

Benefit Program Application ("ASO BPA")**Applicable to Administrative Services Only (ASO) Group Accounts**

administered by Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association, hereinafter referred to as "Claim
Administrator" or "BCBSOK"

Group Status: Renewing ASO Account

Employer Account Number (6-digits): 019574

Group Number(s): 019574 (PPO), 293447 (EPO)

Section Number(s): all

Legal Employer Name: City of Oklahoma City by and through the Oklahoma City Municipal Facilities Authority (OCMFA)

(Specify the Employer or the employee trust applying for coverage. Names of subsidiary or affiliated companies to be covered must be
named below. AN EMPLOYEE BENEFIT PLAN MAY NOT BE NAMED)

ERISA Regulated Group Health Plan*: ☐ Yes ☒ NoIs your ERISA Plan Year* a period of 12 months beginning on the Effective Date of Coverage specified below? ☐ Yes

If not, please specify your ERISA Plan Year*: Beginning Date ___/___/___ End Date ___/___/___ (month/day/year)

ERISA Plan Administrator*:

Plan Administrator's Address:

If you maintain that ERISA is not applicable to your group health plan, give legal reason for exemption:

Non-Federal - Municipality ; if applicable, specify other:

Is your Non-ERISA Plan Year* a period of 12 months beginning on the Anniversary Date specified below? ☐ YesIf not, please specify your Non-ERISA Plan Year*: Beginning Date 01/01/2025 End Date 12/31/2025
(month/day/year)**For more information regarding ERISA, contact your Legal Advisor.**

*All as defined by ERISA and/or other applicable law/regulations

Effective Date of Coverage: (Month/day/Year) _____ / _____ / _____

Anniversary Date: (Month/Day/Year) _____ / _____ / _____

Retiree-Only Plan(s) Identification:

For more information regarding Retiree-only plans, contact your Legal Advisor.

Do you have one or more Retiree-only plan(s)? ☐ Yes ☒ No

If yes, please provide Benefit Agreement number, or group and section numbers of the Retiree-only plan(s):

Account Information☒ NO CHANGES ☐ SEE ADDITIONAL PROVISIONS

Standard Industry Code (SIC): 9532

Employer Identification Number (EIN): 731031504

Address: 420 W. Main Street, Suite 110

City: Oklahoma City

State: OK

ZIP: 73102-4435

Administrative Contact: Jason Long

Title: Total Rewards Manager

Email Address: jason.long@okc.gov

Phone Number: 405-297-33722

Fax Number: 405-297-
2565

Wholly Owned Subsidiaries to be covered:

Affiliated Companies to be covered: Oklahoma City Public Property Authority (OCPPA), Central Oklahoma Parking and
Transportation Authority (COPTA), Oklahoma City Employee Retirement System (OCERS), McGee Creek Authority
Employer Identification Number (EIN): OCPPA 73-1334810, COPTA 73-0758089, OCERS 73-6096475, McGee Creek
Authority 73-1323531

Proprietary and Confidential Information of Claim Administrator

**Not for use or disclosure outside Claim Administrator, Employer, their respective affiliated companies and third-party representatives, except
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(Affiliated Companies must be required or permitted to be aggregated per IRS Guidelines. Employer hereby confirms that Employer, Subsidiaries and Affiliates are treated as a single employer under Internal Revenue Code Section 414(b), or (c), or (m) or (o), or under applicable law.)

Blue Access for EmployersSM ("BAESM") Contact: Jason Long

(The BAE Contact is the Employee authorized by the Employer to access and maintain the Employer's account in BAE.)

Email Address: jason.long@okc.gov

Phone Number: 405-297-3372

Fax Number: 405-297-2565

☐ The Employer or other company listed in this BPA is a public entity or governmental agency/contractor

Producer of Record Information

☒ NO CHANGES

☐ SEE ADDITIONAL PROVISION

Effective: 04/01/2023

If applicable, the below-named producer(s) or agency(ies) is/are recognized as the Employer's Producer of Record (POR) to act as a representative in negotiations with and to receive commissions from BCBSOK, or Claim Administrator's corporate subsidiaries, as applicable, for procuring Claim Administrator's claims administration services for Employer's employee benefit program(s). This statement rescinds any and all previous POR appointments for the Employer. The POR is authorized to perform membership transactions on behalf of the Employer. This appointment will remain in effect until withdrawn or superseded in writing by Employer.

Producer/Consultant Compensation:

The Employer acknowledges that if its POR acts on its behalf for purposes of purchasing services in connection with the Employer's Plan under the Administrative Services Agreement to which this ASO BPA is attached, the Claim Administrator may pay the Employer's POR a commission and/or other compensation in connection with such services under the Administrative Services Agreement. If the Employer desires additional information regarding commissions and/or other compensation paid to the POR by the Claim Administrator in connection with services under the Administrative Services Agreement, the Employer should contact its POR.

