

CommunityCare
Senior Health Plan (HMO)

17 462
STATE OF OKLAHOMA
TULSA COUNTY
RECEIVED

2017 AUG 30 PM 4:49

MICHELLE S. JONES
TULSA COUNTY CLERK

August 24, 2017

APPROVED

SEP - 5 2017

Terry Tallent
Tulsa County
633 W 3 St
Tulsa, Ok 74127

Subject: 2018 Renewal for Tulsa County Enhanced – MR2701

Dear Mr. Tallent:

We appreciate the opportunity to serve as the Medicare Advantage plus Part D provider for Tulsa County retirees and their spouses. Below are the premium amounts for 2018:

2017 Current Rate

Retiree: \$287.00

Retiree + Spouse: \$574.00

2018 Renewal Rate

Retiree: \$299.00

Retiree + Spouse: \$598.00

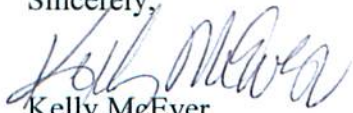
A benefit grid for the 2018 plan year is enclosed for your review. Any benefits that will change for 2018 are highlighted in yellow.

Attached you will find the renewal acceptance form. Please sign, date and return the form at your earliest convenience. You may fax the renewal acceptance form to 918-878-5978, or email to our Marketing Coordinator at bplowman@ccok.com.

Member materials will be sent to each retiree in late September in preparation of Medicare's Annual Election Period that begins October 15 and ends December 7, 2017.

Thank you for your business. We look forward to our continued partnership as we move into a new year. Please do not hesitate to contact me should you have any questions.

Sincerely,



Kelly McEver
Supervisor, Medicare Marketing

242559

COMMUNITYCARE HMO SENIOR HEALTH PLAN
GROUP HEALTH SERVICES AGREEMENT

2017 AUG 30 PM 4: 49

This Group Retiree Health Services Agreement (the "Agreement") is made and entered into as of the **1st** day of **January, 2018** between CommunityCare HMO, Inc., an Oklahoma corporation (the "HMO") and the corporation, partnership, association, limited liability company or other entity identified on the signature page of the Agreement (the "Group").

WHEREAS, the HMO is a federally-qualified health maintenance organization contracted with the Centers for Medicare and Medicaid Services (CMS) to operate Senior Health Plan (the "Plan"), a Medicare Advantage plan that provides Medicare Part C (i.e., Medicare Part A and B medical) and Medicare Part D (i.e., Medicare prescription drug) benefits to Medicare-eligible beneficiaries residing in the Plan's service area; and

WHEREAS, the Group desires to offer Senior Health Plan coverage to its Medicare-eligible retirees and their Medicare-eligible dependents who enroll in the Plan ("Enrollees");

NOW THEREFORE, in consideration of the agreements and undertakings herein set forth, and in reliance upon the representations contained herein, the parties hereto agree as follows:

Obligations of the HMO: The HMO will administer benefits under the Plan in accordance with federal laws, rules and regulations governing Medicare Advantage plans. Administrative services provided by the HMO include enrollment and billing; medical management; member services; grievances/appeals; claim processing; data reporting; and (if the Plan offers Part D benefits) pharmacy management. The HMO will issue an ID card to each Enrollee, as well as other member materials in the manner, and at times, required by CMS (e.g., Evidence of Coverage; provider directory; prescription drug formulary; etc.). The Evidence of Coverage will serve as the contract between the HMO and each Enrollee.

Obligations of the Group: As a condition of coverage under the Plan, the Group will pay the HMO a per-Enrollee per month (PEPM) premium. Premiums for each month are due by the **10th** day of that month. Payment of premium on behalf of an Enrollee does not guarantee coverage; coverage is dependent on CMS confirming the Enrollee's continuing eligibility for Medicare benefits and his or her enrollment in the Plan at the time covered services are received. Non-payment of premium for any Enrollee by the due date may result in termination of the Enrollee, subject to any grace period required by Medicare Advantage rules or regulations. The Group will also provide any information that the HMO may request or require in order to perform its administrative responsibilities under this Agreement and the Plan.

