

NOTICE OF REGULAR MEETING
OF THE
CHICKASHA CITY COUNCIL

In compliance with Title 25, Oklahoma Statutes, Section 301-314, the Oklahoma Open Meeting Act, including the posting of notice and agenda, be advised that the Chickasha City Council, Chickasha Municipal Authority, and Chickasha Municipal Airport Authority of the City of Chickasha, Oklahoma, will conduct a **REGULAR MEETING ON MONDAY, MAY 15, 2023, AT 6:30 PM.** Said meeting will be held in the Council Chambers, City Hall, 117 North 4th Street, Chickasha, Oklahoma.

The City of Chickasha encourages participation from all its citizens. If participation is not possible due to a disability, notification to the City Clerk at least 48 hours prior to the scheduled meeting is encouraged to make the necessary accommodations. The City may waive the 48-hour rule if signing is not the necessary accommodation.

All items on this agenda, including but not limited to any agenda item concerning the adoption of any ordinance, resolution, contract, agreement, or any other item of business, are subject to amendment, including additions and/or deletions. This rule will apply to every individual agenda item without exception, and without providing this same amendment language with respect to each individual agenda item. Such amendments should be rationally related to the topic of the agenda item, or the governing body will be advised to continue the item.

The governing body may adopt, approve, ratify, deny, defer, recommend, amend, strike, or continue any agenda item. When more information is needed to act on an item, the governing body may refer the matter to its City/Trust Manager, staff, attorney or to the recommending board, commission or committee.

Agenda items are attached.

I, Susan M. McDaniel, City Clerk, posted this Agenda on the official City of Chickasha bulletin board in the Municipal Building, 117 North 4th Street Chickasha, OK, 73018, which is accessible to the public twenty-four hours each day at 4:30 p.m. on Friday, May 12, 2023..



Susan M. McDaniel, CMC

Sworn to and subscribed before me on this 12th day of May 2023.

My Commission Expires: 10-1-2026



Notary Public, State of Oklahoma

CHICKASHA CITY COUNCIL

AGENDA

LOCATION OF MEETING

CITY HALL COUNCIL CHAMBERS

117 NORTH FOURTH STREET

CHICKASHA, OKLAHOMA 73018

TIME OF MEETING

6:30 PM

DATE OF MEETING

MAY 15, 2023

All items on this agenda, including but not limited to any agenda item concerning the adoption of any ordinance, resolution, contract, agreement, or any other item of business, are subject to amendment, including additions and/or deletions. This rule will apply to every individual agenda item without exception, and without providing this same amendment language with respect to each individual agenda item. Such amendments should be rationally related to the topic of the agenda item, or the governing body will be advised to continue the item.

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1. **Call to Order / Roll Call / Opening Prayer / Pledge of Allegiance.**
2. **Citizen Comments.**
3. **Council Communications.**
 - a. Presentation of Retirement Watch to John Marshall Clift-Chickasha Fire Department
4. **Consent Docket:**
 - a. Acceptance of the Minutes of the May 1, 2023 regular meeting.
 - b. Accept Claims Order List.

- c. Acceptance of the Financials for April 2023
- d. Accept and acknowledgment of USAO using the Police Department property located at 2001 W. Iowa Avenue for part of a movie scene.
- e. Acceptance of the appointment of Elaine Jensen as City Treasurer.
- f. Acceptance of Resolution 2023-10R amending the FY 22-23 Budget.

5. Discussion/Approval of Items Removed from Consent Docket:

6. Discussion and Consideration

- a. Discussion, consideration, and possible action to appoint a registered voter residing in Ward 2 to fill the vacancy created by Nate McCalla's resignation until the expiration of the current term in April 2024.
- b. Discussion, consideration and possible action to approve a bench that has been donated placed in Shannon Springs Park.
- c. Discussion, consideration and possible action to approve the expansion of the Disc Golf Course or the redistributing of the existing 9 holes.
- d. Discussion, consideration and possible action to renew the Police Department's video surveillance & audio maintenance contract with Travis Voice and Data for an amount not to exceed \$3,211.95.
- e. Discussion, consideration and possible action to renew the Police Department's yearly maintenance contract with Motorola Solutions' not to exceed \$35,862.78.
- f. Discussion, consideration and possible action to surplus and destroy two Police Department Tasers.
- g. Discussion, consideration and possible action to declare as surplus the attached list of antiquated technology equipment and authorize disposal as deemed appropriate by the City Manager pursuant to City Ordinances.
- h. Public Hearing - to discuss and consider the zoning special exemption to allow equines and goats to be located at 2420 S 24th Street for Applicants Davina and Roosevelt May.
- i. Discussion, consideration and possible action to approve the zoning special exemption for equines and goats to be located at 2420 S 24th Street for applicants Davina and Roosevelt May
- j. Discussion, consideration and possible action to renew a contract with CivicPlus for the City of Chickasha's website in an amount not to exceed \$8,372.02 and authorize the Mayor to execute the same.
- k. Discussion, consideration and possible action to approve renewal of

medical and dental insurance plans with Blue Cross Blue Shield.

- l. Discussion, consideration and possible action to approve renewal of vision insurance with Metlife.
- m. Discussion, consideration and possible action to approve a contract with Standley Systems for email services and authorize the City Manager to execute the same.
- n. Discussion, consideration and possible action to approve a contract with Standley Systems for Unified Communications Services (VOIP).
- o. Discussion, consideration, and possible action to approve the request from the Chickasha Chamber of Commerce for a "Decorated ATV/Motorcycle/Bicycle Parade" through Shannon Springs Park on July 4, 2023 @ 8:00 p.m.
- p. Discussion, consideration, and possible action to approve a request from the Chickasha Elks Lodge #2125 to conduct a fishing tournament for children at Shannon Springs Park on Saturday, June 3, 2023, from 7:30 a.m. to 1:30 p.m. and way any associated fees.
- q. Discussion, consideration and possible action to approve a change in bank signatories to Chris Mosley, Mayor, Zachary Grayson, Vice-Mayor, Elaine Jensen, Finance Director, and Susan McDaniel, City Clerk to all accounts held by the City of Chickasha, Chickasha Municipal Authority, Chickasha Municipal Airport Authority, Chickasha Industrial Authority, or any subsidiary or entity of the governing body of the City of Chickasha has possession of at the following banks:
 - *First National Bank
 - *Simmons Bank
 - *Arvest Bank
 - *Community Bank of Oklahoma
 - *Bank of Oklahoma
 - *Liberty National Bank

7. Motion to Adjourn.



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: City Clerk

Agenda Item No. 3.a.

AGENDA ITEM: Presentation of Retirement Watch to John Marshall Clift-Chickasha Fire Department

I. BACKGROUND/DESCRIPTION:

John Marshall Clift has been with the Chickasha Fire Department since August 26, 1998, and is retiring today as a driver with nearly 25 years of service to our City.

Chief Samaniego said "Mark is the most knowledgeable driver on the Fire Department. He took more pride in his trucks more than anybody else. We will miss serving alongside him."

Mark is planning to fill his days with fishing and watching his granddaughter, Lakelyn, play softball. He said he looks forward to getting to spend more time with his wife, Kim, his kids Matthew, Kennedy, Olivia, and Travis, his parents John and Janice, and his Grandma Ruby.

We appreciate your commitment and service to Chickasha. Congratulations on your retirement!

II. RECOMMENDED ACTION:

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Susan M. McDaniel, City Clerk	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

V. ATTACHMENTS:



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: City Clerk

Agenda Item No. 4.a.

AGENDA ITEM: Acceptance of the Minutes of the May 1, 2023 regular meeting.

I. BACKGROUND/DESCRIPTION:

II. RECOMMENDED ACTION:

Accept the Minutes of the May 1, 2023 regular meeting.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Susan M. McDaniel, City Clerk	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

V. ATTACHMENTS:

1. City 5-1-2023

May 1, 2023

The **REGULAR** meeting of the **CHICKASHA CITY COUNCIL** was held in the council chambers in city hall on the 1st day of May 2023 as specified by advance public notice with a properly prepared agenda stating the subject matter or matters to be discussed at said meeting. Mayor Mosley called the meeting to order at 6:30 p.m.

ITEM 1. **Call to Order / Roll Call / Opening Prayer / Pledge of Allegiance**

MAYOR AND COUNCIL

PRESENT: Chris Mosley, Mayor
 Zachary Grayson, Vice-Mayor
 Oscar Nelson
 Kea Ginn
 Georgianne Hebblethwaite
 Brian Gerdes

ABSENT: Kelly Boyd
 R. P. Ashanti-Alexander

STAFF

PRESENT: Keith Johnson, City Manager
 Amanda Mullins, City Attorney
 Susan McDaniel, City Clerk
 G. G. Music, Interim Police Chief
 Tony Samaniego, Fire Chief
 Spencer Winzenried, Parks & Rec Director
 Rachel Bernish, Community Development Director
 Lillie Huckaby, Library Director
 Shae Mortimer, Marketing & Civic Engagement Manager

ITEM 1. **Call to Order/Roll Call/Opening Prayer/Pledge of Allegiance:**

Council Member Nelson gave the invocation and Council Member Ginn lead the Pledge of Allegiance.

ITEM 2. **Citizen Comments:**

(City Council Rules and Regulations limit visitor comments to a maximum of three minutes.)

Stephan Olson, Chickasha, OK – spoke regarding animal control issues.

Mishelle Blunt, Chickasha, OK – spoke regarding code enforcement issues.

Torry Wise, Chickasha, OK – spoke regarding the possibility of a TIF

ITEM 3. **Council Communications.**

- a. **The City of Chickasha receives the Regents Business Partnership Excellence Award.**

ITEM 4. **Consent Docket: ITEM 4a through ITEM 4b.**

- ITEM 4a. Acceptance of the Minutes of the April 17, 2023, regular meeting.**
- ITEM 4b. Acceptance of the Claims List.**
- ITEM 4c. Acceptance of the renewal of the postage service lease with OmeCorp.**
- ITEM 4d. Acceptance of the re-appointment of Miranda Molder to the Library Board with a term expiring June 30, 2026.**

*Motion by Council Member Nelson, second by Council Member Grayson to approve the Consent Docket: ITEM 4a thru ITEM 4d.

Roll call vote:

Ayes:"	Nelson, Ginn, Hebblethwaite, Grayson, Gerdes, and Mosley.
"Nays:"	None
"Abstain:"	None.
Motion carried.	6-0

ITEM 5. **Discussion/Approval of Items Removed from Consent Docket:**

No Action Taken.

ITEM 6. **Discussion and Consideration Items:**

- ITEM6a. Public Hearing – to discuss and consider the rezoning request for 402 W. Almar for applicants Walter G. Snedeker and Gina L. Snedeker.**

Public Hearing opened at 6:45 p.m.

No speakers came forth.

City Council Meeting 5-1-2023
6:30 p.m.

Public Hearing closed at 6:46 p.m.

ITEM 6b. Discussion, consideration, and possible action to approve Ordinance 2023-17 – rezoning request for 402 W. Almar Drive for Applicants Walter G. Snedeker and Gina L. Snedeker.

*Motion by Council Member Hebblethwaite and second by Council Member Gerdes to approve Ordinance 2023-17 as presented.

Roll call vote:

“Ayes:”	Ginn, Hebblethwaite, Grayson, Gerdes, Nelson, and Mosley.
“Nays:”	None.
“Abstain:”	None.
Motion passed.	6-0

ITEM 6c. Public Hearing – to discuss and consider the Use on Review request for a RV Park at 402 W. Almar Dr. for Applicants Walter G. Snedeker and Gina L. Snedeker.

Public Hearing opened at 6:47 p.m.

No speakers came forth.

Public Hearing closed at 6:48 p.m.

ITEM 6d. Discussion, consideration, and possible action to approve Ordinance 2023-18 – request for a Use on Review Permit for an RV Park at 402 W. Almar Drive for Applicant Walter G. Snedeker and Gina L. Snedeker.

*Motion by Council Member Hebblethwaite and second by Council Member Gerdes to approve Ordinance 2023-18 as presented.

Roll call vote:

“Ayes:”	Grayson, Ginn, Gerdes, Nelson, Hebblethwaite, and Mosley.
“Nays:”	None.
“Abstain:”	None.
Motion passed.	6-0

ITEM 6e. Public Hearing – to discuss and consider a Special Use Permit for a manufactured home located at 2920 S. Norge Road for Applicant Jerry Reed and Glenna Laird.

Public Hearing opened at 6:49 p.m.

Jerry Reed spoke in favor of the request.

Public Hearing closed at 6:52 p.m.

ITEM 6f. Discussion, consideration, and possible action to approve Ordinance 2023-19 – Special Use Permit for a Manufactured Home located at 2920 S. Norge Road for Applicants Jerry Reed and Glenna Laird.

*Motion by Council Member Nelson and second by Council Member Gerdes to approve Ordinance 2023-19 as presented.

Roll call vote:

“Ayes:” Grayson, Ginn, Gerdes, Nelson, Hebblethwaite, and Mosley.

“Nays:” None.

“Abstain:” None.

Motion passed. 6-0

ITEM 6g. Discussion, consideration, and possible action to approve plat correction to Shadow Valley Phase 2 Plat.

*Motion by Council Member Nelson and second by Council Member Hebblethwaite to approve plat correction to Shadow Valley Phase 2 Plat.

Roll call vote:

“Ayes:” Ginn, Gerdes, Nelson, Hebblethwaite, Grayson and Mosley.

“Nays:” None.

“Abstain:” None.

Motion passed. 6-0

ITEM 6h. Discussion, consideration, and possible action to enter into a Project, Maintenance, Financing, and Right-of-Way Agreement with the State of Oklahoma Department of Transportation for the construction of a Trail at 9th Street and Ron Terry Drive creating a loop around Shannon Springs with a total estimate cost of \$1,801,355 and authorizing the expenditure of the City’s portion of \$360,271.

*Motion by Council Member Hebblethwaite and second by Council Member Nelson to enter into a Project, Maintenance, Financing, and Right-of-Way Agreement with the State of Oklahoma Department of Transportation for the construction of a Trail at 9th Street and Ron Terry Drive creating a loop around Shannon Springs with a total estimate cost of \$1,801,355 and authorizing the expenditure of the City’s portion of \$360,271.

6:30 p.m.

Roll call vote:

“Ayes:” Ginn, Gerdes, Nelson, Hebblethwaite, Grayson and Mosley.

“Nays:” None.

“Abstain:” None.

Motion passed. 6-0

ITEM 6i. Discussion, consideration, and possible action to authorize publication of public sale and public auction pursuant to 64 O.S. Statute 1081 and 1082 for oil and gas mining lease for oil and gas development covering the below property in Caddo County:

An undivided 140.00 acres, more or less, in NE/4 Section 10 Township 8 North, Range 9 West, Caddo County, Oklahoma.

*Motion by Council Member Nelson and second by Council Member Hebblethwaite action to authorize publication of public sale and public auction pursuant to 64 O.S. Statute 1081 and 1082 for oil and gas mining lease for oil and gas development covering the below property in Caddo County:

An undivided 140.00 acres, more or less, in NE/4 Section 10 Township 8 North, Range 9 West, Caddo County, Oklahoma.

Roll call vote:

“Ayes:” Ginn, Gerdes, Nelson, Hebblethwaite, Grayson and Mosley.

“Nays:” None.

“Abstain:” None.

Motion passed. 6-0

ITEM 6j. Discussion, consideration, and possible action to authorize publication of public sale and public auction pursuant to 64 O.S. Statute 1081 and 1082 for oil and gas mining lease for oil and gas development covering the below property in Caddo County:

An undivided 300 acres, more or less, in S/2 NE/4; N/2 NW/4; N/2 NE/4; NE/4 SE/4; NE/4 SE/4; NE/4 SE/4 SE/4; E/2 NW/4 SE/4 Section 28, Township 8 North, Range 9 West, Caddo County, Oklahoma.

*Motion by Council Member Hebblethwaite and second by Council Member Grayson action to authorize publication of public sale and public auction pursuant to 64 O.S. Statute 1081 and 1082 for oil and gas mining lease for oil and gas development covering the below property in Caddo County:

An undivided 300 acres, more or less, in S/2 NE/4; N/2 NW/4; N/2 NE/4; NE/4 SE/4; NE/4 SE/4; NE/4 SE/4 SE/4; E/2 NW/4 SE/4

Section 28, Township 8 North, Range 9 West, Caddo County, Oklahoma.

Roll call vote:

“Ayes:” Ginn, Gerdes, Nelson, Hebblethwaite, Grayson and Mosley.

“Nays:” None.

“Abstain:” None.

Motion passed. 6-0

ITEM 6k. Discussion, consideration, and possible action to approve the payment of 2023-2024 Service Fees for Chickasha to the Oklahoma Municipal League in the amount of \$19,208.10.

*Motion by Council Member Nelson and second by Council Member Gerdes to approve the payment of 2023-2024 Service Fees for Chickasha to the Oklahoma Municipal League in the amount of \$19,208.10.

Roll call vote:

“Ayes:” Ginn, Gerdes, Nelson, Hebblethwaite, Grayson and Mosley.

“Nays:” None.

“Abstain:” None.

Motion passed. 6-0

ITEM 6l. Discussion, consideration, and possible action to approve the request for the annual Juneteenth Celebration to be held in Washita Valley Park on June 16th & 17, 2023 and waive all fees associated with the event.

*Motion by Council Member Grayson and second by Council Member Nelson to approve the request for the annual Juneteenth Celebration to be held in Washita Valley Park on June 16th & 17, 2023 and waive all fees associated with the event.

Roll call vote:

“Ayes:” Ginn, Gerdes, Nelson, Hebblethwaite, Grayson and Mosley.

“Nays:” None.

“Abstain:” None.

Motion passed. 6-0

ITEM 6m. Discussion, consideration, and possible action to approve the request from the Senior Class Sponsor to conduct the 2023 Seniors Car Parade on May 15, 2023 @ 4:30 p.m.

*Motion by Council Member Hebblethwaite and second by Council Member Gerdes to approve the request from the Senior Class Sponsor to conduct the 2023 Seniors Car Parade on May 15, 2023 @ 4:30 p.m.

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City Council Meeting 5-1-2023

6:30 p.m.

Roll call vote:

“Ayes:” Ginn, Gerdes, Nelson, Hebblethwaite, Grayson and Mosley.

“Nays:” None.

“Abstain:” None.

Motion passed. 6-0

ITEM 6n. Discussion, consideration, and possible action to approve the request from the Chickasha Chamber of Commerce for a “Decorated ATV/Motorcycle/Bicycle Parade” through Shannon Springs Park on July 4, 2023 @ 8:00 p.m.

*This item was pulled from the Agenda.

Motion by Council Member Nelson and seconded by Council Member Grayson to recess the meeting to enter into CMA and CMAA meetings.

Roll call vote:

“Ayes:” Grayson, Nelson, Hebblethwaite, Ginn, Gerdes, and Mosley.

“Nays:” None.

“Abstain:” None.

Motion passed. 6-0

Meeting recessed to enter into CMA and CMAA meetings @ 7:02 p.m.

Meeting reconvened from CMA and CMAA meetings @ 7:09 p.m.

ITEM 7. Executive Session Items:

ITEM 7a. Discussion, consideration, and possible action to enter into Executive Session to discuss confidential communications between the City and City’s Attorney concerning a pending investigation, claim or action which the City with the advice of the City’s Attorneys, has determined that disclosure will seriously impair the ability of the City to process the claim or conduct the pending investigation, litigation, or proceeding in the public interest in compliance with its duty of confidentiality under the provisions of 25 O.S. Section 307B(4). (Pending investigation into the Chickasha Economic Development Council in conjunction with the use of Taxpayers Funds, including funds disbursed pursuant to grants).

*Motion by Council Member Hebblethwaite and a second by Council Member Gerdes to enter into Executive Session.

Roll call vote:

“Ayes:” Grayson, Nelson, Hebblethwaite, Ginn, Gerdes and Mosley.

City Council Meeting 5-1-2023

6:30 p.m.

“Nays:” None.

“Abstain:” None.

Motion passed. 6-0

Enter into Executive Session at 7:10 p.m.

Reconvened regular session at 8:15 p.m.

Roll Call:

Nelson - Present

Hebblethwaite - Present

Ginn - Present

Grayson - Present

Gerdes - Present

Mosley - Present

ITEM 7b. Discussion, consideration, and possible action to reconvene the open meeting and take appropriate action on any matter discussed in Executive Session.

No Action Taken.

ITEM 8. Adjournment:

Motion by Council Member Grayson and second by Council Member Gerdes to adjourn the meeting.

Meeting adjourned.

TIME: 8:15 P.M.

Chris Mosley, Mayor

ATTEST:

Susan M. McDaniel, CMC - City Clerk

Approved this 15th day of May 2023.



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Finance

Agenda Item No. 4.b.

AGENDA ITEM: Accept Claims Order List.

I. BACKGROUND/DESCRIPTION:

II. RECOMMENDED ACTION:

Accept Claims Order List.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

V. ATTACHMENTS:

1. AP COUNCIL REPORT - 5.15.2023_Redacted

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT
NON-DEPARTMENTAL	GENERAL FUND	OTA PIKEPASS	OTA PIKEPASS	80.75-
		CITY OF CHICKASHA	COMB INS	37,500.00
		CITY OF CHICKASHA	COMP ABSENCES	<u>8,480.84</u>
			TOTAL:	45,900.09
ADMINISTRATION	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	372.04
			APRIL 2023 PCARD STATEMENT	13.97
			APRIL 2023 PCARD STATEMENT	480.00
			APRIL 2023 PCARD STATEMENT	295.00
		AT&T MOBILITY MYGOV, LLC	ACCT:287309221664 MAR26-AP	379.91
			CREDENTIAL MANAGER	2,460.00
			ELECTRONIC PLAN	2,460.00
			GIS MAPPING	2,460.00
		OKLAHOMA MUNICIPAL RETIRE TRANSFER ACCOUNT	PERMITS & INSPECTION	4,920.00
			CODE ENFORCEMENT	4,920.00
			OMRF3	446.15
			FICA	534.66
			MEDICARE	<u>125.04</u>
			TOTAL:	19,866.77
FIRE ADMINISTRATION	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	559.17
			APRIL 2023 PCARD STATEMENT	19.68
			APRIL 2023 PCARD STATEMENT	37.93
			APRIL 2023 PCARD STATEMENT	85.00
		FUELMAN	APR FUEL NP64301800	793.90
			ACCT:6742069840 MAR16-APR1	120.03
		VERIZON WIRELESS	SWITCH INTERNET	7,957.53
		STANDLEY SYSTEMS	ACCT:287309221664 MAR26-AP	93.48
		AT&T MOBILITY	ACCT:287290294564 MAR26-AP	764.07
		BLAIR SMITH	B SMITH	58.10
			CITY HALL INTERNET SERVICE	299.95
		HILLARY COMMUNICATIONS LLC	UTILITIES - ELECTRIC - MIS	1,130.22
		PUBLIC SERVICE COMPANY OF OKLAHOMA	UTILITIES - ELECTRIC - MIS	24.85
		OSDH EMERGENCY SYSTEMS	(6) PARAMEDIC APP FE	195.00
			(3) EMT APP FEES	67.50
		OTA PIKEPASS	PLATE PAY 04/25-04/29	0.65
			OTA PIKEPASS	36.65
		OKLAHOMA FIREFIGHTERS	FIRE PENSION	981.23
		AT&T	ACCT:4052222289 APR23-MAY2	230.97
		TRANSFER ACCOUNT	FICA	63.75
			MEDICARE	<u>108.88</u>
			TOTAL:	13,628.54
POLICE ADMINISTRATION	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	329.58
			APR FUEL NP64301800	480.12
		PUBLIC SERVICE COMPANY OF OKLAHOMA	UTILITIES - ELECTRIC - MIS	1,211.90
		OTA PIKEPASS	OTA PIKEPASS	3.10
		CITY OF CHICKASHA-(ACH) OKLAHOMA POLIC	POLICE PENSION	35.88-
		SUMMIT UTILITIES	ACCT:210100051061 APR05-MA	58.77
			ACCT:210100129844 APR05-MA	42.48
		TRANSFER ACCOUNT	FICA	381.73
			MEDICARE	89.27
		UNIFIRST HOLDINGS, L.P.	MISC ACCTS - SEE DETAIL SH	29.92
			MISC ACCTS - SEE DETAIL SH	<u>14.96</u>
			TOTAL:	2,605.95

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT
EMERGENCY MANAGEMENT	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	60.42
			TOTAL:	60.42
CEMETERY SERVICES	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	442.22
			APRIL 2023 PCARD STATEMENT	56.00
		AT&T MOBILITY	ACCT:287309221664 MAR26-AP	46.41
		GREAT PLAINS KUBOTA	ZERO TURN MOWERS	52,214.60
		TRANSFER ACCOUNT	FICA	116.09
			MEDICARE	27.15
		WYNN, JEFFREY	GRAVE OPENING & CLOSING	4,275.00
			GRAVE OPENING & CLOSING	850.00
			TOTAL:	58,027.47
HUMAN RESOURCES	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	449.00
		EXPRESS SERVICES INC	FILE CLEAN UP PROJECT	537.40
		TRANSFER ACCOUNT	FICA	129.78
			MEDICARE	30.35
		MOTIONWORKS PHYSICAL THERAPY	DRUG SCREENS	230.00
			TOTAL:	1,376.53
LIBRARY	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	130.17
			APRIL 2023 PCARD STATEMENT	83.44
			APRIL 2023 PCARD STATEMENT	653.01
			APRIL 2023 PCARD STATEMENT	361.94
			APRIL 2023 PCARD STATEMENT	79.00
			APRIL 2023 PCARD STATEMENT	635.28
			APRIL 2023 PCARD STATEMENT	486.12
			APRIL 2023 PCARD STATEMENT	230.06
			APRIL 2023 PCARD STATEMENT	55.90
		AT&T MOBILITY	ACCT:287309221664 MAR26-AP	92.82
		PUBLIC SERVICE COMPANY OF OKLAHOMA	UTILITIES - ELECTRIC - MIS	831.38
		TRANSFER ACCOUNT	FICA	525.35
			MEDICARE	122.87
		INGRAM BOOK SERVICE	MARCH BOOK ORDER	2,938.75
		CRANTON, BETH	ERRAND REIMBURSEMENT	21.55
			TOTAL:	7,247.64
STREET & STORM DRAINAG	GENERAL FUND	HERC RENTALS	MACHINERY RENTAL	314.36
		BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	742.64
			APRIL 2023 PCARD STATEMENT	113.52
			APRIL 2023 PCARD STATEMENT	417.85
			APRIL 2023 PCARD STATEMENT	164.60
			APRIL 2023 PCARD STATEMENT	830.48
			APRIL 2023 PCARD STATEMENT	135.00
			APRIL 2023 PCARD STATEMENT	197.94
		FUELMAN	APR FUEL NP64301800	12,173.79
		EXPRESS SERVICES INC	CONTRACT LABOR	9,293.78
			CONTRACT LABOR	863.97
			CONTRACT LABOR	545.71
			CONTRACT LABOR	8,945.97
			CONTRACT LABOR	730.54
			CONTRACT LABOR	7,744.18
			CONTRACT LABOR	883.73
		MARSHALL AUTO PARTS	PARTS AND SUPPLIES	527.40
			PARTS AND SUPPLIES	153.19
		PUBLIC SERVICE COMPANY OF OKLAHOMA	UTILITIES - ELECTRIC - MIS	1,175.93

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT
			UTILITIES - ELECTRIC - MIS	10,640.14
		SIGN SOLUTIONS USA LLC	12"X16" 4-WAY SIGNS	52.48
		ONIN HOLDINGS INC	CONTRACT LABOR	2,465.62
		OTA PIKEPASS	OTA PIKEPASS	3.10
		TRAFFIC SIGNALS INC	SERVICE CALLS, PARTS & RE	2,388.50
			SERVICE CALLS PARTS	500.00
		O'REILLY AUTO PARTS	PART&SUPPLIES	26.07
			PART&SUPPLIES	48.70
			PART&SUPPLIES	44.85
			PART&SUPPLIES	61.26
		P & K EQUIPMENT	TIE-ROD ENDS	870.62
		TRANSFER ACCOUNT	FICA	727.26
			MEDICARE	170.09
		EXPRESS TIRE BRAKE & ALIG	TIRES	2,086.00
		UNIFIRST HOLDINGS, L.P.	MISC ACCTS - SEE DETAIL SH	201.26
			MISC ACCTS - SEE DETAIL SH	133.06
		BARRINGTON ELECTRIC	LABOR CALL	228.00
		LINE-X TRUCK ACCESSORIES OF CHICKASHA	GOOSENECK HITCH AND BACK	1,975.00
			TOTAL:	68,576.59
FLEET MAINTENANCE	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	125.00
			APRIL 2023 PCARD STATEMENT	450.00
			TOTAL:	575.00
ACCOUNTING SERVICES	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	89.23
		FUELMAN	APR FUEL NP64301800	128.42
		AT&T MOBILITY	ACCT:287309221664 MAR26-AP	92.82
		TRANSFER ACCOUNT	FICA	329.49
			MEDICARE	77.07
			TOTAL:	717.03
COMM DEVEL/PLANNING SE	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	195.28
			APRIL 2023 PCARD STATEMENT	49.03
			APRIL 2023 PCARD STATEMENT	366.70
		EXPRESS STAR	PUBLIC NOTICE FOR PLANNIN	15.75
			PUBLIC NOTICE FOR PLANNIN	12.60
			PUBLIC NOTICE FOR PLANNIN	20.85
		AT&T MOBILITY	ACCT:287309221664 MAR26-AP	219.31
		TRANSFER ACCOUNT	FICA	217.45
			MEDICARE	50.86
			TOTAL:	1,147.83
GENERAL GOVERNMENT	GENERAL FUND	IRON MOUNTAIN INC.	25V4J MAR29-APR25 2023	108.22
		BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	63.73
			APRIL 2023 PCARD STATEMENT	1,050.38
		CHAFFIN, MICHAEL R.	MAY 2023 JUDGE PAYMENT	1,800.00
		FUELMAN	APR FUEL NP64301800	1,756.36
		QUADIENT LEASING USA, INC	LEASE COVERAGE 05/01-05/30	324.93
		AMANDA MULLINS, PLLC	LEGAL MATTERS APRIL 23	6,681.00
		ASCENTIS CORPORATION	ASCENTIS CORPORATION	1,462.20
		OKLAHOMA MUNICIPAL LEAGUE	23-24 SERVICE FEES	19,208.10
		MARGARET MCMORROW-LOVE	LEGAL MATTERS APRIL23	1,494.69
			TOTAL:	33,949.61
BUILDING SERVICES	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	483.73
			APRIL 2023 PCARD STATEMENT	0.99

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT
			APRIL 2023 PCARD STATEMENT	197.00
			APRIL 2023 PCARD STATEMENT	159.86
		FUELMAN	APR FUEL NP64301800	255.91
		TRANSFER ACCOUNT	FICA	299.89
			MEDICARE	<u>70.13</u>
			TOTAL:	1,467.51
FIRE OPERATIONS	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	185.00
			APRIL 2023 PCARD STATEMENT	755.91
			APRIL 2023 PCARD STATEMENT	2,572.44
			APRIL 2023 PCARD STATEMENT	196.00
		FUELMAN	APR FUEL NP64301800	2,670.30
		OKLAHOMA FIREFIGHTERS	FIRE PENSION	9,231.03
		CHIEF FIRE AND SAFETY INC		1,330.12
		RALPH AND SONS TIRE CENTE	(2) TIRES	1,465.66
		TRANSFER ACCOUNT	MEDICARE	899.00
		BATES TRUCK REPAIR	RESCUE 4	2,978.44
			BRAKES ON R3	<u>2,446.83</u>
			TOTAL:	24,730.73
PATROL SERVICES	GENERAL FUND	AT&T	ACCT:125548331 APR26-MAY25	104.33
		AT&T	ACCT:8310005595084 APR29-M	374.85
			ACCT:831006296 APR19-MAY18	582.56
		BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	100.00
			APRIL 2023 PCARD STATEMENT	111.47
			APRIL 2023 PCARD STATEMENT	166.19
			APRIL 2023 PCARD STATEMENT	1,934.16
			APRIL 2023 PCARD STATEMENT	2,888.16
			APRIL 2023 PCARD STATEMENT	795.00
		FUELMAN	APR FUEL NP64301800	3,913.88
		IDVILLE	ID MAKER	3,144.11
			ID MAKER	295.36
		ALEXANDER, JEREMY	REIMBURSEMENT	174.76
		AT&T MOBILITY	ACCT:287299321017 MAR26-AP	1,041.04
			ACCT:287309221664 MAR26-AP	135.86
			ACCT:287309221664 MAR26-AP	139.23
		OTA PIKEPASS	OTA PIKEPASS	17.84
		CITY OF CHICKASHA-(ACH) OKLAHOMA POLIC	POLICE PENSION	2,487.17
		TRANSFER ACCOUNT	FICA	2,072.01
			MEDICARE	<u>484.58</u>
			TOTAL:	20,962.56
INVESTIGATIONS	GENERAL FUND	CITY OF CHICKASHA-(ACH) OKLAHOMA POLIC	POLICE PENSION	1,045.49
		TRANSFER ACCOUNT	FICA	562.95
			MEDICARE	<u>131.65</u>
			TOTAL:	1,740.09
ANIMAL CONTROL	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	352.78
			APRIL 2023 PCARD STATEMENT	505.70
			APRIL 2023 PCARD STATEMENT	1,208.18
			APRIL 2023 PCARD STATEMENT	362.36
			APRIL 2023 PCARD STATEMENT	103.75
		FUELMAN	APR FUEL NP64301800	132.11
		VERDEN VET	CONTRACT VET SERVICES	1,100.00
		AT&T MOBILITY	ACCT:287309221664 MAR26-AP	46.41
		TRANSFER ACCOUNT	FICA	323.91

