



OKLAHOMA STATE AND EDUCATION EMPLOYEES GROUP INSURANCE BOARD

NOTICE: The following communication to you is required of us by the Patient Protection and Affordable Care Act and related guidance from the Department of Labor. This communication requires a response from you.

The Affordable Care Act (ACA) signed into law on March 23, 2010, includes many new requirements for health plans. Health plans already in existence on March 23rd may be exempted from many of these requirements as long as they do not make certain changes that have a negative impact on covered employees. ACA refers to this as having 'grandfathered' status. Due to the increased costs associated with the additional requirements, HealthChoice is maintaining grandfathered status for 2011. Note that HealthChoice has enhanced preventive benefits by implementing some, but not all, of the ACA requirements.

In order to retain coverage in a grandfathered plan, an employer group may not reduce the employer contribution to an employee's insurance cost. OSEEGIB must obtain the contribution amount as of March 23, 2010, and the amount as of January 1, 2011, for each employer group. In addition, participating groups must notify OSEEGIB if the contribution rate is changed at any time in the future.

Please complete and return the attached form by November 1, 2010. The form can be returned via email to ContributionResponse@sib.ok.gov, fax to 1-405-717-8939, or mail to OSEEGIB, 3545 NW 58th St, Suite 110, Oklahoma City, OK 73112.

We look forward to your prompt response. If you have any questions, please call Member Services at 1-405-717-8701 or 1-800-752-9475.



**OKLAHOMA STATE AND EDUCATION EMPLOYEES GROUP INSURANCE BOARD
EMPLOYER CONTRIBUTION INFORMATION**

Please circle the option that matches your contribution rate. If none of the choices apply, please circle "Other" and describe your contribution rate on the blank provided. Please complete and return the attached form by November 1, 2010. The form can be returned via email to ContributionResponse@sib.ok.gov, fax to 1-405-717-8939, or mail to OSEEGIB, 3545 NW 58th St, Suite 110, Oklahoma City, OK 73112.

Group Number: _____ Group Name: _____ Employer ID #: _____

Contribution Rate as of March 23, 2010

Health:

Employee: Total Premium / HealthChoice High Rate / None / Other _____
 Dependent: Total Premium / HealthChoice High Rate / None / Other _____

Dental:

Employee: Total Premium / HealthChoice High Rate / None / Other _____
 Dependent: Total Premium / HealthChoice High Rate / None / Other _____

Life:

Employee: Total Premium / HealthChoice High Rate / None / Other _____
 Dependent: Total Premium / HealthChoice High Rate / None / Other _____

Disability: Total Premium / None / Other _____

Contribution Rate as of January 1, 2011

Health:

Employee: Total Premium / HealthChoice High Rate / None / Other _____
 Dependent: Total Premium / HealthChoice High Rate / None / Other _____

Dental:

Employee: Total Premium / HealthChoice High Rate / None / Other _____
 Dependent: Total Premium / HealthChoice High Rate / None / Other _____

Life:

Employee: Total Premium / HealthChoice High Rate / None / Other _____
 Dependent: Total Premium / HealthChoice High Rate / None / Other _____

Disability: Total Premium / None / Other _____

Name of person completing this form: _____ Date: _____