

**AMENDMENT SEVEN TO THE
CONTRACT BETWEEN
OKLAHOMA HEALTH CARE AUTHORITY
AND
LIBERTY DENTAL PLAN OF OKLAHOMA, INC.**

The Oklahoma Health Care Authority (OHCA) and Liberty Dental Plan of Oklahoma, Inc. (hereinafter referred to as Contractor) mutually consent to modify the Agreement associated with Solicitation number 8070001412 as enumerated below:

I. Section 1.2.6 Contract Renewal

Pursuant to the terms of the original Agreement, OHCA hereby exercises its option to renew the Contract for an additional one-year term. The new Contract period shall begin on July 1, 2025, and end on June 30, 2026, unless terminated earlier in accordance with the Agreement.

2. Amendment to Section 1.20.6.1 MLR Corridor and MLR Remittance

Section 1.20.6.1 of the Agreement is hereby deleted in its entirety and replaced with the following:

1.20.6.1 MLR Corridor and MLR Remittance

The Contractor's total annual Capitation Payments shall be evaluated against a minimum eighty-five percent (85%) MLR, calculated in accordance with 42C.F.R

§ 438.8; however, with the following exceptions:

Directed payments under 42 C.F.R § 438.6(c) for MLR Remittance are excluded from both the numerator and denominator for the calculation of MLR Remittance.

-Denominator of the MLR formula will not be adjusted for taxes and fees paid by the CE with exception for premium tax

-Numerator should not include quality improvement activities (QIA) or value-added services (VAS)

The Contractor's gains and losses shall be evaluated according to the table below. The MLR calculation will be performed across all population groups except a separate calculation will be performed for the Medicaid Expansion population for Federal match claiming purposes.



The following table has been provided for illustrative purposes only:

Medical Loss Ratio Corridor	Contractor Share of Gain/Loss in the Corridor	OHCA/CMS Share of the Gain/Loss in the Corridor
MLR of less than 85%	0%	100%
MLR between 85% and 86.77%	50%	50%
MLR between 86.77% and 90.7%	100%	0%
MLR equal to or greater than 90.7% and less than 92.4%	50%	50%
MLR greater than 92.4% +	0%	100%

The percentages used here are based on a pricing MLR from the capitation rates of 88.77%. In this example, if the experience of a contracted entity is 94.54% (MLR adjusted for the exceptions per the description in this section) and the revenue received is \$700 million, then the risk corridor payment owed to the contracted entity would be \$6,300,000. This is calculated as a 50% share of the MLR portion between 90.70% and 92.40%, which would be: $(0.5 \times (0.9240 - 0.9070))$ is 0.0085, or 0.85% of \$700 million is \$5,950,000. The upper band also is counted in this calculation and is $(0.0 \times (0.9454 - 0.9240))$ or 0% of \$700 million is \$0. The total resulting payment owed to the contracted entity would be \$5,950,000.

Additional details related to the risk corridor, including the target MLR, are included in the applicable rate certification, and are available to the managed care entities upon request.

OHCA reserves the right to modify the target MLR and associated corridor in future Contract Years, in accordance with Section 1.2.8: "Amendments or Modifications" of this Contract.

If the Contractor's MLR, as calculated with the exception stated at the beginning of this section, does not meet or exceed the MLR target making the MLR Non-Credible, then the Contractor shall reimburse OHCA within thirty (30) Days of OHCA identifying and finalizing the MLR Validation. OHCA shall designate the MLR rebate and initiate the recovery of funds process by providing notice to the Contractor of the amount due. This provision shall survive expiration of the Contractor's other duties under the SoonerSelect Medical Program, in the event the Contractor is terminated or not renewed.



If the Contracted Entity determines that payment of the remittance will cause the Contracted Entity's risk-based capital to fall below levels required by 36 O.S. § 6146, *et seq.*, the Contracted Entity's responsible official must notify OHCA in writing as soon as administratively possible and prior to making any MLR rebate payments to OHCA.

3. SoonerSelect Dental Capitation Rates

This document provides capitation rates for the State's SoonerSelect Dental benefits for the following period of July 1, 2025 through June 30, 2026.

The Oklahoma Health Care Authority (OHCA) and the Contractor mutually consent to the capitated rates provided in Appendix A, which is attached and incorporated herein.

This Amendment shall become effective on July 1, 2025, or upon the date of the last signature by both parties, whichever occurs first. All other terms and provisions of the Agreement shall remain unchanged and in full force and effect.

EXECUTED:

Nicole Nantois

Nicole Nantois (Jun 30, 2025 13:53 CDT)

Nicole Nantois, CEO

Liberty Dental Plan of Oklahoma, INC.

Ellen Buettner, CEO

Oklahoma Health Care Authority

Appendix A - SoonerSelect Dental Rates Summary

Delivery Date: 06/20/2025

Disclaimer: This deliverable was prepared by Guidehouse Inc. for the sole use and benefit of, and pursuant to a client relationship exclusively with the Oklahoma Health Care Authority ("Client").

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Oklahoma Health Care Authority

SFY26 Projected Certified Capitation Rate Summary

EXHIBIT 4

Projected Certified Capitation Rates July 1, 2025 - June 30, 2026							
Population Group	Age/Gender	Voluntary	East Region	OKC Region	Tulsa Region	West Region	Statewide
TANF/CHIP Child/Adoption	< 6 Years, Male and Female	N	\$17.28	\$17.88	\$17.33	\$15.51	
	< 6 Years, Male and Female	Y	\$16.67	\$18.09	\$13.67	\$15.21	
	6-14 Years, Male and Female	N	\$28.64	\$29.96	\$30.99	\$28.74	
	6-14 Years, Male and Female	Y	\$28.05	\$30.47	\$29.62	\$28.78	
	15+ Years, Male and Female	N	\$37.86	\$39.85	\$38.68	\$37.90	
	15+ Years, Male and Female	Y	\$36.27	\$34.80	\$40.88	\$36.62	
TANF Parent/Caretaker	All Ages, Adult Male and Female	N	\$25.47	\$25.45	\$25.19	\$22.21	
	All Ages, Adult Male and Female	Y	\$20.72	\$19.62	\$26.31	\$17.94	
Expansion	All Ages, Adult Male and Female	N	\$28.39	\$28.93	\$27.62	\$25.24	
	All Ages, Adult Male and Female	Y	\$21.29	\$24.17	\$25.66	\$18.83	
CUST	< 6 Years, Male and Female	N					\$18.59
	< 6 Years, Male and Female	Y					\$19.96
	6+ Years, Male and Female	N					\$36.92
	6+ Years, Male and Female	Y					\$28.90
FFC	All Ages, Male and Female	N					\$13.69
	All Ages, Male and Female	Y					\$28.33