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT
			MEDICARE	75.76
		GONZALEZ PEST CONTROL	PD MONTHLY SERVICE	50.00
			TOTAL:	4,260.96
MUNICIPAL COURT	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	326.20
		TRANSFER ACCOUNT	FICA	96.48
			MEDICARE	22.56
			TOTAL:	445.24
DISPATCH SERVICES	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	15.81
		TRANSFER ACCOUNT	FICA	653.18
			MEDICARE	152.76
			TOTAL:	821.75
CODE COMPLIANCE	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	91.99
			APRIL 2023 PCARD STATEMENT	120.00
			APRIL 2023 PCARD STATEMENT	102.18
			APRIL 2023 PCARD STATEMENT	69.00
			APRIL 2023 PCARD STATEMENT	14.78
		FUELMAN	APR FUEL NP64301800	689.23
		EXPRESS STAR	PUBLIC NOTICE FOR DEMO	49.75
		TRANSFER ACCOUNT	FICA	185.97
			MEDICARE	43.50
		WASTE CONNECTIONS OF CHICKASHA	ROLL OFF FOR DEMOS	480.00
			ROLL OFF FOR DEMOS	320.00
			TOTAL:	2,166.40
PARK MAINTENANCE	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	104.35
			APRIL 2023 PCARD STATEMENT	756.14
			APRIL 2023 PCARD STATEMENT	180.09
			APRIL 2023 PCARD STATEMENT	25.00
			APRIL 2023 PCARD STATEMENT	3,564.03
			APRIL 2023 PCARD STATEMENT	1,279.10
		FUELMAN	APR FUEL NP64301800	981.62
		VERIZON WIRELESS	ACCT:642099969 MAR23 - APR	80.02
		EXPRESS SERVICES INC	4/26/23	1,167.66
			4/26/23	3,298.39
			5/3/23	728.54
			5/3/23	3,562.50
		AT&T MOBILITY	ACCT:287309221664 MAR26-AP	102.61
		PUBLIC SERVICE COMPANY OF OKLAHOMA	UTILITIES - ELECTRIC - MIS	1,013.09
			UTILITIES - ELECTRIC - MIS	252.13
		SUMMIT UTILITIES	ACCT:210100100545 APR05-MA	45.26
		TRANSFER ACCOUNT	FICA	656.58
			MEDICARE	153.55
		UNIFIRST HOLDINGS, L.P.	MISC ACCTS - SEE DETAIL SH	95.26
			MISC ACCTS - SEE DETAIL SH	95.26
			TOTAL:	18,141.18
SPORTS COMPLEX	GENERAL FUND	VAN DYCK MECHANICAL	SERVICE/DIAGNOSTIC	139.00
		BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	152.44
			APRIL 2023 PCARD STATEMENT	160.37
			APRIL 2023 PCARD STATEMENT	359.11
			APRIL 2023 PCARD STATEMENT	2,379.06
			APRIL 2023 PCARD STATEMENT	240.42
		FUELMAN	APR FUEL NP64301800	786.23

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT
		EXPRESS SERVICES INC	4/26/23	3,751.37
			5/3/23	3,480.27
		AT&T MOBILITY	ACCT:287309221664 MAR26-AP	27.28
		HILLARY COMMUNICATIONS LLC	SPORTS COMPLEX INTERNET SE	124.31
		PUBLIC SERVICE COMPANY OF OKLAHOMA	UTILITIES - ELECTRIC - MIS	3,032.53
		TRANSFER ACCOUNT	FICA	75.64
			MEDICARE	<u>17.69</u>
			TOTAL:	14,725.72
SHANNON SPRINGS (FOL)	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	70.76
			APRIL 2023 PCARD STATEMENT	71.06
		PUBLIC SERVICE COMPANY OF OKLAHOMA	UTILITIES - ELECTRIC - MIS	<u>582.33</u>
			TOTAL:	724.15
GRANT(S)	GENERAL FUND	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	<u>390.37</u>
			TOTAL:	390.37
DONATIONS	DONATIONS FUND	GRAYSTONE INDUSTRIES INC	FOUNTAIN	<u>2,182.49</u>
			TOTAL:	2,182.49
NON-DEPARTMENTAL	EMERGENCY MED SERV	CITY OF CHICKASHA	COMB INS	450.00
		CITY OF CHICKASHA	COMP ABSENCES	<u>2,250.00</u>
			TOTAL:	2,700.00
EMERGENCY MEDICAL SERV	EMERGENCY MED SERV	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	7,521.59
		FUELMAN	APR FUEL NP64301800	4,422.22
		AT&T MOBILITY	ACCT:287002901236 MAR19-AP	91.50
		OTA PIKEPASS	PLATEPAY CI35993 03/31-04/	7.00
			OTA PIKEPASS	144.42
		OKLAHOMA FIREFIGHTERS	FIRE PENSION	8,010.47
		TRANSFER ACCOUNT	FICA	449.54
			MEDICARE	789.50
		BOUND TREE MEDICAL LLC	(3) SUCTION UNITS	<u>1,979.97</u>
			TOTAL:	23,416.21
NON-DEPARTMENTAL	CHICKASHA INDUST A	CITY OF CHICKASHA	COMP ABSENCES	<u>37.50</u>
			TOTAL:	37.50
CHICKASHA INDUSTRIAL A	CHICKASHA INDUST A	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	54.99
		ECONOMIC DEVELOPMENT COUN	EDC MONTHLY MAY 2023	30,866.66
		PUBLIC SERVICE COMPANY OF OKLAHOMA	UTILITIES - ELECTRIC - MIS	113.04
		TRANSFER ACCOUNT	FICA	156.18
			MEDICARE	<u>36.53</u>
			TOTAL:	31,227.40
EMERGENCY 911	E-911 FUND	AT&T	ACCT:4100728394 APR25-MAY2	200.00
		BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	87.47
		HILLARY COMMUNICATIONS LLC	HILLARY COMMUNICATIONS LLC	374.95
		PUBLIC SERVICE COMPANY OF OKLAHOMA	UTILITIES - ELECTRIC - MIS	30.72
			UTILITIES - ELECTRIC - MIS	10.24
		AT&T	ACCT:4051030017 APR25-MAY2	<u>83.04</u>
			TOTAL:	786.42
NON-DEPARTMENTAL	CHICKASHA MUNICIPAL	CITY OF CHICKASHA	COMB INS	16,683.33
		CITY OF CHICKASHA	COMP ABSENCES	<u>287.50</u>
			TOTAL:	16,970.83

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT
UTILITY BILLING	CHICKASHA MUNICIPA	US PAYMENTS LLC DATAPROSE TRANSFER ACCOUNT	PAYSITE FEE - #1145	195.00
			PRINTING 04/01-04/30 2023	4,642.22
			FICA	473.99
			MEDICARE	<u>110.85</u>
			TOTAL:	5,422.06
CMA - CAPITAL PROJECTS	CHICKASHA MUNICIPA	BANK OF AMERICA MOONLIGHT OWNERSHIP COMPANY UTILITY TECHNOLOGY SERVICES	APRIL 2023 PCARD STATEMENT	1,016.14
			EIA FOR HTEAO	31,867.28
			EIA FOR HTEAO	5,548.02
			METER & BACKFLOW	<u>4,571.00</u>
			TOTAL:	43,002.44
CMA GENERAL	CHICKASHA MUNICIPA	CITY OF CHICKASHA	OPERATION TRANSFER APRIL	<u>163,333.33</u>
			TOTAL:	163,333.33
PUBLIC WORKS ADMIN	CHICKASHA MUNICIPA	BANK OF AMERICA FUELMAN OTA PIKEPASS TRANSFER ACCOUNT	APRIL 2023 PCARD STATEMENT	237.56
			APRIL 2023 PCARD STATEMENT	399.72
			APRIL 2023 PCARD STATEMENT	19.99
			APRIL 2023 PCARD STATEMENT	461.10
			APR FUEL NP64301800	226.10
			OTA PIKEPASS	11.00
			FICA	326.44
			MEDICARE	<u>76.35</u>
			TOTAL:	1,758.26
SANITATION DEPARTMENT	CHICKASHA MUNICIPA	BANK OF AMERICA MARSHALL AUTO PARTS TRANSFER ACCOUNT WASTE CONNECTIONS- UNIFIRST HOLDINGS, L.P. WASTE CONNECTIONS OF CHICKASHA	APRIL 2023 PCARD STATEMENT	119.89
			55 GALLON AW46	650.00
			FICA	80.13
			MEDICARE	18.74
			ROLL OFF DUMP FEE	160.50
			MISC ACCTS - SEE DETAIL SH	12.06
			MISC ACCTS - SEE DETAIL SH	12.06
			COMM, RES, RECYCLE SERVICE	<u>185,758.75</u>
			TOTAL:	186,812.13
WATER PLANT	CHICKASHA MUNICIPA	USW UTILITY GROUP FT COBB RES MAS CONS DIST PUBLIC SERVICE COMPANY OF OKLAHOMA RURAL WATER DIST.#7	WT PLANT OPS MAY 2023	101,852.89
			WATER CONTRACT JUNE 23	33,840.98
			UTILITIES - ELECTRIC - MIS	195.61
			UTILITIES - ELECTRIC - MIS	494.99
			UTILITIES - ELECTRIC - MIS	1,874.70
			RWD #7 APRIL 2023 USAGE	<u>2,214.88</u>
			TOTAL:	140,474.05
WASTEWATER PLANT	CHICKASHA MUNICIPA	USW UTILITY GROUP HUGHESNET PUBLIC SERVICE COMPANY OF OKLAHOMA	WWT PLANT OPS MAY 2023	60,989.56
			SME3359 APR30-MAY30	114.55
			UTILITIES - ELECTRIC - MIS	594.01
			UTILITIES - ELECTRIC - MIS	85.67
			UTILITIES - ELECTRIC - MIS	<u>4,812.49</u>
			TOTAL:	66,596.28
LINE MAINTENANCE DEPT	CHICKASHA MUNICIPA	FIRST CHOICE COFFEE SERVICES HERC RENTALS BANK OF AMERICA	COFFEE SUPPLIES	194.81
			PLATE COMPACTOR	421.00
			APRIL 2023 PCARD STATEMENT	354.95
			APRIL 2023 PCARD STATEMENT	428.40
			APRIL 2023 PCARD STATEMENT	1,015.44
			APRIL 2023 PCARD STATEMENT	104.94

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT
			APRIL 2023 PCARD STATEMENT	358.91
			APRIL 2023 PCARD STATEMENT	69.50
			APRIL 2023 PCARD STATEMENT	131.40
		TOWN OF HINTON	RENTAL FEE JETTER ASSIT	500.00
		FUELMAN	APR FUEL NP64301800	1,966.03
		MARSHALL AUTO PARTS	PARTS AND SUPPLIES	31.05
			PARTS AND SUPPLIES	495.51
			PARTS AND SUPPLIES	55.58
			PARTS AND SUPPLIES	27.79
		AT&T MOBILITY	ACCT:287309221664 MAR26-AP	204.35
		O'REILLY AUTO PARTS	PARTS&SUPPLIES	5.60
			PARTS&SUPPLIES	12.21
		TRANSFER ACCOUNT	FICA	720.02
			MEDICARE	168.38
		UNIFIRST HOLDINGS, L.P.	MISC ACCTS - SEE DETAIL SH	139.67
			MISC ACCTS - SEE DETAIL SH	<u>141.73</u>
			TOTAL:	7,547.27
LAKE CHICKASHA	CHICKASHA MUNICIPA	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	228.00
			APRIL 2023 PCARD STATEMENT	5,407.91
		AT&T MOBILITY	ACCT:287002901236 MARI9-AP	40.43
		TURNPRO AQUATICS	LAKE MAINTENANCE	659.00
		TRANSFER ACCOUNT	FICA	35.76
			MEDICARE	<u>8.36</u>
			TOTAL:	6,379.46
BUILDING MAINTENANCE	CHICKASHA MUNICIPA	OPTIMUM	FD INTERNET SERVICES	112.62
		HUGHESNET	SME3358 APR30-MAY30	130.35
		AT&T	ACCT:8310006296174 APR19-M	274.15
		BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	31.20
		HILLARY COMMUNICATIONS LLC	FIRE DEPT. INTERNET SERVIC	174.31
		PUBLIC SERVICE COMPANY OF OKLAHOMA	UTILITIES - ELECTRIC - MIS	1,136.35
		SUMMIT UTILITIES	ACCT:210100206265 APR05- M	45.20
		TRANSFER ACCOUNT	FICA	97.00
			MEDICARE	22.69
		UNIFIRST HOLDINGS, L.P.	MISC ACCTS - SEE DETAIL SH	6.80
			MISC ACCTS - SEE DETAIL SH	6.80
		BARRINGTON ELECTRIC	ELECTRICAL WORK CITY HALL	473.00
		AT&T	ACCT:4052226002 APR23-MAY2	<u>13,717.19</u>
			TOTAL:	16,227.66
NON-DEPARTMENTAL	AIRPORT	CITY OF CHICKASHA	COMB INS	3,825.00
		CITY OF CHICKASHA	COMP ABSENCES	<u>57.17</u>
			TOTAL:	3,882.17
AIRPORT	AIRPORT	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	608.78
			APRIL 2023 PCARD STATEMENT	377.31
			APRIL 2023 PCARD STATEMENT	51.50
			APRIL 2023 PCARD STATEMENT	95.97
			APRIL 2023 PCARD STATEMENT	165.97
		FUELMAN	APR FUEL NP64301800	368.32
		RICHARD'S PRINTING	FLYERS AND POSTERS	124.00
		PUBLIC SERVICE COMPANY OF OKLAHOMA	UTILITIES - ELECTRIC - MIS	1,032.14
		MAXWELL SUPPLY	WYCO SCREEK RING	2,631.25
		TRANSFER ACCOUNT	FICA	173.42
			MEDICARE	40.56

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT
		INDUSTRY SYSTEMS, INC	CAMERA AND INSTAL	552.37
		WILLIAM MARVIN JOHNSON LLC	AWOS APR15-MAR15 2023	300.00
		UNIFIRST HOLDINGS, L.P.	MISC ACCTS - SEE DETAIL SH	77.00
			MISC ACCTS - SEE DETAIL SH	<u>35.14</u>
			TOTAL:	6,633.73
FIRE OPERATIONS	ARPA TARGETED GRAN	EMERGENCY VEHICLE SALES & SERVICE OF O	2022 BRUSH TRUCK	<u>72,800.00</u>
			TOTAL:	72,800.00
CAPITAL PROJECTS	CAPITAL PROJECTS F	WELCH STATE BANK	MAY 2023 PAYMENT	23,107.49
		VAUGHN, R. SCOTT	WATER DISTRIBUTION	<u>3,341.25</u>
			TOTAL:	26,448.74
DEDICATED SALES TAX	CIP-DEDICATED SALE	BANK OF AMERICA	APRIL 2023 PCARD STATEMENT	885.81
		BANK OF OKLAHOMA	BOK SALES TAX REVENUE MAY2	96,684.55
		DOLESE BROS CO	CONCRETE, ROCK, SAND	1,106.00
			CONCETE ROCK SAND	900.00
			CONCRETE	<u>1,050.00</u>
			TOTAL:	100,626.36
STREET & ALLEY	STREET AND ALLEY F	SIGNAL SYSTEM MANAGEMENT INC	MAY 2023 MNGMT OF CNTRL SY	<u>2,500.00</u>
			TOTAL:	2,500.00
POLICE BOND	POLICE BOND FUND	CITY OF CHICKASHA	POLICE TRAINING	579.70
		CITY OF CHICKASHA	PD ADMIN FINE/FEES	11,517.69
		CLEET	CLEET EDUC-TRAINING	667.91
		OSBI	AFIS FEES	667.91
			FORENSIC FEES	<u>639.73</u>
			TOTAL:	14,072.94
NON-DEPARTMENTAL	AP/PAYROLL CASH FU	DEPARTMENT OF CHILDREN AND FAMILY SERV		287.00
		DEPARTMENT OF HUMAN SERVICES		266.57
				164.87
				180.00
				151.75
				177.56
				100.00
				126.37
				175.78
				324.07
				106.75
		OKLAHOMA FIREFIGHTERS	FIRE PENSION BUY BACK	174.01
			FIRE PENSION	11,714.61
		CITY OF CHICKASHA-(ACH) OKLAHOMA POLIC	POLICE PENSION	2,254.29
		OKLAHOMA MUNICIPAL RETIRE	OMRF3	446.15
		TRANSFER ACCOUNT	ENTITY 0037102001	5,801.00
			FEDERAL WITHHOLDING	23,058.60
			STATE INCOME TAX	9,249.00
			FICA	10,464.65
			MEDICARE	4,124.72
		CITY OF CHICKASHA FLEX SPENDING ACCOUN	UNREIMBURSED MEDICAL 23-19	<u>1,507.07</u>
			TOTAL:	70,854.82

DEPARTMENT	FUND	VENDOR NAME	DESCRIPTION	AMOUNT
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===== FUND TOTALS =====

11	GENERAL FUND	344,256.13
20	DONATIONS FUND	2,182.49
23	EMERGENCY MED SERV FUND	26,116.21
25	CHICKASHA INDUST AUTH	31,264.90
27	E-911 FUND	786.42
31	CHICKASHA MUNICIPAL AUTH	654,523.77
39	AIRPORT	10,515.90
44	ARPA TARGETED GRANTS	72,800.00
52	CAPITAL PROJECTS FUND	26,448.74
53	CIP-DEDICATED SALES TAX	100,626.36
54	STREET AND ALLEY FUND	2,500.00
64	POLICE BOND FUND	14,072.94
99	AP/PAYROLL CASH FUND	70,854.82

GRAND TOTAL:	1,356,948.68

TOTAL PAGES: 10

SELECTION CRITERIA

SELECTION OPTIONS

VENDOR SET: 99-AP VENDOR LIST
VENDOR: All
CLASSIFICATION: All
BANK CODE: All
ITEM DATE: 0/00/0000 THRU 99/99/9999
ITEM AMOUNT: 99,999,999.00CR THRU 99,999,999.00
GL POST DATE: 0/00/0000 THRU 99/99/9999
CHECK DATE: 5/03/2023 THRU 5/16/2023

PAYROLL SELECTION

PAYROLL EXPENSES: NO
CHECK DATE: 0/00/0000 THRU 99/99/9999

PRINT OPTIONS

PRINT DATE: None
SEQUENCE: By Department
DESCRIPTION: Distribution
GL ACCTS: NO
REPORT TITLE: COUNCIL REPORT 5.15.2023
SIGNATURE LINES: 0

PACKET OPTIONS

INCLUDE REFUNDS: YES
INCLUDE OPEN ITEM:NO



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Finance

Agenda Item No. 4.c.

AGENDA ITEM: Acceptance of the Financials for April 2023

I. BACKGROUND/DESCRIPTION:

II. RECOMMENDED ACTION:

Accept the Financials for April 2023

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

V. ATTACHMENTS:

1. 20230512160950299

FINANCIAL STATEMENT (UNAUDITED)

AS OF: APRIL 30TH, 2023

11 -GENERAL FUND

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
PERMITS	256,800.00	24,243.77	0.00	309,007.86	0.00 (	52,207.86)	120.33
LICENSES	105,100.00	17,463.00	0.00	121,116.25	0.00 (	16,016.25)	115.24
CEMETERY	105,000.00	7,438.75	0.00	72,428.75	0.00	32,571.25	68.98
FEES	40,400.00	20,279.02	0.00	79,988.09	0.00 (	39,588.09)	197.99
RENT	3,500.00	570.00	0.00	2,895.00	0.00	605.00	82.71
STATE TAX	14,750,000.00	1,403,657.69	0.00	13,299,908.16	0.00	1,450,091.84	90.17
OTHER TAX	850,000.00	73,683.25	0.00	738,275.82	0.00	111,724.18	86.86
FRANCHISE TAX	479,000.00	55,095.98	0.00	579,014.29	0.00 (	100,014.29)	120.88
GRANTS AND PROGRAMS	72,300.00	0.00	0.00	53,708.31	0.00	18,591.69	74.29
SWIMMING POOL/SPORTS COM	47,500.00	0.00	0.00	12,690.97	0.00	34,809.03	26.72
MISC REVENUES	135,000.00	0.00	0.00	38,199.15	0.00	96,800.85	28.30
TRANSFER OTHER FUNDS-EQU	2,258,477.00	173,043.79	0.00	1,731,645.21	0.00	526,831.79	76.67
INTEREST	4,500.00	1,735.51	0.00	14,457.57	0.00 (	9,957.57)	321.28
PRIOR YEAR FUND BALANCE C	2,128,346.66	0.00	0.00	0.00	0.00	2,128,346.66	0.00
*** TOTAL REVENUES ***	21,235,923.66	1,777,210.76	0.00	17,053,335.43	0.00	4,182,588.23	80.30

EXPENDITURE SUMMARY

01-ADMINISTRATION	380,360.00	27,218.17	0.00	296,153.87	0.00	84,206.13	77.86
04-EMERGENCY MANAGEMENT	10,000.00	165.73	0.00	4,554.75	0.00	5,445.25	45.55
02-FIRE DEPARTMENT-PS	399,659.00	33,454.70	0.00	387,248.89	9,357.53	3,052.58	99.24
21-FIRE OPERATIONS	2,960,779.00	203,104.52	0.00	2,167,994.68	7,797.32	784,987.00	73.49
03-POLICE DEPARTMENT-PS	577,328.00	32,611.05	0.00	425,948.52	0.00	151,379.48	73.78
41-PATROL SERVICES	2,326,259.00	131,600.26	0.00	1,470,339.37	6,002.34	849,917.29	63.46
42- INVESTIGATIONS	365,049.00	22,897.22	0.00	293,987.37	1,948.90	69,112.73	81.07
43-ANIMAL CONTROL	238,955.00	17,757.27	0.00	143,671.07	0.00	95,283.93	60.12
44-MUNICIPAL COURT	75,411.00	5,753.22	0.00	62,084.32	0.00	13,326.68	82.33
45-DISPATCH	617,994.00	27,965.95	0.00	265,331.82	535.00	352,127.18	43.02
51-PARK MAINTENANCE	965,024.00	64,407.40	0.00	750,349.29	8,417.37	206,257.34	78.63
52-SPORTS COMPLEX	408,889.00	60,826.88	0.00	314,859.16	8,367.99	85,661.85	79.05
54-SHANNON SPRINGS (FOL)	92,460.00	1,360.49	0.00	62,860.10	0.00	29,599.90	67.99
06-CEMETERY MAINTENANC-C	227,900.00	10,273.04	0.00	96,474.56	84,964.48	46,460.96	79.61
08-LIBRARY - C&R	567,346.66	71,638.62	1,326.00	368,849.96	7,971.55	191,851.15	66.18
09-STREET & STORM	1,070,549.00	110,807.45	2,239.47	929,450.60	56,806.71	86,531.16	91.92
10-FLEET	67,601.00	125.00	0.00	5,985.14	2,963.04	58,652.82	13.24
14-FINANCE-GG	513,614.00	34,070.43	0.00	302,491.10	0.00	211,122.90	58.89
07-HUMAN RESOURCES	132,261.00	7,700.60	0.00	45,648.52	0.00	86,612.48	34.51
16-COMM DEVEL/PLAN SERV	270,932.00	14,550.63	0.00	171,919.88	15,270.00	83,742.12	69.09
18-BUILDING SERVICES	277,782.00	16,915.60	0.00	202,085.53	750.00	74,946.47	73.02
46-CODE COMPLIANCE	227,955.00	11,553.70	0.00	133,570.56	2,500.00	91,884.44	59.69
17-GENERAL GOVERNMENT-GG	8,361,167.00	687,537.03	0.00	7,008,496.20	0.00	1,352,670.80	83.82
70-GRANT(S)	47,300.00	5,337.65	0.00	97,893.85	40,081.00 (	90,674.85)	291.70
*** TOTAL EXPENDITURES ***	21,182,574.66	1,599,632.61	3,565.47	16,008,249.11	253,733.23	4,924,157.79	76.75
** REVENUE OVER(UNDER) EXPENDITURES **	53,349.00	177,578.15	3,565.47	1,045,086.32 (	253,733.23) (	741,569.56)	490.03

C I T Y O F C H I C K A S H A
FINANCIAL STATEMENT (UNAUDITED)
AS OF: APRIL 30TH, 2023

20 -DONATIONS FUND
FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
DONATIONS	120,495.00	10.50	0.00	158,414.49	0.00 {	37,919.49}	131.47
INTEREST	100.00	264.72	0.00	1,546.85	0.00 {	1,446.85}	546.85
PRIOR YEAR FUND BALANCE C	<u>3,600.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>3,600.00</u>	<u>0.00</u>
*** TOTAL REVENUES ***	124,195.00	275.22	0.00	159,961.34	0.00 {	35,766.34}	128.80
<u>EXPENDITURE SUMMARY</u>							
20-DONATIONS-GG	<u>124,195.00</u>	<u>2,849.54</u>	<u>0.00</u>	<u>30,687.74</u>	<u>2,182.49</u>	<u>91,324.77</u>	<u>26.47</u>
*** TOTAL EXPENDITURES ***	124,195.00	2,849.54	0.00	30,687.74	2,182.49	91,324.77	26.47
** REVENUE OVER(UNDER) EXPENDITURES **	0.00 {	2,574.32}	0.00	129,273.60 {	2,182.49) {	127,091.11)	0.00

FINANCIAL STATEMENT (UNAUDITED)

AS OF: APRIL 30TH, 2023

23 -EMERGENCY MED SERV FUND
FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
EMS FEES	2,606,343.00	66,952.00	0.00	1,201,118.02	0.00	1,405,224.98	46.08
GRANTS AND PROGRAMS	517,220.00	0.00	0.00	566,298.95	0.00	(49,078.95)	109.49
MISC REVENUES	100.00	850.00	0.00	23,682.14	0.00	(23,582.14)	682.14
INTEREST	250.00	286.27	0.00	914.10	0.00	(664.10)	365.64
*** TOTAL REVENUES ***	3,123,913.00	68,088.27	0.00	1,792,013.21	0.00	1,331,899.79	57.36
<u>EXPENDITURE SUMMARY</u>							
02-FIRE DEPARTMENT-PS	3,123,913.00	184,835.91	0.00	2,200,937.91	320,288.44	602,686.65	80.71
*** TOTAL EXPENDITURES ***	3,123,913.00	184,835.91	0.00	2,200,937.91	320,288.44	602,686.65	80.71
** REVENUE OVER (UNDER) EXPENDITURES **	0.00	(116,747.64)	0.00	(408,924.70)	(320,288.44)	729,213.14	0.00

CITY OF CHICKASHA
FINANCIAL STATEMENT (UNAUDITED)
AS OF: APRIL 30TH, 2023

25 -CHICKASHA INDUST AUTH
FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
TRANSFER OTHER FUNDS-EQU	607,500.00	53,238.78	0.00	521,156.55	0.00	86,343.45	85.79
INTEREST	0.00	540.16	0.00	3,196.64	0.00	(3,196.64)	0.00
PRIOR YEAR FUND BALANCE C	<u>394,935.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>394,935.00</u>	<u>0.00</u>
*** TOTAL REVENUES ***	<u>1,002,435.00</u>	<u>53,778.94</u>	<u>0.00</u>	<u>524,353.19</u>	<u>0.00</u>	<u>478,081.81</u>	<u>52.31</u>
<u>EXPENDITURE SUMMARY</u>							
25-CHICKASHA INDUSTRIAL	<u>1,002,435.00</u>	<u>53,767.51</u>	<u>0.00</u>	<u>448,329.05</u>	<u>950.00</u>	<u>553,155.95</u>	<u>44.82</u>
*** TOTAL EXPENDITURES ***	<u>1,002,435.00</u>	<u>53,767.51</u>	<u>0.00</u>	<u>448,329.05</u>	<u>950.00</u>	<u>553,155.95</u>	<u>44.82</u>
** REVENUE OVER (UNDER) EXPENDITURES **	0.00	11.43	0.00	76,024.14	(950.00)	(75,074.14)	0.00

FINANCIAL STATEMENT (UNAUDITED)

AS OF: APRIL 30TH, 2023

26 -ED-DEDICATED SALES TAX
FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
INTEREST	5,000.00	278.42	0.00	14,395.36	0.00	(9,395.36)	287.91
PRIOR YEAR FUND BALANCE C	<u>1,870,085.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,870,085.00</u>	<u>0.00</u>
*** TOTAL REVENUES ***	<u>1,875,085.00</u>	<u>278.42</u>	<u>0.00</u>	<u>14,395.36</u>	<u>0.00</u>	<u>1,860,689.64</u>	<u>0.77</u>
<u>EXPENDITURE SUMMARY</u>							
26-ED DED. SALES TAX	<u>1,875,085.00</u>	<u>0.00</u>	<u>0.00</u>	<u>265,620.00</u>	<u>0.00</u>	<u>1,609,465.00</u>	<u>14.17</u>
*** TOTAL EXPENDITURES ***	<u>1,875,085.00</u>	<u>0.00</u>	<u>0.00</u>	<u>265,620.00</u>	<u>0.00</u>	<u>1,609,465.00</u>	<u>14.17</u>
** REVENUE OVER (UNDER) EXPENDITURES **	<u>0.00</u>	<u>278.42</u>	<u>0.00</u>	<u>(251,224.64)</u>	<u>0.00</u>	<u>251,224.64</u>	<u>0.00</u>

C I T Y O F C H I C K A S H A
FINANCIAL STATEMENT (UNAUDITED)
AS OF: APRIL 30TH, 2023

27 -E-911 FUND
FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
E-911	143,000.00	12,447.34	0.00	131,987.47	0.00	11,012.53	92.30
GRANTS AND PROGRAMS	0.00	0.00	0.00	145,944.10	0.00	(145,944.10)	0.00
INTEREST	100.00	353.50	0.00	838.60	0.00	(738.60)	838.60
*** TOTAL REVENUES ***	143,100.00	12,800.84	0.00	278,770.17	0.00	(135,670.17)	194.81
<u>EXPENDITURE SUMMARY</u>							
27-EMERGENCY 911-PS	143,100.00	6,464.79	0.00	45,259.86	41,619.10	56,221.04	60.71
*** TOTAL EXPENDITURES ***	143,100.00	6,464.79	0.00	45,259.86	41,619.10	56,221.04	60.71
** REVENUE OVER (UNDER) EXPENDITURES **	0.00	6,336.05	0.00	233,510.31	(41,619.10)	(191,891.21)	0.00