Rates: The PEPM premium rate for Senior Health Plan coverage will be

- Senior Health Plan EGHP (801): **\$ 299.00**
(Customized benefits)

Confidentiality of Enrollee Information: To the extent CommunityCare creates, receives or maintains information regarding Enrollees that constitutes “protected health information” (PHI) as the term is defined by the Health Information Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations, CommunityCare will not disclose PHI to the Group without the Enrollee’s prior authorization, except as permitted by CommunityCare’s Notice of Privacy Practices (available online at www.ccok.com) or applicable law.

Prohibition on Enrollment for Active Employees: The Group understands that federal regulations prohibit it from offering the Plan to Medicare beneficiaries who are actively employed by the Group. Accordingly, the Group will only allow its Medicare-eligible retirees to enroll in the Plan.

Term and Termination: The term of this Agreement is one calendar year beginning **January 1, 2018**, and terminating at midnight on **December 31, 2018** (the “Plan Year”). The HMO will continue to administer the Plan beyond the termination date to the extent necessary to fulfill its contractual obligations to CMS and Enrollees (e.g., processing and paying claims for covered services received prior to termination; providing customer support; processing grievances and appeals; plan data reporting).

Notices: Any notices required to be given under this Agreement or pursuant to applicable law will be delivered in writing by certified mail, return receipt requested, or by facsimile to the person identified below:

If to the HMO: Dr. Sharon Fletcher
 President & CEO
 218 W. 6th Street
 Tulsa, OK 74119
 Fax: (918) 878-5978

If to the Group: Ron Peters, Chairman
 500 S Denver
 Tulsa, OK 74103

Amendment: This Agreement may only be amended in writing signed by the parties. The foregoing notwithstanding, this Agreement and the Plan will automatically be amended to incorporate any requirements that may be imposed on either party by applicable Medicare rules or regulations.

COMMUNITYCARE HMO

GROUP: Tulsa Co. Enhanced – MR2701

Greg Burn
Name (Printed)

Ron Peters
Name (Printed)


Signature


Signature

Senior Vice President, Marketing
Title


Chairman
Title

August 28, 2017
Date

9/5/17
Date

Attest: 
County Clerk




Assistant District Attorney

CommunityCare™

Senior Health Plan (HMO)

APPROVED

SEP - 5 2017

2018 RENEWAL ACCEPTANCE
Tulsa County Enhanced – MR2701

Ron Peters

Name (printed)

Chairman

Title



Signature

Date

9/5/17

APPROVED AS TO FORM:



Assistant District Attorney

CommunityCare Senior Health Plan

Retiree Benefits

January 1, 2018 - December 31, 2018

| Tulsa County Enhanced \$299 per month | |
|--|---|
| Inpatient Care | |
| Inpatient Hospital Care | You pay \$25 per day for days 1-5, then \$0 for days 6 and beyond for a Medicare-covered stay. |
| Inpatient Mental Health Care | You pay \$25 per day for days 1-5, then \$0 for days 6 through 90 for a Medicare-covered stay. |
| Skilled Nursing Facility | You pay \$0 per day for days 1-100 for a stay in a skilled nursing facility. |
| Home Health Care | You pay \$35 for Medicare-covered home health visits. |
| Ambulance Services | You pay \$50 for Medicare-covered ambulance services. Copay is waived if you are admitted to the hospital. |
| Outpatient Care | |
| Doctor Office Visits | You pay \$5 for each primary care doctor office visit; you pay \$10 for each specialist visit. |
| Emergency Care | You pay \$100 for each Medicare-covered emergency room visit. You do not pay this amount if you are admitted to the hospital within 48 hours for the same condition. Worldwide coverage. |
| Outpatient Mental Health Care | You pay \$10 for each Medicare-covered individual or group therapy visit. |
| Partial Hospitalization | You pay \$50 per day for Medicare-covered partial hospitalization. |
| Outpatient Substance Abuse Care | You pay \$10 for each Medicare-covered individual or group therapy visit. |
| Urgent Care | You pay \$10 for Medicare-covered urgent care services. Worldwide coverage. |
| Diagnostic Tests, X-Rays, & Lab Services | You pay \$0 to \$100 for diagnostic procedures and tests. Authorization rules may apply. |
| Durable Medical Equipment | You pay \$0 for all durable medical equipment items except: you pay \$50 for standard (non-powered) wheelchairs and 20% for power wheelchairs and scooters. Prior authorization required. |
| Medicare Part B Drugs | You pay 10% of the cost for Medicare B chemotherapy. You pay 20% of the cost for other Medicare Part B drugs. Prior authorization required. |
| Preventive Care | |
| Annual Physical Examinations | You pay \$0 for annual physical exam. |
| Immunizations | You pay \$0 for pneumonia, influenza and Hepatitis B vaccines. |
| Mammograms | You pay \$0 for covered screening mammograms. |
| Pap Tests and Pelvic Exams | You pay \$0 for pap tests and pelvic exams. |
| Prostate Screening Exams | You pay \$0 for prostate cancer screening. |

For a complete list of benefits call us at 918-594-5323 or 1-800-642-8065. From Oct 1 through Feb 14 our operating hours will be Mon-Sun 8:00am-8:00pm TTY/TDD users should call 1-800-722-0353

CommunityCare Senior Health Plan

Retiree Benefits

January 1, 2018 - December 31, 2018

Tulsa County Enhanced

| Additional Benefits | |
|---|--|
| Dental Services | In general, preventive dental services (such as cleaning, routine dental exams, and dental x-rays) are not covered by Original Medicare. Preventive dental services are not covered benefits under this plan. |
| Health & Wellness Education Programs | You have 24/7 access to the plan's nurse line, which can provide necessary health information and recommendations regarding care. |
| Hearing Services | You pay \$5 for up to one routine hearing test per year; you pay \$5 for each Medicare-covered diagnostic hearing exam. |
| Podiatry Services | You pay \$10 for each Medicare-covered podiatry visit. |
| Hospice | You may receive care from any Medicare-certified hospice program. |
| Chiropractic | You pay \$10 for each Medicare-covered visit. |
| Outpatient Services/Surgery | You pay \$0 for each Medicare-covered visit to an ambulatory surgical center or outpatient hospital facility. |
| Renal Dialysis | You pay 10% of the cost for dialysis. |
| Outpatient Rehabilitation Services | You pay \$40 for each Medicare-covered physical or speech/language therapy visit. You pay \$10 for each occupational therapy visit. |
| Prosthetic Devices | You pay \$0 for each Medicare-covered item. |
| Diabetic Self Monitoring Training and | You pay \$0 for Medicare-covered diabetes self-monitoring |
| Transportation Services | Coverage for non-emergency transportation is available for up to 4 one-way trips each year to medical appointments with participating providers located within the plans service area. Round-trip transportation to and from an appointment counts as 2 trips. You pay a single \$10 copay, regardless of whether the transportation is one-way or round-trip. 48 hours notice |
| Vision Care | You pay \$10 for each Medicare-covered eye exam to diagnose and treat diseases and conditions of the eye. You pay \$10 for each routine eye exam, limited to one exam per year. You pay \$10 for eyeglasses (standard lenses & frames) every two years. You pay \$0 for Medicare-covered eye-wear (glasses or contact lenses) after each cataract surgery. |
| Annual Out of Pocket for Medical Services | \$6,700 |

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CommunityCare Senior Health Plan

Retiree Benefits

January 1, 2018 - December 31, 2018

| Tulsa County Enhanced | |
|---------------------------------------|---|
| PHARMACY BENEFITS | |
| Annual Deductible | \$0 |
| Preferred Generic Copay | \$0 |
| Generic Copay | \$10 |
| Preferred Brand Copay | \$30 |
| Non-Preferred Copay (Brand & Generic) | \$60 |
| Injectables | 33% Coinsurance |
| Specialty Drugs | 33% Coinsurance |
| Catastrophic Coverage | Once the member's total out of pocket reaches \$5,000 (which includes the deductible and drug copayments), then the member will pay the greater of: \$3.35 or 5% for generic drugs and preferred multi-source brand drugs; and \$8.35 or 5% for all other drugs |
| Mail Order | 2 x copay for 90 days supply retail or mail order |

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