



AMENDED NOTICE AND AGENDA OF SPECIAL MEETING

Pursuant to the Oklahoma Open Meeting Act (25 O.S. Sec. 301, et seq.), notice is hereby given that the Board of County Commissioners, Pittsburg County, will hold a special meeting as follows

FILED

MAY 19 2026

TIME 9:55 AM
HOPE TRAMMELL, COUNTY CLERK
PITTSBURG COUNTY

BY _____ DEPUTY

DATE: May 21, 2026

TIME: 2:00 p.m.

PLACE: COUNTY COMMISSIONERS CONFERENCE ROOM
PITTSBURG COUNTY COURTHOUSE
115 EAST CARL ALBERT PARKWAY, ROOM 100B
MCALESTER, OKLAHOMA

CONSIDERATION, DISCUSSION AND POSSIBLE ACTION TO BE TAKEN ON THE FOLLOWING LISTED ITEMS ON THE AGENDA

AGENDA

1. CALL MEETING TO ORDER

2. ROLL CALL: ROSS SELMAN - CHAIRMAN
 MIKE HAYNES - VICE-CHAIRMAN
 CHARLIE ROGERS - MEMBER

3. APPROVAL OF AGENDA

4. FISCAL TRANSACTIONS

5. AGENDA ITEMS

A. Discussion, consideration and take action to select a health insurance provider for Fiscal Year 2026-2027

6. RECESS OR ADJOURNMENT


Commissioner's Assistant

**PITTSBURG COUNTY COMMISSIONERS
SPECIAL MEETING
MINUTES
MAY 21, 2026**

The Board of County Commissioners, Pittsburg County, met in special session on May 21, 2026 at 2:00 P.M., Meeting held at the Pittsburg County Commissioner's Conference Room, after proper notice and agenda were posted indicating time and date. Agenda was posted at 9:55 A.M., May 19, 2026.

1. CALL THE MEETING TO ORDER: The meeting was called to order by Chairman Selman.

2. ROLL CALL:	Ross Selman	Present
	Mike Haynes	Present
	Charlie Rogers	Absent

3. APPROVAL OF AGENDA: Haynes made a motion to approve the agenda; seconded by Selman.

AYE: Ross Selman
Mike Haynes

NAY: None.

Motion Passed.

4. FISCAL TRANSACTIONS: None.

5. AGENDA ITEMS:

A. DISCUSSION, CONSIDERATION AND TAKE ACTION TO SELECT HEALTH INSURANCE PROVIDER FOR FISCAL YEAR 2026-2027:

Rogers joined the meeting at 2:08 PM.

Trammell gave a review of the options that have been presented to the board. Trammell explained the comparison from OPEH&W with the NFP proposals. Trammell explained the updated NFP proposal for the current plan and the \$1,000.00 deductible plan. Trammell suggested that the board consider the \$1,000.00 deductible plan. Haynes asked the other officials for their opinion. Jennifer Hackler and Pam Smith stated that the current plan but with the \$1,000.00 would be best. Cathy Ridenour stated that compared to other counties we would still have a good benefit package with the change. Pam Smith asked the board for their opinion. Haynes and Rogers stated that they want to do what is best for the employees. Selman made a motion to go with the NFP Blue Cross option with the \$1,000.00 and to increase the vision insurance to include the \$200.00 payment on frames; seconded by Haynes.

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AYE: Ross Selman
Mike Haynes
Charlie Rogers

NAY: None.

Motion Passed.

6. RECESS/ADJOURNMENT: There being no further business brought before the board; Selman made a motion to adjourn; seconded by Haynes.

AYE: Ross Selman
Mike Haynes
Charlie Rogers

NAY: None.

Motion Passed. Meeting Adjourned.



Prepared For:

Pittsburg County Revised 07.01.2026 BCBS Renewal



Presented by:

Thad Ledford
VP of Sales
thad.ledford@nfp.com

Robyn Setzer
Sr. Consultant
robyn.setzer@nfp.com

Benefits Specific to Your Needs

Medical

Effective Date: 07.01.2026

05.15.2026 Revision

Benefits	Current		Renewal		Revised Renewal w/ Package Savings		Revised Renewal w/ Package Savings		Option 1 w/ Package Savings	
	BCBS Oklahoma Custom Plan Blue Advantage Network		BCBS Oklahoma Custom Plan Blue Advantage Network		BCBS Oklahoma Custom Plan Blue Advantage Network		BCBS Oklahoma Custom Plan Blue Advantage Network		BCBS Oklahoma Custom Plan Blue Advantage Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible Individual / Family	\$750 / \$1,500		\$750 / \$1,500		\$750 / \$1,500		\$750 / \$1,500		\$1,000 / \$3,000	
Member Coinsurance	20%	30%	20%	30%	20%	30%	20%	30%	20%	30%
Out-of-Pocket Maximum Individual / Family	\$3,000 / \$9,000	\$10,000 / \$20,000	\$3,000 / \$9,000	\$10,000 / \$20,000	\$3,000 / \$9,000	\$10,000 / \$20,000	\$3,000 / \$9,000	\$10,000 / \$20,000	\$4,000 / \$8,000	\$10,000 / \$20,000
Office Visit PCP / Specialist	\$10 / \$50	D+C / D+C	\$10 / \$50	D+C / D+C	\$10 / \$50	D+C / D+C	\$10 / \$50	D+C / D+C	\$10 / \$50	D+C / D+C
Diagnostic, Lab & X-Ray										
Diagnostic Test (x-ray, blood work)	No Charge; Deductible does not apply	D+C	No Charge; Deductible does not apply	D+C	No Charge; Deductible does not apply	D+C	No Charge; Deductible does not apply	D+C	No Charges; Deductible does not apply.	D+C
Complex Imaging	D+C	D+C	D+C	D+C	D+C	D+C	D+C	D+C	D+C	D+C
Hospitalization Inpatient / Outpatient	D+C / D+C	D+C / D+C	D+C / D+C	D+C / D+C	D+C / D+C	D+C / D+C	D+C / D+C	D+C / D+C	D+C / D+C	D+C / D+C
Emergency Room	\$150 Copay+D+C	\$150 Copay+D+C	\$150 Copay+D+C	\$150 Copay+D+C	\$150 Copay+D+C	\$150 Copay + D+C	\$150 Copay+D+C	\$150 Copay+D+C	\$150 Copay+D+C	\$150 Copay+D+C
Urgent Care	\$20 Copay	D+C	\$20 Copay	D+C	\$20 Copay	D+C	\$20 Copay	D+C	\$20 Copay	D+C
Prescription Coverage										
Deductible	\$50 Individual / \$100 Family	\$50 Individual / \$100 Family	\$50 Individual / \$100 Family	\$50 Individual / \$100 Family	\$50 Individual / \$100 Family	\$50 Individual / \$100 Family	\$50 Individual / \$100 Family	\$50 Individual / \$100 Family	\$50 Individual / \$100 Family	\$50 Individual / \$100 Family
Pref / Non Pref Generic Drugs	\$5 / \$5	\$5 / \$5	\$5 / \$5	\$5 / \$5	\$5 / \$5	\$5 / \$5	\$5 / \$5	\$5 / \$5	\$5 / \$5	\$5 / \$5
Preferred Brand Drugs	\$45 / \$45	\$45 / \$45	\$45 / \$45	\$45 / \$45	\$45 / \$45	\$45 / \$45	\$45 / \$45	\$45 / \$45	\$45 / \$45	\$45 / \$45
Non-Preferred Band Drugs	\$60 / \$60	\$60 / \$60	\$60 / \$60	\$60 / \$60	\$60 / \$60	\$60 / \$60	\$60 / \$60	\$60 / \$60	\$60 / \$60	\$60 / \$60
Specialty	\$5/\$45/\$60	\$5/\$45/\$60	\$5/\$45/\$60	\$5/\$45/\$60	\$5/\$45/\$60	\$5/\$45/\$60	\$5/\$45/\$60	\$5/\$45/\$60	\$5/\$45/\$60	\$5/\$45/\$60
Notes:	Cost for a covered insulin drug will not exceed \$30 per 30 day supply or \$90 per 90 day supply.		Cost for a covered insulin drug will not exceed \$30 per 30 day supply or \$90 per 90 day supply.		Cost for a covered insulin drug will not exceed \$30 per 30 day supply or \$90 per 90 day supply.		Cost for a covered insulin drug will not exceed \$30 per 30 day supply or \$90 per 90 day supply.		Cost for a covered insulin drug will not exceed \$30 per 30 day supply or \$90 per 90 day supply.	

