



The City of  
**OKLAHOMA CITY**

# Employment Benefits

**Employee benefits**

**Employee benefits** are provided to employees in addition to their salaries. In instances where employees receive wages for some other form of 'voluntary sacrifice' or

# Benefit topics we will cover-



- City Perks-
  - Paid Leave
  - Tuition Reimbursement
  - Income Protection
  - Gym Membership
  - Parking/Bus Pass
- Retirement Benefits
- Core Group Benefits-
  - Medical, Dental, Vision, Group Life
- Individual Benefits-
  - Flexible Spending Accounts
  - Long Term Disability, Accident, Cancer, Life



# Additional topics we will cover-



- Enrollment
  - Open Enrollment
  - Life Events
- Eligibility
  - Who can be covered
  - Document requirements
- Beyond your benefits-
  - Heart of the City
  - The Legal Stuff
  - Self-Service

# City Perks

## Employee benefits

**Employee benefits** provided to employees in salaries. In instances where wages for some other form of 'sacrifice' or



The City of  
**OKLAHOMA CITY**

# Paid Leave



- Paid Holidays
- Sick Leave
- Vacation Leave
- Sick Leave Conversion
- Sick Leave Bonus

# Paid Holidays

## Ten (10) Paid Holidays per year-

- New Year's Day
- Dr. Martin Luther King Birthday
- Memorial Day
- Independence Day
- Labor Day
- Veteran's Day or Armistice Day
- Thanksgiving Day
- **Day after Thanksgiving**
- **Christmas Eve**
- Christmas Day



Which two Federal holidays are not on the list above?

# Vacation Leave

Less than 5 years:  
3 hours and 42 minutes

5 to 10 years:  
4 hours and 18 minutes

10 to 15 years:  
5 hours and 18 minutes

15 years or more:  
6 hours and 12 minutes

**Maximum vacation balance:**  
Up to 10 years – 250 hours  
After 10 years – 400 hours

# **Vacation Leave Guidelines**

Accrued vacation becomes available after your first six (6) months of employment

Approval for time off must be approved by your supervisor prior to using leave



# Sick Leave

Available for use with first day of employment

- 5 hours per pay period
- Return to work slip is required if out for three (3) or more consecutive days



## **Sick Leave Donation-**

**Employees with a sick leave balance of at least 130 hours may donate a maximum of 24 hours to employees requesting donated leave.**

# Sick Leave Bonus

# Sick Leave Conversion

Employees who use less than 24 hours of sick leave during an anniversary year, will receive 16 additional hours of vacation leave

In addition, employees have the option to convert up to 40 hours of sick leave to vacation leave each fiscal year, subject to collective bargaining agreement.

# TUITION REIMBURSEMENT

**Maximum \$1,250 per semester for tuition and required fees**

Full-time employees with at least one continuous year of service and who do not have grants, scholarships, veteran's benefits or any other public or private educational benefits

Employees who resign or are terminated from employment within two years from the date of reimbursement must re-pay the City of Oklahoma City the full amount of reimbursement  
*(does not apply to reduction in force)*

Personnel Services Bulletin 15-02

For more information contact Personnel 405. 297.2530

# Temporary Disability Income Protection Plan (TDIPP)

- No cost to employee
- 30 day qualifying period
- Pays up to 60% of salary
- 36 month maximum benefit
- For information on using this benefit, contact Employee Benefits Manager

**Available to full time management, executive, city auditor, & municipal counselor pay plan employees**

# Employer Paid Parking or Bus Pass

Parking garage card or bus pass is available to employees working in the downtown area only (Subject to department approval, excludes 911/Dispatch and Municipal Courts)



Vehicle information is required on Monday morning to complete parking agreement

*(Paid Parking only)*

# FITNESS



The City currently partners with two metro area fitness centers.

City employees memberships for single member or multi-member families can be deducted through payroll deduction.

## KIDS FUN ZONE



- ✓ Basic fitness club membership - \$19.00 / month.
- ✓ Additional family members - \$5.00 / each
- ✓ Tanning and unlimited guest passes included in membership

## GROUP FITNESS CLASSES



- ✓ Individual Membership: \$19.95 + tax / month
- ✓ Couple Membership: \$39.90 + tax / month
- ✓ Family Membership (covers up to 4 members): \$65.95 + tax / month



### **Amenities include\***

- Free Child Care/Kid's Club
- Exclusive Cardio Cinema (Movie Theatre)
- Lap Pools
- Sauna
- Hot Tub
- Steam Room
- Basketball Courts
- Smoothie Bar

\*May vary by location



# Retirement Benefits

Employee benefits

Employee benefits provided to employees in salaries. In instances where wages for some other form of 'sacrifice' or



The City of  
**OKLAHOMA CITY**

# **Mandatory Retirement Plans**

Oklahoma City Employees Retirement Systems (OCERS) - general, management and executive employees