CITY OF CHICKASHA
FINANCIAL STATEMENT (UNAUDITED)
AS OF: APRIL 30TH, 2023

28 -FIRE/EMS TRAINING FUND
FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
TRANSFER OTHER FUNDS-EQU	100.00	24.00	0.00	112.00	0.00 (	12.00)	112.00
INTEREST	0.00	0.13	0.00	1.38	0.00 (	1.38)	0.00
*** TOTAL REVENUES ***	100.00	24.13	0.00	113.38	0.00 (	13.38)	113.38
<u>EXPENDITURE SUMMARY</u>							
02-FIRE DEPARTMENT-PS	100.00	267.50	0.00	267.50	0.00 (	167.50)	267.50
*** TOTAL EXPENDITURES ***	100.00	267.50	0.00	267.50	0.00 (	167.50)	267.50
** REVENUE OVER (UNDER) EXPENDITURES **	0.00 (	243.37)	0.00 (	154.12)	0.00	154.12	0.00

FINANCIAL STATEMENT (UNAUDITED)

AS OF: APRIL 30TH, 2023

29 -POLICE TRAINING FUND

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
TRANSFER OTHER FUNDS-EQU	9,900.00	450.07	0.00	4,897.13	0.00	5,002.87	49.47
INTEREST	0.00	1.95	0.00	17.14	0.00	(17.14)	0.00
*** TOTAL REVENUES ***	9,900.00	452.02	0.00	4,914.27	0.00	4,985.73	49.64
<u>EXPENDITURE SUMMARY</u>							
03-POLICE DEPARTMENT-PS	9,900.00	0.00	0.00	5,889.00	0.00	4,011.00	59.48
*** TOTAL EXPENDITURES ***	9,900.00	0.00	0.00	5,889.00	0.00	4,011.00	59.48
** REVENUE OVER (UNDER) EXPENDITURES **	0.00	452.02	0.00	(974.73)	0.00	974.73	0.00

FINANCIAL STATEMENT (UNAUDITED)

AS OF: APRIL 30TH, 2023

31 -CHICKASHA MUNICIPAL AUTH
FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
LICENSES	30,000.00	1,700.00	0.00	18,688.00	0.00	11,312.00	62.29
FEES	25,000.00	1,984.64	0.00	19,070.45	0.00	5,929.55	76.28
RENT	162,750.00	2,202.40	0.00	149,606.50	0.00	13,143.50	91.92
GRANTS AND PROGRAMS	0.00	0.00	0.00	2,836.86	0.00	(2,836.86)	0.00
OIL & GAS	12,000.00	0.00	0.00	11,550.00	0.00	450.00	96.25
UTILITY SERVICE	9,317,500.00	728,263.45	0.00	7,693,764.82	0.00	1,623,735.18	82.57
MISC REVENUES	15,000.00	(2.32)	0.00	141,416.86	0.00	(126,416.86)	942.78
TRANSFER OTHER FUNDS-EQU	3,666,667.00	507,600.82	0.00	4,106,534.98	0.00	(439,867.98)	112.00
INTEREST	40,000.00	4,345.01	0.00	79,025.32	0.00	(39,025.32)	197.56
PRIOR YEAR FUND BALANCE C	<u>1,713,590.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,713,590.00</u>	<u>0.00</u>
*** TOTAL REVENUES ***	<u>14,982,507.00</u>	<u>1,246,094.00</u>	<u>0.00</u>	<u>12,222,493.79</u>	<u>0.00</u>	<u>2,760,013.21</u>	<u>81.58</u>
<u>EXPENDITURE SUMMARY</u>							
30-CMA CAPITAL	5,145,714.00	54,214.92	5,140.00	653,388.37	94,962.50	4,402,503.13	14.44
31-CMA GENERAL-BT	2,314,200.00	178,641.64	0.00	1,967,680.12	0.00	346,519.88	85.03
15-UTILITY BILLING	255,276.00	45,474.32	0.00	239,711.26	320.47	15,244.27	94.03
32-PUBLIC WORKS ADMIN-BT	257,022.00	17,844.17	0.00	189,591.69	4,990.84	62,439.47	75.71
33-SANITATION-BT	2,553,910.00	190,209.09	0.00	1,967,666.78	10,794.78	575,448.44	77.47
34-WATER PLANT-BT	2,122,000.00	170,009.66	0.00	1,687,319.08	0.00	434,680.92	79.52
35-WASTEWATER PLANT-BT	973,500.00	89,257.58	0.00	802,158.32	0.00	171,341.68	82.40
36-LINE MAINTENANCE-BT	650,885.00	78,032.26	0.00	586,419.13	27,612.94	36,852.93	94.34
37-LAKE CHICKASHA-C&R	155,156.00	13,491.73	0.00	71,301.08	54,045.40	29,809.52	80.79
38-BUILDING MAINTENANCE	<u>554,844.00</u>	<u>62,260.48</u>	<u>0.00</u>	<u>423,517.71</u>	<u>7,137.10</u>	<u>124,189.19</u>	<u>77.62</u>
*** TOTAL EXPENDITURES ***	<u>14,982,507.00</u>	<u>899,435.85</u>	<u>5,140.00</u>	<u>8,588,753.54</u>	<u>199,864.03</u>	<u>6,199,029.43</u>	<u>58.62</u>
** REVENUE OVER(UNDER) EXPENDITURES **	<u>0.00</u>	<u>346,658.15</u>	<u>5,140.00</u>	<u>3,633,740.25</u>	<u>(199,864.03)</u>	<u>(3,439,016.22)</u>	<u>0.00</u>

FINANCIAL STATEMENT (UNAUDITED)

AS OF: APRIL 30TH, 2023

39 -AIRPORT

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
RENT	88,055.00	7,308.89	0.00	74,708.90	0.00	13,346.10	84.84
OIL & GAS	675,000.00	26,614.25	0.00	299,467.02	0.00	375,532.98	44.37
MISC REVENUES	30,000.00	7,693.34	0.00	30,869.71	0.00	869.71	102.90
TRANSFER OTHER FUNDS-EQU	5,000.00	0.00	0.00	0.00	0.00	5,000.00	0.00
INTEREST	10,000.00	738.31	0.00	31,177.59	0.00	21,177.59	311.78
PRIOR YEAR FUND BALANCE C	<u>725,135.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>725,135.00</u>	<u>0.00</u>
*** TOTAL REVENUES ***	1,533,190.00	42,354.79	0.00	436,223.22	0.00	1,096,966.78	28.45
<u>EXPENDITURE SUMMARY</u>							
39-AIRPORT-BT	<u>1,533,190.00</u>	<u>56,669.50</u>	<u>0.00</u>	<u>353,609.96</u>	<u>108,222.38</u>	<u>1,071,357.66</u>	<u>30.12</u>
*** TOTAL EXPENDITURES ***	1,533,190.00	56,669.50	0.00	353,609.96	108,222.38	1,071,357.66	30.12
** REVENUE OVER (UNDER) EXPENDITURES **	0.00	(14,314.71)	0.00	82,613.26	(108,222.38)	25,609.12	0.00

FINANCIAL STATEMENT (UNAUDITED)

AS OF: APRIL 30TH, 2023

44 -ARPA TARGETED GRANTS

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
GRANTS AND PROGRAMS	1,471,602.09	0.00	0.00	1,450,483.88	0.00	21,118.21	98.56
PRIOR YEAR FUND BALANCE C	<u>1,278,902.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>1,278,902.00</u>	<u>0.00</u>
*** TOTAL REVENUES ***	<u>2,750,504.09</u>	<u>0.00</u>	<u>0.00</u>	<u>1,450,483.88</u>	<u>0.00</u>	<u>1,300,020.21</u>	<u>52.74</u>
<u>EXPENDITURE SUMMARY</u>							
01-GENERAL	2,727,386.00	1,030.00	65,088.21	463,745.36	55,591.28	2,273,137.57	16.66
07-FIRE OPERATIONS	0.00	0.00	0.00	0.00	154,453.95	(154,453.95)	0.00
08-LIBRARY	21,118.09	0.00	0.00	1,571.27	0.00	19,546.82	7.44
09-LIBRARY-ODL READY2REA	<u>2,000.00</u>	<u>271.79</u>	<u>0.00</u>	<u>271.79</u>	<u>0.00</u>	<u>1,728.21</u>	<u>13.59</u>
*** TOTAL EXPENDITURES ***	<u>2,750,504.09</u>	<u>1,301.79</u>	<u>65,088.21</u>	<u>465,588.42</u>	<u>210,045.23</u>	<u>2,139,958.65</u>	<u>22.20</u>
** REVENUE OVER (UNDER) EXPENDITURES **	<u>0.00</u>	<u>(1,301.79)</u>	<u>65,088.21</u>	<u>984,895.46</u>	<u>(210,045.23)</u>	<u>(839,938.44)</u>	<u>0.00</u>

FINANCIAL STATEMENT (UNAUDITED)

AS OF: APRIL 30TH, 2023

52 -CAPITAL PROJECTS FUND

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
OIL & GAS	263,896.00	23,812.89	0.00	2,954,971.38	0.00 (2,691,075.38)		119.75
MISC REVENUES	0.00	0.00	0.00	0.56	0.00 (0.56)		0.00
INTEREST	1,900.00	2,750.07	0.00	12,814.39	0.00 (10,914.39)		674.44
PRIOR YEAR FUND BALANCE C	<u>119,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>119,000.00</u>	<u>0.00</u>
*** TOTAL REVENUES ***	<u>384,796.00</u>	<u>26,562.96</u>	<u>0.00</u>	<u>2,967,786.33</u>	<u>0.00 (2,582,990.33)</u>		<u>771.26</u>
<u>EXPENDITURE SUMMARY</u>							
CAPITAL PROJECTS	<u>384,796.00</u>	<u>2,541.25</u>	<u>0.00</u>	<u>143,892.87</u>	<u>235,070.13</u>	<u>5,833.00</u>	<u>98.48</u>
*** TOTAL EXPENDITURES ***	<u>384,796.00</u>	<u>2,541.25</u>	<u>0.00</u>	<u>143,892.87</u>	<u>235,070.13</u>	<u>5,833.00</u>	<u>98.48</u>
** REVENUE OVER (UNDER) EXPENDITURES **	<u>0.00</u>	<u>24,021.71</u>	<u>0.00</u>	<u>2,823,893.46 (235,070.13)</u>	<u>(2,588,823.33)</u>		<u>0.00</u>

FINANCIAL STATEMENT (UNAUDITED)

AS OF: APRIL 30TH, 2023

53 -CIP-DEDICATED SALES TAX

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
GRANTS AND PROGRAMS	0.00	0.00	0.00	236,767.19	0.00 (	236,767.19)	0.00
MISC REVENUES	0.00	2,304.17	0.00	2,304.17	0.00 (	2,304.17)	0.00
TRANSFER OTHER FUNDS-EQU	2,930,000.00	279,336.82	0.00	2,644,013.53	0.00	285,986.47	90.24
INTEREST	7,500.00	2,951.75	0.00	27,526.14	0.00 (	20,026.14)	367.02
*** TOTAL REVENUES ***	2,937,500.00	284,592.74	0.00	2,910,611.03	0.00	26,888.97	99.08
<u>EXPENDITURE SUMMARY</u>							
53-DEDICATED SALE TAX-GG	2,937,500.00	200,590.43	0.00	1,434,335.42	972,404.03	530,760.55	81.93
*** TOTAL EXPENDITURES ***	2,937,500.00	200,590.43	0.00	1,434,335.42	972,404.03	530,760.55	81.93
** REVENUE OVER (UNDER) EXPENDITURES **	0.00	84,002.31	0.00	1,476,275.61 (	972,404.03) (	503,871.58)	0.00

FINANCIAL STATEMENT (UNAUDITED)

AS OF: APRIL 30TH, 2023

54 -STREET AND ALLEY FUND
FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
STATE TAX	30,000.00	1,302.73	0.00	22,447.99	0.00	7,552.01	74.83
OTHER TAX	125,000.00	9,460.84	0.00	93,208.05	0.00	31,791.95	74.57
INTEREST	500.00	255.94	0.00	1,382.43	0.00	(882.43)	276.49
*** TOTAL REVENUES ***	155,500.00	11,019.51	0.00	117,038.47	0.00	38,461.53	75.27
<u>EXPENDITURE SUMMARY</u>							
09-STREET & STORM	155,500.00	2,500.00	0.00	25,000.00	0.00	130,500.00	16.08
*** TOTAL EXPENDITURES ***	155,500.00	2,500.00	0.00	25,000.00	0.00	130,500.00	16.08
** REVENUE OVER (UNDER) EXPENDITURES **	0.00	8,519.51	0.00	92,038.47	0.00	(92,038.47)	0.00

FINANCIAL STATEMENT (UNAUDITED)

AS OF: APRIL 30TH, 2023

56 -CEMETERY CARE

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
CEMETERY	35,000.00	2,378.75	0.00	23,609.75	0.00	11,390.25	67.46
INTEREST	2,000.00	394.27	0.00	3,806.99	0.00	(1,806.99)	190.35
PRIOR YEAR FUND BALANCE C	<u>138,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>138,000.00</u>	<u>0.00</u>
*** TOTAL REVENUES ***	175,000.00	2,773.02	0.00	27,416.74	0.00	147,583.26	15.67
<u>EXPENDITURE SUMMARY</u>							
06-CEMETERY MAINT.-C	<u>175,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>175,000.00</u>	<u>0.00</u>
*** TOTAL EXPENDITURES ***	175,000.00	0.00	0.00	0.00	0.00	175,000.00	0.00
** REVENUE OVER (UNDER) EXPENDITURES **	0.00	2,773.02	0.00	27,416.74	0.00	(27,416.74)	0.00

FINANCIAL STATEMENT (UNAUDITED)

AS OF: APRIL 30TH, 2023

61 -WATER METER FUND

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
INTEREST	500.00	105.53	0.00	1,380.13	0.00	(880.13)	276.03
*** TOTAL REVENUES ***	500.00	105.53	0.00	1,380.13	0.00	(880.13)	276.03
<u>EXPENDITURE SUMMARY</u>							
36-LINE MAINTENANCE-BT	500.00	0.00	0.00	0.00	0.00	500.00	0.00
*** TOTAL EXPENDITURES ***	500.00	0.00	0.00	0.00	0.00	500.00	0.00
** REVENUE OVER (UNDER) EXPENDITURES **	0.00	105.53	0.00	1,380.13	0.00	(1,380.13)	0.00

FINANCIAL STATEMENT (UNAUDITED)

AS OF: APRIL 30TH, 2023

64 -POLICE BOND FUND

FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
POLICE FINES	160,000.00	15,432.26	0.00	112,076.75	0.00	47,923.25	70.05
INTEREST	100.00	79.19	0.00	241.40	0.00	(141.40)	241.40
*** TOTAL REVENUES ***	160,100.00	15,511.45	0.00	112,318.15	0.00	47,781.85	70.15
<u>EXPENDITURE SUMMARY</u>							
03-POLICE DEPARTMENT-PS	160,100.00	12,235.62	0.00	120,969.81	0.00	39,130.19	75.56
*** TOTAL EXPENDITURES ***	160,100.00	12,235.62	0.00	120,969.81	0.00	39,130.19	75.56
** REVENUE OVER (UNDER) EXPENDITURES **	0.00	3,275.83	0.00	(8,651.66)	0.00	8,651.66	0.00

C I T Y O F C H I C K A S H A
 FINANCIAL STATEMENT (UNAUDITED)
 AS OF: APRIL 30TH, 2023

68 -WATER RESOURCE FUND
 FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
UTILITY SERVICE	75,000.00	6,715.00	0.00	62,743.68	0.00	12,256.32	83.66
INTEREST	1,000.00	158.14	0.00	3,609.12	0.00	(2,609.12)	360.91
PRIOR YEAR FUND BALANCE C	<u>474,500.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>474,500.00</u>	<u>0.00</u>
*** TOTAL REVENUES ***	<u>550,500.00</u>	<u>6,873.14</u>	<u>0.00</u>	<u>66,352.80</u>	<u>0.00</u>	<u>484,147.20</u>	<u>12.05</u>
<u>EXPENDITURE SUMMARY</u>							
68-WATER RESOURCES	<u>550,500.00</u>	<u>12.00</u>	<u>0.00</u>	<u>28,050.81</u>	<u>0.00</u>	<u>522,449.19</u>	<u>5.10</u>
*** TOTAL EXPENDITURES ***	<u>550,500.00</u>	<u>12.00</u>	<u>0.00</u>	<u>28,050.81</u>	<u>0.00</u>	<u>522,449.19</u>	<u>5.10</u>
** REVENUE OVER (UNDER) EXPENDITURES **	<u>0.00</u>	<u>6,861.14</u>	<u>0.00</u>	<u>38,301.99</u>	<u>0.00</u>	<u>(38,301.99)</u>	<u>0.00</u>

C I T Y O F C H I C K A S H A
 FINANCIAL STATEMENT (UNAUDITED)
 AS OF: APRIL 30TH, 2023

71 -COMBINED INSURANCE
 FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
INSURANCE	773,601.00	4,109.21	0.00	673,941.69	0.00	99,659.31	87.12
INTEREST	0.00	912.69	0.00	11,771.21	0.00	(11,771.21)	0.00
PRIOR YEAR FUND BALANCE C	<u>30,000.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>30,000.00</u>	<u>0.00</u>
*** TOTAL REVENUES ***	803,601.00	5,021.90	0.00	685,712.90	0.00	117,888.10	85.33
<u>EXPENDITURE SUMMARY</u>							
71-COMBINED INSURANCE-CR	<u>820,431.00</u>	<u>54,927.75</u>	<u>0.00</u>	<u>195,150.02</u>	<u>0.00</u>	<u>625,280.98</u>	<u>23.79</u>
*** TOTAL EXPENDITURES ***	820,431.00	54,927.75	0.00	195,150.02	0.00	625,280.98	23.79
** REVENUE OVER(UNDER) EXPENDITURES *(	16,830.00)	(49,905.85)	0.00	490,562.88	0.00	(507,392.88)	914.81-

FINANCIAL STATEMENT (UNAUDITED)

AS OF: APRIL 30TH, 2023

72 -COMPENSATED ABSENCES FUND
FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR EXPENSE	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
INSURANCE	133,356.00	0.00	0.00	100,016.97	0.00	33,339.03	75.00
TRANSFER OTHER FUNDS-EQU	0.00	0.00	0.00	2,364.34	0.00	(2,364.34)	0.00
INTEREST	<u>0.00</u>	<u>109.71</u>	<u>0.00</u>	<u>531.46</u>	<u>0.00</u>	<u>(531.46)</u>	<u>0.00</u>
*** TOTAL REVENUES ***	133,356.00	109.71	0.00	102,912.77	0.00	30,443.23	77.17
<u>EXPENDITURE SUMMARY</u>							
72-COMPENSATED ABSENCES	<u>133,356.00</u>	<u>0.00</u>	<u>0.00</u>	<u>74,000.26</u>	<u>0.00</u>	<u>59,355.74</u>	<u>55.49</u>
*** TOTAL EXPENDITURES ***	133,356.00	0.00	0.00	74,000.26	0.00	59,355.74	55.49
** REVENUE OVER (UNDER) EXPENDITURES **	0.00	109.71	0.00	28,912.51	0.00	(28,912.51)	0.00



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Police Department

Agenda Item No. 4.d.

AGENDA ITEM: Accept and acknowledgment of USAO using the Police Department property located at 2001 W. Iowa Avenue for part of a movie scene.

I. BACKGROUND/DESCRIPTION:

David Duncan has been the Instructor of Digital Media Technology at USAO since 1999. He and his department will be filming part of a movie scene, "Forgotten Child", at the Police Department. They expect to be on the property less than 2 hours and do not expect to enter the secured areas of the building. They will possibly enter the lobby. Mr. Duncan has been advised this will not interrupt the business of the police department assisting citizens or victims and no employee faces or personally owned vehicles are to be seen in their film without each person's express permission. He is also willing to allow an employee to see the editing process to ensure the final version does not include anything of a confidential nature or unapproved employees, citizens, victims, etc. Mr. Duncan believes there will be no more than 5-6 people on the property from USAO. Mr. Duncan has been provided with the Film Permit from Community Development.

II. RECOMMENDED ACTION:

Accept and acknowledge the usage of the Police Department property being used in the USAO film, "Forgotten Child."

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Goebel Music Interim Chief of Police	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: 05.15.2023	(From)		

V. ATTACHMENTS:



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: City Clerk

Agenda Item No. 4.e.

AGENDA ITEM: Acceptance of the appointment of Elaine Jensen as City Treasurer.

I. BACKGROUND/DESCRIPTION:

II. RECOMMENDED ACTION:

Accept the appointment of Elaine Jensen as City Treasurer.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

V. ATTACHMENTS:



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Finance

Agenda Item No. 4.f.

AGENDA ITEM: Acceptance of Resolution 2023-10R amending the FY 22-23 Budget.

I. BACKGROUND/DESCRIPTION:

II. RECOMMENDED ACTION:

Accept Resolution 2023-10R amending the FY 22-23 Budget.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

V. ATTACHMENTS:

1. Res. 2023-10R Budget Amendment
2. Exhibit A

RESOLUTION NO. 2023-10R

**A RESOLUTION OF THE MAYOR AND COUNCIL OF THE CITY OF CHICKASHA,
GRADY COUNTY, STATE OF OKLAHOMA, AMENDING THE CITY OF
CHICKASHA ADOPTED BUDGET FOR FISCAL YEAR 2022-23**

WHEREAS, pursuant to the Oklahoma Municipal Budget Act, 11 O.S. Section 17-201 through 17-216, all steps in the process of developing the City's Budget for FY 2022-23 were followed, culminating the adoption of the Budget by the Mayor and Council on June 20, 2022; and

WHEREAS, Sections 17-215 and 17-216 of the Oklahoma Municipal Budget Act specifically authorizes amendments to the adopted budget; and

WHEREAS, the Mayor and Council have determined a need to amend the adopted budget; and

NOW THEREFORE, be it resolved by the Mayor and Council of the City of Chickasha, Grady County, Oklahoma, that:

Section 1. The adopted FY 2022-23 Budget for the Fire-EMS Training Fund #28 is hereby amended and attached hereto as "Exhibit A".

This Resolution shall be in full force and effect from and after the passage and approval by the Mayor and Council of the City of Chickasha, Grady County, Oklahoma.

Adopted this 15th day of May 2023.

Chris Mosley, Mayor

ATTEST:

Susan M. McDaniel, CMC - City Clerk

(SEAL)

Exhibit A ~~Attachment~~

CITY OF CHICKASHA

BUDGET AMENDMENT FORM

☒ INCREASE	☐ DECREASE	☐ TRANSFER
--	-----------------------------------	-----------------------------------

Fund: FIRE-EMS TRAINING FUND
Fund No.: 28
Amendment No.: 1
Fiscal Year: 2022-2023

Account #	Account Name	Estimated Revenue(s)		Appropriation(s)	
		Increase	Decrease	Increase	Decrease
4700-001	AVAILABLE FUND BALANCE	300.00			
502-5211-001	PROFESSIONAL DEVELOPMENT			300.00	
TOTALS		300.00	-	300.00	-

EXPLANATION:

To reflect allocation of Fund Balance

Approved by City Manager:

Date _____ Signature _____

Approved by City Council:

Date _____ Signature _____



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: City Clerk

Agenda Item No. 6.a.

AGENDA ITEM: Discussion, consideration, and possible action to appoint a registered voter residing in Ward 2 to fill the vacancy created by Nate McCalla's resignation until the expiration of the current term in April 2024.

I. BACKGROUND/DESCRIPTION:

With the resignation of Council Member Nate McCalla, the Mayor puts forth Rick Croslin of 2815 Briarcreek, Chickasha, OK as Council Member for Ward 2, Position 2 until April 2024.

If presentment of candidate is approved by Council, an Oath of Office will be administered to Mr. Croslin.

II. RECOMMENDED ACTION:

Appoint Rick Croslin of 2815 Briarcreek, Chickasha, Oklahoma to Ward 2, Position 2 Council Member until expiration of current term in April 2024.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Susan M. McDaniel, City Clerk	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

V. ATTACHMENTS:



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Parks and Rec

Agenda Item No. 6.b.

AGENDA ITEM: Discussion, consideration and possible action to approve a bench that has been donated placed in Shannon Springs Park.

I. BACKGROUND/DESCRIPTION:

This bench has been donated by the Disc Golf group. They have already set it up in Shannon Springs Park and it is located at the beginning of hole #9

We recommend the acceptance of this donation and leaving it where it rests in the park.

II. RECOMMENDED ACTION:

Staff recommends approval

III. FISCAL INFORMATION - Donation

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

V. ATTACHMENTS:

1. IMG_0396



SOWING PEACE
MERCY AND LOVE
IN JESUS NAME



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Parks and Rec

Agenda Item No. 6.c.

AGENDA ITEM: Discussion, consideration and possible action to approve the expansion of the Disc Golf Course or the redistributing of the existing 9 holes.

I. BACKGROUND/DESCRIPTION:

There are currently 9 disc golf holes located in Shannon Springs Park. The disc golf group would like to alter the current configuration of these holes. Some of them currently go across the walking path and create hazards for the public that are walking the trails.

The group also wants to present a plan for the expansion of the course to have 18 holes.

II. RECOMMENDED ACTION:

Staff agrees with the alteration plan and sees merit in the expansion of Disc Golf Course.

III. FISCAL INFORMATION - Disc Golf Association plans to pay for this project.

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

V. ATTACHMENTS:

1. Proposed Disc Golf Updates Small



Why Disc Golf

- Disc Golf is an activity that is accessible to a broader portion of the community than many narrow interest activities.
- Disc Golf can reduce vandalism by encouraging players moving through the park at random hours and steadily during weekends and evenings.
- Maintenance is minimal, typically keeping the grass mown and trash emptied is a large part of it.



Current 9 Holes



- The player is throwing across the walking trail on 4 holes.
- The player is throwing in close proximity to exercise equipment on 4 holes.
- The player is throwing in close proximity to a playground on 1 hole.



Hole 1



- The player is throwing in close proximity to a playground.



Hole 2



- A future layout would include existing hole 2.



Hole 3



- The current teepad is on top of utilities.



Hole 4



- The hole plays across a walking path.
- The hole plays in close proximity to athletic equipment.



Hole 5



- The hole plays across a walking path.
- The hole plays in close proximity to athletic equipment.



Hole 6



- The hole plays across a walking path.
- The hole plays in close proximity to athletic equipment.



Hole 7



- The player is throwing at utility equipment.



Hole 8



- The hole plays across a walking path.
- The hole plays in close proximity to athletic equipment.



Hole 9



- A future layout would include existing hole 9.



9 Hole Proposal





- Hole 1 teepad would move to the other side of the Christmas Tree to avoid throws around the playground.





- Hole 2 would stay the same as the current layout.





- Hole 3 teepad will move off of the new utilities, and a proposed longer basket position for variety in hole design.





- Hole 4 teepad moves to approximately hole 5's current teebox to eliminate the necessity of throwing across the walking path and near exercise equipment.



- Hole 4
- Par 3
- 215'





- Hole 5 teepad moves to the other side of the path to eliminate the necessity of throwing across the walking path and near exercise equipment.





- Hole 6 teepad moves to the other side of the path to eliminate the necessity of throwing across the walking path and near exercise equipment.



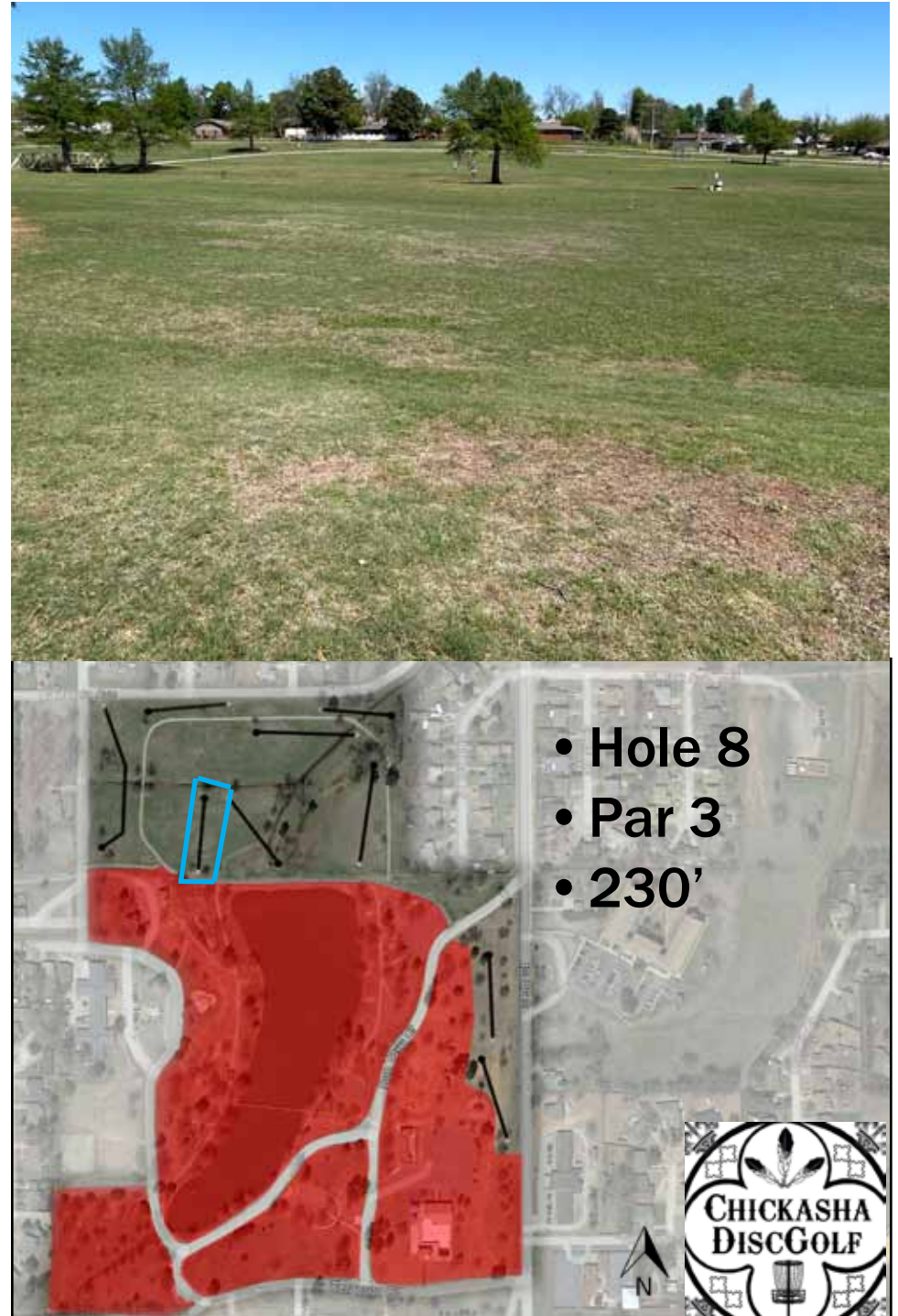


- Hole 7 teepad moves closer to the corner of the park and a proposed basket move to 8's current tee pad to limit throws closer to utilities, walking path, and exercise equipment. This also creates a unique opportunity for a 2 shot hole utilizing the parks natural terrain as an obstacle.



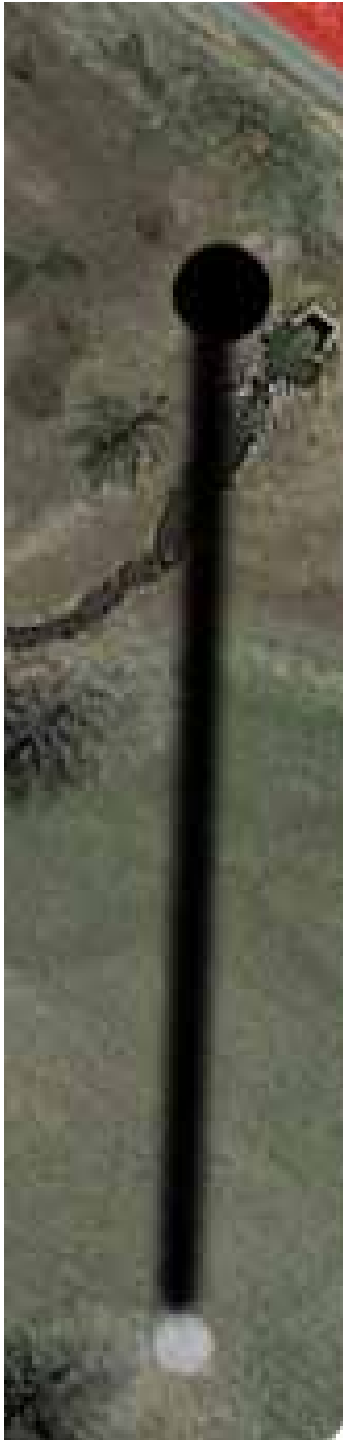


- Hole 8 teepad moves to the other side of the path to eliminate the necessity of throwing across the walking path and in close proximity to exercise equipment.