Four Tier Cost Analysis		Current	Renewal	Revised Renewal w/ Package Savings	Revised Renewal w/ Package Savings	Option 1 w/ Package Savings
		BCBS Oklahoma Custom Plan	BCBS Oklahoma Custom Plan	BCBS Oklahoma Custom Plan	BCBS Oklahoma Custom Plan	BCBS Oklahoma Custom Plan
Rates	Counts	Four Tier Rates	Four Tier Rates	Four Tier Rates	Four Tier Rates	Four Tier Rates
Employee Only	215	\$696.27	\$845.27	\$822.31	\$802.42	\$787.20
Employee + Spouse	0	\$1,526.58	\$1,853.27	\$1,802.91	\$1,759.31	\$1,725.93
Employee + Child	3	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Child(ren)	0	\$1,248.57	\$1,515.76	\$1,474.58	\$1,438.92	\$1,411.62
Employee + Spouse + 1 Child	0	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Family	0	\$2,078.91	\$2,523.80	\$2,455.22	\$2,395.84	\$2,350.38
Estimated Monthly Premium		\$149,698.05	\$186,260.33	\$181,220.39	\$172,520.30	\$169,248.00
Estimated Annual Premium		\$1,796,376.60	\$2,235,363.96	\$2,174,644.68	\$2,070,243.60	\$2,030,976.00
Annual Percentage Change			24.44%	21.06%	15.25%	13.06%
Annual Dollar Change			\$438,987.36	\$378,268.08	\$273,867.00	\$234,599.40

Employer Cost		Current	Renewal	Revised Renewal w / Package Savings	Revised Renewal w / Package Savings	Option 1 w / Package Savings
		BCBS Oklahoma Custom Plan	BCBS Oklahoma Custom Plan	BCBS Oklahoma Custom Plan	BCBS Oklahoma Custom Plan	BCBS Oklahoma Custom Plan
Rates	Counts	Estimated Six Tier Rates	Estimated Six Tier Rates	Estimated Six Tier Rates	Estimated Six Tier Rates	Estimated Six Tier Rates
Employee Only	215	\$724.00	\$845.91	\$822.93	\$803.04	\$787.79
Employee + Spouse	0	\$1,534.33	\$1,792.69	\$1,743.97	\$1,701.91	\$1,669.51
Employee + Child	3	\$977.35	\$1,141.92	\$1,110.89	\$1,084.94	\$1,063.46
Employee + Child(ren)	0	\$1,258.20	\$1,470.06	\$1,430.12	\$1,396.54	\$1,369.06
Employee + Spouse + 1 Child	0	\$1,811.84	\$2,116.93	\$2,059.40	\$2,010.50	\$1,971.46
Family	0	\$2,089.46	\$2,441.29	\$2,374.95	\$2,318.33	\$2,273.54
Estimated Monthly Premium		\$158,692.05	\$185,295.41	\$180,262.62	\$175,908.42	\$172,365.23
Estimated Annual Premium		\$1,903,104.60	\$2,223,556.92	\$2,163,151.44	\$2,110,901.04	\$2,070,782.76
Annual Percentage Change			16.84%	13.66%	10.92%	8.81%
Annual Dollar Change			\$320,452.32	\$260,046.84	\$207,796.44	\$167,678.16

Employer Cost		Current	Renewal	Revised Renewal w / Package Savings	Revised Renewal w / Package Savings	Option 1 w / Package Savings
		BCBS Oklahoma Custom Plan	BCBS Oklahoma Custom Plan	BCBS Oklahoma Custom Plan	BCBS Oklahoma Custom Plan	BCBS Oklahoma Custom Plan
Rates	Counts					
Employee Only	215	\$724.00	\$845.91	\$822.93	\$803.04	\$787.79
Employee + Spouse	0	\$724.00	\$845.91	\$822.93	\$803.04	\$787.79
Employee + Child	3	\$724.00	\$845.91	\$822.93	\$803.09	\$787.79
Employee + Child(ren)	0	\$724.00	\$845.91	\$822.93	\$803.04	\$787.79
Employee + Spouse + 1 Child	0	\$724.00	\$845.91	\$822.93	\$803.04	\$787.79
Family	0	\$724.00	\$845.91	\$822.93	\$803.04	\$787.79
Estimated Monthly Premium		\$157,892.00	\$184,408.38	\$179,398.74	\$175,062.87	\$171,738.22
Estimated Annual Premium		\$1,893,984.00	\$2,212,900.56	\$2,152,784.88	\$2,100,754.44	\$2,060,858.64
Annual Percentage Change			16.84%	13.66%	10.92%	8.81%
Annual Dollar Change			\$318,916.56	\$258,800.88	\$206,770.44	\$166,874.64

Employee Cost

Rates	Counts					
Employee Only	215	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Employee + Spouse	0	\$810.33	\$946.78	\$921.04	\$898.87	\$881.72
Employee + Child	3	\$253.35	\$296.01	\$287.96	\$281.85	\$275.67
Employee + Child(ren)	0	\$534.20	\$624.15	\$607.19	\$593.50	\$581.27
Employee + Spouse + 1 Child	0	\$1,087.84	\$1,271.02	\$1,236.47	\$1,207.46	\$1,183.67
Family	0	\$1,365.46	\$1,595.38	\$1,552.02	\$1,515.29	\$1,485.75

Note: D+C = Deductible + Coinsurance.