Are commissions to be paid? ☒ Yes ☐ No

Producer or Agency to whom commissions are to be paid*: Lockton Companies LLC.

Oklahoma Producer#: 30174000

NPN: 002709000

Address: 6900 Dallas Parkway, Suite 450

City: Plano

State: TX

ZIP: 75024

Phone: 972-204-9564

Fax:

Email: Morgan.Young@lockton.com

Is Producer/Agency appointed with BCBSOK in Oklahoma? ☒ Yes ☐ No

Commissions:

☐ PCPM \$ Does a Monthly Cap Apply ☐ Yes ☐ No \$ (If cap is annual, divide by twelve)

☒ Flat \$100,000 annual pharmacy commissions Does a Monthly Cap Apply ☒ Yes ☐ No \$8,333.33

(If cap is annual, divide by twelve)

☒ Percentage of Stop Loss: 5%

ADDITIONAL COMMISSIONS:

* The Producer or agency name(s) above to whom commissions are to be paid must exactly match the name(s) on the appointment application(s).

Schedule of Eligibility

☒ NO CHANGES

☐ SEE ADDITIONAL PROVISIONS

Employer has made the following eligibility decisions:

1. Eligible Person means:

☒ A full-time employee of the Employer.

☐ A full-time employee of the Employer who is a member of: (name of union)

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- ☐ A part-time employee of the Employer.
☐ A retiree of the Employer. Define criteria:
☐ Other:

Are any classes of employees to be excluded from coverage? ☐ Yes ☒ No

If yes, please identify the classes and describe the exclusion:

2. Employee definition:

Full-Time Employee means:

- ☒ A person who is regularly scheduled to work a minimum of 30 hours per week and who is on the permanent payroll of the Employer.
☐ Other:

Part-Time Employee means:

- ☐ A person who is regularly scheduled to work a minimum of _____ hours per week and who is on the permanent payroll of the Employer.
☐ Other:

3. The Effective Date of termination for a person who ceases to meet the definition of Eligible Person:

- ☐ The date such person ceases to meet the definition of Eligible Person.
☒ The last day of the calendar month in which such person ceases to meet the definition of an Eligible Person.
☐ Other:

4. Select an effective date rule for a person who becomes an Eligible Person after the Effective Date of the Employer's health care plan (the effective date must not be later than the 91st calendar day after the date that a newly eligible person becomes eligible for coverage, unless otherwise permitted by applicable law).

- ☐ The date of employment.
☐ The _____ day of employment.
☐ The _____ day of the month following _____ month(s) of employment.
☐ The _____ day of the month following _____ days of employment.
☐ The _____ day of the month following the date of employment.
☒ Other: First of the month following date of hire.

Is the waiting period requirement to be waived on initial group enrollment? ☐ Yes ☐ No

Are there multiple new hire waiting periods? ☐ Yes ☒ No

If yes, please attach eligibility and contribution details for each section.

5. Domestic partners covered: ☐ Yes ☒ No

If yes, a domestic partner is eligible to enroll for coverage.

If yes, are domestic partners eligible for continuation of coverage? ☐ Yes ☐ No

If yes, are dependents of domestic partners eligible to enroll for coverage? ☐ Yes ☐ No

If yes, are dependents of domestic partners eligible for continuation of coverage? ☐ Yes ☐ No

The Employer is responsible for providing notice of possible tax implications to those Covered Employees with coverage for domestic partners and/or dependents of domestic partners.

6. Limiting Age for covered children: Twenty-six (26) years, regardless of presence or absence of a child's financial dependency, residency, student status, employment status, marital status, eligibility for other coverage, or any combination of those factors. Other: _____

7. Termination of coverage upon reaching the Limiting Age:

- ☐ The last day of coverage is the day prior to the birthday.
☒ The last day of coverage is the last day of the month in which the limiting age is reached.
☐ The last day of coverage is the last day of the billing month.
☐ The last day of coverage is the last day of the year (12/31) in which the limiting age is reached.
☐ The last day of coverage is the day prior to the Employer's Anniversary Date.

Automatically cancel dependents when they reach the day their coverage terminates? ☐ Yes ☒ No

**Automatically canceling dependents is not recommended for accounts with automated eligibility*

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Will coverage for a child who is medically certified as disabled and dependent on the employee terminate upon reaching the Limiting Age even if the child continues to be both disabled and dependent on the employee?