- Hole 8
- Par 3
- 230'





- Hole 9 would stay the same as the current layout.



18 Hole Proposal





- Hole 1 utilizes a tight lane of trees to encourage the player to throw a straight shot.



- Hole 1
- Par 3
- 240'





- Hole 2 encourages the player to throw a short right curving shot around the trees to get a good score.





- **Hole 3**
challenges the
player with
another straight
shot but slightly
longer and more
open than hole
1.





- Hole 5 offer the unique challenge of a 2 shot hole that currently does not exist at the park. The basket finishes in the trees making for a challenging approach.





- Hole 5 offers a demanding tee shot where distance control is necessary and finishing too far right or left will leave you behind a tree.



- Hole 5
- Par 3
- 160'





- Hole 6 offers another tight gap to hit off the tee to get to a wide open green.

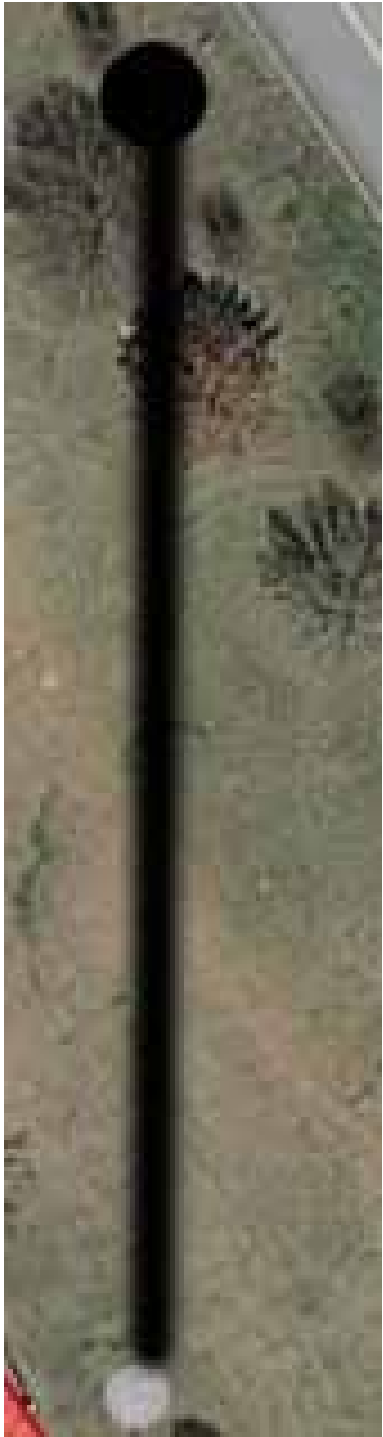


- Hole 6
- Par 3
- 240'



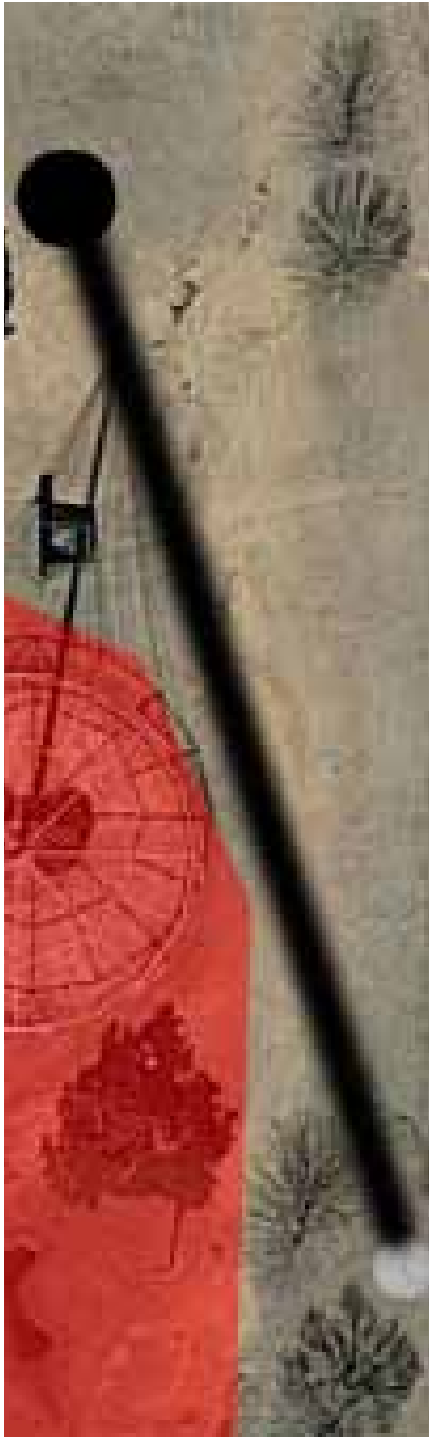
- Hole 7 offers an open tee shot but requires accuracy to access a protected basket location.





- Hole 8 offers a similar challenge to the previous hole but offers a tighter green with a lower ceiling to make the green even tougher to reach.





- Hole 9 would be the proposed changed current hole 1.





- Hole 10 would be the current hole 2 with minimal change.





- **Hole 11** would challenge the player to throw a left finishing shot to reach an uphill basket location.





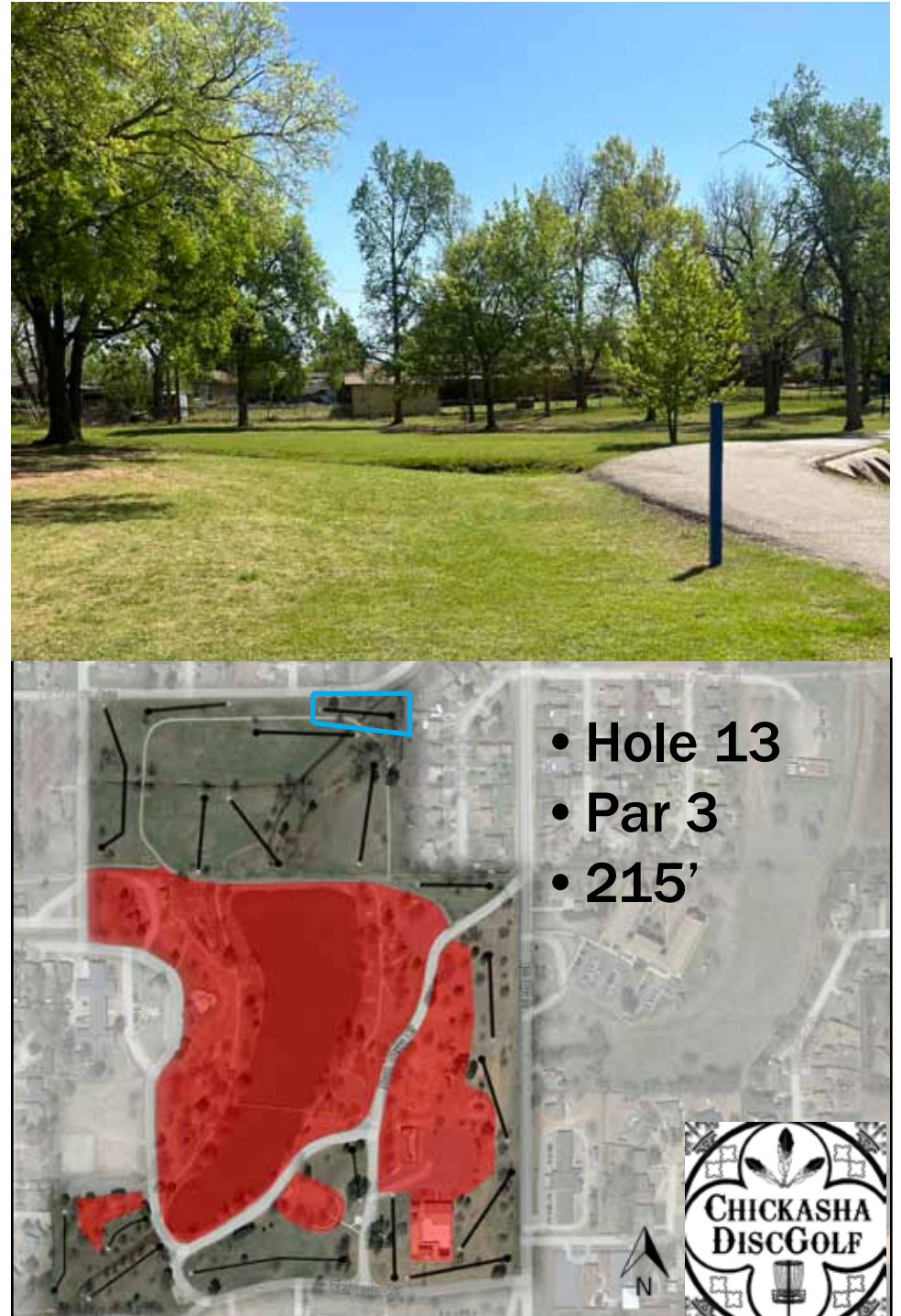
- Hole 12 would be the proposed changed current hole 3.



- Hole 12
- Par 3
- 320'

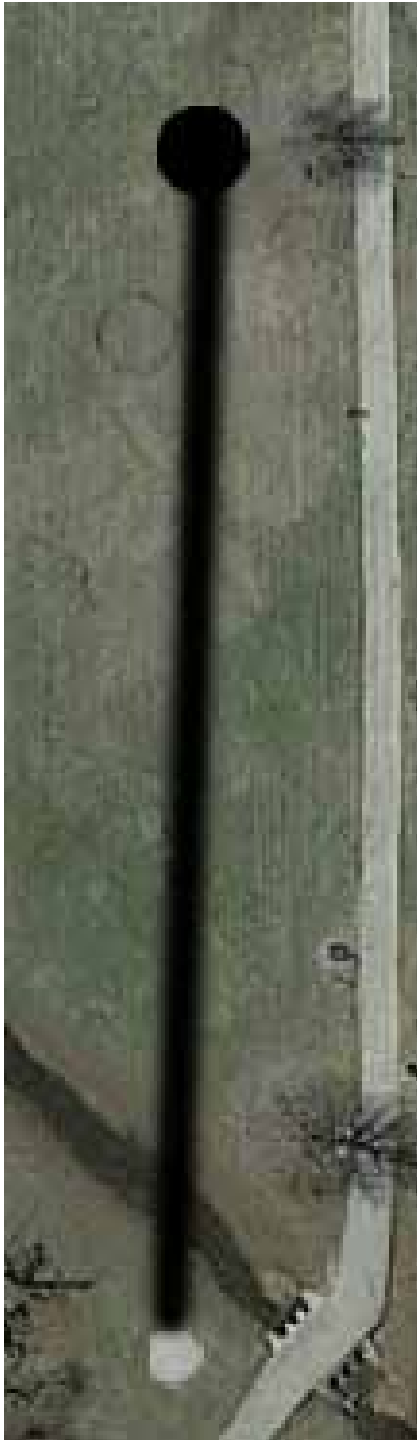


- Hole 13 would be the proposed changed current hole 4.



- Hole 13
- Par 3
- 215'





- Hole 14 would be the proposed changed current hole 5.





- Hole 15 would be the proposed changed current hole 6.





- Hole 16 would be the proposed changed current hole 7.



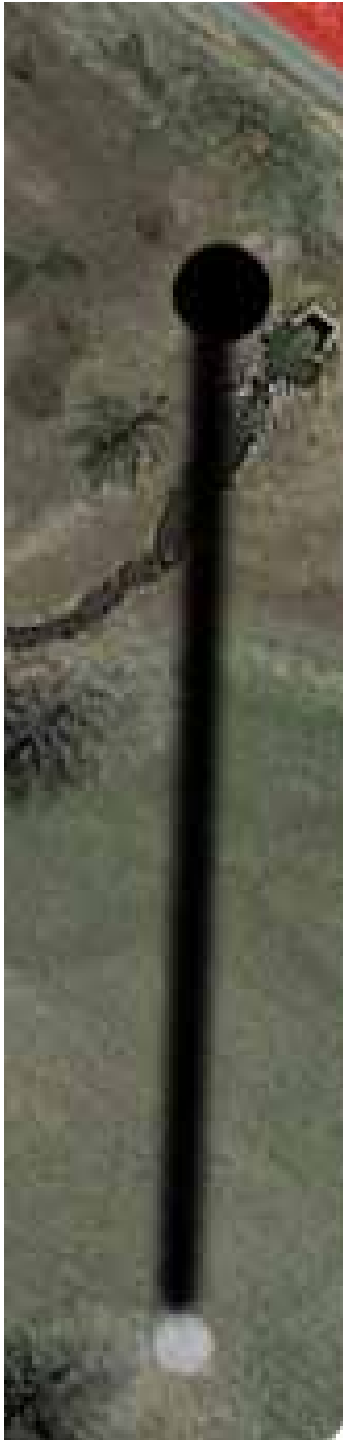


- Hole 17 would be the proposed changed current hole 8.



- Hole 17
- Par 3
- 230'





- Hole 18 would be the proposed changed current hole 9.



- Hole 18
- Par 3
- 250'

Additional Volunteering

- The Chickasha Disc Golf Club not only wants to enhance the disc golf course but make the park better by volunteering in many other ways.
- We want to improve the park by planting trees, picking up trash, cleaning up the creek, filling in ruts, reducing erosion, and any other way that helps generally improve the park for all users.



Tree Planting

- The Chickasha Disc Golf Club would like to continue to plant trees in the park to help increase the parks beauty and enhance the biodiversity of the local ecosystem.



Park Cleanup



- The Chickasha Disc Golf Club would like to help fill in low spots to create a safer space for everyone using the park. The club would also like to maintain a cleaner park by helping pick up trash and other debris.



Park Vandalism



- The Chickasha Disc Golf Club would like to reduce signs of vandalism in the park by installing new and sturdy signage that is difficult to remove and damage.



Erosion Control



- The Chickasha Disc Golf Club would like to reduce the erosion caused by the lack of teepads.



Teepads/Signage

- The Chickasha Disc Golf Club would like to improve the signage to be low and sturdy and have helpful information matching the sign on the left. The club would also like to propose 10' diameter concrete tee pads.



Cost Estimate

Item	Cost Per Unit	Cost for 9	Cost fot 18
Teepad Concrete	\$450	\$4,050	\$8,100 *Material Costs Only
Teepad Forms	Already Owned		
Teepad Signs	\$20	\$180	\$360 *Material Costs Only
Sign Base	\$200	\$1,800	\$3,600 *Material Costs Only
Decorating Trashcans		\$750	\$1,500 *Material Costs Only
Baskets (Innova 28 Chain)	\$525	\$3,825	\$7,650 *Shipping Costs Not Included
Additional Basket Sleeves	\$40		*Shipping Costs Not Included

- **This represents a expectation of what some of the key features the course would utilize to cost. This does not include labor cost and may require professional contractors to do some of the work. However, the Chickasha Disc Golf Club would do as much as the work as deemed acceptable by the city to save on costs.**





City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Police Department

Agenda Item No. 6.d.

AGENDA ITEM: Discussion, consideration and possible action to renew the Police Department's video surveillance & audio maintenance contract with Travis Voice and Data for an amount not to exceed \$3,211.95.

I. BACKGROUND/DESCRIPTION:

The Police Department has multiple cameras deployed both inside & outside at 2001 W. Iowa Avenue. Interview room cameras and audio are included in the renewal.

II. RECOMMENDED ACTION:

Staff recommends Council approve the renewal of the maintenance contract with Travis Voice & Data and authorizes Interim Chief Music to execute the same.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Goebel Music Interim Chief	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: 05.15.2023	(From)		

V. ATTACHMENTS:

1. Travis Voice & Data Renewal



We have prepared a quote for you

Annual Video Renewal Quote

Quote # 009965
Version 1

Prepared for:

Chickasha Police Department

Goebel Music
goebel.music@chickashapd.org

Solution Overview

Description	Qty
Thank you for giving us this opportunity to present our proposal. Travis Voice & Data is committed to working with you and providing unmatched customer service. The following solution was engineered for Chickasha Police Department and includes the features and provisions listed below: <u>Annual Support Agreement 06/08/23-06/07/24</u> • (x1) Support agreement for your Video Surveillance System. Support agreement covers HDVR, Cameras and Switch. Support agreement does not cover Abuse/Vandalism/Acts of Nature. ** One-time annual payment for 12 month Accrual Video agreement Please review this quote to confirm our offer meets your business needs. Sales tax is not included in this estimate. Any unforeseen issues that arise during the installation, that is outside TVD's contracted scope of work, will be notified to the customer and billed on a time and material basis to rectify, fix or replace upon customer approval. If you have any questions or concerns regarding the proposal, please feel free to contact us. Otherwise, you may digitally sign this document to get the quote processed.	

Annual Video Renewal Quote

Prepared by:

Travis Voice and Data

Isabel Beck
405.948.1797
ibeck@travisvoice.com

Prepared for:

Chickasha Police Department

2001 W IOWA AVE
CHICKASHA, OK 73018
Goebel Music
(405) 222-6070
goebel.music@chickashapd.org

Quote Information:

Quote #: 009965

Version: 1
Delivery Date: 04/28/2023
Expiration Date: 05/09/2023

Quote Summary

Description	Amount
Annual Support Agreement (Non-Hosted)	\$3,211.95
Total: \$3,211.95	

Taxes, shipping, handling and other fees may apply. Prices in the Quotation are excluding sales tax, any other taxes, fees, or duties. All applicable taxes will be assessed at time of invoicing. We reserve the right to cancel orders arising from pricing or other errors.

Terms & Conditions for Voice, Internet and Rental Agreement Documentation when applicable, must be signed along with the 1st Months payment to complete the order process.

Any unforeseen issues that arise during the installation, that is outside TVD's contracted scope of work, will be notified to the customer and billed on a time and material basis to rectify, fix or replace upon customer approval.

Travis Voice and Data

Chickasha Police Department

Signature: _____
Name: Isabel Beck
Title: _____
Date: 04/28/2023

Signature: _____
Name: Goebel Music
Date: _____



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Police Department

Agenda Item No. 6.e.

AGENDA ITEM: Discussion, consideration and possible action to renew the Police Department's yearly maintenance contract with Motorola Solutions' not to exceed \$35,862.78.

I. BACKGROUND/DESCRIPTION:

Motorola Solutions provides the department's CAD, mapping, driver's license scanning, Report Management System, evidence software and mobile software for in-car computers. This is an annual maintenance contract fee. The amount is \$35,862.78.

II. RECOMMENDED ACTION:

Staff recommends Council approve the renewal of the annual maintenance fee not to exceed \$35,862.78.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Goebel Music Interim Chief of Police	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: 05.15.2023	(From)		

V. ATTACHMENTS:

1. Motorola Maintenance Contract

**MOTOROLA SOLUTIONS**

Motorola Solutions, Inc.
 500 West Monroe
 Chicago IL 60661
 United States
 Federal Tax ID: 36-1115800

Visit our website at www.motorolasolutions.com

ORIGINAL INVOICE

Transaction Number 8230406137		Transaction Date 01-APR-2023		Transaction Total 35,862.78 USD	
P.O. Number			P.O. Date	Customer Account No 1209114731	
Payment Terms Net Due in 30 Days				Payment Due Date 01-MAY-2023	
Bill To Address CHICKASHA POLICE DEPARTMENT ATTN: Accounts Payable 101 N 6TH ST CHICKASHA OK 73018 United States			Ship To Address CHICKASHA POLICE DEPARTMENT 101 N 6TH ST CHICKASHA OK 73018 United States		

IMPORTANT INFORMATION

Sales Order(s): USC000336164-R31-DEC-22 10:59:23

For all invoice payment inquiries contact
watchguard.accounts.receivable@motorolasolutions.com
 Telephone: 469-457-1993

**SPECIAL INSTRUCTIONS / COMMENTS**

General Comment: Regular Invoice

Line Item #	Item Number	Description	Qty.	Unit Price (USD)	Amount (USD)
		Equipment at Site: 0005 1209114731 101 N 6TH ST CHICKASHA OK 73018 United States			
1	SSV00S00012A-SP	CAD MAINTENANCE (ENHANCED) - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	2,150.95	2,150.95
2	SSV00S00072A-SP	CAD MAPPING MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	1,446.62	1,446.62
3	SSV00S00178A-SP	DRIVER LICENSE SCANNING MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	428.88	428.88
4	SSV00S00181A-SP	E9-1-1 INTERFACE MAINTENANCE - STANDARD:01-MAY-2023:30-	1	571.83	571.83

Please detach here and return the bottom portion with your payment

Payment Coupon

Transaction Number 8230406137	Customer Account No 1209114731	Payment Due Date 01-MAY-2023	Transaction Total 35,862.78 USD	Amount Paid
---	--	--	--	--------------------

Please put your Transaction Number and your Customer Account Number on your payment for prompt processing.

CHICKASHA POLICE DEPARTMENT
 ATTN: Accounts Payable
 101 N 6TH ST
 CHICKASHA OK 73018
 United States

Payment Transfer Details

CHICAGO
 WIRE Routing Transit Number: 026009593
 ACH/EFT Routing Transit Number: 111000012
 SWIFT: BOFAUS3N
 Bank Account No: 3756319819

Send Payments To:**MOTOROLA SOLUTIONS**

Motorola Solutions, Inc.
 13104 Collections Center Drive
 Chicago IL 60693
 United States
 Please provide your remittance details to:
US.remittance@motorolasolutions.com

DIVERSION CONTRARY TO EXPORT CONTROL LAW IS PROHIBITED



Motorola Solutions, Inc.
500 West Monroe
Chicago IL 60661
United States
Federal Tax ID: 36-1115800

ORIGINAL INVOICE

Transaction Number 8230406137	Transaction Date 01-APR-2023	Transaction Total 35,862.78 USD
P.O. Number	P.O. Date	Customer Account No 1209114731
Payment Terms Net Due in 30 Days		Payment Due Date 01-MAY-2023

Visit our website at www.motorolasolutions.com

Line Item #	Item Number	Description	Qty.	Unit Price (USD)	Amount (USD)
5	SSV00S00184A-SP	APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024 EQUIPMENT MAINTENANCE MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	716.73	716.73
6	SSV00S00190A-SP	EVIDENCE BARCODE AND AUDITING MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	428.88	428.88
7	SSV00S00193A-SP	EVIDENCE MANAGEMENT MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	858.48	858.48
8	SSV00S00199A-SP	FLEET MAINTENANCE MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	428.88	428.88
9	SSV00S00226A-SP	GEARS ECRASH INTERFACE MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	1,298.49	1,298.49
10	SSV00S00262A-SP	IMAGING MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	1,446.62	1,446.62
11	SSV00S00265A-SP	INCODE COURTS INTERFACE THIRD PARTY MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	602.17	602.17
12	SSV00S00015A-SP	HUB MAINTENANCE (ENHANCED) - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	4,412.94	4,412.94
13	SSV00S00331A-SP	MOBILE ARREST FORM MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	1,081.32	1,081.32
14	SSV00S00334A-SP	MOBILE FIELD REPORT WITH FIELD INTERVIEW MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	1,446.62	1,446.62
15	SSV00S00352A-SP	MOBILE STATE & NATIONAL QUERIES MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	1,081.32	1,081.32
16	SSV00S00354A-SP	MOBILE VOICELESS CAD MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	1,081.32	1,081.32
17	SSV00S00405A-SP	OFFENDER TRACKING MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	858.48	858.48
18	SSV00S00417A-SP	PAWNED PROPERTY MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	428.88	428.88
19	SSV00S00432A-SP	PERSONNEL MANAGEMENT MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	858.48	858.48
20	SSV00S00438A-SP	PIN MAPPING MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	858.48	858.48
21	SSV00S00527A-SP	TRAFFIC INFORMATION MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024:	1	858.48	858.48

DIVERSION CONTRARY TO EXPORT CONTROL LAW IS PROHIBITED



Motorola Solutions, Inc.
500 West Monroe
Chicago IL 60661
United States
Federal Tax ID: 36-1115800

ORIGINAL INVOICE

Transaction Number 8230406137	Transaction Date 01-APR-2023	Transaction Total 35,862.78 USD
P.O. Number	P.O. Date	Customer Account No 1209114731
Payment Terms Net Due in 30 Days		Payment Due Date 01-MAY-2023

Visit our website at www.motorolasolutions.com

Line Item #	Item Number	Description	Qty.	Unit Price (USD)	Amount (USD)
22	SSV00S00028A-SP	Service From: 01-MAY-2023 Service To: 30-APR-2024 FLEX TOUCH MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	1,446.62	1,446.62
23	SSV00S00033A-SP	LAW RECORDS MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	2,893.25	2,893.25
24	SSV00S00036A-SP	MOBILE AVL AND MAPPING MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	1,081.32	1,081.32
25	SSV00S00038A-SP	MOBILE RECORDS MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	1,081.32	1,081.32
26	SSV00S00040A-SP	NIBRS MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	2,435.39	2,435.39
27	SSV00S00052A-SP	STATELINK MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	2,435.39	2,435.39
28	SSV00S00054A-SP	XML CITATION INTERFACE MAINTENANCE - STANDARD:01-MAY-2023:30-APR-2024: Service From: 01-MAY-2023 Service To: 30-APR-2024	1	1,144.64	1,144.64
Site OK Tax at 0%					0.00
Site Total					35,862.78
Total Tax OK 0.00				USD Subtotal	35,862.78
				USD Total Tax	0.00
				USD Total	35,862.78
				USD Amount Due	35,862.78

I hereby certify that the merchandise and/or services described have been satisfactorily received and that this invoice is now a true and just debt of this city. This invoice is therefore approved and consideration for payment by the governing board.

Date 5-2-23

Signature Jessie Earnest

CITY OF CHICKASHA

RECEIVED

OFFICE OF
POLICE CHIEF



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Police Department

Agenda Item No. 6.f.

AGENDA ITEM: Discussion, consideration and possible action to surplus and destroy two Police Department Tasers.

I. BACKGROUND/DESCRIPTION:

The Police Department has two X26 Tasers that are non-operational and need to be removed from its inventory. The Tasers need to be surplus, removed from the department's inventory and destroyed. The applicable serial numbers are: X00-557691 & X00-393080.

II. RECOMMENDED ACTION:

Staff recommends Council approve the surplus of the two X26 Tasers and authorize the Interim Chief to remove them from the department's inventory and properly destroy them.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Goebel Music Interim Chief	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: 05.15.2023	(From)		

V. ATTACHMENTS:

1. X26 Tasers



X26 Tasers

S/N X00-557691

&

S/N X00-393080



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Administration

Agenda Item No. 6.g.

AGENDA ITEM: Discussion, consideration and possible action to declare as surplus the attached list of antiquated technology equipment and authorize disposal as deemed appropriate by the City Manager pursuant to City Ordinances.

I. BACKGROUND/DESCRIPTION:

- Last year the computer equipment at all of the City's facilities was upgraded and replaced. Attached is a list of the equipment that was removed from service. The computers are slated to be wiped by Standley Systems prior to being disposed of in any manner.
- Also included on the list is the audio equipment that was removed from council chambers for upgraded equipment and outdated cellphones not in use.
- Staff seeks to surplus the items as provided in the attached surplus request inventory by donation, sale or disposal as deemed appropriate by the City Manager.

II. RECOMMENDED ACTION:

Staff recommends approving the declaration of surplus for the attached list of items and authorizing the disposal as deemed appropriate by the City Manager.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date:	(From)		

V. ATTACHMENTS:

1. Surplus Request Inventory May 2023



City of

CHICKASHA

SURPLUS LIST MAY 2023

ITEM	SERIAL NUMBER
CPU	2uA5432BQM
CPU	2uA5512F85
CPU	162460000300486
CPU	16204004200075
CPU	2uA5432BNT
CPU	1623033300283
CPU	16223015400421
CPU	2uA5432BLT
CPU	2uA5432BPH
Prodesk	MxLO133065
Prodesk	MxLO163N82
CPU	16246000300485
CPU	16246000300368
CPU	16246000300311
CPU	16246000300309
CPU	2uA5432BKL
CPU	2uA5432BLM
CPU	2uA5432BPA
CPU	2uA432BPH
CPU	2uA6382255
CPU	2uA5432BMMH
CPU	2uA5432BKK
CPU	2uA5432BNX
CPU	2uA5432BPS
CPU	2uA5432BNV
CPU Battery (APC)	3B1051X05575
CPU	2uA6434X4
Monitor	ETL490837072960675A237
Monitor	6CM5261GV9
Monitor	6CM52615FG
Monitor	6CM5261GV2

ITEM	SERIAL NUMBER
Monitor	95LMIZ007028
Monitor	6CM52613D2
Monitor	MMLXXXAA00145106FEC8520
Monitor	MMLXXXAA00145107198520
Monitor	6CM5261GTH
Monitor	6CM5261SGG
Monitor	6CM5261SFO
Monitor	6CM5261GV5
Monitor	6CM5261SDP
Monitor	6CM5261QV2
Monitor	6CM5261GTY
Monitor	6CM5261GTH
Monitor	6CM5261SFL
Monitor	6CM5261GV0
Monitor	6CM5261SGD
Anti Monitor	6CM5261SFB
Monitor	ETLC3080989520C3A44217
Monitor	6CM5261GVG
Monitor	ETLHVOD1603010AD77850A
Monitor	ETLTSOR036229047C02400
CPU	2UA5432BP5
CPU	2UA5432BP7
Monitor	6CM5261SDR
Monitor	6CM5261SFL
Monitor	6CM5261SFD
Monitor	6CM5261GTL
Monitor	6CM5261GTP
Monitor	6CM5261GVF
Monitor	6CM5261GVP
Monitor	6CM5261GTM
Monitor	6CM5261SFS
Monitor	6CM5261GVQ
Monitor	MMLYAA003348012CE4208
Monitor	MMLXXXAA001451071948520
Monitor	MMLYWA0035067A2D24200
Monitor	MMLXMAA0014480BEF84212
Monitor	MMLXMAA0014480BEF44212
Monitor	ETLC308119031328F4210
Monitor	6CM5261GVK
Monitor	6CM5261GIZ
Monitor	6CM5261JFP

ITEM	SERIAL NUMBER
Monitor	6CM5261GVH
Monitor	6CM5261JF1
Monitor	6CM5261JF7
Monitor	6CM5261GVD
Monitor	94LMI2006862
Monitor	6CM5261GV1
Monitor	ETLNY1080032410A7394228
Monitor	ETLNY080032180CBDD4225
Monitor	MMLYWAA0034143C4B4208
Monitor	ETL49083708050BD8D4CI
Monitor	96LMI2043991
Monitor	6CM5261GTN
Monitor	CNP520XB N4
Monitor	ETL3409004433007C0PQ10
Monitor	ETL340900443300730PQ10
Monitor	T7QV53AA04079
Monitor	ETL4908370817048BA42CI
Monitor	ETLC3080199035D2465
Monitor	CN-0IPTX3-64180-97M-21BS
Monitor	ETL NHVOD160 025000999650A
Monitor	CN-0G8432-64180-5G4S
Monitor	MWE MWE76 Bon 02685
Monitor	MWE76 Bon 01840
Monitor	MWE76 Bon 02901
Monitor Laptop	5CG7162LQC
Laptop	A9-B3LPP11/01
Stands	(5) No Serial #
Printer	MY4753R1PV
Printer	264ABFB502105E
Battery	9B1747423078
Sound board	From Council Chambers
Microphones (10)	From Council Chambers
1 box of all Cords -	Connecting Cords for old monitors and sound equipment

COMPUTER DECOMMISSIONING/SANITATION FORM

CUSTODIAN NAME	RELEASING CUSTODIAN NUMBER	DATE (MM/DD/YYYY)
----------------	----------------------------	-------------------

PREPARED BY	TRANSACTION NUMBER	ADDRESS/EXTENSION
-------------	--------------------	-------------------

HARD DRIVE STATUS CODES	Cell Phones
-------------------------	-------------

1. DECOMMISSIONED/SANITIZED & REINSTALLED FOR INTERDEPARTMENTAL TRANSFER ONLY DESTROYED (RECOMMENDED)	2. REMOVED & REMOVED, DECOMMISSIONED & HELD BY DEPT. OR IT DESKTOP SUPPORT
--	---

ASSET TAG NO(S)	COMPUTER MAKE, MODEL, SERIAL NUMBER, ADDITIONAL INFORMATION/REMARKS	HARD DRIVE STATUS
-----------------	---	-------------------

Kyocera - Flip Phone	IMEI # 014390004608	
Kyocera - Flip Phone	IMEI # 01439000464067	
Kyocera - Flip Phone	IMEI # 014390004537212	
Samsung - Smart Phone	IMEI # (Could not Find)	
Verizon - Smart Phone	IMEI # (Could not Find)	
LG - Flip Phone	IMEI # 359926-08-066250-8	
Kyocera - Flip Phone	IMEI # 8 014390003293593	
Kyocera - Flip Phone	IMEI # 014390004610571	
Kyocera - Flip Phone	IMEI # (Could not access)	
Kyocera - Flip Phone	IMEI # 014390004613146	
Verizon Droid Smart Phone	IMEI (Could not Find)	
I-Phone 6S	IMEI # 354954074297169	
I-Phone 6S	IMEI # 354954074238353	
I-Phone 6S	IMEI # 354954074296815	
I-Phone 6S	IMEI # 354954074265307	
I-Phone 6S	IMEI # 354954074373879	
I-Phone 6S	IMEI # 354954074263625	
Kyocera - Flip Phone	IMEI # 014390004583943	
Kyocera - Flip Phone	IMEI # 014390004613302	
Kyocera - Flip Phone	IMEI # 014390004508619	
Kyocera - Flip Phone	IMEI # 014390004610514	
Kyocera - Flip Phone	IMEI # 014390004609953	
Kyocera - Flip Phone	IMEI # 014390004641949	
Kyocera - Flip Phone	IMEI # 014390004560230	
Kyocera - Flip Phone	IMEI # 014390004608948	
Kyocera - Flip Phone	IMEI # 014390004622667	
Kyocera - Flip Phone	IMEI # 014390004566682	
Kyocera - Flip Phone	IMEI # 014390004611215	
Kyocera - Flip Phone	IMEI # 014390004609920	
Kyocera - Flip Phone	IMEI # 014390004621404	
Kyocera - Flip Phone	IMEI # 014390004641774	

NAME:	EXTENSION:	EQUIPMENT LOCATED AT:
-------	------------	-----------------------

I DO HEREBY CERTIFY THAT ALL DATA AND SOFTWARE HAS BEEN PURGED OR THE HARD DRIVE(S) HAVE BEEN HANDLED ACCORDING TO INDICATED STATUS CODE FOR THE COMPUTER EQUIPMENT LISTED ABOVE AND IS READY FOR TRANSFER TO PHYSICAL PLANT SURPLUS WAREHOUSE	
---	--

SIGNED:	SIGNED:
COMPUTER TECHNICIAN/SUPPORT STAFF	DEPARTMENT HEAD/DESIGNEE
DATE:	DATE:

[illegible]



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Community Development

Agenda Item No. 6.h.