This benefit analysis is a brief outline of the services covered and should be used for illustrative purposes only. In case of a discrepancy between this analysis and the carrier's plan documents, the carrier's plan documents will prevail. I certify that I have read and understand this disclaimer _____.

OPPEH&W HealthPlan
Making Healthy Cheaper



Pittsburgh County
COMPARITIVE ANALYSIS - 19th May 2026



WHAT'S IN THIS DOCUMENT

- » **Understanding**
- » **Making Healthy Cheaper**
- » **Health Coverage Comparison**
- » **Vision Coverage Comparison**
- » **Group Life Coverage Comparison**
- » **Additional Life Coverage Comparison**
- » **Financial Comparison**

UNDERSTANDING

WE UNDERSTAND THAT...

- » Changing employee benefit providers is stressful for all concerned.
- » Employee benefits are one of your largest budget items.
- » Employee benefits form a major part of being able to attract the right people.
- » Your employees are your biggest asset.
- » You want employee benefits which are people focused, supporting your employees and their families.
- » You want employee benefits which ensure employees are at work, physically capable, and mentally focused.
- » It's a balancing game between value for money, benefit coverage and out-of-pocket cost.
- » Navigating the employee benefits market is challenging and complex.
- » Alternative employee benefit providers always produce Greener Grass proposals.
- » Often, proposals lack depth and transparency.
- » Sometimes, proposals cleverly obscure the full picture, allowing for misinterpretation before clarity.
- » Frequently, proposals are purposefully designed to highlight specific, favored items.
- » Habitually, items which may disclose a negative position are suspiciously missing.
- » Routinely, tactics are utilized which twist, ignore, or distract from the truth.
- » You may not be best placed to recognize when such methods are being deployed.
- » You may not know the right questions to ask to gain a fair and legitimate understanding.
- » The devil is in the details, and that it's better to be diligent now, before it's too late to turn back.

- » You want, need and deserve the full picture before deciding on anxiety inducing changes.
- » You want a full, comprehensive, factual comparison without intentional exclusions.

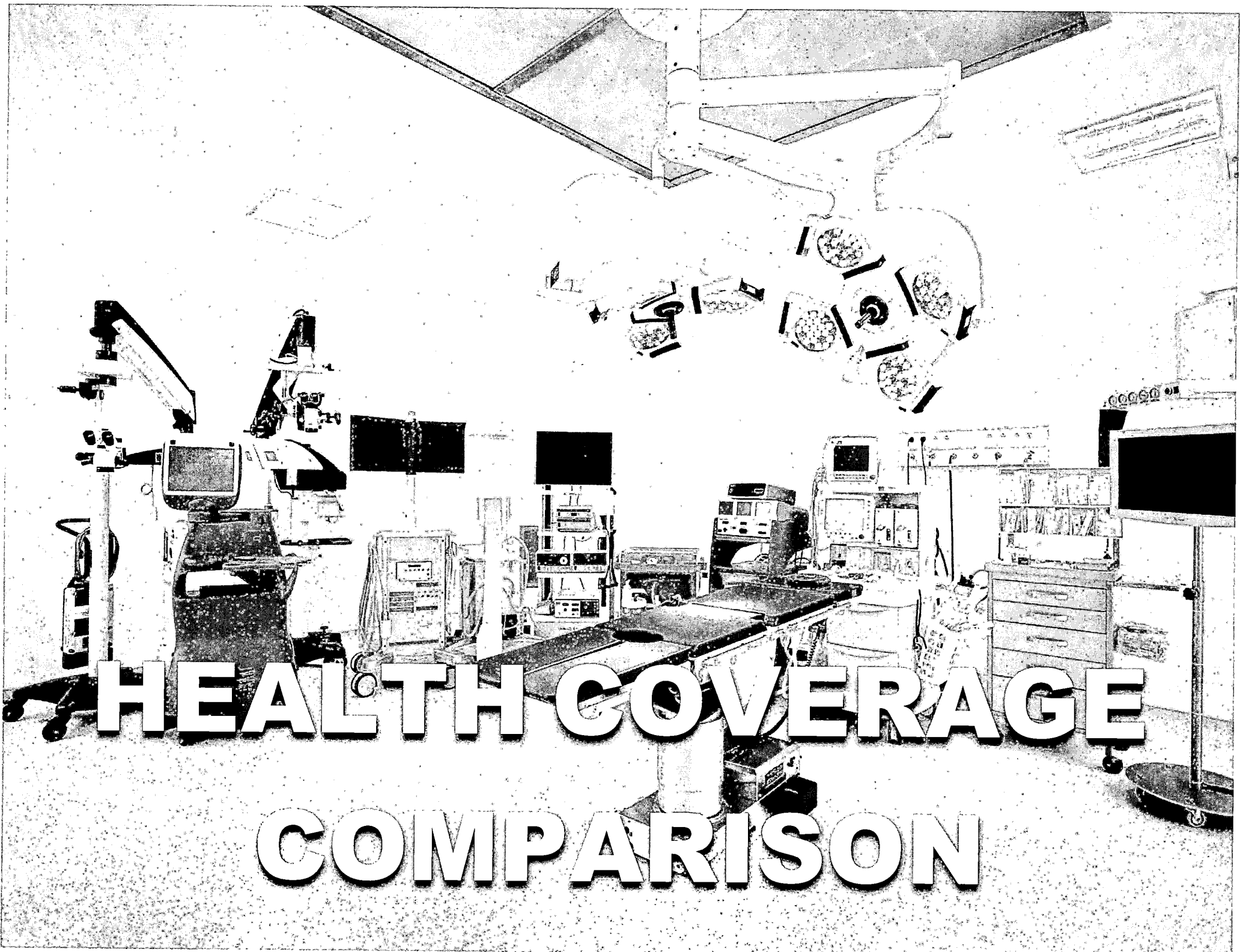
MAKING HEALTHY CHEAPER

When it comes to employee benefits, doing the bare minimum is no longer acceptable. It's time to invest in your workforce with employee benefits that make a difference.

As a collaboration of Oklahoma's local government organizations, the OPEH&W Health Plan has been doing just that for over 30 years, with 40+ free programs and benefits which are truly Making Healthy Cheaper.

The tired, old-fashioned and basic plan designs currently available elsewhere, are no longer fit for purpose. Health plan designs must go further by making healthy cheaper, by improving quality of life, by balancing affordability with rich benefits, by prioritizing access to the highest quality care, and by encouraging healthy behaviors. That's exactly what the OPEH&W Health Plan is doing, with 40+ full spectrum, transformative, and cutting-edge best in class benefits; all considered vital and included automatically with any of OPEH&W's 9 health coverage options.

