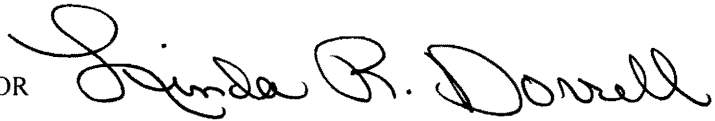

TULSA COUNTY

**PURCHASING
DEPARTMENT**

MEMO

DATE: SEPTEMBER 13, 2012

FROM: LINDA R. DORRELL
PURCHASING DIRECTOR



TO: BOARD OF COUNTY COMMISSIONERS

SUBJECT: AGREEMENT—COMMUNITY CARE (ENHANCED MR 2701)

SUBMITTED FOR YOUR APPROVAL AND EXECUTION IS THE ATTACHED AGREEMENT BETWEEN THE BOARD OF COUNTY COMMISSIONERS ON BEHALF OF THE TULSA COUNTY HUMAN RESOURCES AND COMMUNITY CARE FOR THE 2013 RENEWAL FOR GROUP TULSA COUNTY FOR THE ENHANCED MR 2701 PLAN.

RESPECTFULLY SUBMITTED FOR YOUR APPROVAL AND EXECUTION.

LRD/sks

ORIGINAL: EARLENE WILSON, COUNTY CLERK, FOR THE SEPTEMBER 17, 2012 AGENDA.

COPIES: COMMISSIONER JOHN M. SMALIGO
COMMISSIONER KAREN KEITH
COMMISSIONER FRED R. PERRY
MARK LIOTTA, CHIEF DEPUTY
TERRY TALLENT, DIRECTOR, HUMAN RESOURCES



August 24, 2012

Mr. Terry Tallent, HR Director
Tulsa County
833 W. 3rd Street
Tulsa, OK 74127

2013 Renewal for Group Tulsa County **ENHANCED MR 2701**

Dear Mr. Tallent:

We appreciate the opportunity to serve as the Medicare Advantage plus Part D provider for the employees and their spouse of Tulsa County. It is important to note that the renewal of the Medicare Advantage, Senior Health Plan 2013 is quickly approaching.

We are pleased to announce the rates for the plan to become effective January 1, 2013. These renewal rates reflect the many changes in the Medicare Risk Program as well as the utilization of the enrolled members. The benefits and copays for 2013 are the same as they were in 2012 and are listed on the Enclosed Benefit Grid.

Current Rates:

Retiree: \$252.00
Retiree + Spouse: \$504.00

Renewal Rates:

Retiree: \$254.00
Retiree + Spouse: \$508.00

The renewal of your group plan is contingent upon receipt of your decision no later than September 7, 2012. Please sign, date and return the enclosed copy of this letter by September 7, 2012. You may fax the authorization to (918) 878-5978.

Member materials will be sent to each retiree in late September in preparation of Medicare's Annual Election Period that begins October 15 through December 7, 2012.

Please indicate below if Tulsa County would like to schedule Enrollment Meetings.

Yes

No

RENEWAL ACCEPTANCE

Tulsa County, Enhanced
Board of County Commissioners

CommunityCare Managed Healthcare Plans
Of Oklahoma

John Smaligo
Name (printed)

Jerri Pearson
Name (printed)

Chairman
Title

Senior Medicare Marketing Manager

[Signature]
Signature

[Signature]
Signature

[Blank]
Date

8/21/12
Date

As always CommunityCare is pleased to have been of service to you, your retirees and their spouse over the last year and look forward to continuing the relationship in the future. Please do not hesitate to contact me should you have any questions.

Sincerely,

[Signature]

Myra Rogers, Senior Marketing Representative
mrogers@ccok.com
918/594-5295, Ext. 6213
FAX 918/878-5978

Enclosures (2)