AGENDA ITEM: Public Hearing - to discuss and consider the zoning special exemption to allow equines and goats to be located at 2420 S 24th Street for Applicants Davina and Roosevelt May.

I. BACKGROUND/DESCRIPTION:

II. RECOMMENDED ACTION:

Hold Public Hearing

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Rachel Bernish, Community Development Director	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

V. ATTACHMENTS:



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Community Development

Agenda Item No. 6.i.

AGENDA ITEM: Discussion, consideration and possible action to approve the zoning special exemption for equines and goats to be located at 2420 S 24th Street for applicants Davina and Roosevelt May

I. BACKGROUND/DESCRIPTION:

This exemption will allow for home owners to have horses and female goats on their property. Today this presentation is for the first 7.5 acres. Should this pass, they will file for the remaining 7.5 acres, which will make 15 acres over two lots on this property.

This property is zoned r1

The planning commission has recommended this for approval

II. RECOMMENDED ACTION:

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Rachel Bernish, Community Development Director	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

V. ATTACHMENTS:

1. 2420 S 20th Zoning exempt.
2. 20230509142107354



APPLICATION FOR ZONING EXEMPTION

Applicant(s) Name: ROOSEVELT & DAVINA MAY

Address: 2420 S. 24th Street

Phone: 214.734.5494 / 972.816.4704

Legal Description: _____

Address of subject property: 2420 S. 24th Street

Present zoning of subject property: R1

Proposed zoning of subject property: R1

Physical Characteristics of subject property: 15 acre residential Prop

Frontage on Street: _____

Lot Depth: _____

Drawing Attached: _____ YES ☒ NO

Proposed Use for the Property: request special exemption for 4 horses & 8 female goats

Public Utilities Which Serve the property: None

Street, Surface Material: _____

City Water: ☒ YES _____ NO, then list source of water _____

City Sanitary Sewer: _____ YES _____ NO, then list provider _____

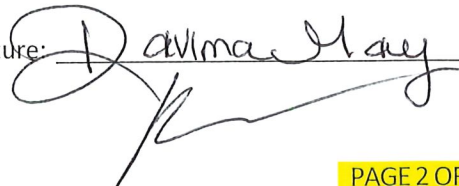
Number of Off-Street Parking Spaces: _____

Surface Material of Parking Spaces: _____

Owner of Record: ROOSEVELT & DAVINA MAY

Address: 2420 S. 24th Street Phone Number: 214.734.5494 OR 972.816.4704

ALL INFORMATION ON THIS FORM MUST BE COMPLETED IN ORDER TO PROCESS YOUR REQUEST

Applicant(s) Signature:  Date: 03.27.2023

March 27, 2023

City of Chickasha
Community Development

RE: 2420 S 24th Street
Process & Procedures Zoning Special Exemption Request

Please accept this letter as a request to grant a Special Exemption for Roosevelt & Davina May to allow their 4 horses and 8 female Boer goats to be housed on the property located at 2420 S 24th Street, Chickasha, OK 73018.

If additional information is needed please feel free to contact Roosevelt (214-734-5494) or Davina (972-816-4704).

We appreciate your help in this matter and look forward to becoming a part of the Chickasha community.

Warmly,

Roosevelt & Davina May

Cochran Abstract Company

314 West Choctaw Avenue
Chickasha, OK 73018

Invoice

61677

Date 3/28/2023

Bill To

Roosevelt & Davina May

Ship To

Abstract #	Order #
	68285

Customer Ref #

Item	Description	Qty	Price	Amount
Owner's List	tr comm NE/C 5-6-7 th W 3307.05' th S 826.70' to pob th W 661.77' th S 493.51' th E 661.99' th N 493.51' to pob		75.00	75.00
WE ARE A NO BUST ABSTRACT COMPANY. ABSTRACTS MAY BE RETURNED WITH \$150.00 CANCELLATION FEE.				

Cochran Abstract Company
orders@cochranabstract.com

Phone 405-224-6360
Fax 405-222-4350

Total	\$75.00
Payments/Credits	\$0.00
Balance Due	\$75.00

SPECIAL CERTIFICATE

STATE OF OKLAHOMA }
 }
COUNTY OF GRADY } SS:

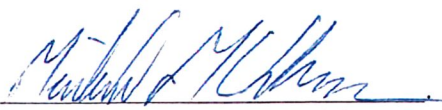
The Undersigned, lawfully bonded abstracters in and for said County and State, hereby certify that the attached sheets contain a true and complete list of all property owners within a 300 foot radius of the following described property:

05-06-07-25560 COMM. NE/C, TH N 89 DEG 50 MIN 17.2 SEC W 3307.05 TH S 0 DEG 13 MIN 46.3 SEC W 826.70' TO POB., TH N 89 DEG 51 MIN 24.6 SEC W 661.77', TH S 0 DEG 15 MIN 16.2 SEC W 493.51', TH S 89 DEG 51 MIN 24.5 SEC E 661.99', TH N 0 DEG 13 MIN 46.3 SEC E 493.51' TO POB.

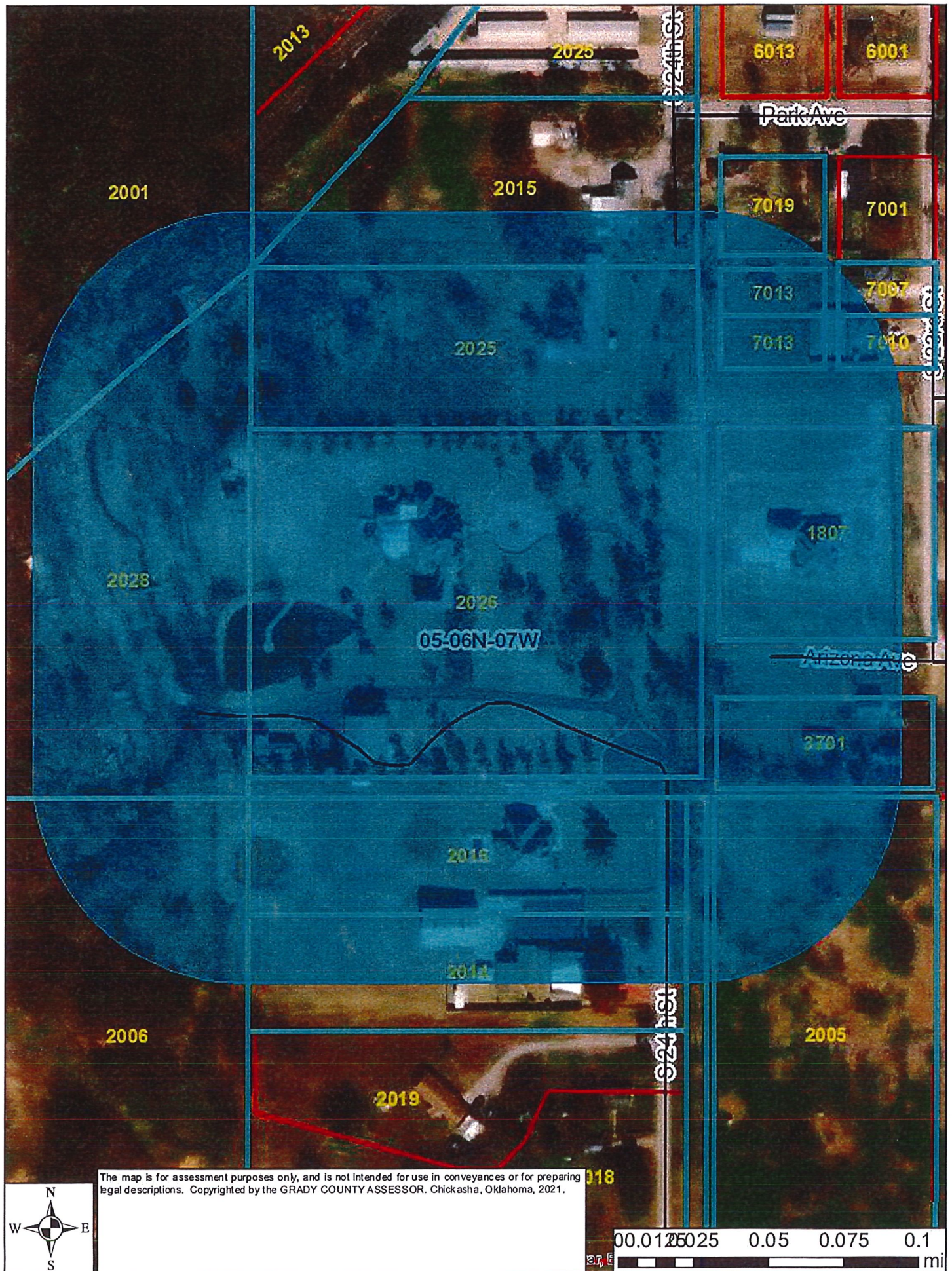
as such list appears in the Certified Tax Rolls of Grady County, Oklahoma.

Dated at Chickasha, Oklahoma, this 28th day of March, A.D. 2023
at 7:59 A.M.

COCHRAN ABSTRACT COMPANY

By 
Asst. Mgr.

Title





To: Property Owners within 300 feet of 2420 S 24th Street.

Legal Description: 05-06-07-25560 COMM. NE/C, TH N 89 DEG 50 MIN 17.2 SEC W 3307.05 TH S 0 DEG 13 MIN 46.3 SEC W 826.70' TO POB., TH N 89 DEG 51 MIN 24.6 SEC W 661.77', TH S 0 DEG 15 MIN 16.2 SEC W 493.51', TH S 89 DEG 51 MIN 24.5 SEC E 661.99', TH N 0 DEG 13 MIN 46.3 SEC E 493.51' TO POB. (7.5 AC)

Location: 2420 S 24th Street Chickasha, Oklahoma

From: Community Development

Date: April 7, 2023

Applicant: Roosevelt and Davina May

Re: Zoning Special Exemption to Allow Equine and Goats.

Public hearings have been scheduled regarding the request for a zoning special exemption to allow 4 horses and 10 female goats.

If you wish to voice your support or protest regarding the above application you should attend the Planning Commission meeting on **May 9, 2023 at 4:00 PM** in the City Council Chambers Rm. 210 at City Hall, 117 North 4th Street, Chickasha, Oklahoma

and the **City Council** meeting on **May 15, 2023 at 6:30 PM** in the City Council Chambers Room. 210 at City Hall, 117 North 4th Street, Chickasha, Oklahoma. Written comments, if received prior to the meetings, may be entered into the record.

If you have any questions regarding this matter, please contact me at 405-222-6010 or email me at rachel.bernish@chickasha.org

Sincerely
Rachel Bernish
Community Development Director
Emergency Management Director
405-222-6010
Rachel.bernish@chickasha.org
117 N 4th Street
Chickasha, OK 73018

Legal Publication
(Published in The Express-Star April 13, 2023)
From: Community Development
Applicant: Roosevelt and Davina May
Re: Zoning Special Exemption for equine and goats.
Location: 2024 S 24th Street
Legal: 05-06-07-25560 COMM. NE/C, TH N 89 DEG 50 MIN 17.2 SEC W 3307.05 TH S 0 DEG 13 MIN 46.3 SEC W 826.70' TO POB., TH N 89 DEG 51 MIN 24.6 SEC W 661.77', TH S 0 DEG 15 MIN 16.2 SEC W 493.51', TH S 89 DEG 51 MIN 24.5 SEC E 661.99', TH N 0 DEG 13 MIN 46.3 SEC E 493.51' TO POB. (7.5 AC)
When: Planning Commission May 9, 2023 at 4 pm in the City of Chickasha City Council Chambers, City Council Hearing is May 15, 2023.
Please contact community development with questions or concerns. 405-222-6010; rachel.bernish@chickasha.org

Proof of Publication

Case No: 2024 S 24th Street

Affidavit of Publication

State of Oklahoma, County of Grady, ss:
I, the undersigned publisher, editor or Authorized Agent of the Chickasha Daily Express, do solemnly swear that the attached advertisement was published in said paper as follows:

1st Publication

April 13, 2023

That said newspaper is Weekly, in the city of Chickasha, Grady County, Oklahoma, a Weekly newspaper qualified to publish legal notices, advertisements and publications as provided in Section 106 of Title 25, Oklahoma Statutes 1971, as amended, and complies with all other requirements of the laws of Oklahoma with reference to legal publications.

That said Notice, a true copy of which is attached hereto, was published in the regular edition of said newspaper during the period and time of publications and not in a supplement, on the above noted dates.



Signature

Subscribed and sworn before me on this 19th day of April 2023.

My commission expires September 30, 2026.

Notary Public
Commission #
22013298

Cost of Publication \$ 20.85

Ad # 00512222

Acct # 23151928

Copies: 1

PAY TO

The Express Star
PO Drawer E
Chickasha, OK 73023





City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Administration

Agenda Item No. 6.j.

AGENDA ITEM: Discussion, consideration and possible action to renew a contract with CivicPlus for the City of Chickasha's website in an amount not to exceed \$8,372.02 and authorize the Mayor to execute the same.

I. BACKGROUND/DESCRIPTION:

Discussion, consideration and possible action to renew a contract with CivicPlus for the City of Chickasha's website in an amount not to exceed \$8,372.02 and authorize the Mayor to execute the same.

- CivicPlus is where the chickasha.org website is hosted. This includes our SSL Certificate annual fee, the option to redesign the website every set number of years, users for Citizen's Request Tracker, and the annual hosting and support fee.
- There is an increase from the previous year, from \$7,035.32 to \$8,308.37.
 - With these changes comes a robust set of product enhancements and first-to-market integrations, including:
 - CivicPlus Portal – A free digital hub that makes it easy for residents to obtain information and resources and interact with their local government from a personal and customizable interface and that embeds in your Municipal Website Central solution
 - Enhanced cybersecurity protections to safeguard administrative and resident data from the continually evolving cyber threats and digital extortionists
 - Available integrations with Monsido, a Web Governance and Accessibility solution now part of the CivicPlus Civic Experience Platform
 - A new text messaging service within your website content management system

II. RECOMMENDED ACTION:

Renew a contract with CivicPlus for the City of Chickasha's website in an amount not to exceed

\$8,372.02 and authorize the Mayor to execute the same.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Shae Mortimer, Marketing & Civic Engagement Manager	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(11-517-5301-008)		\$8,308.37

V. ATTACHMENTS:

1. Chickasha OK SOW Website Contract

**CivicPlus**

302 South 4th St. Suite 500
Manhattan, KS 66502
US

Quote #:**Date:****Customer:**

Q-35466-1

1/4/2023 10:51 AM

CHICKASHA,
OKLAHOMA

QTY	Product Name	DESCRIPTION	TOTAL
1.00	SSL Certificate Annual Fee	SSL Certificate Annual Fee	USD 227.82
1.00	Recurring Redesign Annual Fee Renewal	Website Recurring Redesign Annual Fee	USD 0.00
1.00	Additional Users for CRT	CRT User Licenses (5-10 Users) Annual Fee.	USD 911.26
1.00	Annual Fee Renewal (Hosting & Support)	Annual Fee for Hosting and Support	USD 7,232.94

Annual Recurring Services - Initial Term	USD 8,372.02
--	--------------

1. This renewal Statement of Work ("SOW") is between City of Chickasha ("Customer") and CivicPlus, LLC and shall be subject to the terms and conditions of the Master Services Agreement ("MSA") and the applicable Solutions and Products terms found at: www.civicplus.help/hc/p/legal-stuff (collectively, the "Terms and Conditions"). By signing this SOW, Customer expressly agrees to the Terms and Conditions throughout the Term of this SOW. The Terms and Conditions form the entire agreement between Customer and CivicPlus (collectively, referred to as the "Agreement"). The Parties agree the Agreement shall supersede and replace all prior agreements between the Parties with respect to the services provided by CivicPlus herein (the "Services").

2. This SOW shall remain in effect for an initial term starting at the Customer's next renewal date of 6/1/2023 and running for twelve months ("Initial Term"). In the event that neither party gives 60 days' notice to terminate prior to the end of the Initial Term, or any subsequent Renewal Term, this SOW will automatically renew for additional 1-year renewal terms ("Renewal Term"). The Initial Term and all Renewal Terms are collectively referred to as the "Term".

3. Unless terminated, Customer shall be invoiced for the Annual Recurring Services on each Renewal Date of each calendar year subject to an annual increase of 5% each Renewal Term.

Acceptance

By signing below, the parties are agreeing to be bound by the covenants and obligations specified in this SOW.

IN WITNESS WHEREOF, the parties have caused this SOW to be executed by their duly authorized representatives as of the dates below.

Client

CivicPlus

By:

By:



Name:

Name:

Amy Vikander

Title:

Title:

Senior Vice President of Customer Success

Date:

Date:



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Administration

Agenda Item No. 6.k.

AGENDA ITEM: Discussion, consideration and possible action to approve renewal of medical and dental insurance plans with Blue Cross Blue Shield.

I. BACKGROUND/DESCRIPTION:

- On June 20, 2022 City Council approved moving from Aetna to BCBS of Ok as the health insurance carrier.
- We received quotes for the current BCBS Preferred network plan, BCBS Advantage network plan, and MHS Silver, Gold, or Platinum plans.
- The current BCBS Preferred network plan was quoted at an 8% increase in premiums.
- The BCBS Advantage network plan was quoted at a 17% decrease in premiums with the added benefits of lower coinsurance rates, lower out-of-pocket maximums, lower hospitalization copays, and lower ER visit costs. Grady Memorial has also recently contracted to accept the BCBS Advantage plan, so disruptions in service are expected to be nominal.
- MHS was a 20% increase in premiums due to limited participation in the plan at this time.
- BCBS Dental will renew with a 5% increase and a change in funding from 80% Employee and Dependent to an 80% Employee/60% Dependent for a savings of over \$9,000.00.
- Keystone will remain our COBRA Administrators under this renewal.

II. RECOMMENDED ACTION:

Staff recommends approving the renewal of medical insurance with the Blue Cross Blue Shield Advantage plan and the renewal of dental insurance with the Blue Cross Blue Shield dental with the presented change in funding.

III. FISCAL INFORMATION - 71-71-5307-001

IV. FUND INFORMATION:

Dept. Director: NAME, TITLE	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

V. ATTACHMENTS:

1. mm-bpa-amend-ok-2023 City of Chickasha
2. O-EPIC 1 (Employer Application)- City of Chickasha
3. 000273601_City Of Chickasha RVSD
4. Copy of Medical Cost Analysis City of Chickasha 2023 revised rates 5.10.23
5. Keystone Renewal



**BlueCross BlueShield
of Oklahoma**

1400 South Boston • P. O. Box 3283 • Tulsa, OK 74102-3283



Blue Cross and Blue Shield of Oklahoma

**Mid-Market (51-150) EMPLOYER BENEFIT PROGRAM APPLICATION
(Application for Amendment)**

Blue Cross and Blue Shield of Oklahoma (herein called "BCBSOK")

BlueLincs HMO (herein called "BlueLincs")

Current Legal Name of Employer: <u>City of Chickasha</u>
Account/Group Number: <u>273601</u>
Requested Effective Date of Change (first (1 st) or fifteenth (15 th)): <u>07/01/2023</u> (month/day/year)

ONLY COMPLETE ITEMS CHANGING

Legal Name of Employer changing to: _____	Standard Industry Code (SIC): _____
Request to change Anniversary Date: (first (1 st) or fifteenth (15 th)): _____ / _____ (month/day)	
Billing Cycle: ☐ Change billing cycle to the first (1 st) day of each month through the last day of each month. ☐ Change billing cycle to the fifteenth (15 th) day of each month through the fourteenth (14 th) day of the next month.	

- Are you applying for Insure Oklahoma?** ☐ Yes ☐ No
If yes, effective date must be first (1st) of the month to receive subsidies.
- Are you adding any affiliates and/or subsidiaries?** ☐ Yes ☐ No
If "yes," list name(s), SIC code, and number of Employees: _____
- Are you being added as an affiliate or subsidiary?** ☐ Yes ☐ No
If "yes," list name, SIC code, and number of Employees: _____
- Blue DirectionsSM Purchased:** ☐ Yes ☐ No
(if Yes, the Blue Directions Addendum is attached and made a part of the Group Contract.)

☐ No Changes	ELIGIBILITY INFORMATION
--	--------------------------------

- Employer has determined Employees must routinely work _____ (minimum of twenty-four (24)) hours per week in order to be eligible for health/dental coverage under this Group Contract.
- Other Eligibility Provisions (check all that apply):**
☐ Retiree of the Employer
☐ Other: _____

Proprietary and Confidential Information of Blue Cross and Blue Shield of Oklahoma. Not for use or disclosure outside Blue Cross and Blue Shield of Oklahoma, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Oklahoma.

Life, Disability, Critical Illness, Accident and Vision insurance is underwritten by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

BlueLincs HMO is a Subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company

3. **Domestic Partners covered?** ☐ Yes ☐ No

A Domestic Partner means a person with whom the Employee has entered into a domestic partnership in accordance with the Employer's plan guidelines. The Employer is responsible for providing notice of possible tax implications to those covered Employees with Domestic Partners.

Continuation coverage for Domestic Partners: If Employer elects coverage for Domestic Partners, Domestic Partners may be eligible for continuation coverage under Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). Employer shall determine eligibility for COBRA continuation for Domestic Partners, if any. Please indicate your election below.

- ☐ Yes, Employer elects to offer continuation coverage to Domestic Partners, as defined in the Certificate Booklet
- ☐ No, Employer does not elect to offer continuation coverage to Domestic Partners (Domestic Partners are not eligible for continuation coverage)
- ☐ Other: _____

4. **The Effective Date of coverage for a newly Eligible Employee who becomes effective after the Employer's initial enrollment date and any substantive eligibility criteria is:**

If a person is added to the Group Contract and it is later determined that the Group reported a coverage date earlier than what would apply to the Employee or Dependent, based on the Waiting Period and eligibility conditions the Group provided to BCBSOK, BCBSOK reserves the right to retroactively adjust the coverage date for such person.

- ☐ The date of employment
- ☐ The first (1st) billing cycle following the date of employment
- ☐ The first (1st) billing cycle following select one days of continuous employment
- ☐ The first (1st) billing cycle following select one months of continuous employment

5. **Substantive eligibility criteria:** Provide a representation below regarding the terms of any eligibility conditions (other than any applicable waiting period already reflected above) imposed before an individual is eligible to become covered under the terms of the plan. If any of these eligibility conditions change, you are required to submit a new Employer Application to reflect that new information.

Check all that apply:

- ☐ An Orientation Period that:
- 1) Does not exceed one (1) month (calculated by adding one (1) calendar month and subtracting one (1) calendar day from an employee's start date); and
 - 2) If used in conjunction with a waiting period, the waiting period begins on the first (1st) day after the orientation period.
- ☐ A Cumulative hours of service requirement that does not exceed 1200 hours.
- ☐ An hours-of-service per period (or full-time status) requirement for which a measurement period is used to determine the status of variable-hour employees, where the measurement period:
- 1) Starts between the employee's date of hire and the first (1st) day of the following month;
 - 2) Does not exceed twelve (12) months; and
 - 3) Taken together with other eligibility conditions does not result in coverage becoming effective later than thirteen (13) months from the employee's start date plus the number of days between a start date and the first (1st) day of the next calendar month (if start day is not the first (1st) day of the month).
- ☐ Other substantive eligibility criteria not described above; please describe: _____

6. **Limiting Age for covered children:** Dependent children are eligible for coverage until their twenty-sixth (26th) birthday. Dependent Child, used hereafter, means a natural child, a stepchild, an eligible foster child, an adopted child or child placed for adoption (including a child for whom the Employee or his/her spouse or Domestic Partner, if Domestic Partner coverage is elected, is a party in a legal action in which the adoption of the child is sought), under twenty-six (26) years of age, regardless of presence or absence of a child's financial dependency, residency, student status, employment status, marital status, eligibility for other coverage, or any combination of those factors.

Proprietary and Confidential Information of Blue Cross and Blue Shield of Oklahoma. Not for use or disclosure outside Blue Cross and Blue Shield of Oklahoma, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Oklahoma.

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

BlueLincs HMO is a Subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company

A child not listed above who is legally and financially dependent upon the Employee or spouse (or Domestic Partner, if Domestic Partner coverage is elected) is also considered a Dependent child under the Group Health Plan, provided proof of dependency is provided with the child's application.

7. **Disabled Dependent:** Disabled Dependent means a child who is medically certified as disabled and dependent upon the Employee or his/her spouse (or Domestic Partner if Domestic Partner coverage is elected). A disabled Dependent is eligible to continue coverage beyond the limiting age, provided the disability began before the child attained the age of twenty-six (26). A disabled Dependent is eligible to add coverage beyond the limiting age, provided the disability began before the child attained the age of twenty-six (26), and proof of coverage as a disabled Dependent is provided.

Certification Review is administered by BCBSOK; a Disabled Dependent Certification Form must be submitted to BCBSOK.

8. Other Eligibility Provision (please explain): _____

CURRENT ELIGIBILITY INFORMATION

Total number of Employees (Please indicate the total number of actual Employees, not enrollees):

1. On payroll _____
2. On COBRA continuation coverage _____
3. With retiree coverage (if applicable) _____
4. Who work part-time and are not eligible _____
5. Serving the new hire probationary waiting period (if not waived) _____
6. Declining because of other coverage (e.g., other commercial group coverage, Medicare, Medicaid, TRICARE/Champus) _____
7. Declining coverage (not covered elsewhere) _____

CONTRIBUTION AND PARTICIPATION

Health Employer Contribution, the percentage* of health premium to be paid by the Employer is:

Medical -- %	
Employee Only Coverage (Single Coverage)	_____ %

*The minimum contribution amount which is required from the Employer is fifty percent (50%) of the premium for the Employee Only (Single Coverage).

BlueCare DentalSM Employer Contribution if applicable, the percentage of BlueCare Dental premium to be paid by the Employer is:

Dental -- %	
Employee Only Coverage (Single Coverage)	_____ %

BlueCare Dental minimum contribution amount which is required from the Employer is fifty percent (50%) of the premium for the Employee Only (Single Coverage).

+Voluntary Group Dental product does not require an Employer contribution

Proprietary and Confidential Information of Blue Cross and Blue Shield of Oklahoma. Not for use or disclosure outside Blue Cross and Blue Shield of Oklahoma, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Oklahoma.

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BlueLincs HMO is a Subsidiary of Health Care Service Corporation, a Mutual Legal Reserve Company

- **Participation & Contribution.** BCBSOK/BlueLincs reserves the right to take any or all of the following actions:
Commercial Business
 - a) Initial rates for new Groups will be finalized for the Effective Date of the Group Contract based on the enrolled participation and Employer contribution levels;
 - b) After the Group Contract Effective Date, the Group will be required to maintain a minimum Employer contribution of fifty percent (50%), and at least a seventy-five percent (75%) participation of eligible Employees (less valid waivers). In the event the Group is unable to maintain the contribution and participation requirements, then the rates will be adjusted accordingly; and/or
 - c) Non-renew or discontinue coverage unless the fifty percent (50%) minimum Employer contribution is met and at least seventy-five percent (75%) of eligible Employees (less valid waivers) have enrolled for coverage.

A substantial change will be deemed to have occurred when the number of Employees/Subscribers covered changes by ten percent (10%) or more over a thirty (30) day period or twenty-five percent (25%) or more over a ninety (90) day period. BCBSOK/BlueLincs reserves the right to change premium rates when a substantial change occurs in the number or composition of Subscribers covered.

Employer will promptly notify BCBSOK/BlueLincs of any change in participation and Employer contribution.

Blue Select DentalSM has specific participation requirements. The Group Contract and endorsements contain the terms and conditions.

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☐ No Change

PRODUCT SELECTIONS

PRODUCT OPTIONS

HEALTH – Please check all products for which you are applying and indicate the applicable health plan or package number(s) below.

- ☒ Blue Advantage PPOSM
- ☐ Blue Choice PPOSM
- ☐ Blue Options PPOSM
- ☐ Blue Options HSASM (Vendor: **Select Vendor**)
- ☐ Blue Preferred PPOSM
- ☐ Blue Preferred PPO HSA (Vendor: **Select Vendor**)
- ☐ BlueLincs HMOSM
- ☐ HSA BlueSM (Vendor: **Select Vendor**)
- ☐ FSA (Vendor: **Select Vendor**)
- ☐ Health Reimbursement Account (HRA) (Vendor: **Select Vendor**)

☐ No Change

PLAN SELECTIONS

Health Benefit Plans

Please indicate health plan number(s) below. **Note:** only one (1) HMO selection is allowed.

Health Plan #1 MOBAP0033

Health Plan #2 MOBAP0083

Health Plan #3 _____

Health Plan #4 _____

Health Plan #5 _____

Health Plan #6 _____

Dental Benefit Plan

If selecting a dental benefit plan, choose one option and indicate dental plan:

- ☒ BlueCare Dental Plan # DOKHR32
- ☐ Blue Select Dental Plan # _____

Vision Benefit Plan

Please indicate if vision coverage is elected: ☐ Yes ☒ No If yes, attach separate application for vision coverage.

Additional Information: Mapping the previous plans MOBPF0042 & MOBPF0112 to the New Advantage plans MOBAP0033 & MOBAP0083

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LEGISLATIVE REQUIREMENTS

Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA) and the **Consolidated Omnibus Budget Reconciliation Act (COBRA)**, as amended, are federally mandated requirements. Employer penalties for noncompliance may apply. It is your responsibility to annually inform BCBSOK/BlueLincs of whether **COBRA** is applicable to you based upon your full and part-time Employee count in the prior calendar year.