FREE	24/7 CARE GUIDES	FREE	TRANSPLANTS
FREE	CANCER CARE	FREE	HEART & CARDIAC SURGERIES
FREE	BACK & SPINE SURGERIES	FREE	HIP & KNEE REPLACEMENTS
FREE	CELLULAR IMMUNOTHERAPY	FREE	MATERNITY CARE
FREE	CASH REWARDS	FREE	MEDICAL EQUIPMENT & SUPPLIES
FREE	X-RAYS, MRI, CT & PET SCANS	FREE	PRIMARY & PEDIATRIC CARE
FREE	PSYCHIATRY & COUNSELING	FREE	MENTAL HEALTH SUPPORT PROGRAM
FREE	MUSCLE & JOINT PAIN PROGRAM	FREE	HEALTH CHECK-UP PROGRAM
FREE	DIABETES PROGRAM	FREE	BLOOD PRESSURE PROGRAM
FREE	CHOLESTEROL PROGRAM	FREE	PELVIC FLOOR PAIN PROGRAM
FREE	ALCOHOL ADDICTION PROGRAM	FREE	OPIOID ADDICTION PROGRAM
FREE	TOBACCO & VAPING ADDICTION PROGRAM	FREE	WELLNESS PROGRAMS
FREE	WEIGHT-LOSS PROGRAMS	FREE	SLEEP STUDIES
FREE	WOMEN'S & FAMILY SUPPORT PROGRAM	FREE	ACID-REFLUX & GERD OTC MEDICATIONS
\$5	ANTIHISTAMINE OTC MEDICATIONS	FREE	TOBACCO & SMOKING CESSATION MEDICATIONS
\$25	INSULIN PREFERRED BRAND MEDICATION	\$5	DIABETIC ORAL GENERIC MEDICATIONS
\$500	CHILD ACCIDENT CLAIM REIMBURSEMENT	50%	CHILD DEDUCTIBLE REIMBURSEMENT



HEALTH COVERAGE

COMPARISON

MEDICAL

OPEH&W DIAMOND

Custom BCBSOK Plan

OPEH&W'S IMPACT

FREE MAJOR MEDICAL CARE

TRANSPLANTS		FREE	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,000 LESS PER PERSON
HEART & CARDIAC SURGERIES OVER 750 SURGERIES		FREE	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,000 LESS PER PERSON
BACK & SPINE SURGERIES OVER 350 SURGERIES		FREE	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,000 LESS PER PERSON
HIP & KNEE REPLACEMENTS OVER 170 SURGERIES		FREE	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,000 LESS PER PERSON
MATERNITY CARE		FREE	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,000 LESS PER PERSON
CELLULAR IMMUNOTHERAPY		FREE	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,000 LESS PER PERSON
CANCER CARE		FREE	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,000 LESS PER PERSON

MAKING HEALTHY CHEAPER

VIRTUAL CHECKUP FROM CATAPULT HEALTH		FREE	NO COVERAGE	FREE PROGRAM
CASH REWARDS FROM MEMBER REWARDS		FREE	NO COVERAGE	CASH REWARDS
MEDICAL EQUIPMENT & SUPPLIES FROM CONNECTDME		FREE	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,000 LESS PER PERSON
MEDICAL IMAGING FROM GREEN IMAGING		FREE	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,000 LESS PER PERSON
MUSCLE & JOINT PAIN PROGRAMS FROM HINGE HEALTH		FREE	NO COVERAGE	FREE PROGRAM
DIABETES, BLOOD PRESSURE & CHOLESTEROL PROGRAMS FROM OMADA		FREE	NO COVERAGE	FREE PROGRAM
ALCOHOL ADDICTION PROGRAM FROM PELAGO		FREE	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,000 LESS PER PERSON
TOBACCO & VAPING ADDICTION PROGRAM FROM PELAGO		FREE	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,000 LESS PER PERSON
OPIOID ADDICTION PROGRAM FROM PELAGO		FREE	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,000 LESS PER PERSON
WEIGHT-LOSS PROGRAM FROM WONDR HEALTH		FREE	NO COVERAGE	FREE PROGRAM
SLEEP STUDIES FROM CONNECTDME		FREE	20% COINSURANCE AFTER DEDUCTIBLE	UP TO \$3,000 LESS PER PERSON
MENTAL HEALTH PROGRAM FROM SILVERCLOUD		FREE	NO COVERAGE	FREE PROGRAM
MENTAL HEALTH PROGRAM FROM INMYND		FREE	NO COVERAGE	FREE PROGRAM
MENTAL HEALTH PROGRAM FROM LEARNTO LIVE		FREE	NO COVERAGE	FREE PROGRAM
WOMEN'S & FAMILY SUPPORT PROGRAMS FROM OVIA		FREE	NO COVERAGE	FREE PROGRAM
WELLNESS PROGRAMS FROM WELL ONTARGET		FREE	UNKNOWN	FREE PROGRAM

IN-NETWORK

NETWORK	BCBS ADVANTAGE	BCBS ADVANTAGE	NEUTRAL
DEDUCTIBLE - PER INDIVIDUAL	\$1,000 (\$750 after completed Catapult checkup)	\$750	NEUTRAL or \$250 LESS
DEDUCTIBLE - FAMILY MAXIMUM	\$2,000	\$1,500	\$500 MORE
50% CHILD DEDUCTIBLE REIMBURSEMENT	YES	NO	UP TO \$500 LESS PER CHILD
MAXIMUM OUT-OF-POCKET - PER INDIVIDUAL	\$5,000	\$3,000	\$2,000 MORE
MAXIMUM OUT-OF-POCKET - FAMILY	\$10,000	\$9,000	\$1,000 MORE
CO-INSURANCE	20%	20%	NEUTRAL
\$500 CHILD ACCIDENT REIMBURSEMENT	YES	NO	\$500 PER CHILD PER PLAN YEAR

PROFESSIONAL SERVICES

PRIMARY & PEDIATRIC CARE - TELEHEALTH/TELEMEDICINE	MDLIVE - FREE	UNKNOWN	UNKNOWN
PSYCHIATRY & COUNSELING - TELEHEALTH/TELEMEDICINE	MDLIVE - FREE	UNKNOWN	UNKNOWN
PRIMARY CARE - IN-PERSON	\$25 CO-PAY	\$10 CO-PAY	\$15 MORE
SPECIALIST - IN-PERSON	\$50 CO-PAY	\$50 CO-PAY	NEUTRAL

LABS & X-RAYS	X-RAYS - GREEN IMAGING - FREE OR 20% COINSURANCE AFTER DEDUCTIBLE	NO CHARGE	FREE PROGRAM OR NEUTRAL
DIAGNOSTIC IMAGING (CAT & MRI SCANS)	GREEN IMAGING - FREE OR 20% COINSURANCE AFTER DEDUCTIBLE	NO CHARGE	FREE PROGRAM OR NEUTRAL