☐ Yes ☒ No

However, such coverage shall be extended in accordance with any applicable federal or state law and the Disabled Dependent provisions of this BPA. The Employer will notify BCBSOK of any instance where the continuation of disabled dependent coverage is required.

8. **Disabled dependent:** A disabled dependent means a dependent child who is medically certified as disabled and dependent upon the Employee or his/her spouse. A child is a disabled child when the child is unable to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or which has lasted or can be expected to last for a continuous period of not less than 12 months, per Internal Revenue Code Section 22(e)(3).

To administer medical certification of disabled dependents, you may select option (a) Standard Rules or (b) Custom Rules. BCBSOK will administer its standard process for administration of disabled dependent coverage if (a) below is selected by Employer, or at the Employer's direction memorialized below, BCBSOK will follow a customized process if Employer selects (b). If (b) is selected there are additional selections regarding age, proof of prior coverage, certification review, forms, and previous medical certification approvals.

- (a) ☐ Disabled dependent administration will follow **Standard Rules**.

A disabled dependent is eligible to **continue** coverage beyond the limiting age, provided the disability began before the child attained the age of 26. A disabled dependent is eligible to **add** coverage beyond the limiting age, provided the disability began before the child attained the age of 26, and proof of coverage as a disabled dependent is provided. Administration of certification review is administered by BCBSOK; a disabled dependent certification form must be submitted to BCBSOK.

- (b) ☒ Disabled dependent Administration will follow **Custom Rules**. Please make the following sections:

Age: Please select one option regarding age of when the disability began.

- ☐ The disability must have begun before the child attained the age of 26.
☒ All disabled dependents are covered regardless of when the disability began.

Proof of prior coverage: Please select required or not required below:

When **adding** coverage, proof of prior coverage as a disabled dependent is ☐ required ☒ not required.

Certification review: Please select one option regarding the administration of certification review.

- ☐ Certification review is administered by BCBSOK; a disabled dependent certification form must be submitted to BCBSOK.
☒ Certification review is administered by the Employer; there are no disabled dependent certification form requirements.

If certification review is administered by BCBSOK, please select one option regarding forms:

- ☐ Utilize BCBSOK disabled dependent certification forms.
☐ Utilize custom/other disabled dependent certification forms.

If Certification Review is administered by BCBSOK, please select allowed or not allowed below:

A disabled dependent approved certification from a prior insurance carrier is ☐ allowed ☐ not allowed.
A disabled dependent approved certification from a prior BCBS policy is ☐ allowed ☐ not allowed.

9. Will extension of benefits due to temporary layoff, disability or leave of absence apply?

☐ Yes (specify number of days below) ☒ No

Temporary Layoff: days Disability: days Leave of Absence: days

However, benefits shall be extended for the duration of an Eligible Person's leave in accordance with any applicable federal or state law. The Employer will notify BCBSOK of such requirements.

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10. Enrollment:

Special Enrollment: An Eligible Person may apply for coverage, family coverage or add dependents within thirty-one (31) days of a Special Enrollment qualifying event if he/she did not previously apply prior to his/her Eligibility Date or when otherwise eligible to do so. Such person's Coverage Date, family Coverage Date, and/or dependent's Coverage Date will be the effective date of the qualifying event or, in the event of Special Enrollment due to marriage or termination of previous coverage, then no later than the first day of the Plan Month following the date of receipt of the person's application of coverage.

An Eligible Person may apply for coverage within sixty (60) days of a Special Enrollment qualifying event in the case either of a loss of coverage under Medicaid or a state Children's Health Insurance program, or eligibility for group coverage where the Eligible Person is deemed qualified for group coverage assistance under a state Medicaid or CHIP premium assistance program.

Open Enrollment: An Eligible Person may apply for coverage, family coverage or add dependents if he/she did not apply prior to his/her Eligibility Date or did not apply when otherwise eligible to do so, during the Employer's annual Open Enrollment Period. Such person's Coverage Date, family Coverage Date, and/or dependent's Coverage Date will be a date mutually agreed to by the Claim Administrator and the Employer. Such date shall be subsequent to the Open Enrollment Period. Specify Open Enrollment Period: October-November

Late Enrollment: An Eligible Person may apply for coverage, family coverage or add dependents if he/she did not apply prior to his/her Eligibility Date or did not apply when otherwise eligible to do so. Such person's Coverage Date, family Coverage Date, and/or dependent's Coverage Date will be a date mutually agreed to by the Claim Administrator and the Employer.

Select one of the provisions below:

- ☒ Open Enrollment – Late applicants may only apply during Open Enrollment.
☐ Late Entrant – Late applicants may apply at any time – coverage effective date is determined by the receipt date and the rules governing off-cycle enrollments.

