best combination of service, price and benefits to our clients. In fact, these agreements are intended to compensate us for the many services we provide which create greater value to you and make doing business with us more efficient for the insurance company when compared to other agent relationships. Should you desire additional information regarding contingency compensation agreements, please contact us.