ALLERGY TESTING & TREATMENT	20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	NEUTRAL
PREVENTIVE SERVICES	FREE	FREE	NEUTRAL
WELL-CHILD CARE	FREE	FREE	NEUTRAL
IMMUNIZATIONS	FREE	FREE	NEUTRAL
HEARING SCREENING & HEARING AIDS	THROUGH VSP - FREE SCREENING AND 60% DISCOUNT ON HEARING AIDS	20% COINSURANCE AFTER DEDUCTIBLE	NEUTRAL
MATERNITY - PRENATAL & POSTNATAL	OVIA HEALTH - FREE OR BLUE DISTINCTION PROVIDERS - FREE OR 20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	FREE COVERAGE OR FREE PROGRAM OR NEUTRAL
DURABLE MEDICAL EQUIPMENT	CONNECTDME - FREE OR 20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	FREE PROGRAM OR NEUTRAL
MENTAL HEALTH - INPATIENT	20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	NEUTRAL
MENTAL HEALTH - OUTPATIENT	MDLIVE OR SILVERCLOUD OR INMYND OR LEARNTOLIVE - FREE OR \$25 CO-PAY PCP OR \$50 CO-PAY SPECIALIST	20% COINSURANCE AFTER DEDUCTIBLE	FREE PROGRAMS OR CHEAPER
SUBSTANCE USE DISORDER - INPATIENT	20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	NEUTRAL
SUBSTANCE USE DISORDER - OUTPATIENT	PELAGO - FREE OR \$25 CO-PAY PCP OR \$50 CO-PAY SPECIALIST + 20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	FREE PROGRAMS OR CHEAPER
OCCUPATIONAL, SPEECH, PHYSICAL THERAPY, OR PHYSICAL MEDICINE VISITS	HINGE HEALTH - FREE OR 20% COINSURANCE AFTER DEDUCTIBLE 60 VISIT COMBINED MAXIMUM PER PLAN YEAR	20% COINSURANCE AFTER DEDUCTIBLE	FREE PROGRAMS OR NEUTRAL
CHIROPRACTIC & MANIPULATIVE THERAPY VISITS	HINGE HEALTH - FREE OR 20% COINSURANCE AFTER DEDUCTIBLE 10 VISIT MAXIMUM PER PLAN YEAR \$500 MAXIMUM FOR MANIPULATIVE SERVICES	20% COINSURANCE AFTER DEDUCTIBLE	FREE PROGRAMS OR NEUTRAL
BIARIATRIC SURGERY	20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	NEUTRAL
DIABETES PREVENTION PROGRAM	OMADA HEALTH - FREE OR FREE PREVENTIVE SERVICE	20% COINSURANCE AFTER DEDUCTIBLE	FREE PROGRAMS OR CHEAPER
URGENT & EMERGENCY CARE			
URGENT CARE - IN-PERSON PER OCCURRENCE	\$25 CO-PAY	\$20 CO-PAY	\$5 MORE
EMERGENCY ROOM - IN-PERSON PER OCCURRENCE	\$50 CO-PAY + 20% COINSURANCE AFTER DEDUCTIBLE (CO-PAY WAIVED IF ADMITTED)	\$150 CO-PAY + 20% COINSURANCE AFTER DEDUCTIBLE (CO-PAY WAIVED IF ADMITTED)	\$100 LESS
HOSPITALIZATION			
INPATIENT PER OCCURRENCE	20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	NEUTRAL
OUTPATIENT PER OCCURRENCE	20% COINSURANCE AFTER DEDUCTIBLE	20% COINSURANCE AFTER DEDUCTIBLE	NEUTRAL

PRESCRIPTION DRUGS

OPEH & W. DIAMOND

Custom BCBSOK Plan

OPEH & W. S. IMPACT

COVERAGE

DEDUCTIBLE	\$75 BRAND NAMES ONLY	\$50	\$25 MORE (BRANDS ONLY)
MAXIMUM OUT-OF-POCKET - PER INDIVIDUAL	\$2,000	\$3,000	\$1,000 LESS
MAXIMUM OUT-OF-POCKET - FAMILY MAXIMUM	\$4,000	\$9,000	\$5,000 LESS
30 DAY SUPPLY - RETAIL OR MAIL			
PREFERRED GENERICS	MAXIMUM \$10 CO-PAY	UPTO \$5 CO-PAY	\$5 MORE
NON-PREFERRED GENERICS	MAXIMUM \$10 CO-PAY	UPTO \$20 CO-PAY	NEUTRAL
PREFERRED BRANDS	MAXIMUM \$45 CO-PAY	UPTO \$45 CO-PAY	NEUTRAL
NON-PREFERRED BRANDS	MAXIMUM \$60 CO-PAY	UPTO \$60 CO-PAY	NEUTRAL
SPECIALTY GENERICS	MAXIMUM \$10 CO-PAY	UPTO \$20 CO-PAY	\$10 LESS
SPECIALTY PREFERRED BRANDS	MAXIMUM \$60 CO-PAY (+ SaveOn Rx)	\$5 / \$45 / \$50	NEUTRAL
SPECIALTY NON-PREFERRED BRANDS	MAXIMUM \$100 CO-PAY (+ SaveOn Rx)	\$5 / \$45 / \$50	NEUTRAL
31-60 DAY SUPPLY - RETAIL OR MAIL			
PREFERRED GENERICS	MAXIMUM \$20 CO-PAY	UPTO \$25 CO-PAY	\$5 LESS
NON-PREFERRED GENERICS	MAXIMUM \$20 CO-PAY	UPTO \$50 CO-PAY	\$30 LESS
PREFERRED BRANDS	MAXIMUM \$90 CO-PAY	UPTO \$90 CO-PAY	\$47 LESS
NON-PREFERRED BRANDS	MAXIMUM \$120 CO-PAY	UPTO \$120 CO-PAY	\$117 LESS
61-90 DAY SUPPLY - RETAIL OR MAIL			
PREFERRED GENERICS	MAXIMUM \$25 CO-PAY	UPTO \$25 CO-PAY	NEUTRAL
NON-PREFERRED GENERICS	MAXIMUM \$25 CO-PAY	UPTO \$60 CO-PAY	\$25 LESS
PREFERRED BRANDS	MAXIMUM \$112 CO-PAY	UPTO \$112.50 CO-PAY	\$25 LESS
NON-PREFERRED BRANDS	MAXIMUM \$150 CO-PAY	UPTO \$150 CO-PAY	\$87 LESS
ENHANCEMENT CO-PAYS - RETAIL OR MAIL - 30 DAY SUPPLY			
ACID REFLUX & GERD OVER THE COUNTER (OTC) MEDICATIONS	FREE	NO COVERAGE	MINIMUM \$10 LESS
CONTRACEPTIVES & CONTRACEPTIVE DEVICES	FREE	FREE	NEUTRAL
TOBACCO & SMOKING CESSATION MEDICATIONS	FREE	UNKNOWN	MINIMUM \$10 LESS
DIABETIC GENERIC MEDICATIONS	MAXIMUM \$5 CO-PAY	UPTO \$10 CO-PAY	\$5 LESS
ANTIHISTAMINE OVER THE COUNTER (OTC) MEDICATIONS	MAXIMUM \$5 CO-PAY	NO COVERAGE	MINIMUM \$10 LESS
INSULIN - SELECT PREFERRED BRANDS	MAXIMUM \$25 CO-PAY	\$30 CO-PAY	\$5 LESS