11. * Does COBRA Auto Cancel apply? ☐ Yes ☒ No

Member's COBRA/Continuation of coverage will be automatically cancelled at the end of the member's eligibility period.

**Not recommended for accounts with automated eligibility*

CURRENT EMPLOYEE ELIGIBILITY INFORMATION

Current number of eligible subscribers at onboarding and/or annual renewal 4887.

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Lines of Business (Check all applicable services)☐ **NO CHANGES**☒ **See Additional Provisions****Medical Plan Services:**

- ☐ Blue Choice PPO
☐ BlueOptions
☒ Blue Preferred
☐ NativeBlue
☐ Blue High Performance NetworkSM
(BlueHPNSM)
☐ Blue Advantage PPOSM
☐ **Out of Area** (Traditional)

Additional Services:

- ☒ Wellbeing Management
☐ Wellness Incentives
☐ Health Advocacy Solutions
☐ Mercer Health Advantage
☐ Custom Care Management Unit
☐ Blue DirectionsSM (Private Exchange) *(If selected, the Blue Directions Addendum is attached and made a part of the parties' Administrative Services Agreement.)*
☐ Limited Fiduciary Services for Claims and Appeals
- ☐ Other Select Product
☐ Other Select Product
☐ Other Select Product
☐ Other Select Product
☐ Other
☐ Other
☐ Other
☐ Other

Consumer Driven Health Plan:

- ☐ Blue EdgeSM (HCA) *(If selected, complete separate HCA BPA)*
☐ HSA (Preferred Vendor: Select Vendor)* If HealthEquity, Inc. is selected, BCBSOK to send HSA enrollment to HealthEquity, Inc ☐ Yes ☐ No
Non-Preferred Vendor:
☐ FSA (Preferred Vendor: Select Vendor)*
Non-Preferred Vendor:
☐ HRA (Preferred Vendor: Select Vendor)*
Non-Preferred Vendor:

Prescription Drugs: *(If selected, the PBM Fee Schedule Addendum must be attached and is part of this BPA)*

Pharmacy Network (Select one):

- ☐ Traditional Select Network
☒ Advantage Network
☐ Preferred Network
☐ Elite Network
☐ Network on PBM Fee Schedule Addendum
Drug List: Basic Drug List
Other (please specify):

PPO/HSA Preventive Drug List:
Please specify: Select Option
Other RX programs: Select Program

Ancillary Services:

- ☒ Dental Plan Services
☐ Vision Insurance *(if selected, complete a separate application)*
☒ Stop Loss Coverage *(if selected, complete separate Application and Policy Schedule for Stop Loss Coverage)*
☒ Life, Disability, Critical Illness, Accident or Hospital Indemnity Insurance *(if selected, complete a separate application for those coverages)*
☐ COBRA Administrative Services *(if selected, complete separate HCSC COBRA Administrative Services Addendum)*

*An HSA must be paired with a qualified high deductible health plan (HDHP) and follow strict requirements set forth by the Internal Revenue Service (IRS). Employer Groups should seek advice from their independent tax advisor, legal counsel, or other professional counselor, to ensure their proposed benefit strategy with respect to HSAs, FSAs, HRAs, or other benefit arrangements does not conflict with current IRS requirements.

Mercer Health Advantage is offered by Mercer, an independent company, and is administered by Blue Cross and Blue Shield of Oklahoma.

Custom Care Management Unit is offered by Willis Towers Watson, an independent company, and is administered by Blue Cross and Blue Shield of Oklahoma.

Medical and Dental benefits and services are administered by Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision products are issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Oklahoma is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

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FEE SCHEDULE

Employer shall pay amounts Claim Administrator bills Employer for benefit claims Claim Administrator processes on Employer's behalf as well as administrative fees as set forth in this Fee Schedule.