Failure to advise BCBSOK/BlueLincs of a change of status could subject you to governmental sanctions.

TEFRA is a Medicare secondary payer requirement that mandates Employers that employ twenty (20) or more total Employees (full-time, part-time, seasonal, or partners) for each working day in each of twenty (20) or more calendar weeks in the current or preceding calendar year to offer the same (primary) coverage to their age sixty-five (65) or over Employees and the age sixty-five (65) or over spouses of Employees of any age that they offer to younger Employees and spouses.

Are you subject to TEFRA? ☐ Yes ☐ No

COBRA

- a. Did your company employ twenty (20) or more full-time and/or part-time Employees for at least fifty percent (50%) of the workdays of the preceding calendar year? ☐ Yes ☐ No
- b. **Are you subject to COBRA?** ☐ Yes ☐ No

MEDICARE SECONDARY PAYER RULES

Under the **Medicare Secondary Payer Rules**, it is your responsibility to annually inform BCBSOK/BlueLincs of proper Employee counts for the purpose of determining payment priority between Medicare and BCBSOK/BlueLincs. **To satisfy this responsibility at this time, please complete, sign, date, and return the *Annual Medicare Secondary Payer Employer Acknowledgement Form along with this Application for Amendment.***

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The **Employee Retirement Income Security Act of 1974 (ERISA)** is a federal law that sets minimum standards for Employee benefit plans in the private industry. In general, **all** Employer Groups, insured or ASO, are subject to ERISA provisions except for governmental entities, such as municipalities, and public school districts, and "church plans" as defined by the Internal Revenue Code.

ERISA Regulated Group Health* Plan ☐ Yes ☐ No

If Yes, is your ERISA Plan Year* a period of twelve (12) months beginning on the Anniversary Date specified above?
☐ Yes ☐ No

If No, please specify your ERISA Plan Year (mm/dd/yyyy): Beginning Date: ___/___/___ End Date: ___/___/___

ERISA Plan Administrator *: _____

Plan Administrator's Address: _____

If you maintain that ERISA is not applicable to your Group Health Plan, please give the legal reason for exemption:

- ☐ Federal Governmental Plan (e.g., the government of the United States or agency of the United States)
☐ Non-Federal Governmental Plan (e.g., the government of the State, an agency of the state, or the government of a political subdivision, such as a county or agency of the State)
☐ Church Plan (if selected, complete and attach a Medical Loss Ratio Assurance form)
☐ Other; please specify: _____

Is your Non-ERISA Plan Year a period of twelve (12) months beginning on the Anniversary Date specified above? ☐ Yes ☐ No

If no, please specify your Non-ERISA Plan Year (mm/dd/yyyy): Beginning Date: ___/___/___ End Date: ___/___/___

For more information regarding ERISA, contact your Legal Advisor.

*All as defined by ERISA and/or other applicable law/regulations.

EMPLOYER STATEMENTS

1. Employer understands that, unless otherwise specified in the Group Contract, only eligible Employees and their Dependents are eligible for coverage. Employer further agrees that eligibility and participation requirements have been discussed with the agent and have been explained to all Eligible Persons.
2. Employer agrees to notify BCBSOK of ineligible persons immediately following their change in status from eligible to ineligible.
3. Employer agrees to review all applications for completeness prior to submission to BCBSOK. Employer applies for the coverages selected in this Mid-Market Employer Benefit Program Application and provided in the Group Contract and agrees that the obligation of BCBSOK shall only include the Benefits described in the Group Contract or as amended by any Amendments or Endorsements thereto.
4. Employer agrees to pay to BCBSOK, in advance, the premiums specified in the Group Billing Statement on behalf of each Eligible Person covered under the Group Contract.
5. Employer agrees that, in the making of this Application, it is acting for and on behalf of itself and as the agent and representative of its Eligible Persons, and it is agreed and understood that the Employer is not the agent or representative of BCBSOK for any purpose of this Application or any Group Contract issued pursuant to this Application.
6. Employer agrees to deliver to its Eligible Persons covered under the Group Contract individual Certificate of Benefits/Member Handbook and Identification Cards and any other relevant materials as may be furnished by BCBSOK for distribution.

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7. Employer agrees to receive on behalf of its covered Eligible Persons all notices delivered by BCBSOK and to forward such notices to the applicable recipient(s) at their last known address.
8. Employer agrees the producer (s) or agency(ies), specified in writing by the Employer as its Agent of Record (AOR) is authorized by the Employer to act as its representative in negotiations with and to receive commissions from BCBSOK/BlueLincs and/or corporate subsidiaries, as applicable, for procuring fully-insured coverage for Employer's Employee benefit program(s). The AOR is authorized by the Employer to perform membership transactions on behalf of Employer and is authorized to conduct such transactions through the Employer's web portal known as Blue Access for EmployersSM ("BAESM"). The appointment will remain in effect until withdrawn or superseded in writing by Employer.
9. Employer understands the effective date of termination for a person who ceases to meet the definition of Eligible Person is the end of the coverage period (billing cycle) during which the person ceases to meet the definition of Eligible Person.

OTHER PROVISIONS:

1. **Massachusetts Health Care Reform Act:** Notwithstanding anything to the contrary in this Application for Amendment, with respect to the Employer's Employees who live in Massachusetts (if any) the Employer represents that it offers the health insurance benefits provided for herein to all full-time Employees, and the Employer will not make a smaller premium contribution percentage to a full-time Employee living in Massachusetts than to any other full-time Employee living in Massachusetts who receives an equal or greater total hourly or annual salary. For purposes of this representation, a "full-time Employee" is defined by Massachusetts law, generally an Employee who is scheduled or expected to work at least the equivalent of an average of thirty-five (35) hours per week.
2. This Application for Amendment is incorporated into and made a part of the Group Contract.
3. **Transition Credit:** BCBSOK will provide a one-time transition credit of _____ for the twelve (12) month period beginning on the Group Contract Effective Date to be used to cover costs and expenses associated with transitioning medical, prescription, ancillary health or other coverage to BCBSOK and/or costs and expenses associated with transitioning to a new product design with BCBSOK. If Employer cancels before the expiration of the Group Contract period, Employer will be responsible for refunding to BCBSOK the full amount of the transition credit.
4. **Wellness Credit:** BCBSOK will provide a one-time wellness credit of _____ for the twelve (12) month period beginning on the Group Contract Effective Date to be used to cover costs and expenses associated with the implementation of a new or to operate an existing wellness program for the benefit of Members. If Employer cancels before the expiration of the Group Contract period, Employer will be responsible for refunding to BCBSOK the full amount of the wellness credit.
5. **Communication Credit:** BCBSOK will provide a one-time communication credit of _____ for the twelve (12) month period beginning on the Group Contract Effective Date to be used to cover costs and expenses associated with Member communications and other communication costs associated with electing coverage through BCBSOK. If Employer cancels before the expiration of the Group Contract period, Employer will be responsible for refunding to BCBSOK the full amount of the communication credit.
6. **Reimbursement:** It is understood and agreed that in the event BCBSOK makes a recovery on a third-party liability claim, BCBSOK will retain twenty-five percent (25%) of any recovered amounts, other than recovery amounts received as a result of, or associated with, any Workers' Compensation Law.
7. **Third-Party Recovery Vendors and Law Firms Provisions (other than Reimbursement Services):** BCBSOK engages with third-party recovery vendors and law firms on a post-pay basis to identify and/or recover any potential overpayments that may have been made to Providers.
8. **Wellbeing Management (WBM) (included)**

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9. ☐ **Medical and Ancillary Package Pricing:** The rates shown in this Agreement reflect a volume-based discount in an amount up to three percent (3%) of the medical premium for the twelve (12) month period beginning on the Group Contract Effective Date. If any of the qualifying ancillary coverage (BlueCare Dental, Basic Life, Short-Term Disability, Long-Term Disability, Accident, Critical Illness and/or Vision product(s)) lapses during this twelve (12) month period, BCBSOK reserves the right to remove the volume-based discount attributable to the lapsed product on medical premium. In such event, upon sixty (60) days prior written notice to Employer, the premium payment will be adjusted to reflect the removal of the discount attributable to the lapsed product.

ADDITIONAL PROVISIONS:

- A. Grandfathered Health Plans:** Employer shall provide BCBSOK/BlueLincs with written notice prior to renewal (and during the plan year, at least sixty (60) days advance written notice) of any changes in its Contribution Rate Based on Cost of Coverage or Contribution Rate Based on a Formula towards the cost of any tier of coverage for any class of Similarly Situated Individuals as such terms are described in the Affordable Care Act and applicable regulations. Any such changes (or failure to provide timely notice thereof) can result in retroactive and/or prospective changes by BCBSOK/BlueLincs to the terms and conditions of coverage. In no event shall BCBSOK/BlueLincs be responsible for any legal, tax or other ramifications related to any benefit package of any Group health insurance coverage (each hereafter a "plan") qualifying as a "grandfathered health plan" under the Affordable Care Act and applicable regulations or any representation regarding any plan's past, present and future grandfathered status. The grandfathered health plan form ("Form"), if any, shall be incorporated by reference and made part of the Mid-Market Employer Benefit Program Application and Group Contract, and Employer represents and warrants that such Form is true, complete, and accurate. If Employer fails to timely provide BCBSOK/BlueLincs with any requested grandfathered health plan information, BCBSOK/BlueLincs may make retroactive and/or prospective changes to the terms and conditions of coverage, including changes for compliance with state or federal laws or regulations or interpretations thereof.
- B. Retiree Only Plans and/or Excepted Benefits:** If the Mid-Market Employer Benefit Program Application includes any retiree only plans and/or excepted benefits, then Employer represents and warrants that one (1) or more such plans is not subject to some or all of the provisions of Part A (Individual and Group Market Reforms) of Title XXVII of the Public Health Service Act (and/or related provisions in the Internal Revenue Code and Employee Retirement Income Security Act) (an "exempt plan status"). Any determination that a plan does not have exempt plan status can result in retroactive and/or prospective changes by BCBSOK/BlueLincs to the terms and conditions of coverage. In no event shall BCBSOK/BlueLincs be responsible for any legal, tax or other ramifications related to any plan's exempt plan status or any representation regarding any plan's past, present and future exempt plan status.
- C.** Employer shall indemnify and hold harmless BCBSOK/BlueLincs and its directors, officers and Employees against any and all loss, liability, damages, fines, penalties, taxes, expenses (including attorneys' fees and costs) or other costs or obligations resulting from or arising out of any claims, lawsuits, demands, governmental inquiries or actions, settlements or judgments brought or asserted against BCBSOK/BlueLincs in connection with (a) any plan's grandfathered health plan status, (b) any plan's exempt plan status, (c) religious or moral exemption and eligible organization accommodation, (d) any plan's design (including but not limited to any directions, actions and interpretations of the Employer, and/or (e) any provision of inaccurate information. Changes in state or federal law or regulations or interpretations thereof may change the terms and conditions of coverage.

Notwithstanding anything in the Group Contract or Renewal(s) to the contrary, BCBSOK/BlueLincs reserves the right to revise our charge for the cost of coverage (premium or other amounts) at any time if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented, which would require BCBSOK/BlueLincs to pay, submit or forward, on its own behalf or on BCBSOK/BlueLincs's behalf, any additional tax, surcharge, fee, or other amount (all of which may be estimated, allocated or pro-rated amounts).

The provisions of paragraphs A-C (directly above) shall be in addition to (and do not take the place of) the other terms and conditions of coverage and/or administrative services between the parties.

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WARNING: ANY PERSON WHO KNOWINGLY, AND WITH INTENT TO INJURE, DEFRAUD OR DECEIVE ANY INSURER, MAKES ANY CLAIM FOR THE PROCEEDS OF AN INSURANCE POLICY CONTAINING ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION IS GUILTY OF A FELONY.

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For Employer:

Name of Authorized Company Official (please print)

Title of Authorized Company Official

Signature of Authorized Company Official

City and State of Signing Official

Date _____

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INSURE OKLAHOMA/O-EPIC EMPLOYER APPLICATION

1) Please **PRINT** or **TYPE**. Use BLUE or BLACK ink to complete this form. Failure to provide complete, accurate information may result in an application being returned. Remember to make copies of documents you are submitting for your own records. For additional assistance or information, call the Insure Oklahoma/O-EPIC Helpline at **1-888-365-3742**. For the hearing impaired, call **(405)416-6848 (TDD/TYY)** or visit the website at **www.insureoklahoma.org**.

A) If you are providing a QUALIFIED HEALTH PLAN (QHP) to your employee(s), mail the following to the address below:

1. Small Business Employer Application (O-EPIC 1)
2. Staff Listing (O-EPIC 2)
3. Electronic Funds Transfer (EFT) Form (O-EPIC 3)
4. VOIDED check
5. O-EPIC Contract and Affidavit
6. The final rate schedule of the QHP you have selected

2) Mail your complete packet to: **INSURE OKLAHOMA/O-EPIC EMPLOYER APPLICATION**
P.O BOX 18650
OKLAHOMA CITY, OK 73154-1650

<u>Employer Name</u>	City of Chickasha		
FEIN: 73-6005139		Industry Code (optional)	
STREET ADDRESS 117 N 4th St		MAILING ADDRESS: (If different from street address)	
ADDRESS 2		ADDRESS 2	
CITY/ STATE/ ZIP Chickasha, OK 73018		CITY/ STATE/ ZIP	
<u>Employer Contact Information:</u>			
LAST NAME Austin		FIRST NAME Tracey	
PHONE NUMBER 405.222.6000		FAX	
EMAIL ADDRESS tracey.austin@chickasha.org			

*If you are not required to file OES-3 Quarterly Report, please call 1-888-365-3742 (TDD/TYY 405-416-6848) for further information.

INSURE OKLAHOMA/O-EPIC EMPLOYER APPLICATION

Application Information:

How much did you spend on group health insurance premiums in the last year ? \$

Are you required to file an OES-3 Quarterly Report* with the Oklahoma Employment Security Commission? ☒ Y ☐ N

How many employees do you have ?

Section 1: Complete this section if you have answered "YES" to providing a Qualified Health Plan (QHP) to your employee(s).

How many hours per week must your employee work to be eligible for a QHP ? hours per week

List the Oklahoma Insurance Department (OID) number of your insurance agent(optional)

Agent Name

INSURICA

Agent Phone Number

405.292.6409

Employer Insurance

Complete this section for the QHP(s) you have selected. Attach additional pages if necessary.

QHP ID H02255	QHP NAME BCBSOK Blue Advantage PPO \$1,000/\$3,000 MOBAP0083	GROUP NUMBER 273601	EFFECTIVE DATE(mm/dd/yyyy) 07/01/2023
QHP ID	QHP NAME	GROUP NUMBER	EFFECTIVE DATE(mm/dd/yyyy)
QHP ID	QHP NAME	GROUP NUMBER	EFFECTIVE DATE(mm/dd/yyyy)

The information is true and correct to the best of my knowledge. I realize if I give information that is not true OR if I withhold information, I can be lawfully punished for fraud or perjury. I may also have to re-pay the State of Oklahoma for any premium subsidy payments or claims incurred which were paid due to my fraud or error. By signing below I acknowledge I have received the informational packet accompanying this application. (28 USC 1746)

Signature _____

Date _____

*If you are not required to file an OES-3 Quarterly Report, please call 1-888-365-3742 (TDD/TTY 405-416-6848)for further information.



City Of Chickasha

Contact: TRACEY AUSTIN

117 N 4TH ST

CHICKASHA, OK 730182601

May 10, 2023

Dear Group Administrator:

We have evaluated the 07/01/2023 group insurance coverage renewal for City Of Chickasha Your Blue Cross and Blue Shield of Oklahoma (BCBSOK) current and renewal plans are enclosed.

Please review your Renewal Exhibit carefully, including the changes that have been made to your plans.

Your next steps:

- Review this renewal, including changes made for the upcoming year.
- Contact your Producer if you need assistance reviewing these materials or comparing options.

Thank you for doing business with us. We appreciate your continued trust. If you have any questions, our team is ready to help.

Sincerely,

Blue Cross and Blue Shield of Oklahoma

Important Notices

I. Initial Notice About Special Enrollment Rights in Your Group Health Plan

A federal law called Health Insurance Portability and Accountability Act (HIPAA) requires that we notify you about very important provisions in the plan. You have the right to enroll in the plan under its “special enrollment provision” without being considered a late enrollee if you acquire a new dependent or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons. Section I of this notice may not apply to certain self-insured, non-federal governmental plans. Contact your employer or plan administrator for more information.

A. SPECIAL ENROLLMENT PROVISIONS

Loss of Other Coverage (Excluding Medicaid or a State Children’s Health Insurance Program) If you are declining enrollment for yourself or your eligible dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if you move out of an HMO service area, or the employer stops contributing toward your or your dependents’ other coverage). However, you must request enrollment within 31 days after your or your dependents’ other coverage ends (or move out of the prior plan’s HMO service area, or after the employer stops contributing toward the other coverage).

Loss of Coverage For Medicaid or a State Children’s Health Insurance Program

If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children’s health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents’ coverage ends under Medicaid or a state children’s health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption

If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for State Premium Assistance for Enrollees of Medicaid or a State Children’s Health Insurance Program

If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children’s health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents’ determination of eligibility for such assistance.

To request special enrollment or obtain more information, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

II. Additional Notices

Other federal laws require we notify you of additional provisions of your plan.

NOTICES OF RIGHT TO DESIGNATE A PRIMARY CARE PROVIDER (FOR NON-GRANDFATHERED HEALTH PLANS ONLY)

For plans that require or allow for the designation of primary care providers by participants or beneficiaries:

If the plan generally requires or allows the designation of a primary care provider, you have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.

For plans that require or allow for the designation of a primary care provider for a child: For children, you may designate a pediatrician as the primary care provider.

For plans that provide coverage for obstetric or gynecological care and require the designation by a participant or beneficiary of a primary care provider: You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals.

For a list of participating health care professionals who specialize in pediatrics, obstetrics or gynecology, call Customer Service at the phone number on the back of your Blue Cross and Blue Shield ID card.



Mid Market Business Renewal

Group Name:

CITY OF CHICKASHA

Rep:

SHANNON FOLEY

Group Number:

000273601

Agent:

INSURICA, INC.

Renewal Effective:

07/01/2023

Total HMO Subscribers:

0

Total Group Contracts:

72

Total Contracts:

72

Total Members:

160

Sales Presentation

Current Plan Rates		EO	ES	EC	EF	Total
MOBPF0112		\$ 418.80	\$ 1,014.32	\$ 758.03	\$ 1,395.02	\$ 12,917.87
Blue Preferred PPO 0112						
	Contract Enrollment	13	1	3	3	20
MOBPF0042		\$ 516.06	\$ 1,249.89	\$ 934.06	\$ 1,718.99	\$ 50,066.92
Blue Preferred PPO 0042						
	Contract Enrollment	25	8	7	12	52
Total Monthly Health Cost						\$ 62,984.79

Renewing Plan Rates		EO	ES	EC	EF	Total*
MOBPF0113		\$ 445.94	\$ 1,080.01	\$ 807.09	\$ 1,485.37	\$ 13,754.61
Blue Preferred PPO 0113						
Plan Rate Change					6.5%	
MOBPF0043		\$ 534.52	\$ 1,294.57	\$ 967.44	\$ 1,780.46	\$ 51,857.16
Blue Preferred PPO 0043						
Plan Rate Change					3.6%	
Total Monthly Health Cost						\$ 65,611.77
Total Rate Change						4.2%

Note: This rate change percentage is based on total monthly premium. Each tier's rate change may vary from the total change percentage. The above rates are projected to be effective for the 12-month period beginning on the effective date of group coverage and are contingent upon the provisions shown on the following page.



Mid Market Business Renewal

Rating Contingencies

Group Name:	CITY OF CHICKASHA		
Group Number:	000273601	Rep:	SHANNON FOLEY
Renewal Effective:	07/01/2023	Agent:	INSURICA, INC.
Total Group Contracts:	72		
Total Contracts:	72	Total HMO Subscribers:	0
Total Members:	160		

Rates are contingent upon:

1. BCBSOK reserves the right to non-renew or discontinue coverage unless the 50% minimum employer contribution is met and at least 75% of eligible employees are enrolled for coverage.
2. Rates do not include any future mandated benefit changes.
3. This renewal assumes BCBSOK will be the only carrier providing coverage to the employer group's employees. BCBSOK reserves the right to change premium rates if BCBSOK is not the exclusive carrier, Groups must promptly notify BCBSOK if BCBSOK will not be the exclusive carrier.
4. Standard BCBSOK Managed Care programs with standard membership, eligibility, administration, claims processing, and standard network. Standard Master Contract provisions and definitions apply. Any costs associated with special services or custom materials provided by BCBSOK will be supplemental billed separate and apart from the rates outlined on this confirmation page.
5. Annual open enrollment.
6. Assuming the group contract will be issued in Oklahoma. In addition to the benefits stated herein, benefits for covered persons who reside outside of Oklahoma will conform to all Extraterritorial requirements of those states.
7. State and federal law require that insurers determine whether an employer is subject to the Small Employer or Large Employer regulations. In determining group size an insurer may rely upon the information provided by employers. This renewal is based upon the condition that you are not a Small Employer as defined under the Affordable Care Act (ACA). An employer that has 50 or less employees (Small Employer) has different requirements under state and federal law than a large employer. Any group experiencing a reclassification as a Small (or Large) group on renewal is required to be issued contractual coverage appropriate for that size group.
8. Upon inquiry from employer groups, HCSC will provide information to the employer group regarding commissions and other compensation paid to the employer's broker/producer by HCSC in connection with the employer's policy or contract with HCSC.
9. BlueCross and BlueShield of Oklahoma reserves the right to change premium rates upon prior written notice when a substantial change occurs in the number or composition of subscribers covered. A substantial change will be deemed to have occurred when the number of subscribers covered changes by 10% or more over a thirty (30) day period or 25% or more over a ninety (90) day period.
10. Employer will promptly notify BCBSOK of any change in participation and Employer contribution.
11. Rates are projected to be effective for the 12-month period beginning on the effective date indicated.



Mid Market Business Renewal

Group Name: CITY OF CHICKASHA

Group Number: 000273601

Renewal Effective: 07/01/2023

Rep: SHANNON FOLEY

Agent: INSURICA, INC.

Important Information

Notwithstanding anything in the renewal or proposal to the contrary, BCBSOK reserves the right to revise or withdraw any term herein or to change our charge for the cost of coverage (premium, fees or other amounts) at any time before or during the contract period if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented, which would require BCBSOK to pay, submit or forward, on its own behalf or on the Employer Group's behalf.

BCBSOK also reserves the right to change the premium rates it charges Employer Group at any time before or during the contract period to the extent that any local, state or federal legislation, regulation, rule or guidance (or amendments or clarifications thereto) is enacted or becomes effective/ implemented which results in increased projected claim costs or an increase to BCBSOK's expenses or cost of plan administration.

If this document was generated for an employer with current BCBSOK coverage, it is void unless provided by a BCBSOK Representative with express permission from Underwriting.



Oklahoma Mid Market Business

Group Name: CITY OF CHICKASHA

Group Number: 000273601

Renewal Effective: 07/01/2023

Rep: SHANNON FOLEY

Agent: INSURICA, INC.

Blue Directions

Blue Directions is an online enrollment and benefits administration solution aimed at creating a better benefits experience.

Our solution provides a secure website for all benefit enrollments and reporting. Blue Directions has built-in decision support and includes an easy to follow and personalized platform for employees to enroll in all their employer's benefits in one place. As everything is handled on the website, no enrollment forms are required. The administrator dashboard allows employers to view and update employee information, as well as run reports anytime, anywhere. Plus, our automated process sends benefit elections and changes to carriers on a weekly basis, eliminating the need to manually enter enrollments on multiple carrier portals.

The Blue Directions enrollment platform and administrative dashboard are available at no additional cost. Employers have the flexibility to keep their current BCBSOK medical and dental plans or select from all BCBSOK plans available in their market. Up to five medical plans can be offered on the platform with no minimum requirement.

Blue Directions can help simplify the enrollment process for employees and streamline administration for employers. Contact your account representative for more information or if you are interested in implementing Blue Directions.



Oklahoma Mid Market Business
Dental Renewal

Group Name:

CITY OF CHICKASHA

Rep: SHANNON FOLEY

Group Number:

000273601

Agent: INSURICA, INC.

Renewal Effective:

07/01/2023

Total Dental Subscribers:

77

Sales Presentation					
Current Rates	EO	ES	EC	EF	Total
DONHR32	\$ 31.67	\$ 63.34	\$ 79.11	\$ 121.68	\$ 4,939.88
Contract Enrollment	38	10	10	19	77
Total Cost					\$ 4,939.88
Renewal Rates	EO	ES	EC	EF	Total
DONHR32	\$ 33.26	\$ 66.51	\$ 83.07	\$ 127.77	\$ 5,187.31
Total Cost					\$ 5,187.31
Overall Rate Change	5.0%				

Note: The above rates are projected to be effective for the 12-month period beginning on the effective date of group coverage and are contingent upon the provisions shown below. Note: This rate change percentage is based on total monthly premium. Each tier's rate change may vary from the total change percentage.

1. Enrollment of 77 or at least 75% of the eligible employees; with a maintained monthly enrollment of at least 75%, but in any event, not less than 69

2. The employer contributing a minimum of 50% of the 'Employee Only' cost.

3. No additional taxes will be imposed and no increase in existing taxes until the next Anniversary Date.

4. Rates do not include any future mandated benefit changes.

5. Annual open enrollment.

6. Upon inquiry from employer groups, HCSC will provide information to the employer group regarding commissions and other compensation paid to the employer's broker/producer by HCSC in connection with the employer's policy or contract with HCSC.



Group Name: CITY OF CHICKASHA

Rep: SHANNON FOLEY

Group Number: 000273601

Effective Date: 07/01/2023

Disclaimer

Important Updates

If your existing group health plan or group health insurance coverage (each a “plan”) was in effect on March 23, 2010, it may be a “grandfathered health plan” as that term is defined in the Affordable Care Act and related regulations (currently 75 Fed. Reg. 34538).

Federal regulations have been published regarding the maintenance and loss of grandfathered health plan status. We encourage you to confer with your own legal counsel to determine what benefit changes or other events may cause the loss of grandfathered health plan status and to evaluate the benefit options that are most suitable for you.

The following proposed benefit programs are not considered “grandfathered health plans”.



Oklahoma Mid Market Business

Account Name: CITY OF CHICKASHA
Account Number: 000273601
Renewal Effective Date: 07/01/2023

Rep: SHANNON FOLEY
Agent: INSURICA, INC.

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act

Health Plan #	Ded In/Out	Office Visit PCP/SPC	Coins % In/Out	Out of Pocket In/Out	Pharmacy Preferred	Pharmacy Non Preferred	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Total Monthly Health Cost
Blue Advantage Plans											
MOBAP0073	\$500/\$1000	\$25/\$45	80%/60%	\$1250/\$3750	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	\$488.98	\$1,184.27	\$885.01	\$1,628.75	\$62,521.02
MOBAP0083	\$1000/\$1500	\$20	80%/60%	\$3000/\$9000	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	\$437.83	\$1,060.39	\$792.44	\$1,458.39	\$55,981.30
MOBAP0153	\$1000/\$3000	\$30/\$50	80%/50%	\$7150/\$10000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$391.73	\$948.73	\$709.00	\$1,304.82	\$50,086.61
MOBAP0013	\$1250/\$2500	\$35/\$60	70%/60%	\$3000/\$9000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$427.66	\$1,035.74	\$774.03	\$1,424.49	\$54,680.39
MOBAP0023	\$1500/\$2500	\$30/\$50	80%/60%	\$5000/\$15000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$403.61	\$977.49	\$730.49	\$1,344.38	\$51,605.19
MOBAP0093	\$2000/\$3500	\$20	80%/60%	\$5000/\$15000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$407.34	\$986.53	\$737.24	\$1,356.80	\$52,082.09
MOBAP0033	\$2500/\$4000	\$30/\$50	80%/60%	\$6000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$385.65	\$934.00	\$697.99	\$1,284.56	\$49,309.00
MOBAP0103	\$3000/\$6000	\$20/\$40	70%/60%	\$7000/\$21000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$377.26	\$913.68	\$682.80	\$1,256.61	\$48,236.15
MOBAP0053	\$3500/\$7000	70%	70%/60%	\$6000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$334.69	\$810.57	\$605.75	\$1,114.81	\$42,793.00
MOBAP0113	\$4000/\$8000	\$30/\$50	70%/60%	\$7000/\$21000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$362.46	\$877.85	\$656.03	\$1,207.34	\$46,344.53
MOBAP0133	\$5000/\$7500	\$30/\$50	80%/60%	\$6000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$374.09	\$906.00	\$677.06	\$1,246.06	\$47,830.92
MOBAP0123	\$5000/\$10000	\$30/\$50	50%/50%	\$7000/\$21000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$361.59	\$875.75	\$654.46	\$1,204.45	\$46,233.52
MOBAP0163	\$5500/\$11000	\$35/\$60	80%/60%	\$9100/\$27300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$360.66	\$873.49	\$652.77	\$1,201.34	\$46,114.29
MOBAP0143	\$6000/\$12000	\$30/\$50	50%/50%	\$7000/\$21000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$361.10	\$874.55	\$653.55	\$1,202.79	\$46,170.10
MOBAP0063	\$7500/\$15000	100%	100%/70%	\$7500/\$22500	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$306.48	\$742.24	\$554.68	\$1,020.83	\$39,185.65

Plans outlined above intended for summary review purposes, actual benefits and specific plan details are outlined in the plan documents.

RX subject to Medical Plan Out of Pocket Maximum.

Where a Per Occurrence Deductible applies, note that the Per Occurrence Deductible will apply before and in addition to the Annual Deductible and Coinsurance.

Members on copay plans have zero-dollar cost share for Telemedicine visits with in-network PCPs and non-emergency Virtual Visits with MDLIVE®. This benefit includes Behavioral Health consultations. The \$0 copayment does not apply to Deductible/Coinsurance only plans.

Urgent Care will apply a \$50 copay for eligible in-network office visits, when applicable.

BH/SA care benefits determined by type of service & place of service - Professional claims billed as office visits will apply Office Copay; Facility claims will apply Ded/Coins, where applicable.



Oklahoma Mid Market Business

Account Name: CITY OF CHICKASHA
Account Number: 000273601
Renewal Effective Date: 07/01/2023

Rep: SHANNON FOLEY
Agent: INSURICA, INC.

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act

Health Plan #	Ded In/Out	Office Visit PCP/SPC	Coins % In/Out	Out of Pocket In/Out	Pharmacy Preferred	Pharmacy Non Preferred	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Total Monthly Health Cost
HSA Blue Embedded Deductible Plans, Blue Advantage											
MOBAP1093	\$3200/\$6400	80%	80%/60%	\$5000/\$15000	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	\$343.42	\$831.74	\$621.57	\$1,143.93	\$43,910.27
MOBAP1113 ¹	\$3200/\$6400	50%	50%/50%	\$7050/\$21150	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	\$305.70	\$740.38	\$553.29	\$1,018.27	\$39,086.97
MOBAP1013	\$3200/\$6400	100%	100%/100%	\$3200/\$6400	100%	100%	\$366.67	\$888.04	\$663.64	\$1,221.35	\$46,882.47
MOBAP1043	\$3200/\$6400	100%	100%/100%	\$3200/\$6400	100%	100%	\$377.86	\$915.13	\$683.88	\$1,258.61	\$48,312.80
MOBAP1071	\$3500/\$7000	\$30/\$60	80%/60%	\$6900/\$20700	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	\$293.71	\$711.33	\$531.58	\$978.32	\$37,553.55
MOBAP1081	\$4000/\$8000	80%	80%/60%	\$6900/\$20700	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	\$285.70	\$691.92	\$517.08	\$951.62	\$36,528.98
MOBAP1102	\$4000/\$8000	50%	50%	\$7050/\$21150	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	\$270.47	\$655.04	\$489.52	\$900.90	\$34,581.92
MOBAP1020	\$5000/\$7500	100%	100%/70%	\$5000/\$15000	100%	100%	\$309.81	\$750.32	\$560.72	\$1,031.93	\$39,611.81
MOBAP1050 ¹	\$5000/\$7500	100%	100%/70%	\$5000/\$15000	100%	100%	\$321.17	\$777.86	\$581.30	\$1,069.81	\$41,065.35
MOBAP1123	\$5000/\$10000	80%	80%/60%	\$7500/\$22500	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	\$272.08	\$658.95	\$492.43	\$906.26	\$34,787.79
MOBAP1030	\$6500/\$13000	100%	100%/100%	\$6500/\$13000	100%	100%	\$279.30	\$676.42	\$505.49	\$930.29	\$35,710.43
MOBAP1060 ¹	\$6500/\$13000	100%	100%/100%	\$6500/\$13000	100%	100%	\$286.38	\$693.57	\$518.31	\$953.89	\$36,616.02

Plans outlined above intended for summary review purposes, actual benefits and specific plan details are outlined in the plan documents.