VISION COVERAGE COMPARISON

OPEH&W ENHANCED

Ameritas

OPEH&W'S IMPACT

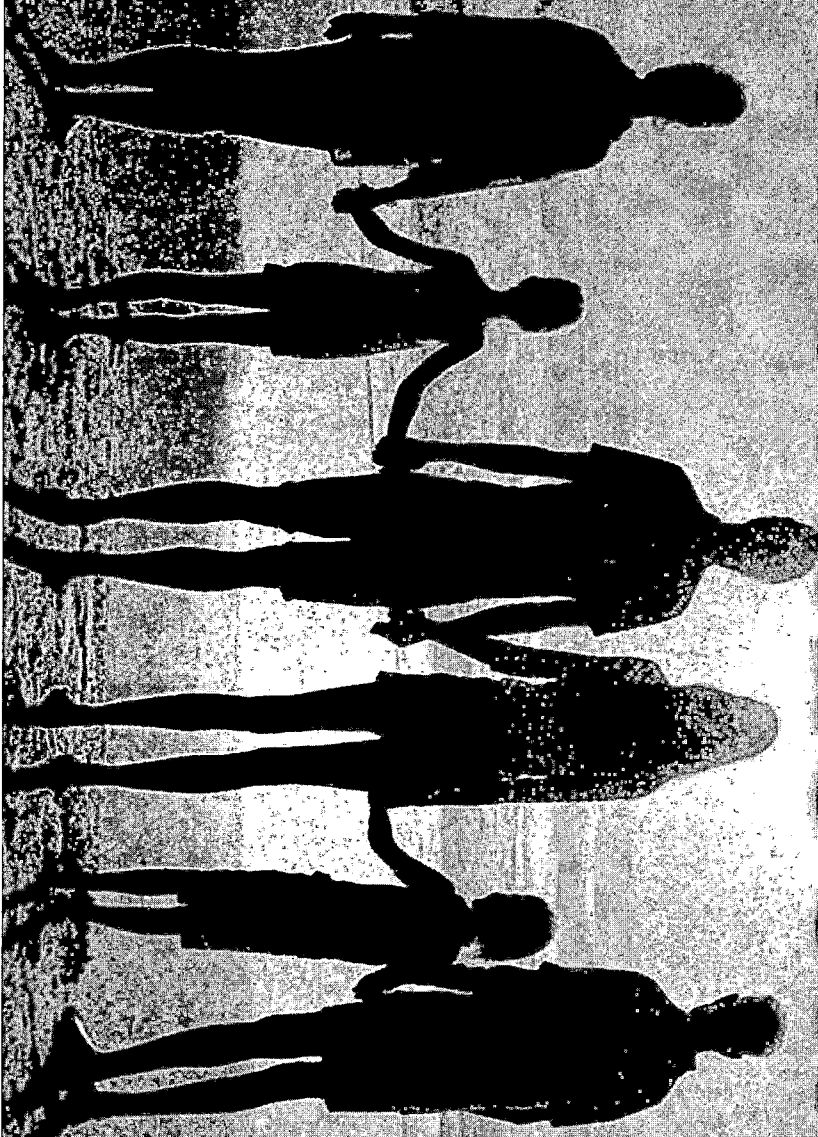
EYE EXAM			
CO-PAY	\$10 CO-PAY	\$10 CO-PAY	NEUTRAL
FREQUENCY	EVERY 12 MONTHS	EVERY 12 MONTHS	NEUTRAL
DIGITAL RETINAL SCREENING			
CO-PAY	\$39 CO-PAY	UNKNOWN	UNKOWN
FREQUENCY	EVERY 12 MONTHS	UNKNOWN	UNKOWN
MATERIALS			
DEDUCTIBLE	\$25 LENSES OR FRAMES	\$20 LENSES OR FRAMES	\$5 MORE
LENSES			
FREQUENCY	EVERY 12 MONTHS	EVERY 12 MONTHS	NEUTRAL
SINGLE VISION, LINED BI-FOCAL, & LINED TRI-FOCAL	FREE AFTER DEDUCTIBLE	FREE AFTER DEDUCTIBLE	NEUTRAL
LENTICULAR	FREE AFTER DEDUCTIBLE	FREE AFTER DEDUCTIBLE	NEUTRAL
STANDARD PROGRESSIVES (NO-LINES)	FREE AFTER DEDUCTIBLE	UNKNOWN	UNKOWN
PREMIUM PROGRESSIVES (NO-LINES)	\$80-\$90 CO-PAY	UNKNOWN	UNKOWN
CUSTOM PROGRESSIVES (NO-LINES)	\$120-\$160 CO-PAY	UNKNOWN	UNKOWN
HIGH INDEX, POLARIZED, & IMPACT RESISTANT	40% AVERAGE DISCOUNT	UNKNOWN	UNKOWN
LENS CUSTOMIZATIONS			
POLYCARBONATE LENSES FOR CHILDREN	FREE	UNKNOWN	UNKOWN
POLYCARBONATE LENSES FOR ADULTS	FREE	UNKNOWN	UNKOWN
TRANSITIONAL (PHOTOCHROMIC)	FREE	UNKNOWN	UNKOWN
SCRATCH-RESISTANT COATING	40% AVERAGE DISCOUNT	UNKNOWN	UNKOWN
ANTI-REFLECTIVE & UV PROTECTION COATINGS	40% AVERAGE DISCOUNT	UNKNOWN	UNKOWN
ALL OTHER LENS CUSTOMIZATIONS	40% AVERAGE DISCOUNT	UNKNOWN	UNKOWN
FRAMES			
FREQUENCY	EVERY 12 MONTHS	EVERY 12 MONTHS	NEUTRAL
ALLOWANCE	\$120	\$120	NEUTRAL
FEATURED BRANDS ALLOWANCE	\$140	UNKNOWN	UNKOWN
AFTER ALLOWANCE COVERAGE	20% DISCOUNT	UNKNOWN	UNKOWN
ADDITIONAL GLASSES OR SUNGLASSES COVERAGE	20% DISCOUNT	UNKNOWN	UNKOWN
CONTACT LENSES			
ALLOWANCE	\$120 (INSTEAD OF LENSES OR FRAMES)	\$120 (INSTEAD OF LENSES OR FRAMES)	NEUTRAL
FITTING & EVALUATION EXAM	15% DISCOUNT UP TO \$60 MAX	UNKNOWN	UNKOWN
LASER VISION CORRECTION			
COVERAGE	DISCOUNTED	UNKNOWN	UNKOWN
MEDICALLY ESSENTIAL EYE CARE			
COVERAGE	\$20 CO-PAY	UNKNOWN	UNKOWN
HEARING COVERAGE			
DIGITAL HEARING AIDS	60% DISCOUNT	UNKNOWN	UNKOWN
ONLINE HEARING TEST	FREE	UNKNOWN	UNKOWN
HEARING AID BATTERIES	120 FOR \$39 CO-PAY	UNKNOWN	UNKOWN