Payment Specifications		<input checked="" type="checkbox"/> NO CHANGES <input type="checkbox"/> SEE ADDITIONAL PROVISIONS			
Employer Payment Method: <input type="checkbox"/> Online Bill Pay <input checked="" type="checkbox"/> Electronic <input type="checkbox"/> Auto Debit <input type="checkbox"/> Check					
Employer Payment Period: <input checked="" type="checkbox"/> Weekly (cannot be selected if Check is selected as payment method above) <input type="checkbox"/> Semi Monthly (cannot be selected if Check is selected as payment method above) <input type="checkbox"/> Monthly					
Claim Settlement Period: <input checked="" type="checkbox"/> Weekly <input type="checkbox"/> Monthly					
Run-Off Period: Employer payments are to be made for <u>12</u> months following end of Fee Schedule Period. <i>Standard is twelve (12) months.</i>					
Fee Schedule Period: To begin on Effective Date of Coverage and continue for 12 months. If other than 12 months, please specify: _____ months.					
Administrative Per Employee per Month (PEPM) Charges		<input type="checkbox"/> NO CHANGES <input type="checkbox"/> SEE ADDITIONAL PROVISIONS			
	2025	2026	2027	2028	
Administrative Fee	\$51.46	\$52.49	\$53.54	\$54.61	
Dental	\$	\$	\$	\$	
Claims Fiduciary	\$	\$	\$	\$	
Advanced Payment Review	% \$included in the admin fee	% \$	% \$	% \$	
*Medical Drug Rebate Credit	\$(2.50)	\$(TBD)	\$(TBD)	\$(TBD)	
*Rebate Credit for the Prescription Drug Program	\$(244.76)	\$(264.55)	\$(TBD)	\$(TBD)	
Telehealth (Virtual Visits)	\$0.52	\$TBD	\$TBD	\$TBD	
Wellbeing Management	\$5.85	\$TBD	\$TBD	\$TBD	
Health Advocacy Solutions	\$	\$	\$	\$	
Commissions: _____	\$	\$	\$	\$	
Commissions: _____	\$	\$	\$	\$	
Commissions: _____	\$	\$	\$	\$	
Other: Other Services List Service: <u>Prescription Drug Administrative fee</u>	\$2.99	\$2.99	\$TBD	\$TBD	
Other: Select Service Category List Service: _____	\$	\$	\$	\$	
Other: Select Service Category List Service: _____	\$	\$	\$	\$	
Miscellaneous: _____	\$	\$	\$	\$	
Miscellaneous: _____	\$	\$	\$	\$	
Total	\$(186.44)	\$	\$	\$	

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*The Rebate Credit is a per Covered Employee per month credit applied to the monthly billing statement. The Employer and Claim Administrator have agreed to the Rebate Credit and Employer agrees that it and its group health plan have no right to, or legal interest in, any portion of the rebates, either under the pharmacy benefit or the medical benefit, actually provided by the Pharmacy Benefit Manager ("PBM") or a pharmaceutical manufacturer to Claim Administrator and consents to Claim Administrator's retention of all such rebates. The Rebate Credit will be provided from Claim Administrator's own assets and may or may not equal the entire amount of rebates actually provided to Claim Administrator by the PBM or expected to be provided. Rebate Credits shall not continue after termination of the Prescription Drug Program. Employer agrees that any Rebate Credit provision in the governing Administrative Services Agreement to the contrary is hereby superseded.

Administrative Line Item Charges <input type="checkbox"/> SEE ADDITIONAL PROVISIONS	Frequency	Amount
Other: Select Service Category List Service: _____	Select Billing Frequency If applicable, describe other: _____	\$ _____
Other: Select Service Category List Service: _____	Select Billing Frequency If applicable, describe other: _____	\$ _____
Other: Select Service Category List Service: _____	Select Billing Frequency If applicable, describe other: _____	\$ _____
Other: Select Service Category List Service: _____	Select Billing Frequency If applicable, describe other: _____	\$ _____
Miscellaneous: _____	Select Billing Frequency If applicable, describe other: _____	\$ _____
Miscellaneous: _____	Select Billing Frequency If applicable, describe other: _____	\$ _____
Miscellaneous: _____	Select Billing Frequency If applicable, describe other: _____	_____%
Total:		\$ _____

Other Service and/or Program Fee(s) <input type="checkbox"/> NO CHANGES <input checked="" type="checkbox"/> SEE ADDITIONAL PROVISIONS
<p>NSA Fees</p> <p>In connection with the claims, items, and services that are subject to the No Surprises Act ("NSA") and disputed by a Provider, Employer agrees to pay Claim Administrator the following fees:</p> <ul style="list-style-type: none"> Fifty dollars (\$50) for each claim that is the subject of informal negotiation with a Provider (this fee will be charged in the event the Provider, in its sole discretion, determines that it will not accept the initial payment amount); and An additional seventy-five dollars (\$75) per claim for each independent dispute resolution process ("IDR") where Claim Administrator represents Plan (this fee will be charged in the event the Provider, in its sole discretion, determines that it will initiate IDR after the informal negotiation period); and <p>All costs imposed by the IDR entity or any state, federal or local government entity in connection with an IDR.</p> <p>Not applicable to Grandfathered Plans</p> <p>External Review Coordination: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, coordination fee: \$700 for each external review requested by a Covered Person that the Claim Administrator coordinates for the Employer in relation to the Employer's Plan. Employer elects for external reviews to be performed under the Affordable Care Act external review process.</p> <p>If no, provide name and address of administrator(s) of external review coordination and indicate if administering medical claims and/or pharmacy claims:</p> <p>Administrator: Medical claims: <input type="checkbox"/> Pharmacy claims: <input type="checkbox"/> Name: _____ Mailing Address: _____</p> <p>Administrator: Medical claims: <input type="checkbox"/> Pharmacy claims: <input type="checkbox"/> Name: _____ Mailing Address: _____</p>