Virtual Visits and Telemedicine are available from a participating provider for certain non-emergency services.

In accordance with HSA regulations, copays and/or coinsurance can only apply after the deductible is met.

¹Select HDHP-HSA preventive prescription drugs will be covered with no member cost share.



Oklahoma Mid Market Business

Account Name: CITY OF CHICKASHA
Account Number: 000273601
Renewal Effective Date: 07/01/2023

Rep: SHANNON FOLEY
Agent: INSURICA, INC.

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act

Health Plan #	Ded In/Out	Office Visit PCP/SPC	Coins % In/Out	Out of Pocket In/Out	Pharmacy Preferred	Pharmacy Non Preferred	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Total Monthly Health Cost
Blue Preferred Plans - \$20 OVC											
MOBPF0013	\$500/\$800	\$20	80%/60%	\$2500/\$7500	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	\$552.14	\$1,337.23	\$999.33	\$1,839.13	\$70,596.64
MOBPF0043	\$1000/\$1500	\$20	80%/60%	\$3000/\$9000	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	\$534.52	\$1,294.57	\$967.44	\$1,780.46	\$68,344.19
MOBPF0033	\$1000/\$1500	\$20	80%/60%	\$4000/\$12000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$519.56	\$1,258.33	\$940.36	\$1,730.62	\$66,431.15
MOBPF0233	\$1500/\$2000	\$20	80%/60%	\$3000/\$9000	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	\$530.14	\$1,283.95	\$959.50	\$1,765.84	\$67,783.47
MOBPF0063	\$1500/\$2500	\$20	80%/60%	\$4500/\$13500	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$506.77	\$1,227.34	\$917.19	\$1,687.99	\$64,795.07
MOBPF0243	\$2000/\$2500	\$20	80%/60%	\$3000/\$9000	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	\$529.06	\$1,281.33	\$957.55	\$1,762.25	\$67,645.50
MOBPF0083	\$2000/\$3500	\$20	80%/60%	\$5000/\$15000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$496.27	\$1,201.91	\$898.20	\$1,653.03	\$63,452.90
MOBPF0103	\$2500/\$4000	\$20	80%/60%	\$5500/\$16500	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	\$489.36	\$1,185.21	\$885.71	\$1,630.05	\$62,570.42
MOBPF0253	\$3000/\$6000	\$20/\$40	50%/50%	\$6000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$452.41	\$1,095.68	\$818.81	\$1,506.93	\$57,844.75
MOBPF0173	\$5000/\$7500	\$20	80%/60%	\$5600/\$16800	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$476.86	\$1,154.89	\$863.06	\$1,588.36	\$60,970.69

Blue Preferred Plans - \$30 OVC											
MOBPF0023	\$1000/\$1500	\$30/\$50	80%/70%	\$5000/\$15000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$489.80	\$1,186.24	\$886.48	\$1,631.46	\$62,625.26
MOBPF0273	\$1000/\$3000	\$30/\$50	80%/50%	\$7150/\$10000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$482.25	\$1,167.95	\$872.82	\$1,606.32	\$61,660.05
MOBPF0053	\$1500/\$2500	\$30/\$50	80%/60%	\$5000/\$15000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$479.23	\$1,160.63	\$867.35	\$1,596.26	\$61,273.81
MOBPF0073	\$1500/\$3000	\$30/\$50	50%/50%	\$6000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$449.39	\$1,088.37	\$813.35	\$1,496.87	\$57,458.70
MOBPF0093	\$2500/\$4000	\$30/\$50	80%/60%	\$6000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$458.66	\$1,110.83	\$830.14	\$1,527.76	\$58,644.35
MOBPF0113	\$2500/\$5000	\$30/\$50	50%/50%	\$6000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$445.94	\$1,080.01	\$807.09	\$1,485.37	\$57,017.26
MOBPF0133	\$3000/\$6000	\$30/\$50	70%/60%	\$7000/\$21000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$437.60	\$1,059.81	\$792.00	\$1,457.59	\$55,950.94
MOBPF0143	\$4000/\$8000	\$30/\$50	70%/60%	\$7000/\$21000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$432.27	\$1,046.92	\$782.38	\$1,439.87	\$55,270.39
MOBPF0163	\$5000/\$7500	\$30/\$50	80%/60%	\$6000/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$446.73	\$1,081.93	\$808.53	\$1,488.00	\$57,118.41
MOBPF0283	\$5500/\$11000	\$35/\$60	80%/60%	\$9100/\$27300	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$382.52	\$926.42	\$692.32	\$1,274.13	\$48,908.69
MOBPF0263	\$6000/\$12000	\$30/\$50	50%/50%	\$7000/\$21000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$430.70	\$1,043.09	\$779.51	\$1,434.60	\$55,068.51

Blue Preferred Plans - Deductible/Coinsurance											
MOBPF0223	\$6000/\$12000	80%	80%/60%	\$7000/\$21000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$375.19	\$908.65	\$679.05	\$1,249.70	\$47,971.07

Plans outlined above intended for summary review purposes, actual benefits and specific plan details are outlined in the plan documents.

RX subject to Medical Plan Out of Pocket Maximum.

Where a Per Occurrence Deductible applies, note that the Per Occurrence Deductible will apply before and in addition to the Annual Deductible and Coinsurance.

Members on copay plans have zero-dollar cost share for Telemedicine visits with in-network PCPs and non-emergency Virtual Visits with MDLIVE®. This benefit includes Behavioral Health consultations. The \$0 copayment does not apply to Deductible/Coinsurance only plans.

Urgent Care will apply a \$50 copay for eligible in-network office visits, when applicable.

BH/SA care benefits determined by type of service & place of service - Professional claims billed as office visits will apply Office Copay; Facility claims will apply Ded/Coins, where applicable.



Oklahoma Mid Market Business

Account Name: CITY OF CHICKASHA
Account Number: 000273601
Renewal Effective Date: 07/01/2023

Rep: SHANNON FOLEY
Agent: INSURICA, INC.

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act

Health Plan #	Ded In/Out	Office Visit PCP/SPC	Coins % In/Out	Out of Pocket In/Out	Pharmacy Preferred	Pharmacy Non Preferred	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Total Monthly Health Cost
HSA Blue Embedded Deductible Plans, Blue Preferred											
MOBPF1013	\$3200/\$6400	100%	100%/100%	\$3200/\$6400	100%	100%	\$442.85	\$1,072.54	\$801.52	\$1,475.09	\$56,622.71
MOBPF1033 ⁺¹	\$3200/\$6400	100%	100%/100%	\$3200/\$6400	100%	100%	\$445.80	\$1,079.68	\$806.85	\$1,484.91	\$56,999.67
MOBPF1083 ⁺¹	\$3200/\$6400	50%	50%/50%	\$7050/\$21150	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	\$370.08	\$896.31	\$669.82	\$1,232.72	\$47,318.83
MOBPF1051	\$3500/\$7000	\$30/\$60	80%/60%	\$6900/\$20700	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	\$358.65	\$868.62	\$649.13	\$1,194.63	\$45,857.03
MOBPF1061	\$4000/\$8000	80%	80%/60%	\$6900/\$20700	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	\$346.72	\$839.71	\$627.52	\$1,154.88	\$44,331.15
MOBPF1072	\$4000/\$8000	50%	50%/50%	\$7050/\$21150	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	\$332.05	\$804.19	\$600.97	\$1,106.02	\$42,455.61
MOBPF1020	\$5000/\$7500	100%	100%/70%	\$5000/\$15000	100%	100%	\$363.40	\$880.11	\$657.72	\$1,210.45	\$46,464.14
MOBPF1040 ⁺¹	\$5000/\$7500	100%	100%/70%	\$5000/\$15000	100%	100%	\$366.78	\$888.30	\$663.83	\$1,221.70	\$46,896.14
MOBPF1103	\$5000/\$10000	80%	80%/60%	\$7500/\$22500	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	\$335.88	\$813.47	\$607.92	\$1,118.79	\$42,945.72
MOBPF1092 ⁺¹	\$7050/\$14100	100%	100%/100%	\$7050/\$14100	100%	100%	\$325.44	\$788.17	\$589.01	\$1,083.99	\$41,610.20

Plans outlined above intended for summary review purposes, actual benefits and specific plan details are outlined in the plan documents.

Virtual Visits and Telemedicine are available from a participating provider for certain non-emergency services.

In accordance with HSA regulations, copays and/or coinsurance can only apply after the deductible is met.

⁺¹ Select HDHP-HSA preventive prescription drugs will be covered with no member cost share.



Oklahoma Mid Market Business

Account Name: CITY OF CHICKASHA
Account Number: 000273601
Renewal Effective Date: 07/01/2023

Rep: SHANNON FOLEY
Agent: INSURICA, INC.

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act

Health Plan #	Ded In/Out	Office Visit PCP/SPC	Coins % In/Out	Out of Pocket In/Out	Pharmacy Preferred	Pharmacy Non Preferred	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Total Monthly Health Cost
Blue Options Plans											
MOOPT0013	\$500/\$500	\$30	80%/70%/50%	\$2500/\$3500/\$7500	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	\$596.07	\$1,443.62	\$1,078.82	\$1,985.44	\$76,213.04
MOOPT0023	\$500/\$500	\$30	80%/70%/50%	\$3500/\$4500/\$10500	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$578.19	\$1,400.32	\$1,046.47	\$1,925.89	\$73,927.15
MOOPT0053	\$1000/\$1000	\$30	80%/70%/50%	\$3000/\$4000/\$9000	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	\$573.69	\$1,389.40	\$1,038.31	\$1,910.88	\$73,351.12
MOOPT0043	\$1000/\$1000	\$30	80%/70%/50%	\$4000/\$5000/\$12000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$557.07	\$1,349.17	\$1,008.24	\$1,855.54	\$71,226.69
MOOPT0063	\$1500/\$1500	\$20	80%/70%/50%	\$4500/\$5300/\$13500	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$549.19	\$1,330.08	\$993.98	\$1,829.29	\$70,219.09
MOOPT0083	\$2000/\$2000	\$35	90%/80%/60%	\$3000/\$4000/\$9000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$562.43	\$1,362.15	\$1,017.94	\$1,873.38	\$71,911.79
MOOPT0093	\$2000/\$2000	\$35	80%/70%/50%	\$5000/\$5300/\$15000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$527.43	\$1,277.39	\$954.60	\$1,756.83	\$67,437.30
MOOPT0103	\$2500/\$2500	\$35	80%/70%/50%	\$5200/\$5400/\$15600	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	\$523.24	\$1,267.24	\$947.02	\$1,742.87	\$66,901.53
MOOPT0113	\$2500/\$2500	\$30/\$40 \$50/\$60	60%/60%/50%	\$6000/\$6500/\$18000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$496.38	\$1,202.19	\$898.40	\$1,653.40	\$63,467.15
MOOPT0123	\$3000/\$3000	\$30/\$40 \$50/\$60	70%/60%/50%	\$7000/\$7150/\$21000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$485.67	\$1,176.23	\$879.00	\$1,617.70	\$62,097.03
MOOPT0133	\$4000/\$4000	\$30/\$40 \$50/\$60	70%/60%/50%	\$7000/\$7150/\$21000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$477.78	\$1,157.14	\$864.74	\$1,591.45	\$61,089.05
MOOPT0143	\$5000/\$5000	\$35	80%/70%/50%	\$5200/\$5400/\$15600	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$514.12	\$1,245.13	\$930.50	\$1,712.47	\$65,734.78

Plans outlined above intended for summary review purposes, actual benefits and specific plan details are outlined in the plan documents.
RX subject to Medical Plan Out of Pocket Maximum.
Where a Per Occurrence Deductible applies, note that the Per Occurrence Deductible will apply before and in addition to the Annual Deductible and Coinsurance.
Urgent Care will apply a \$50 copay for eligible in-network office visits, when applicable.
BH/SA care benefits determined by type of service & place of service - Professional claims billed as office visits will apply Office Copay; Facility claims will apply Ded/Coins, where applicable.



Oklahoma Mid Market Business

Account Name: CITY OF CHICKASHA
Account Number: 000273601
Renewal Effective Date: 07/01/2023

Rep: SHANNON FOLEY
Agent: INSURICA, INC.

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act											
Health Plan #	Ded In/Out	Office Visit PCP/SPC	Coins % In/Out	Out of Pocket In/Out	Pharmacy Preferred	Pharmacy Non Preferred	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Total Monthly Health Cost
HSA Blue Embedded Deductible Plans, Blue Options											
MOOPT1023	\$3200/\$3200/\$5000	90%/80%	90%/80%/60%	\$5000/\$5700/\$15000	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	\$445.77	\$1,079.61	\$806.80	\$1,484.81	\$56,995.90
MOOPT1032	\$4000/\$4000/\$6500	90%/80%	90%/80%/60%	\$6500/\$7000/\$19500	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	\$408.73	\$989.90	\$739.76	\$1,361.42	\$52,259.74
MOOPT1012	\$5000/\$5000/\$7500	100%/80%	100%/80%/70%	\$5000/\$5700/\$15000	100%	100%	\$402.81	\$975.58	\$729.06	\$1,341.74	\$51,503.70
MOOPT1042	\$6000/\$6000/\$9000	90%/80%	90%/80%/60%	\$6500/\$7000/\$19500	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	\$374.52	\$907.05	\$677.85	\$1,247.49	\$47,886.06

Plans outlined above intended for summary review purposes, actual benefits and specific plan details are outlined in the plan documents.
Virtual Visits and Telemedicine are available from a participating provider for certain non-emergency services.
In accordance with HSA regulations, copays and/or coinsurance can only apply after the deductible is met.



Oklahoma Mid Market Business

Account Name: CITY OF CHICKASHA
Account Number: 000273601
Renewal Effective Date: 07/01/2023

Rep: SHANNON FOLEY
Agent: INSURICA, INC.

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act

Health Plan #	Ded In/Out	Office Visit PCP/SPC	Coins % In/Out	Out of Pocket In/Out	Pharmacy Preferred	Pharmacy Non Preferred	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Total Monthly Health Cost
Blue Choice Plans											
MOBCH0013	\$500/\$500	\$20	80%/60%	\$3500/\$10500	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	\$606.48	\$1,468.85	\$1,097.68	\$2,020.14	\$77,544.79
MOBCH0043	\$1000/\$1000	\$20	80%/60%	\$3000/\$9000	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	\$588.23	\$1,424.66	\$1,064.65	\$1,959.35	\$75,211.43
MOBCH0053	\$1500/\$4500	\$20/\$40	80%/60%	\$5000/\$15000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$544.38	\$1,318.43	\$985.28	\$1,813.28	\$69,604.31
MOBCH0073	\$2500/\$5000	\$20/\$40	80%/60%	\$5000/\$15000	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$529.82	\$1,283.15	\$958.92	\$1,764.77	\$67,742.26

Plans outlined above intended for summary review purposes, actual benefits and specific plan details are outlined in the plan documents.

RX subject to Medical Plan Out of Pocket Maximum.

Where a Per Occurrence Deductible applies, note that the Per Occurrence Deductible will apply before and in addition to the Annual Deductible and Coinsurance.

Members on copay plans have zero-dollar cost share for Telemedicine visits with in-network PCPs and non-emergency Virtual Visits with MDLIVE®. This benefit includes Behavioral Health consultations. The \$0 copayment does not apply to Deductible/Coinsurance only plans.

Urgent Care will apply a \$50 copay for eligible in-network office visits, when applicable.

BH/SA care benefits determined by type of service & place of service - Professional claims billed as office visits will apply Office Copay; Facility claims will apply Ded/Coins, where applicable.



Oklahoma Mid Market Business

Account Name: CITY OF CHICKASHA
Account Number: 000273601
Renewal Effective Date: 07/01/2023

Rep: SHANNON FOLEY
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The following benefit plans are not grandfathered plans as defined by the Affordable Care Act

Health Plan #	Ded In/Out	Office Visit PCP/SPC	Coins % In/Out	Out of Pocket In/Out	Pharmacy Preferred	Pharmacy Non Preferred	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Total Monthly Health Cost
HSA Blue Embedded Deductible Plans, Blue											
MOHSA1033	\$3200/\$6400	100%	100%/70%	\$3200/\$9600	100%	100%	\$524.02	\$1,269.12	\$948.42	\$1,745.45	\$67,000.79
MOHSA1042	\$3500/\$7000	\$30/\$60	80%/60%	\$6900/\$20700	\$5/\$15/\$50/\$100/\$250/\$350	\$15/\$25/\$70/\$120/\$250/\$350	\$446.25	\$1,080.78	\$807.67	\$1,486.42	\$57,057.52
MOHSA1010	\$5000/\$10000	100%	100%/70%	\$5000/\$15000	100%	100%	\$443.07	\$1,073.07	\$801.92	\$1,475.83	\$56,650.94

Plans outlined above intended for summary review purposes, actual benefits and specific plan details are outlined in the plan documents.

Virtual Visits and Telemedicine are available from a participating provider for certain non-emergency services.

In accordance with HSA regulations, copays and/or coinsurance can only apply after the deductible is met.



Oklahoma Mid Market Business

Account Name: CITY OF CHICKASHA
Account Number: 000273601
Renewal Effective Date: 07/01/2023

Rep: SHANNON FOLEY
Agent: INSURICA, INC.

The following benefit plans are not grandfathered plans as defined by the Affordable Care Act

Health Plan #	Ded In/Out	Office Visit PCP/SPC	Coins % In/Out	Out of Pocket In/Out	Pharmacy Preferred	Pharmacy Non Preferred	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family	Total Monthly Health Cost
Blue Lincs Plans											
MOHMO0043	\$500/NA	\$25/\$45	80%/NA	\$1250/NA	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	\$575.69	\$1,394.27	\$1,041.94	\$1,917.57	\$73,607.60
MOHMO0053	\$750/NA	\$25/\$45	80%/NA	\$3000/NA	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	\$539.05	\$1,305.53	\$975.63	\$1,795.53	\$68,922.92
MOHMO0063	\$1000/NA	\$25/\$50	80%/NA	\$6000/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$483.68	\$1,171.42	\$875.41	\$1,611.08	\$61,842.92
MOHMO0073	\$2000/NA	\$30/\$50	70%/NA	\$3000/NA	\$0/\$10/\$50/\$100/\$150/\$250	\$10/\$20/\$70/\$120/\$150/\$250	\$503.05	\$1,218.32	\$910.46	\$1,675.59	\$64,319.23
MOHMO1083	\$3200/NA	80%	80%/NA	\$6500/NA	90%/90%/80%/70%/60%/50%	80%/80%/70%/60%/60%/50%	\$369.44	\$894.75	\$668.65	\$1,230.56	\$47,236.37
MOHMO0093	\$6000/NA	80%	80%/NA	\$7900/NA	\$0/\$10/\$35/\$75/\$150/\$250	\$10/\$20/\$55/\$95/\$150/\$250	\$374.05	\$905.89	\$676.98	\$1,245.91	\$47,825.36

Plans outlined above intended for summary review purposes, actual benefits and specific plan details are outlined in the plan documents.

Members on copay plans have zero-dollar cost share for Telemedicine visits with in-network PCPs. This benefit includes Behavioral Health consultations. *The \$0 copayment does not apply to Deductible/Coinsurance only plans.*

Urgent Care will apply a \$50 copay for eligible in-network office visits, when applicable.

BH/SA care benefits determined by type of service & place of service - Professional claims billed as office visits will apply Office Copay; Facility claims will apply Ded/Coins, where applicable.



Oklahoma Dental Plans

Account Name: CITY OF CHICKASHA
Account Number: 000273601
Renewal Effective Date: 07/01/2023

Rep: SHANNON FOLEY
Agent: INSURICA, INC.

					Coinsurance							
Plan #*3	Plan Type	Deductible In/Out*2	Annual Benefit Max	Out-of-Network Reimb.	In Network	Out of Network	Orthodontia Lifetime Max	Employee Only	Employee + Spouse	Employee + Child(ren)	Family	Total Monthly Dental Cost
Contributory Group												
High Allocation												
DONHR30 ^{*5*6}	Passive	\$25/\$25	\$5000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$38.38	\$76.78	\$89.33	\$139.40	\$5,768.14
DONHR31 ^{*5*6}	Passive	\$25/\$25	\$3000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$35.82	\$71.67	\$86.57	\$134.06	\$5,490.70
DONHR32 ^{*5*6}	Passive	\$50/\$50	\$2000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$2000	\$33.26	\$66.51	\$83.07	\$127.77	\$5,187.31
DONHR33 ^{*5*6}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	\$33.85	\$67.71	\$84.17	\$129.56	\$5,266.74
DONHR34 ^{*6}	Active	\$50/\$75	\$1500/\$1000	90th R&C	100%/80%/50%/50%	80%/60%/50%/50%	\$1000	\$27.20	\$54.38	\$68.22	\$104.83	\$4,251.37
DONHR35 ^{*6}	Active	\$0/\$0	\$2000	90th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000	\$37.44	\$74.88	\$89.54	\$138.96	
DONHM38 ^{*5}	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$25.39	\$50.80	\$67.26	\$102.29	\$4,088.93
DONHM40	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	NA	\$26.03	\$52.07	\$62.44	\$96.84	\$3,974.20
DONHM42 ^{*3*5}	Passive	\$25/\$75	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA	\$11.55	\$23.08	\$34.48	\$51.29	\$1,989.01
DONHR50 ^{*5}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$30.23	\$60.46	\$70.61	\$110.11	\$4,551.53
DONHM57 ^{*5*6}	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	\$33.85	\$67.71	\$84.17	\$129.56	\$5,266.74
Low Allocation												
DONLR36 ^{*5}	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$25.18	\$50.35	\$60.34	\$93.60	\$3,842.14
DONLR37 ^{*5}	Passive	\$75/\$75	\$1000	90th R&C	100%/80%/50%/NA	90%/70%/50%/NA	NA	\$21.88	\$43.75	\$52.14	\$80.96	\$3,328.58
DONLM41	Active	\$75/\$75	\$1000	MAC	90%/70%/50%/NA	70%/50%/30%/NA	NA	\$18.84	\$37.64	\$46.16	\$71.27	\$2,908.05
DONLM51 ^{*5}	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$23.10	\$46.20	\$61.50	\$93.42	\$3,729.78
DONLR58 ^{*4*5}	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$26.47	\$52.92	\$68.07	\$104.09	\$4,193.47
Voluntary Group												
High Allocation												
DONHR43 ^{*5}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1500	\$35.41	\$70.83	\$90.63	\$138.71	\$5,595.67
DONHM44	Active	\$50/\$50	\$1500/\$1000	MAC	100%/80%/50%/NA	80%/60%/40%/NA	NA	\$27.94	\$55.87	\$67.89	\$104.99	\$4,294.13
DONHR45	Active	\$25/\$75	\$2000	90th R&C	100%/90%/60%/50%	100%/80%/50%/50%	\$2000	\$35.32	\$70.64	\$92.17	\$140.53	\$5,640.33
DONHM46 ^{*3*5}	Passive	\$25/\$75	\$750	MAC	100%/80%/NA/NA	100%/80%/NA/NA	NA	\$12.69	\$25.39	\$37.95	\$56.41	\$2,187.41
DONHR52 ^{*5}	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$30.55	\$61.13	\$79.27	\$121.00	\$4,863.90
DONHR53 ^{*5}	Passive	\$50/\$50	\$1500	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$32.43	\$64.85	\$76.74	\$119.34	\$4,915.70
DONHM59 ^{*5}	Passive	\$50/\$50	\$1500	MAC	100%/100%/60%/50%	100%/100%/60%/50%	\$1500	\$35.41	\$70.83	\$90.63	\$138.71	\$5,595.67
Low Allocation												
DONLM49 ^{*5}	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$22.31	\$44.61	\$57.33	\$87.68	\$3,533.10
DONLR54 ^{*5}	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/NA	100%/80%/50%/NA	NA	\$27.09	\$54.17	\$65.68	\$101.64	\$4,159.08
DONLM55 ^{*5}	Passive	\$50/\$50	\$1000	MAC	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$24.87	\$49.73	\$67.02	\$101.59	\$4,042.77
DONLM56	Active	\$50/\$100	\$750	MAC	100%/80%/50%/NA	100%/50%/50%/NA	NA	\$21.97	\$43.94	\$55.94	\$85.72	\$3,462.34
DONLR60 ^{*4*5}	Passive	\$50/\$50	\$1000	90th R&C	100%/80%/50%/50%	100%/80%/50%/50%	\$1000	\$28.48	\$56.96	\$74.18	\$113.16	\$4,543.68

Coinsurance Type - I : Exams/Cleanings/X-Rays (both High & Low Coverage).
Coinsurance Type - II : Fillings/Non-Surgical Perio/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High).
Coinsurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low).
Coinsurance Type - IV: Ortho (both High & Low Coverage). Adult Coverage and dependent children to age 19.
R&C: Reasonable & Customary, MAC: Maximum Allowable Charge.
Contributory Group = (> 75% Participation AND >50% Employer Contribution), Voluntary Group = (>25% Participation AND <50% Employer Contribution).
A Passive dental plan has the same coinsurance percentage in and out of network. An Active dental plan has different coinsurance in and out of network.
*1 Waiting Period 12 month applicable for Surgical Perio/Major Restorative/Prosthodontics/Misc Rest & Prosth Services.
*2 Waived Deductible applies to all Class I services and Class IV Orthodontic services.
*3 Only Basic Restorative Services are covered under Class II.
*4 Prev/Diag svcs do not count toward annual max.
*5 Plans have the same benefits In and Out of Network.
*6 Implants are covered at the same percentage as prosthodontics.



Oklahoma Dental Plans

Account Name: CITY OF CHICKASHA

Account Number: 000273601

Renewal Effective Date: 07/01/2023

Rep: SHANNON FOLEY

Agent: INSURICA, INC.

Dual Option Guidelines									
Groups (10+)	Contributory Group				Voluntary Group				
	High	Low			High	Low			
	Option	Option			Option	Option			
	DONHR30	DONLR36	Any one contributory		DONHR43	DONLM49	Any one voluntary group		
	DONHR31	DONLR37	group high option		DONHM44	DONLR54	high option		
	DONHR32	DONLM41	can be paired with		DONHR45	DONLM55	can be paired with		
	DONHR33	DONLM51	any one contributory		DONHM46	DONLM56	any one voluntary group		
	DONHR34	DONLR58	group low option.		DONHR52	DONLR60	low option.		
	DONHR35				DONHR53				
	DONHM38		Two High Contributory plans that can be paired:		DONHM59		Two High Voluntary plans that can be paired:		
	DONHM40		DONHM57 and DONHR33				DONHM59 and DONHR43		
	DONHM42								
	DONHR50								
	DONHM57								

Participation Requirements for OK

Contributory Group
>75% participation
>50% employer contribution

Voluntary
>25% participation
<50% employer contribution

The BlueCare Dental Advantage

As a full service carrier, Blue Cross and Blue Shield of Oklahoma offers a variety of dental plans to enhance employers' benefit packages. Our experience speaks for itself:

Simplicity

- ✓ Ease of administration
- ✓ One point of contact for Medical and Dental
- ✓ One ID Card and One 800 Number
- ✓ Coordination of coverage with Medical

Value

- ✓ Experienced Dental Carrier
- ✓ Competitive products and rates
- ✓ Large National Network of over 79,000 providers, 6,384 in Texas
- ✓ Excellent Service with a local touch
- ✓ Integrated Carrier approach

One Stop Shopping

Dental coverage through BCBSOK lessens your administrative burdens and helps you manage overall benefit costs. You will have one team for all your needs and one bill to pay. Administrative ease, superior service and flexible, cost-effective plan designs are just a few reasons why more employers are choosing BlueCare Dental.



Summary of Benefits and Coverage (SBC) Tool Steps

No Login Requirements!

Login information is not required to access the **Summary of Benefits and Coverage (SBC) tool**. Use the link provided to the right or continue to use **Blue Access for EmployersSM** or **Blue Access for ProducersSM**.



Steps to use the SBC Tool	
STEP 1:	Click on the Order basket to request SBCs. Use the old SBC Tool to access SBCs for metallic plans with effective dates before 2021, and for all grandfathered and transitional plans.
STEP 2:	• For Small Group SBCs, enter the Plan ID in the Plan ID field. • Identify the plan year, your state and market segment. • Select English or Spanish. • Click Search. TIP — For Spanish SBCs, the date format is DD/MM/YY. • For Mid-Market and Blue Balance FundedSM SBCs, enter the Plan ID in the MPI (Marketing Plan ID) field.
STEP 3:	• Available SBCs will appear under the “Results” section. • If the Plan ID or MPI were not included in the search, a full list of small group benefit plans will appear under the “Results” drop down tab • Select your requested SBC and click “Next”.
STEP 4:	Identify the required plan effective dates. “Coverage for” will default to Individual/Family Click “Next”.
STEP 5:	Review the proof carefully. • Check to make sure the correct period and coverage is populated on page 1 of the PDF in the upper right corner. Click the “Print on Site” button to download, save or print the SBC.
STEP 6:	Close the PDF pop-up window to complete your order.



Technical Help

1. [CLICK HERE](#) for technical issues support.
2. If an SBC is missing or additional assistance is needed, please reach out to StandardSBCRequests@bcbsok.com.

City of

CHICKASHA

OKLAHOMA

City of Chickasha

Medical Cost Analysis

INSURICA

Plan Year: 7/1/2023-6/30/2024

		\$2,500	\$1,000INSURE OK	\$2,500	\$1,000INSURE OK	\$2,500	\$1,000INSURE OK	\$2,500	\$1,000INSURE OK
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF112	RCBS MCBPFF042	RCBS MCBPFF113	RCBS MCBPFF043	RCBS MCBAPF033	RCBS MCBAPF081	RCBS MCBAPF033	RCBS MCBAPF081
		Blue Preferred PPO	Blue Preferred PPO	Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current	Current	Renewal	Renewal	Option 1	Option 2	Option 1	Option 2
		RCBS MCBPFF0242	RCBS MCBPFF0243	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014	RCBS MCBAPF013	RCBS MCBAPF014
		Blue Preferred PPO	Blue Preferred PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO	Blue Advantage PPO
		Current							



Plan Year: 7/1/2023-6/30/2024

Medical Cost Analysis

INSURICA,

		\$2,500		\$2,500		\$2,500	
		Current		Renewal		Option 1	
		BCBS MCBPFD012		BCBS MCBPFD013		BCBS MCBAP003	
		Blue Preferred PPO		Blue Preferred PPO		Blue Advantage PPO	
Rates		\$2,500	\$1,000				
	Single	13	25	\$418.00	\$445.84	\$388.65	
	Employee + Spouse	1	8	\$1,054.32	\$1,080.01	\$934.60	
	Employee + Child(ren)	3	7	\$758.03	\$807.09	\$697.99	
	Family	3	12	\$1,385.02	\$1,485.37	\$1,284.55	
Estimated Monthly Premium		\$12,818		\$13,765		\$11,894	
Estimated Annual Premium		\$155,614		\$165,055		\$142,729	
				6.4%		7.8%	
		In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Deductible		\$2,500	\$5,000	\$2,500	\$4,000	\$2,500	\$4,000
Individual		\$7,500	\$15,000	\$7,500	\$12,000	\$7,500	\$12,000
Family		50%	50%		20%	20%	40%
Insurance							
Out-of-pocket Maximum		\$6,000	\$18,000		\$6,000	\$6,000	\$18,000
Individual		\$13,000	\$39,000		\$12,000	\$36,000	
Family							
Hospitalization							
Outpatient		\$250/visit	50% coins		\$350/visit	20% coins	\$350/visit
Inpatient		\$500/visit	50% coins		\$750/visit	20% coins	\$750/visit
Emergency Room		\$300/visit	50% coins	No Change	\$200/visit	20% coins	\$200/visit
Urgent Care		\$50/visit	30% coins		\$50/visit	30% coins	\$50/visit
Office Visit		\$30/visit	30% coins		\$30/visit	30% coins	\$30/visit
Specialist Visit		\$50/visit	30% coins		\$50/visit	30% coins	\$50/visit
Preventative Care		No Charge	30% coins		No Charge	30% coins	No Charge
Prescription Drugs							
Preferred Generic		\$0-\$10	\$10 + 50%		\$0-\$10	\$10 + 50%	\$0-\$10
Non-Preferred Generic		\$10-\$20	\$20 + 50%		\$10-\$20	\$20 + 50%	\$20 + 50%
Preferred Brand		\$20-\$70	\$70 + 50%		\$20-\$70	\$70 + 50%	\$70 + 50%
Non-Preferred Brand		\$100-\$120	\$120 + 50%		\$100-\$120	\$120 + 50%	\$120 + 50%
Preferred Specialty		\$150	\$150 + 50%		\$150	\$150 + 50%	\$150 + 50%
Non-Preferred Specialty		\$250	\$250 + 50%		\$250	\$250 + 50%	\$250 + 50%

* Member Rewards is a comprehensive engagement and rewards program offered this year. The Member Rewards program offers a cash reward to members when they shop for procedures or services and select a low cost, reward eligible option.