LIFE COVERAGE

COMPARISON

	OPEN&W	BCBSOK	OPEN&W'S IMPACT
EMPLOYEE COVERAGE			
BASE COVERAGE OPTIONS	\$50,000 FOR \$16.24	\$50,000 for \$18.12	MORE COVERAGE OPTIONS
GUARANTEED ISSUE	YES	\$50,000	NEUTRAL
ACCELERATED LIFE BENEFIT	YES	YES	NEUTRAL
WAIVER OF PREMIUM	INCLUDED	INCLUDED	NEUTRAL
ACCIDENTAL DEATH RIDER	YES	YES	NEUTRAL
ACCIDENTAL DEATH COVERAGE	\$100,000 WITH \$50,000 OPTION	\$50,000	NEUTRAL
LOSS OF LIMB OR LOSS OF USE OF LIMB COVERAGE	YES	YES	NEUTRAL
LOSS OF SIGHT, HEARING, SPEECH COVERAGE	YES	YES	NEUTRAL
24/7 ACCIDENTAL (ON & OFF JOB) COVERAGE	YES	YES	NEUTRAL
DEPENDENT COVERAGE			
SPOUSE COVERAGE OPTIONS	\$12,500 FOR FREE WITH \$50,000 OPTION	\$12,500	FREE SPOUSE COVERAGE
CHILD COVERAGE	\$5,000 PER CHILD FOR FREE WITH \$50,000 OPTION At birth same as above	Child(ren) \$5,000 Birth to 6 months \$1,000	FREE CHILD COVERAGE
AGE COVERAGE REDUCTION			
AGE 65 COVERAGE REDUCTION	NO	No	NO REDUCTION AT 65
AGE 70 COVERAGE REDUCTION	50%	50%	NEUTRAL
AGE 80 COVERAGE REDUCTION	75%	75%	NEUTRAL

ADDITIONAL LIFE COVERAGE COMPARISON



	OPFH&W	BCBS	OPFH&W'S IMPACT
EMPLOYEE COVERAGE			
MINIMUM	\$20,000	\$10,000	NEUTRAL
MAXIMUM	UP TO \$500,000	UP TO \$500,000	NEUTRAL
COVERAGE INCREMENTS	\$5,000	\$10,000	SMALLER INCREMENTS
GUARANTEED ISSUE	UP TO FIRST \$150,000	\$150,000	UP TO \$50,000 MORE
ACCIDENTAL DEATH COVERAGE	YES OPTIONAL	YES	NEUTRAL
SPOUSE COVERAGE			
MINIMUM	\$20,000	\$5,000	NEUTRAL
MAXIMUM	UP TO \$250,000	\$250,000	NEUTRAL
COVERAGE INCREMENTS	\$5,000	\$5,000	NEUTRAL
GUARANTEED ISSUE	UP TO FIRST \$75,000	\$25,000	\$50,000 MORE
ACCIDENTAL DEATH COVERAGE AVAILABLE	NO	NO	NEUTRAL
CHILD COVERAGE			
OPTION 1	\$10,000 AT \$2.00 FOR ALL CHILDREN	Birth to 6 months \$1,000 \$10,000 6 MONTHS TO 26 AT \$531/\$1000	\$0.79 LESS FOR 1 st CHILD + \$2.79 LESS FOR EACH ADDITIONAL CHILD
OPTION 2	\$20,000 AT \$4.00 FOR ALL CHILDREN	NO COVERAGE	COVERAGE AVAILABLE
COVERAGE DETAILS			
AGE 70 COVERAGE REDUCTION	NO	50% AT AGE 70	NO REDUCTION
AGE 80 COVERAGE REDUCTION	NO	Additional 25%	NEUTRAL
EMPLOYER CONTRIBUTION REQUIREMENT	NO	NO	NEUTRAL
AGE RATE PER \$1,000 OF COVERAGE WITH & WITHOUT ACCIDENTAL DEATH COVERAGE (ADC)			
FIRST \$20,000 (NOT AGE RATED)	N/A	N/A	NEUTRAL
LESS THAN 20	\$0.10 WITH ADC & \$0.07 WITHOUT ADC	\$0.097 WITH ADC	NEUTRAL
20-24	\$0.10 WITH ADC & \$0.07 WITHOUT ADC	\$0.097 WITH ADC	NEUTRAL
25-29	\$0.10 WITH ADC & \$0.07 WITHOUT ADC	\$0.097 WITH ADC	NEUTRAL
30-34	\$0.17 WITH ADC & \$0.14 WITHOUT ADC	\$0.135 WITH ADC	\$0.04 LESS WITH ADC OR \$0.01 LESS WITHOUT
35-39	\$0.13 WITH ADC & \$0.10 WITHOUT ADC	\$0.147 WITH ADC	\$0.02 LESS WITH ADC OR \$0.05 LESS WITHOUT
40-44	\$0.17 WITH ADC & \$0.14 WITHOUT ADC	\$0.160 WITH ADC	\$0.01 LESS WITH ADC OR \$0.02 LESS WITHOUT
45-49	\$0.26 WITH ADC & \$0.23 WITHOUT ADC	\$0.224 WITH ADC	\$0.04 LESS WITH ADC OR \$0.01 LESS WITHOUT
50-54	\$0.42 WITH ADC & \$0.39 WITHOUT ADC	\$0.325 WITH ADC	\$0.10 MORE WITH ADC OR \$0.07 MORE WITHOUT
55-59	\$0.67 WITH ADC & \$0.64 WITHOUT ADC	\$0.580 WITH ADC	\$0.10 MORE WITH ADC OR \$0.06 MORE WITHOUT
60-64	\$0.77 WITH ADC & \$0.74 WITHOUT ADC	\$0.872 WITH ADC	\$0.08 LESS WITH ADC OR \$0.11 LESS WITHOUT
65-69	\$1.24 WITH ADC & \$1.21 WITHOUT ADC	\$1.648 WITH ADC	\$0.37 LESS WITH ADC OR \$0.40 LESS WITHOUT
70-74	\$2.08 WITH ADC & \$2.05 WITHOUT ADC	\$2.653 WITH ADC	\$0.51 LESS WITH ADC OR \$0.54 LESS WITHOUT
75 & OLDER	\$3.21 WITH ADC & \$3.18 WITHOUT ADC	\$2.653 WITH ADC	\$0.62 MORE WITH ADC OR \$0.59 MORE WITHOUT
COVERAGE ENHANCEMENTS			
LAST WILL & TESTAMENTS	YES - FREE	UNKNOWN	FREE COVERAGE
ADVANCE HEALTHCARE DIRECTIVES (LIVING WILLS)	YES - FREE	UNKNOWN	FREE COVERAGE
DURABLE FINANCIAL POWERS OF ATTORNEY	YES - FREE	UNKNOWN	FREE COVERAGE
GRIEF COUNSELING SERVICES	YES - FREE	UNKNOWN	FREE COVERAGE
ESTATE RESOLUTION SERVICES	YES - FREE	UNKNOWN	FREE COVERAGE
FUNERAL PLANNING SERVICES	YES - FREE	UNKNOWN	FREE COVERAGE

A black and white photograph of a desk. In the foreground, a hand is writing in a spiral notebook with a pen. To the right of the notebook is a large, multi-line calculator. In the background, a computer keyboard is visible. The overall scene suggests a financial or administrative workspace.