Advanced Payment Review (APR): ☒ Yes ☐ No

APR is a suite of payment integrity offerings. Refer to the Matrix. If Employer elects APR, indicate APR Savings Program or PEPM below:

☐ APR Savings Program

☒ PEPM

For APR capabilities other than Reimbursement Services: If Employer elects APR Savings Program, Claim Administrator will invoice the percentage indicated in the Fee Schedule of any savings amounts identified by Claim Administrator or third-party vendor.

Reimbursement Services: ☒ Yes ☐ No If yes, Claim Administrator will retain twenty-five percent (25%) of any recovered amounts made on third-party liability claims other than recovery amounts received as a result of or associated with any Workers' Compensation Law.

Third-Party Law Firms Provisions (other than Reimbursement Services):

Employer will pay no more than 35% of any recovered amount made by Claim Administrator's third-party law firm or up to 35% of any recovered amount will be deducted from the amount distributed according to established allocation processes.

FlexAccess™: ☒ Yes ☐ No

As part of its plan design, Employer has directed Claim Administrator to administer claims, copay and coinsurance requirements for Covered Persons enrolled in the FlexAccess program, including (i) adjusting Covered Persons' copayment amounts to the amount of the manufacturer copay assistance, (ii) applying such manufacturer assistance to reduce Covered Persons' out of pocket costs, and (3) not applying the manufacturer assistance to Covered Persons' deductibles and out of pocket maximum accumulators. Employer agrees that FlexAccess is a plan design decision of Employer and is consistent with Employer's plan design and supported by plan documents. Employer further agrees it is solely responsible for, and will, to the extent permitted by law, hold Claim Administrator harmless for, the legal and regulatory compliance of the Plan and its plan design.

Claim Administrator will assess a program fee equal to 20% of the total shared savings. Total shared savings is calculated as follows:

The difference between Employer responsibility without the FlexAccess Program and Employer responsibility with the FlexAccess Program. The Employer responsibility with the FlexAccess Program is the cost of the drug minus: (1) the manufacturer copay assistance dollars that are allocated to the cost of the drug and (2) the member's cost share for the member enrolled in the program. The Employer responsibility without the FlexAccess Program is the cost of the drug minus the member cost share if the member was not enrolled in the program.

FLEXACCESS™ QUALIFIED HDHP: ☐ Yes ☒ No

Claim Administrator will assess a fee equal to 20% of program savings for administrative fees. Program savings (shared savings) will be calculated based on the manufacturer copay assistance dollars that are allocated to the cost of the drug minus the member's estimated cost share (copay or coinsurance) that would have been paid if they were not enrolled in the program.

The difference between Employer Responsibility for claims utilizing FlexAccess Qualified HDHP and not utilizing FlexAccess Qualified HDHP includes as follows:

WITH FLEXACCESS QUALIFIED HDHP: Cost of drug – amount manufacturer copay assistance used – Member out-of-pocket cost (if any) up to Deductible... Copay assistance reversed from deductible. Plan pays no portion.

WITHOUT FLEXACCESS QUALIFIED HDHP: Cost of drug – member out-of-pocket cost - Non-FlexAccess Qualified HDHP coupon... Copay assistance applied to Deductible. Plan may pay portion of claim after deductible met

Alternative Compensation Arrangements: Employer acknowledges and agrees that Claim Administrator has Alternative Compensation Arrangements with contracted Providers, including but not limited to Accountable Care Organizations and other Value Based Programs. Further information concerning Employer's payment for Covered Services under such Arrangements is described in the Administrative Services Agreement between the Claim Administrator and the Employer.

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Virtual Visits Program: ☒ Yes ☐ No **If yes,** Covered Persons would be able to obtain certain Covered Services remotely via interactive video and/or interactive audio/video (where available) capability from Virtual Visits powered by MDLIVE.

MDLIVE® is a separate company that operates and administers Virtual Visits for persons with coverage through Blue Cross and Blue Shield of Oklahoma. MDLIVE is solely responsible for its operations and for those of its contracted providers. MDLIVE® and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without permission.

Termination Administrative Charge

The Termination Administrative Charge applicable to the Run-Off Period shall be equal to the sum of the amounts obtained by multiplying the total number of Covered Employees by category (*per Covered Employee per individual or family composite*) during the three (3) months immediately preceding the date of termination by the appropriate factors shown below. In the event of a partial termination, the Termination Administrative Charge shall be the sum of the amount obtained by multiplying three (3) times the total number of terminated Covered Employees by the appropriate factors shown below.

