**Exhibit 4 - Premium Quote Submission Form**

**[Bidder Name]**

**OEIBA Program PY2022**

1. Solicitation 0900000481 is a one-year contract with two (2) renewable options. Bidder must provide Plan Year 2022 premium quotes.
2. The State of Oklahoma offers coverage tiers for eligible members (primary members) and their eligible dependents.
3. Bidder may submit a three-tier or four-tier quote. For a three-tier premium quote, the rates are not independent of the primary member pricing. For a four-tier premium quote, the Bidder must supply rates for each class tier independently.
4. Anything other than a fixed dollar amount will not be accepted and may cause the Bidder’s renewal to be rejected. Any cents quoted in the Bidder’s rates shall be an even number and shall be **divisible by two (2).**
5. Administrative cost rate ($4.477 PMPM) should be included in the Plan Year 2022 premium quote. This fee is determined annually by EGID. For Plan Year 2021, the administrative cost rate was also $4.477 PMPM. Refer to OEIBB Commercial Carrier Policy Section III: Administrative Fee.
6. If Bidder is a current OEIBA Program Supplier, Bidder may only offer the current Plan Year 2021 TRICARE Supplement plan for Plan Year 2022.

Bidder agrees to provide annual renewal rates for each contracted option no later than the first business day in May preceding the Plan Year for which the rates apply:

1. May 2, 2022 for Plan Year 2023 (January 1, 2023 through December 31, 2023)
2. May 1, 2023 for Plan Year 2024 (January 1, 2024 through December 31, 2024)

**TABLE 1 – Four-Tier TRICARE Supplement Plan Monthly Premium Quotes  
(January 1, 2022 through December 31, 2022)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Primary Member Only** | **Spouse** | **Child** | **Children** |
| PY2022 Quote | $ | $ | $ | **$** |

**TABLE 2 – Three-Tier TRICARE Supplement Plan Monthly Premium Quotes  
(January 1, 2022 through December 31, 2022)**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Primary Member Only** | **Primary Member + One** | **Primary Member + Two or More** |
| PY2022 Quote | $ | $ | $ |

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Signature Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Supplier Name

(To be signed by the Supplier’s President, Chief Executive

Officer or authorized representative.)