FINANCIAL COMPARISON

**SEE
ACCOMPANYING
SPREADSHEET**

HEALTH - DIAMOND		#	MONTHLY RATES				ANNUAL COSTS	
	OPEH&W		Renewal	+/- \$	+/- %	OPEH&W	CURRENT	
EMPLOYEE	215	725.56	802.42	76.86	10.6%	1,871,944.80	2,070,243.60	
EMPLOYEE & CHILD	0	1,072.18	1,438.92	366.74	34.2%	0.00	0.00	
EMPLOYEE & CHILDREN	3	1,289.86	1,438.92	149.06	11.6%	46,434.96	51,801.12	
EMPLOYEE & SPOUSE	0	1,573.88	1,759.31	185.43	11.8%	0.00	0.00	
EMPLOYEE, SPOUSE & CHILD	0	1,920.50	2,395.84	475.34	24.8%	0.00	0.00	
EMPLOYEE, SPOUSE & CHILDREN	0	2,138.18	2,395.84	257.66	12.1%	0.00	0.00	
	218					1,918,379.76	2,122,044.72	

VISION		#	MONTHLY RATES				ANNUAL COSTS	
	OPEH&W		CURRENT	+/- \$	+/- %	OPEH&W	CURRENT	
EMPLOYEE	0	7.74	9.24	1.50	19.4%	0.00	0.00	
EMPLOYEE & CHILD	0	14.96	17.84	2.88	19.3%	0.00	0.00	
EMPLOYEE & CHILDREN	0	14.96	17.84	2.88	19.3%	0.00	0.00	
EMPLOYEE & SPOUSE	0	14.54	17.36	2.82	19.4%	0.00	0.00	
EMPLOYEE, SPOUSE & CHILD	0	26.18	31.24	5.06	19.3%	0.00	0.00	
EMPLOYEE, SPOUSE & CHILDREN	0	26.18	31.24	5.06	19.3%	0.00	0.00	
	0					0.00	0.00	

Basic Life		#	MONTHLY RATES			
	OPEH&W		CURRENT	+/- \$	+/- %	
EMPLOYEE, SPOUSE, CHILD	0	16.24	18.12	1.88	11.6%	
	0					

DIFFERENTIALS		
MONTHLY	ANNUALLY	%
16,524.90	198,298.80	10.6%
0.00	0.00	34.2%
447.18	5,366.16	11.6%
0.00	0.00	11.8%
0.00	0.00	24.8%
0.00	0.00	12.1%
16,972.08	203,664.96	10.6%

DIFFERENTIALS		
MONTHLY	ANNUALLY	%
0.00	0.00	19.4%
0.00	0.00	19.3%
0.00	0.00	19.3%
0.00	0.00	19.4%
0.00	0.00	19.3%
0.00	0.00	19.3%
0.00	0.00	#DIV/0!

	2025 CURRENT Custom BCBS Plan		2026 Renewal Custom BCBS Plan		2026 Option 1 OPEH&W Tungsten Plan		2026 Option 2 OPEH&W Diamond Plan	
	BCBSOK Advantage		BCBSOK Advantage		Tungsten Plan		Diamond Plan	
	Custom PPO Plan Current - In Network		CUSTOM PPO Plan In Network		BCBS Advantage In Network		BCBS Advantage In Network	
Deductible								
Individual		\$750		\$750		\$750		\$1,000 (\$750 after completed Catapult checkup)
Family		\$1,500		\$1,500		\$1,500		\$2,000
Out-of-Pocket Maximum								
Individual		\$3,000		\$3,000		\$3,250		\$5,000
Family		\$9,000		\$9,000		\$6,500		\$10,000
RX (Individual/Family)		\$50 / \$100		\$50 / \$100		\$75 per individual applies to brand names only		\$75 per individual applies to brand names only
Visits								
Office Visit		\$10		\$10		\$25		\$25
Specialist Office Visit		\$50		\$50		\$50		\$50
Urgent Care		\$20		\$20		\$25		\$25
Emergency Room		\$150 + Deductible + 20% coinsurance (copay waived if admitted)		\$150 + Deductible + 20% coinsurance (copay waived if admitted)		\$50 + Deductible and 20% coinsurance (Copoly Waived if admitted)		\$50 + Deductible and 20% coinsurance (Copoly Waived if admitted)
Testing								
Diagnostic Test		No Charge		No Charge		Deductible + 20% coinsurance		Deductible + 20% coinsurance
Imaging		No Charge		No Charge		Deductible + 20% coinsurance		Deductible + 20% coinsurance
Hospital Services								
Inpatient Facility		Ded + 20%		Ded + 20%		Deductible + 20% coinsurance		Deductible + 20% coinsurance
Outpatient Facility		Ded + 20%		Ded + 20%		Deductible + 20% coinsurance		Deductible + 20% coinsurance
Prescription Benefits								
Prefer / Non Prefer Generic		\$5		\$5		Maximum \$20 Copay		Maximum \$20 Copay
Preferred Brand		\$45		\$45		Maximum \$45 Copay		Maximum \$45 Copay
Non-Preferred Brand		\$40		\$40		Maximum \$60 Copay		Maximum \$60 Copay
Specialty		\$5 / \$45 / \$40		\$5 / \$45 / \$40		Maximum \$100 Copay		Maximum \$100 Copay
		Current		Renewal		Premium		Premium
		Premium		Premium				
Employee Only		\$698.27		\$802.42		\$754.58		\$725.54
Employee Spouse		\$1,526.58		\$1,759.31		\$1,626.84		\$1,573.88
Employee Child		\$1,248.57		\$1,438.92		\$1,195.08		\$1,072.18
Employee Children		\$1,248.57		\$1,438.92		\$1,241.44		\$1,289.84
Employee, Spouse, Child		\$2,078.91		\$2,395.84		\$1,997.34		\$1,920.50
Employee Family		\$2,078.91		\$2,395.84		\$2,223.70		\$2,128.19
Monthly Total		\$153,444		\$176,837		\$165,580		\$159,212
Annual Total		\$1,841,328		\$2,122,045		\$1,986,959		\$1,910,543
Annual Percentage Change				15.25%		7.91%		3.76%