CONTRACT

State of Oklahoma

Dispatch via Print

Contract ID			Page
00000000000000000000004901			1 of 1
Contract Dates	**Currency**	**Rate Type**	**Rate Date**
08/16/2017 to 12/31/2018	USD	CRRNT	PO Date
Description:		**Contract Maximum**	
REFERENCE REQ 0900009141		0.00	
Allow Open Item Reference			
TYPE: AGENCY(S) - 09000			

Supplier 0000182296
COMMUNITYCARE HMO INC
8TH FLOOR
218 W 6TH ST
TULSA OK 74119-1004
USA

Tax Exempt? Y Tax Exempt ID:736017987

Contract Lines:

Line #	Cat CD / Item ID / Item Desc	UOM	Minimum Order Qty	Minimum Order Amt	Maximum / Open Qty	Maximum / Open Amt
1	80111502 / HMO Contract for Oklahoma Employees HMO/Medicare Suppliment/MAPD Health Insurance for Calendar Year 2018	YR	1.00	0.01	0.00	0.00
	Contract Base Pricing 0.00000	YR		0001		

COMMENTS:

CONTRACT PERIOD:
January 1, 2018 through December 31, 2018.

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Final = The price is final after adjustments
Hard = Apply adjustments regardless of other adjustments
Skip = Skip adjustments if any other adjustments have been applied

Authorized Signature