* MyBlueKON App-Digital pharmacy generate drug cost savings and manage prescriptions.

* CompPsych-EAP Resource includes 5 free therapy sessions per issue. [www.guidanceresources.com](#)



City of Chickasha
Medical Cost Analysis

INSURICA

Plan Year: 7/1/2023-6/30/2024

		\$2,600		\$1,000/INSURE OK		\$3,000/INSURE OK		\$1,500/INSURE OK		\$600/INSURE OK	
		Renewal		Renewal		Option 1		Option 2		Option 3	
		RCBS MCBP1112		RCBS MCBP1042		MHO Silver		MHO Gold		MHO Platinum	
		Blue Preferred PPO		Blue Preferred PPO							
Rates	\$2,600	\$1,000									
	13	23									
	1	8									
	3	7									
	3	12									
Single		\$463.96		\$556.12		\$462.47		\$550.92		\$592.01	
Employee + Spouse		\$1,123.66		\$1,346.89		\$1,040.56		\$1,239.57		\$1,332.02	
Employee + Child(ren)		\$639.71		\$1,006.54		\$678.69		\$1,040.72		\$1,124.82	
Family	3	\$1,545.39		\$1,852.41		\$1,449.52		\$1,727.14		\$1,855.99	
Estimated Monthly Premium		\$14,310		\$63,963		\$14,037		\$31,171		\$37,196	
Monthly Premium		\$68,263				\$62,408					
Estimated Annual Premium		\$171,726		\$647,434		\$168,448		\$374,063		\$446,365	
Annual Premium		\$819,159						\$988,896			
Insure OK Premium		Monthly: \$4,587		Yearly: \$55,032							
		In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Deductible											
Individual		\$2,500	\$5,000	\$1,000	\$1,500	\$3,000	\$6,000	\$1,500	\$4,500	\$500	\$1,500
Family		\$7,500	\$15,000	\$3,000	\$4,500	\$6,000	\$12,000	\$3,000	\$9,000	\$1,000	\$3,000
Coinurance		50%	50%	20%	40%	50%	50%				
Out-of-pocket Maximum											
Individual		\$6,000	\$18,000	\$3,000	\$9,000	\$3,000	\$6,000	\$3,000	\$6,000	\$3,000	\$6,000
Family		\$13,000	\$39,000	\$9,000	\$27,000	\$6,000	\$12,000	\$6,000	\$12,000	\$6,000	\$12,000
Hospitalization											
Outpatient		\$250/visit + 50% coins	Ded + 20% coins	Ded + 40% coins	Deductible	Ded + 40% coins	Ded + 20% coins	Ded + 40% coins	Ded + 20% coins	Ded + 50% coins	Ded + 50% coins
Inpatient		\$500/visit + 50% coins	Ded + 20% coins	Ded + 40% coins	Deductible	\$500/visit + 50% coins	Ded + 20% coins	\$500/visit + 40% coins	Ded + 20% coins	\$500/visit + 50% coins	
Emergency Room		\$300/visit + 50% coins	\$100/visit + 20% coins		\$300/visit	\$300/visit + 20% coins	\$100/visit + 20% coins		\$100/visit + 20% coins		
Urgent Care		\$50/visit + 30% coins	\$50/visit + 30% coins		\$40/visit + 40% coins	\$35/visit + 40% coins	\$25/visit + 40% coins		\$25/visit + 40% coins		
Office Visit		\$30/visit + 30% coins	\$20/visit + 30% coins		\$40/visit + 40% coins	\$35/visit + 40% coins	\$25/visit + 40% coins		\$25/visit + 40% coins		
Specialist Visit		\$50/visit + 30% Coins	\$20/visit + 30% coins		\$60/visit + 40% Coins	\$50/visit + 40% coins	\$45/visit + 40% coins		\$45/visit + 40% coins		
Preventative Care		No Charge + 30% coins	No Charge + 30% coins		No Charge + 30% coins	No Charge + 30% coins	No Charge + 30% coins		No Charge + 30% coins		
Prescription Drugs											
Preferred Generic		\$0-\$10 + 50%	\$0-\$10 + 50%		\$15	\$15	\$15		\$15		
Non-Preferred Generic		\$10-\$20 + 50%	\$10-\$20 + 50%		\$15	\$15	\$15		\$15		
Preferred Brand		\$20-\$70 + 50%	\$30-\$80 + 50%		\$45	\$45	\$45		\$45		
Non-Preferred Brand		\$100-\$120 + 50%	\$75-\$95 + 50%		\$60	\$60	\$60		\$60		
Preferred Specialty		\$100 + 50%	\$100 + 50%		30% coinsurance up to max \$250 per script	30% coinsurance up to max \$250 per script	30% coinsurance up to max \$250 per script		30% coinsurance up to max \$250 per script		
Non-Preferred Specialty		\$250 + 50%	\$250 + 50%								

City of Chickasha

Dental Cost Analysis

Plan Year: 7/1/2023-6/30/2024

INSURICA

		Current BCBS DONHR32	Renewal BCBS DONHR32
		Counts	Monthly Rates
Single	38	\$31.67	\$33.26
Employee + Spouse	10	\$63.34	\$66.51
Employee + 1 Child	10	\$79.11	\$83.07
Family	19	\$121.68	\$127.77
Estimated Annual Premium		\$4,940	\$5,187
Percentage Change		-	5.01%
Dollar Change		-	\$247
Deductible		In-Network	In-Network
Individual		\$50	\$50
Family		\$150	\$150
Annual Maximum			
		\$2,000	\$2,000
Diagnostic & Preventative			
Diagnostic Evaluations			
Preventive Services			
Diagnostic Radiographs		100%	100%
Miscellaneous Preventive Services			
Basic Restorative Services			
Non-Surgical Extractions			
Non-Surgical Periodontal Services			
Adjunctive Services		80%	80%
Endodontic Services			
Oral Surgery Services			
Surgical Periodontal Services			
Major Services			
Prosthodontic Services			
Implants		50%	50%
Miscellaneous Restorative/Prosthodontic Services			
Orthodontics			
Ortho Diagnostic Procedures & Treatment		50%	50%
Lifetime Maximum		\$2,000	\$2,000
Adult coverage & dependent children to age		19	19
Dependent Eligibility			
Dependents Eligible to Age		19	19
Full-time Students to Age		26	26

City of Chickasha

Vision Cost Analysis



Plan Year: 7/1/2023-6/30/2024

Plan Year: 7/1/2023-6/30/2024			Rate Guarantee 12 months			Rate Guarantee 48 months					
Frequency			MetLife			Ameritas			VSP		
			Current \$130	Renewal \$130/\$150	Option \$200	Option \$150	Option \$180	Option \$200	Option \$130	Option \$150	Option \$200
			MetLife 12/12/12	MetLife 12/12/12	MetLife 12/12/24	Ameritas 12/12/24	Ameritas 12/12/24	Ameritas 12/12/24	LightCare 12/12/12	LightCare 12/12/12	LightCare 12/12/12
			In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network	In-Network
Rates	Counts										
		Single 35	\$7.39	\$8.13	\$7.83	\$8.20	\$8.68	\$10.12	\$12.26	\$14.78	\$16.34
		Employee + Spouse 9	\$14.82	\$16.30	\$15.71	\$17.56	\$18.60	\$19.68	\$19.62	\$23.65	\$26.14
		Employee + Child(ren) 8	\$12.54	\$13.79	\$13.29	\$14.20	\$15.08	\$17.44	\$20.03	\$24.15	\$26.68
		Family 18	\$20.68	\$22.75	\$21.92	\$23.56	\$25.00	\$27.00	\$32.29	\$38.93	\$43.02
Estimated Annual Premium			\$10,375	\$11,413	\$10,996	\$11,793	\$12,502	\$13,882	\$16,166	\$19,489	\$21,540
Lenses				No Changes							
Single		\$25 Copay	\$25 Copay		\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	\$25 Copay	
Bifocal											
Trifocal											
Lenticular Lens											
Contact Lenses (instead of glasses)			\$130		\$200	\$150	\$180	\$200	\$130	\$150	\$200
Frames			\$130		\$200	\$150	\$180	\$200	\$130	\$150	\$200
Exams			\$10 copay		\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay	\$10 copay
						*LASIK Advantage Included *Hearing Care Included *RX Savings Included			* Essentail Medical Eye Care * Low Vision * VSP Laser Vision Care * VSP Light Care		

Basic Life and AD&D Cost Analysis

Plan Year: 7/1/2023-6/30/2024

	2021 BCBS	2022 BCBS	2023 BCBS
Rates Per \$1,000	\$0.09	\$0.09	\$0.09
AD&D Rate	\$0.036	\$0.036	\$0.036
Estimated Monthly Premium	\$157.48	\$179.11	\$203.68
Estimated Annual Premium	\$1,889.76	\$2,149.32	\$2,444.16
Percentage Change	0.00%	0.00%	0.00%
Benefits			
Rate Guarantee	12 months	12 months	12 months
EE Life/AD&D All Full time Employees	\$10,000	\$10,000	\$10,000
EE Life/AD&D All Full time Supervisors	\$20,000	\$20,000	\$20,000
EE Life/AD&D All Full time Managers & Dept. Heads	\$30,000	\$30,000	\$30,000
Reduction Schedule	35% at age 65, 50% at age 70	35% at age 65, 50% at age 70	35% at age 65, 50% at age 70

City of Chickasha
Attn: Tracy Austin
117 N. 4th Street
Chickasha, OK 73018
Sent Via Email

RE: Notice of Renewal for Employer's COBRA Plan Administration

It is our intent to renew your COBRA Plan (the "Plan") administrative services arrangement with Keystone Flex Administrators, L.L.C., as your third party administrator ("TPA"), for the upcoming fiscal plan year beginning July 1, 2023 (the "Renewal Date"). The Agreement will remain in effect until June 30, 2024 unless otherwise terminated in accordance with the termination guidelines spelled out in the Agreement.

Administrative Service Fees. Administrative service fees for the upcoming fiscal plan year will be as follows:

- COBRA Monthly Admin Fee: .70/Eligible Employee/Mo.
(Monthly Minimum Billing: \$75.00/Month)
- Certified Mail charge for all sent notices \$1.95 per notice sent
(Terminations, New Hires, etc.)
- COBRA Annual Renewal Fee: \$195.00

NOTE: These Administrative Service Fees become a part of EXHIBIT "II" to the Administrative Service Agreement and are effective on the Renewal Date. To the extent not amended herein, EXHIBIT "II" remains unchanged.

The above is understood and agreed upon by both parties' signatures:

City of Chickasha
By: _____
Title: _____
Date: _____

Keystone Flex Administrators, L.L.C.
By: [Signature]
Title: President/CEO
Date: 5-3-23



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Administration

Agenda Item No. 6.I.

AGENDA ITEM: Discussion, consideration and possible action to approve renewal of vision insurance with Metlife.

I. BACKGROUND/DESCRIPTION:

- Metlife vision renewal for the current plan of \$150 allowance is a slight increase of \$1038.00 on premiums.
- Metlife is the current provider, so there would be no disruption for employees.
- Ameritas plans were a premium increase of \$1,418.00-\$2,127.00.
- VSP plans were a premium increase of \$5791.00-\$11,165.00.

II. RECOMMENDED ACTION:

Staff recommends renewal of vision insurance with Metlife on the current plan.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director:	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

V. ATTACHMENTS:



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Administration

Agenda Item No. 6.m.

AGENDA ITEM: Discussion, consideration and possible action to approve a contract with Standley Systems for email services and authorize the City Manager to execute the same.

I. BACKGROUND/DESCRIPTION:

Discussion, consideration and possible action to approve a contract with Standley Systems for email services and authorize the City Manager to execute the same.

Monthly cost of \$2,340.10 per month, based on active users. Current costs are approximately \$2,820 per month. This is an upgrade to our current software.

One-time professional services are \$17,100 for Office 365 Migration, which includes setup, migration from current email, migration from ShareSync to OneDrive, setup of new email profiles on computers, and basic Teams training.

This is considered a sole-source provider; Standley Systems is our IT provider.

II. RECOMMENDED ACTION:

Approve a contract with Standley Systems for email services and authorize the City Manager to execute the same.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Shae Mortimer, Marketing & Civic Engagement Manager	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

- V. ATTACHMENTS:**
1. O365Updated



**We have prepared a quote for
you**

**Prepared for:
City of Chickasha**

May 3, 2023

**Brad Blue
bblue@standleys.com
405-574-1160**



STANDLEY
SYSTEMS

Microsoft 365

Quote #005266 v1



Prepared For:

City of Chickasha

Keith Johnson
117 N 4TH ST
CHICKASHA, OK 73018-2686

P: (405) 544-6550

E: keith.johnson@chickasha.org

Prepared by:

Standley Systems

Brad Blue
528 West Iowa Street
Chickasha, OK 73018

P: 405-574-1160

E: bblue@standleys.com

Delivery Date:

05.03.2023

Expires:

04.30.2023

Office 365

Description	Recurring	Qty	Ext. Recurring
Microsoft Office 365 G3 GCC - Desktop versions of Office apps, plus web versions of Word, Excel, and PowerPoint - Unlimited personal cloud storage 100GB mailbox - Enterprise Management apps - Self-service Business Intelligence	\$22.00	62	\$1,364.00
Microsoft Office 365 G1 GCC - One TB file storage per user - Active Directory - Email hosting with 50 GB mailbox - Office Online versions of Outlook, Word, Excel, and PowerPoint	\$8.80	44	\$387.20
Microsoft 365 Apps for enterprise for GCC	\$12.00	8	\$96.00
Recurring Subtotal:			\$1,847.20

Monthly Services - Optional

Description	Recurring	Qty	Ext. Recurring
SolarWinds Office 365 Cloud Backup per Mailbox	\$3.00	106	\$318.00
Email Signature Management Cloud	\$1.65	106	\$174.90
Subtotal:			\$492.90

Professional Services

Description	Price	Qty	Ext. Price
Office 365 Migration per Mailbox Includes - Office 365 Tenant Setup - Data Migration from current email - Data Migration from ShareSync to OneDrive - Setup of new email profiles on computers - Basic Teams Training	\$150.00	114	\$17,100.00

Professional Services

Description	Price	Qty	Ext. Price
Subtotal:			\$17,100.00

Quote Summary	Amount
Professional Services	\$17,100.00
Total:	\$17,100.00

Recurring Expenses Summary	Amount
Office 365	\$1,847.20
Recurring Total:	\$1,847.20

Taxes, shipping, handling and other fees may apply. This quote is valid for 30 days.

Acceptance	
Standley Systems	City of Chickasha
Brad Blue _____ Signature / Name	Keith Johnson _____ Signature / Name
05/03/2023 _____ Date	_____ Initials
	_____ Date



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: Administration

Agenda Item No. 6.n.

AGENDA ITEM: Discussion, consideration and possible action to approve a contract with Standley Systems for Unified Communications Services (VOIP).

I. BACKGROUND/DESCRIPTION:

Discussion, consideration and possible action to approve a contract with Standley Systems for Unified Communications Services (VOIP) and authorize City Manager to execute the same.

- One-time cost is \$17,886.96, for professional services (\$15,575.00) and one-time fee (\$2,311.96) including 78 Yealink T33G, 11 FAX adapters, shipping & fees.
- Monthly cost is \$3,453.45 for phones and fax.

Currently, we are paying in excess of \$13,000 per month for phone lines with AT&T.

This is considered a sole-source provider; Standley Systems is our IT provider.

II. RECOMMENDED ACTION:

Approve a contract with Standley Systems for Unified Communications Services (VOIP) and authorize City Manager to execute the same.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Shae Mortimer, Marketing & Civic Engagement Manager	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

- V. ATTACHMENTS:**
1. CoC_Elevate



**We have prepared a quote for
you**

**Prepared for:
City of Chickasha**

April 12, 2023

**Brad Blue
bblue@standleys.com
405-574-1160**



STANDLEY
SYSTEMS

Hosted Phone System

Quote #005950 v1



Prepared For:

City of Chickasha

Shae Mortimer
117 N 4TH ST
CHICKASHA, OK 73018-2686

P: (405) 222-6021
E: shae.mortimer@chickasha.org

Prepared by:

Standley Systems

Brad Blue
528 West Iowa Street
Chickasha, OK 73018

P: 405-574-1160
E: bblue@standleys.com

Delivery Date:

04.12.2023

Expires:

05.12.2023

Hardware

Description	Price	Qty	Ext. Price
One Time Fee This includes: 78 Yealink T33G 11 Fax Adapters Shipping and Fees	\$2,311.96	1	\$2,311.96
Configuration, install, porting, and training. Professional Services	\$15,575.00	1	\$15,575.00
Subtotal:			\$17,886.96

Services

Description	Recurring	Qty	Ext. Recurring																																	
Unified Communications Services This includes: <table><tr><td>Phone Users</td><td>Fax</td><td></td></tr><tr><td>17</td><td>2</td><td>City Hall</td></tr><tr><td>23</td><td>4</td><td>Police Dept</td></tr><tr><td>3</td><td>1</td><td>Dispatch</td></tr><tr><td>3</td><td>1</td><td>AC</td></tr><tr><td>11</td><td>2</td><td>Fire Station</td></tr><tr><td>4</td><td>0</td><td>Sports Com</td></tr><tr><td>14</td><td>1</td><td>P. W.</td></tr><tr><td>1</td><td>0</td><td>Airport</td></tr><tr><td>1</td><td>0</td><td>Water T.F</td></tr><tr><td>1</td><td>0</td><td>Wastewater</td></tr></table>	Phone Users	Fax		17	2	City Hall	23	4	Police Dept	3	1	Dispatch	3	1	AC	11	2	Fire Station	4	0	Sports Com	14	1	P. W.	1	0	Airport	1	0	Water T.F	1	0	Wastewater	\$2,611.68	1	\$2,611.68
Phone Users	Fax																																			
17	2	City Hall																																		
23	4	Police Dept																																		
3	1	Dispatch																																		
3	1	AC																																		
11	2	Fire Station																																		
4	0	Sports Com																																		
14	1	P. W.																																		
1	0	Airport																																		
1	0	Water T.F																																		
1	0	Wastewater																																		

Services

Description	Recurring	Qty	Ext. Recurring
Estimated surcharges and other fees.	\$393.36	1	\$393.36
Estimated Taxes	\$448.42	1	\$448.42
Recurring Subtotal:			\$3,453.46

Quote Summary	Amount
Hardware	\$17,886.96
Total:	\$17,886.96

Recurring Expenses Summary	Amount
Services	\$3,453.46
Recurring Total:	\$3,453.46

Taxes, shipping, handling and other fees may apply. This quote is valid for 30 days.

Acceptance	
Standley Systems	City of Chickasha
Brad Blue _____ Signature / Name	Shae Mortimer _____ Signature / Name
04/12/2023 _____ Date	_____ Initials
_____ Date	_____ Date



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: City Clerk

Agenda Item No. 6.o.

AGENDA ITEM: Discussion, consideration, and possible action to approve the request from the Chickasha Chamber of Commerce for a "Decorated ATV/Motorcycle/Bicycle Parade" through Shannon Springs Park on July 4, 2023 @ 8:00 p.m.

I. BACKGROUND/DESCRIPTION:

A request has been received from the Chickasha Chamber of Commerce to conduct a "Decorated ATV/Motorcycle/Bicycle Parade" on July 4th 2023 @ 8:00 p.m. The parade route will begin at the Victory Family Church located at 9th and Grand Avenue, through Shannon Springs Park and disburse at the Bill Wallace School. See attached parade route map.

They are requesting police escort.

An Indemnification Agreement will be prepared to be executed by the Chamber of Commerce and they will provide a Certificate of Liability Insurance adding the City of Chickasha as an additional insured prior to conducting the event.

II. RECOMMENDED ACTION:

Approve the Chamber of Commerce request to conduct a "Decorated ATV/Motorcycle/Bicycle Parade" through Shannon Springs Park on July 4, 2023 @ 8:00 p.m. contingent upon the execution of an Indemnification Agreement and providing the Certificate of Liability Insurance adding the City of Chickasha as an additional insured.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Susan M. McDaniel, CMC City Clerk	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

V. ATTACHMENTS:

1. Request for Chamber for Parade on July 4, 2023



City of

Chickasha

Community Development

OUTDOOR AMUSEMENT EVENT LICENSE APPLICATIONDate: 3/1/23Event Date(s) & Times: July 4, 2023 8-9²⁰pmEvent Type (Include a description of all events and functions): Decorated ATV/Motorcycle/BicycleParade through park just before fireworks. Start at Victory Family Church End at Bill WallaceApplicant: Chickasha Chamber of CommerceMailing Address: PO Box 1717City: Chickasha State: OK Zip: 73023Event Address or location description: Shannon Springs ParkProperty Owner: City of Chickasha Phone Number: 405-222-6020Mailing Address: 110 N 4th StCity: Chickasha State: OK Zip: 73018

Present Zoning District: _____ Size of Event Space (Acres): _____

Type of Sanitary Facilities to be Provided: noneType of Solid Waste Facilities to be Provided: noneCombined Estimated Number of Participants/Spectator's: 50Describe Parking Facilities to be Provided (Including surface type, access and number of spaces): N/A**REQUIREMENTS**☐ Advertising Signs: NO Off-Premises Advertising Signs shall be allowed.☐ FEE: Application fee of \$25.00 (non-refundable). Receipt Number: _____

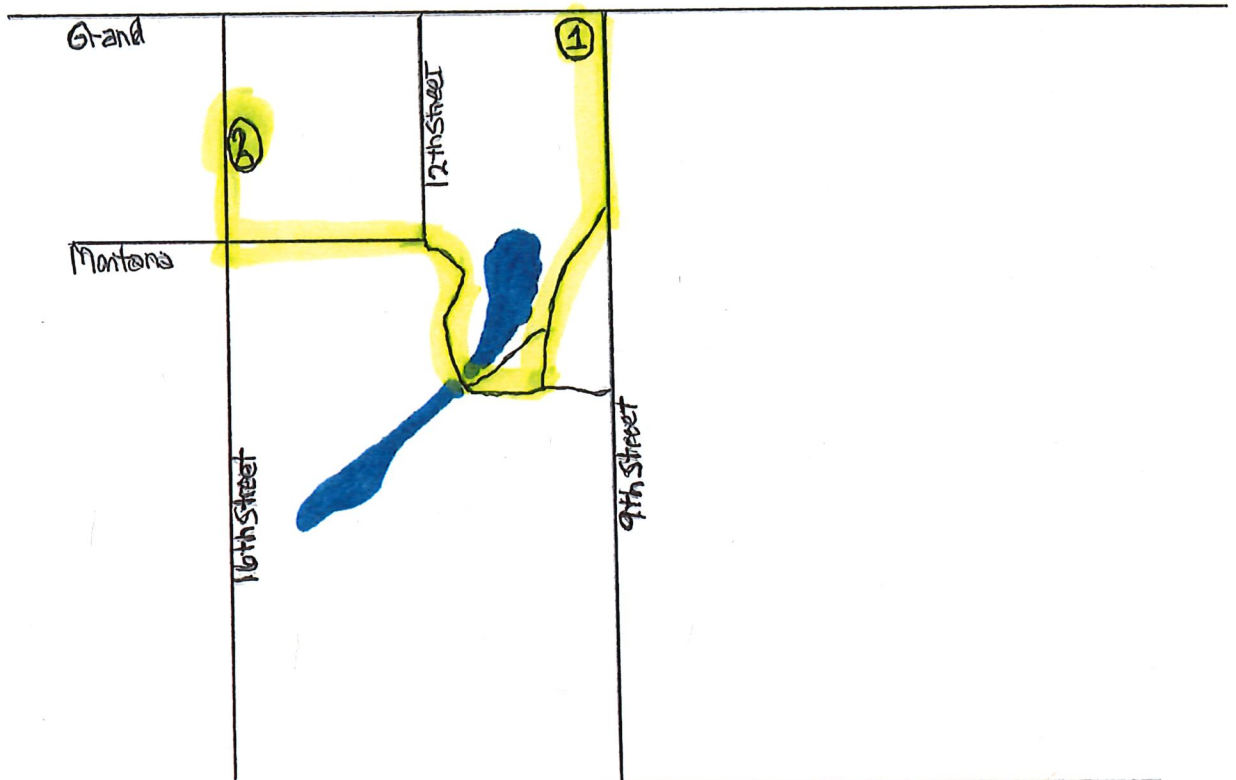
Comments:

☐ Reviewed By: _____ Police Department _____☐ Reviewed By: _____ Fire Department _____☐ Reviewed By: _____ Public Works _____☐ Reviewed By: _____ Community Development _____☐ Approved ☐ Denied By: _____ City Manager's Office

Gickasha Chamber Event

Decorated ATV/Motorcycle/Bicycle Parade
through Shannon Springs Park before fireworks.

- ① Start at Victory Family Church
- ② End at Bill Wallace.



Susan McDaniel

From: Cheryl Critchfield <cheryl@chickashaedc.com>
Sent: Tuesday, April 18, 2023 3:54 PM
To: Susan McDaniel
Subject: RE: July 4th Request
Attachments: 20230418160515215.pdf

Susan, I'm working on the fireworks display, but here is the information you requested on the parade through the park.

Also, regarding the ATV/Motorcycle/Bicycle parade: Has permission been obtained from the Victory Family Church to stage the parade from since that is private property?

Yes. We have permission from Victory Family Church. Also, the highlighted map that the parade will follow is attached. We will request police escort.

Thank you,
Cheryl Critchfield
Chickasha Economic Development Council
Chickasha Chamber of Commerce
221 W. Chickasha Ave. Chickasha, OK 73018
405-224-0787 Office
cheryl@chickashaedc.com



From: Susan McDaniel <Susan.mcdaniel@chickasha.org>
Sent: Thursday, April 13, 2023 4:57 PM
To: Cheryl Critchfield <cheryl@chickashaedc.com>
Cc: Jim Cowan <jim@chickashaedc.com>
Subject: RE: July 4th Request

Awesome! Thank you. I will place on hold until the May 1st Agenda.

Susan M. McDaniel, CMC



City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: City Clerk

Agenda Item No. 6.p.

AGENDA ITEM: Discussion, consideration, and possible action to approve a request from the Chickasha Elks Lodge #2125 to conduct a fishing tournament for children at Shannon Springs Park on Saturday, June 3, 2023, from 7:30 a.m. to 1:30 p.m. and way any associated fees.

I. BACKGROUND/DESCRIPTION:

- A request has been received for permission to conduct the annual children's fishing derby on Saturday, June 3, 2023 from 8:30 a.m. to 11:30 a.m. They are requesting to use the area from 7:30 a.m. to 1:30 p.m. to allow time for setting up and cleaning up afterwards.
- They will be having a sponsor stock fish in the pond that will be delivered a couple of days prior to the event. They have asked the City to post "no fishing" signs after the delivery of the fish until the day of the event.
- They have provided a Certificate of Liability Insurance for the event.
- An Indemnification Agreement will be executed prior to the event as well.

II. RECOMMENDED ACTION:

Approve a request from the Chickasha Elks Lodge #2125 to conduct a fishing tournament for children at Shannon Springs Park on Saturday, June 3, 2023, from 7:30 a.m. to 1:30 p.m. and waive any associated fees.

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: NAME, TITLE	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date:	(From)		

May 15, 2023		
--------------	--	--

V. ATTACHMENTS:

1. 20230512103444362



A Fraternal Organization

To City of Chickasha

Elks lodge 2125 is requesting use of Shannon Springs Pond for our annual fishing derby for the children of Chickasha ok. On June 3rd.

We also request signage of no fishing and patrol of the pond 3 days Pryor to the event after we stock with fish for the derby.

President Elks Lodge 2125

Terry Trent

A handwritten signature in black ink, appearing to read "Terry Trent", with a long horizontal flourish extending to the right.

*Terry Trent
(405) 205-9291*



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

3/24/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Arthur J. Gallagher Risk Management Services, LLC 2850 Golf Rd Rolling Meadows IL 60008		CONTACT NAME: Elks Insurance Program PHONE (A/C, No, Ext): 800-421-3557 FAX (A/C, No): E-MAIL ADDRESS: GGB.Elksinsurance@ajg.com	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Old Republic Insurance Company	
		NAIC # 24147	
INSURED Benevolent and Protective Order of Elks of the USA Grand Lodge, its Subordinate Lodges, State Associations and the Elks National Foundation, Inc. Chicago IL 60614		BENEAND-02 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 1761525541**REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC ☒ OTHER: Occurrence		MWZY31289223	3/31/2023	3/31/2024	EACH OCCURRENCE \$1,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$1,500,000 GENERAL AGGREGATE \$1,500,000 PRODUCTS - COMP/OP AGG \$1,500,000 LIQUOR LIABILITY AGG \$1,500,000
A	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		MWTB31289123	3/31/2023	3/31/2024	COMBINED SINGLE LIMIT (Ea accident) \$1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	☐ UMBRELLA LIAB ☐ EXCESS LIAB ☐ DED ☐ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐ N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Insured Lodge: Elks Lodge #2125 Date: Through policy effective dates

CERTIFICATE HOLDER**CANCELLATION**

City of Chickasha
117 N. 4th St.
Chickasha OK 73018

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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ACORD 25 (04/15/03)

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City of
CHICKASHA

Meeting Type: Council Agenda 5-15-2023

Meeting Date: 5/15/2023

Department: City Clerk

Agenda Item No. 6.q.

AGENDA ITEM: Discussion, consideration and possible action to approve a change in bank signatories to Chris Mosley, Mayor, Zachary Grayson, Vice-Mayor, Elaine Jensen, Finance Director, and Susan McDaniel, City Clerk to all accounts held by the City of Chickasha, Chickasha Municipal Authority, Chickasha Municipal Airport Authority, Chickasha Industrial Authority, or any subsidiary or entity of the governing body of the City of Chickasha has possession of at the following banks:

***First National Bank**

***Simmons Bank**

***Arvest Bank**

***Community Bank of Oklahoma**

***Bank of Oklahoma**

***Liberty National Bank**

I. BACKGROUND/DESCRIPTION:

II. RECOMMENDED ACTION:

Approve a change in bank signatories to Chris Mosley, Mayor, Zachary Grayson, Vice-Mayor, Elaine Jensen, Finance Director, and Susan McDaniel, City Clerk to all accounts held by the City of Chickasha, Chickasha Municipal Authority, Chickasha Municipal Airport Authority, Chickasha Industrial Authority, or any subsidiary or entity of the governing body of the City of Chickasha has possession of at the following banks:

***First National Bank**

***Simmons Bank**

***Arvest Bank**

***Community Bank of Oklahoma**

***Bank of Oklahoma**

***Liberty National Bank**

III. FISCAL INFORMATION -

IV. FUND INFORMATION:

Dept. Director: Susan M. McDaniel, City Clerk	Fund	Account	Amount
	(To)		
	FUND	ACCOUNT	AMOUNT
Meeting Date: May 15, 2023	(From)		

V. ATTACHMENTS: