**Exhibit 5**

**HMO Premium Quote**

**[Supplier Name]**

**Plan Year 2023**

1. The State of Oklahoma offers four coverage tiers for both eligible current and eligible former employees and their eligible dependents.
2. Bidder must provide rates for each classification independently of the other classifications; for example, the rate quoted for the spouse should not include the rate quoted for the primary member. Rate quotes for coverage levels other than the four levels specified below will not be considered.
3. Anything other than a fixed dollar amount will not be accepted and may cause the Bidder’s bid to be rejected. Any cents quoted in the Bidder’s rates must be an even number and must be **divisible by two.**
4. The rate sheet shall include the plan name.
5. Administrative cost rate ($4.477 PMPM) for PY 2023 should be included in the premium quote for each plan. This fee is determined annually by EGID and is subject to change either up or down in pricing.
   1. In event of renewals, any change in the administrative assessment will be communicated to the Supplier no later than May 1st (or the first business day in May) preceding the Plan Year to which the assessment applies.
6. The HMO benefits shall be those specified in Exhibit 4 (Current and Non-Medicare Retiree). The monthly premium for current employees is to be equal to the premium for retirees under sixty-five (65) years of age.
7. “PY2023 Quote with No Plan Changes” for current and non-Medicare retirees is required to be completed for all Bidders. (Table 1)
   1. “PY 2023 Quote with Proposed Plan Changes” for current and non-Medicare retirees is optional and only for Bidders with current contracts with the OEIBA Program. (Table 2)
8. PY2023 HMO Premium Quote must be signed by the Supplier’s President, Chief Executive Officer or authorized representative.

Supplier 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 1, 2023, for Plan Year 2024 (January 1, 2024, through December 31, 2024)
2. May 1, 2024, for Plan Year 2025 (January 1, 2025, through December 31, 2025)

**Current and Non-Medicare Retiree Quotes (Tables 1 and 2)**

**TABLE 1 – HMO Monthly Premium Quote**

**Current and Non-Medicare Retiree Blended Rate**

**No Plan Changes**

**(January 1, 2023, through December 31, 2023)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Plan Name** | **Primary Member** | **Spouse** | **One Child** | **Two or More Children** |
| PY 2023 Quote with No Plan Changes (Required) |  | $ | $ | $ | $ |

**TABLE 2 – HMO Monthly Premium Quote for current OEIBA Suppliers (Optional)**

**Current and Non-Medicare Retiree Blended Rate**

**With Plan Changes**

**(January 1, 2023, through December 31, 2023)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Plan Name** | **Primary Member** | **Spouse** | **One Child** | **Two or More Children** |
| PY 2023 Quote with Plan Changes  (Optional) |  | $ | $ | $ | $ |

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

Signature Printed Name Date

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

Title Supplier Name

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

Officer or authorized representative.)