Service				
Medical Run-off Administration Charge	\$	\$	\$	\$
Dental Run-off Administration Charge	\$	\$	\$	\$
Miscellaneous	\$	\$	\$	\$
Miscellaneous	\$	\$	\$	\$
Total:	\$	\$	\$	\$

Other Provisions

☐ NO CHANGES ☒ SEE ADDITIONAL PROVISIONS

1. Summary of Benefits & Coverage:

a. Will Claim Administrator create Summary of Benefits and Coverage (SBC)?

☒ Yes. (Please answer question b. The SBC Addendum is attached.)

☐ No. (If No, then skip question b and refer to the Administrative Services Agreement for further information.)

b. Will Claim Administrator distribute the (SBC) to Covered Persons?

☒ No. Claim Administrator will create SBC (only for benefits Claim Administrator administers under the Administrative Services Agreement) and provide SBC to Employer in electronic format. Employer will then distribute SBC to Covered Persons (or hire a third party to distribute) as required by law.

☐ Yes. Claim Administrator will create SBC (only for benefits Claim Administrator administers under the Administrative Services Agreement) and distribute SBC to Covered Persons via regular hardcopy mail or electronically. Distribution Fee for hardcopy mail is one dollar and fifty cents (\$1.50) per package.

2. Massachusetts Health Care Reform Act:

Does the Employer direct Claim Administrator to provide written statements of creditable coverage to its Covered Employees who reside, or have enrolled dependents who reside, in Massachusetts and file electronic reports to the Massachusetts Department of Revenue in a manner consistent with the requirements under the Massachusetts Health Care Reform Act? ☒ Yes ☐ No

If no: The Employer acknowledges (1) it will provide written statements and electronic reporting to the Massachusetts Department of Revenue if required by the Massachusetts Health Care Reform Act or (2) that it does not believe it is subject to the notification and reporting requirements of the Massachusetts Health Care Reform Act.

3. Alternative Care Management Program (applicable to the purchased medical management program):

☐ Yes ☒ No

The undersigned representative authorizes provision of alternative benefits for services rendered to Covered Persons for Utilization Management, Case Management, including but not limited to Behavioral Health, and other health care management programs.

Proprietary and Confidential Information of Claim Administrator

Not for use or disclosure outside Claim Administrator, Employer, their respective affiliated companies and third-party representatives, except with written permission of Claim Administrator.

OK GEN ASO BPA (Rev. 06.24) Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

4. **Prior Authorization** (applicable to the purchased medical management program): Employer acknowledges and agrees to utilize Claim Administrator's standard list of services and supplies for which Prior Authorization (also called pre-notification or preauthorization) is required.

5. **Essential Health Benefits ("EHB") Election:**

Employer elects EHBs based on the following:

1. ☒ EHBs based on a Claim Administrator state benchmark:
☐ Illinois ☐ Montana ☐ New Mexico ☒ Oklahoma ☐ Texas
2. ☐ EHBs based on benchmark of a state other than IL, MT, NM, OK and TX
If so, indicate the state's benchmark that Employer elects: ____
3. ☐ Other EHB, as determined by Employer

In the absence of an affirmative selection by Employer of its EHBs, then Employer is deemed to have elected the EHBs based on the Oklahoma benchmark plan.

6. This ASO BPA is binding on both parties and is incorporated into and made a part of the Administrative Services Agreement between the parties with both such documents to be referred to collectively as the "Administrative Services Agreement" unless specified otherwise.

7. **Independent Dispute Resolution Process:**

Employer authorizes and directs Claim Administrator to offer an amount not to exceed the greater of the Qualifying Payment Amount (QPA) or the amount allowed on the initial notice of payment or denial of a claim on behalf of the Employer during negotiations under the federal IDR process.

Additional Provisions: Renewing ASO account to administer Self - Funded Indemnity and EPO plans. These plans do not include any Medicare Advantage plans. OCMFA will be an additional funding source of the ASO.

Credits

• Employer will be provided \$1,200,000 in a Transition Credit for 2024 on their 1/1/24 ASO Invoice. This will NOT require any receipts but will be a credit that appears on the invoice at the end of February. The City will determine how they will use the funds.

• If Employer terminates during the period of 01/01/2024 - 12/31/2024, that Transition Credit will be due 100% of the credit (\$1,200,000) to BCBSOK within 30 days of the effective date of cancellation.

• If Employer terminates during the period of 01/01/2025 - 12/31/2025, that Transition Credit will be due 75% of the credit (\$900,000) to BCBSOK within 30 days of the effective date of cancellation.

• If Employer terminates during the period of 01/01/2026 - 12/31/2026, that Transition Credit will be due 50% of the credit (\$600,000) to BCBSOK within 30 days of the effective date of cancellation.

• All credits will be paid directly to the group only through the BCBSOK billing system

Employer has directed Claim Administrator to administer claims, copay and coinsurance requirements for members enrolled in FlexAccess™ with dates of services on or after 01/01/2025. Additionally, pursuant to Employer's direction, Claim Administrator will not apply the value of the manufacturer copay assistance for the Employer's selected drug categories drugs on the FlexAccess drug list to the members' deductibles and Out of Pocket Maximum accumulators. The member's cost share would apply to the deductibles and Out of Pocket Maximum. The Employer has directed Claim Administrator to apply such coupon process manufacturer copay assistance to Employer's group health plans as part of its plan design. For avoidance of doubt, Employer agrees that the FlexAccess program is a plan design decision of Employer in its role as plan sponsor and Employer hereby acknowledges that this benefit is consistent with their plan design and supported by the Employer's plan documents. Employer is solely responsible for the design and operation of any Plan it offers to Covered Persons, including the legal and regulatory compliance of those benefit plan designs; and Employer understands that it is directing Claim Administrator to administer benefits that adjust Covered Persons' copayment amounts to the amount of the manufacturer copay assistance and apply such assistance to reduce Covered Persons' responsibility. Employer hereby acknowledges and agrees to be solely responsible for its plan design and the directions provided here, including compliance with ERISA, the Affordable Care Act, Internal Revenue Code and related IRS regulations, and any other applicable State or Federal laws, and agrees to indemnify and hold harmless Claim Administrator for any costs, losses, lawsuit or other liabilities related to this plan design and these directions regarding FlexAccess™

Proprietary and Confidential Information of Claim Administrator

Not for use or disclosure outside Claim Administrator, Employer, their respective affiliated companies and third-party representatives, except with written permission of Claim Administrator.

Signature

Cassie Cramer

Sales Representative

405/093

Ph 405-316-7133 and Fax 405-549-3331

District

Phone & FAX Numbers

Morgan Young

Producer Representative

Lockton Companies, LLC.

Producer Firm

6900 Dallas Parkway, Suite 450

Plano, TX 75024

Producer Address

972-204-9654

Producer Phone & FAX Numbers

Morgan.Young@lockton.com

Producer Email Address

002709000

Tax I.D. No.

Proprietary and Confidential Information of Claim Administrator

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OK GEN ASO BPA (Rev. 06.24) *Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association*

APPROVED by the Council and **SIGNED** by the Mayor of The City of Oklahoma City this 5TH day of NOVEMBER, 2024.

ATTEST:

Amy K. Simpson
City Clerk



[Signature]
Vice Mayor

APPROVED by the Trustees and **SIGNED** by the Chairman of the Oklahoma Municipal Facilities Authority this 5TH day of NOVEMBER, 2024.

ATTEST: (Seal)

**OKLAHOMA CITY MUNICIPAL
FACILITIES AUTHORITY**

Amy K. Simpson
SECRETARY



[Signature]
VICE CHAIRMAN

APPROVED by the Trustees and **SIGNED** by the Chairman of the Oklahoma City Post-Employment Benefits Trust this 13TH day of NOVEMBER, 2024

ATTEST: (Seal)

**OKLAHOMA CITY POST-EMPLOYMENT BENEFITS
TRUST**

Amy K. Simpson
SECRETARY

[Signature]
CHAIRMAN

REVIEWED for form and legality

[Signature]
Assistant Municipal Counselor



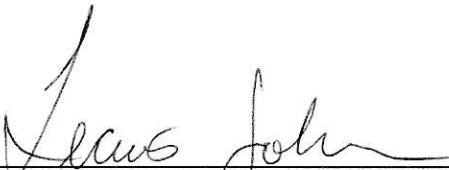
BlueCross BlueShield
of Oklahoma

1400 South Boston
PO Box 3283
Tulsa, Oklahoma 74102-3283

December 19, 2023

Dear Amy K, Simpson, City Clerk of City of Oklahoma City,

This letter is to serve as verification that Cassie Cramer, Strategic Account Executive is authorized to sign contracts among The City, the OCMFA, OCPEBT and BCBS and her signature will bind BCBS to the agreements in said contracts.



Travis Johnson
Vice President Sales and Account Management

12/19/23

Date

State of Oklahoma }

County of Tulsa }

The foregoing instrument was acknowledged before me on Dec. 19, 2023 [Date] by
TRAVIS JOHNSON [Name(s) of Person(s)].





Notary Signature

My Commission Expires: June 22, 2025