[Signature]
ASSISTANT DISTRICT ATTORNEY

CommunityCare Senior Health Plan

Retiree Benefits

January 2013 - December 31, 2013

Tulsa County Enhanced \$254.00 per member per month	
Inpatient Care	
Inpatient Hospital Care	\$25 copay each day for day(s) 1-5 for Medicare-covered hospital stays \$0 copay each day for day(s) 6-90 for Medicare-covered hospital stays
Inpatient Mental Health Care	\$25 copay each day for day(s) 1-5 for Medicare-covered hospital stays \$0 copay each day for day(s) 6-90 for Medicare-covered hospital stays
Skilled Nursing Facility	\$0 copay each day for day(s) 1-100
Home Health Care	No copay
Ambulance Services	\$50 copay for Medicare-covered ambulance services; waived if admitted
Outpatient Care	
Doctor Office Visits	\$5 copay for each primary care doctor visit for Medicare-covered benefits, \$10 copay for each Medicare-covered specialist visit
Emergency Care	\$50 copay for Medicare covered visit: Waived if admitted within 48 hours
Outpatient Mental Health Care	\$10 copay for each Medicare-covered individual or group therapy visit
Outpatient Substance Abuse Care	\$10 copay for each Medicare-covered individual or group therapy visit
Urgent Care	\$5 to \$50 copay for each Medicare covered urgently needed visit
Diagnostic Tests, X-Rays, & Lab Services	\$0 to \$100 copay for Medicare covered diagnostic procedures and tests. Authorization rules may apply
Durable Medical Equipment	\$0 to \$50 or 20% for each Medicare covered item
Medicare Part B Drugs	\$0 copay for all Medicare Part B covered services
Preventive Care	
Immunizations	\$0 copay for pneumonia, flu or Hepatitis B vaccine
Mammograms	\$0 copay for Medicare covered screening mammograms
Pap Smears and Pelvic Exams	\$0 copay for Medicare covered pap smears and pelvic exams.
Prostate Screening Exams	\$0 copay for Medicare covered prostate cancer screening.
Additional Benefits	
Dental Services	In general, you pay 100% for dental services routine dental services are not covered benefits.
Health/Wellness Education	Covered for: newsletter, nutritional training, smoking cessation, nursing hotline, disease management

For a complete list of benefits call us at 918-594-5323 or 1-800-642-8065. From Oct 15, 2012 through Feb 14, 2013 our operating hours will be Mon-Sun 8:00am-8:00pm TTY/TDD users should call 1-800-722-0353

8/24/2012

CommunityCare Senior Health Plan

Retiree Benefits

January 2013 - December 31, 2013

Tulsa County Enhanced	
Hearing Services	In general, you pay 100% for hearing aids, \$5 copay for routine hearing tests and \$5 copay for Medicare covered diagnostic hearing exams
Podiatry Services	\$10 copay for each Medicare covered visit
Hospice	Must receive care from a Medicare-certified hospice
Chiropractic	\$10 copay for Medicare-covered visit
Outpatient Services/Surgery	\$0 copay for Medicare-covered ambulatory surgical center, \$0 copay for Medicare-covered outpatient hospital facility
Outpatient Rehabilitation Services	\$10 copay for each Medicare-covered occupational therapy visit, \$10 copay for each Medicare-covered physical/speech/language therapy visit
Prosthetic Devices	No copay
Diabetic Self Monitoring Training and Supplies	No copay
Vision Services	\$0 copay for one pair of eyeglasses or contact lenses after cataract surgery. \$10 copay for exams to diagnose and treat diseases and conditions of the eye. \$10 copay for up to one routine eye exam(s) every year. \$10 copay for up to one pair of glasses every two years.
PHARMACY BENEFITS	
Annual Deductible	\$0
Select Generic Copay	\$0
Preferred Generic Copay	\$10
Preferred Brand Copay	\$30
Non-Preferred Copay (Brand & Generic)	\$60
Non-Specialty Injectables	33% Coinsurance
Specialty Drugs	33% Coinsurance
Catastrophic Coverage	Once the member's total out of pocket reaches \$4,750 (which includes the deductible and drug co-payments), then the member will pay the greater of: \$2.65 or 5% for generic drugs and preferred multi-source brand drugs; and \$6.60 or 5% for all other drugs
Mail Order	2 x copay for 90 days supply retail or mail
90 day cost difference	Member pays cost diff retail vs. mail
Prior-auth/Quantity Limits	Standard
Formulary	Standard Part D

ANNUAL OUT-OF-POCKET MAXIMUM FOR MEDICAL SERVICES WILL BE \$6,700.

For a complete list of benefits call us at 918-594-5323 or 1-800-642-8065. From Oct 15, 2012 through Feb 14, 2013 our operating hours will be Mon-Sun 8:00am-8:00pm TTY/TDD users should call 1-800-722-0353

8/24/2012