Money Purchase Plan - management (pay plan 513 and above) and executive employees

**Membership is  
required for all  
full-time  
employees**

**Effective on the date of your employment**

**Cannot increase or decrease contribution  
amount**

# When can I retire?

You are eligible to retire at age 65 and 5 years of service, or -

Regardless of age if you have completed 25 or more years of service



# OCERS

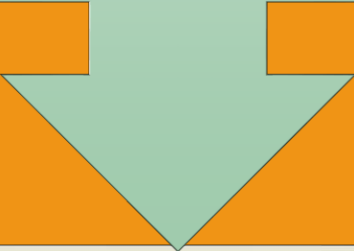
You and the City contribute to fund the plan. This is a defined benefit plan.

Your retirement benefit is based on “credited service” (2% per year) and your “average final compensation” (highest 3 out of the last 5 years).

You receive a monthly benefit payable until your death, OR a lump sum payment of up to \$30,000 and a reduced monthly benefit payable until your death.

**Who pays  
for it?**

Employees - 6% of your salary, excluded from Federal and State Income Taxes.



The City - variable rate.

# What happens if I terminate employment prior to retirement?

With less than five years of credited service

You will receive a lump sum refund of **employee contributions only**;  
or

The refund may be rolled into an Individual Retirement Account (IRA).

With five or more years of credited service

You may elect a lump sum refund of **employee contributions only**; or

A deferred (vested) retirement in which you receive a monthly benefit at a later date.

*(contact the Employee Retirement System for more details).*

# **MONEY PURCHASE PLAN**

Management pay plan 513 and above  
are eligible

Self directed investment plan

Cannot increase or decrease  
contribution

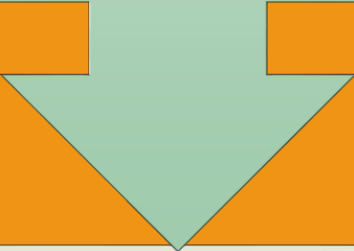
Administered by ICMARC

You must complete paperwork with  
the Employee Retirement System in  
order to sign up.



**Who pays  
for it?**

Employees - 6% of your  
salary, excluded from  
Federal and State  
Income Taxes.



The City - 7%

# What happens if I terminate employment prior to retirement?

## With less than five years of credited service

- you will receive a lump sum refund of EMPLOYEE contributions; or
- the refund may be rolled into an Individual Retirement Account (IRA).

## With five or more years of credited service

- you may elect a lump sum refund of EMPLOYEE and EMPLOYER contributions at the time of termination.
  - Contact ERS for additional options..

# 457 Optional Retirement Plans

The 457 plan is a deferred-compensation retirement plan that is available for governmental and certain non-governmental employers in the United States. The employer provides the plan and the employee defers compensation into it on a pre-tax basis.



**BREAK**



# Core Group Benefits

Employee benefits

Employee benefits provided to employees in salaries. In instances where wages for some other form of 'sacrifice' or



The City of  
**OKLAHOMA CITY**

## BENEFITS EFFECTIVE DATE

Coverage begins  
on the first day  
of the month  
following the  
first full month  
of full-time  
employment  
excluding the  
month of hire.



# DECLINING COVERAGE



**Employees may choose to decline any voluntary benefit.**



# **EAP**

## **Employee Assistance Program**

- Confidential Professional Counseling

Anger Management

Child or Elder Care

Family Issues

Grief and Bereavement

Stress Management

Career Management

Depression & Anxiety

Financial Issues

Legal Consultation

Substance Abuse

- Six free sessions per family member per incident
- Anyone living with you is eligible to use EAP

**Toll Free: 800-343-3822**

**Teen Line: 800-334-8336**

**TDD: 800-448-1823**

**Registration Code: AWP-OKC-2151**





- Full service primary care
  - ✓ No co-pay
  - ✓ No deductible
- Minimal waiting room time
- On-site generic prescriptions at no cost
- On-site lab draws at no cost

### What can be treated?

✓ allergies	✓ asthma
✓ cold and flu	✓ congestion
✓ diabetes management	✓ headaches
✓ high blood pressure	✓ high cholesterol
✓ lab work/tests	
✓ physicals	

**All care received is completely confidential !!!!**

# OKC Care

EMPLOYEE MEDICAL CENTER

Operated by  
**Premise Health.**



Located in the Arts District Garage at:  
424 Colcord Drive Suite A

### Hours of Operation:

Monday - Friday | 7:30 a.m. - 4:30 p.m.

Closed daily from 12:00 p.m. - 1:00 p.m. for lunch

**Phone:** 405-276-2030

**Online:** [MyPremiseHealth.com](https://www.mypremisehealth.com)

Schedule an appointment at [MyPremiseHealth.com](https://www.mypremisehealth.com)  
or download the **My Premise Health app**.

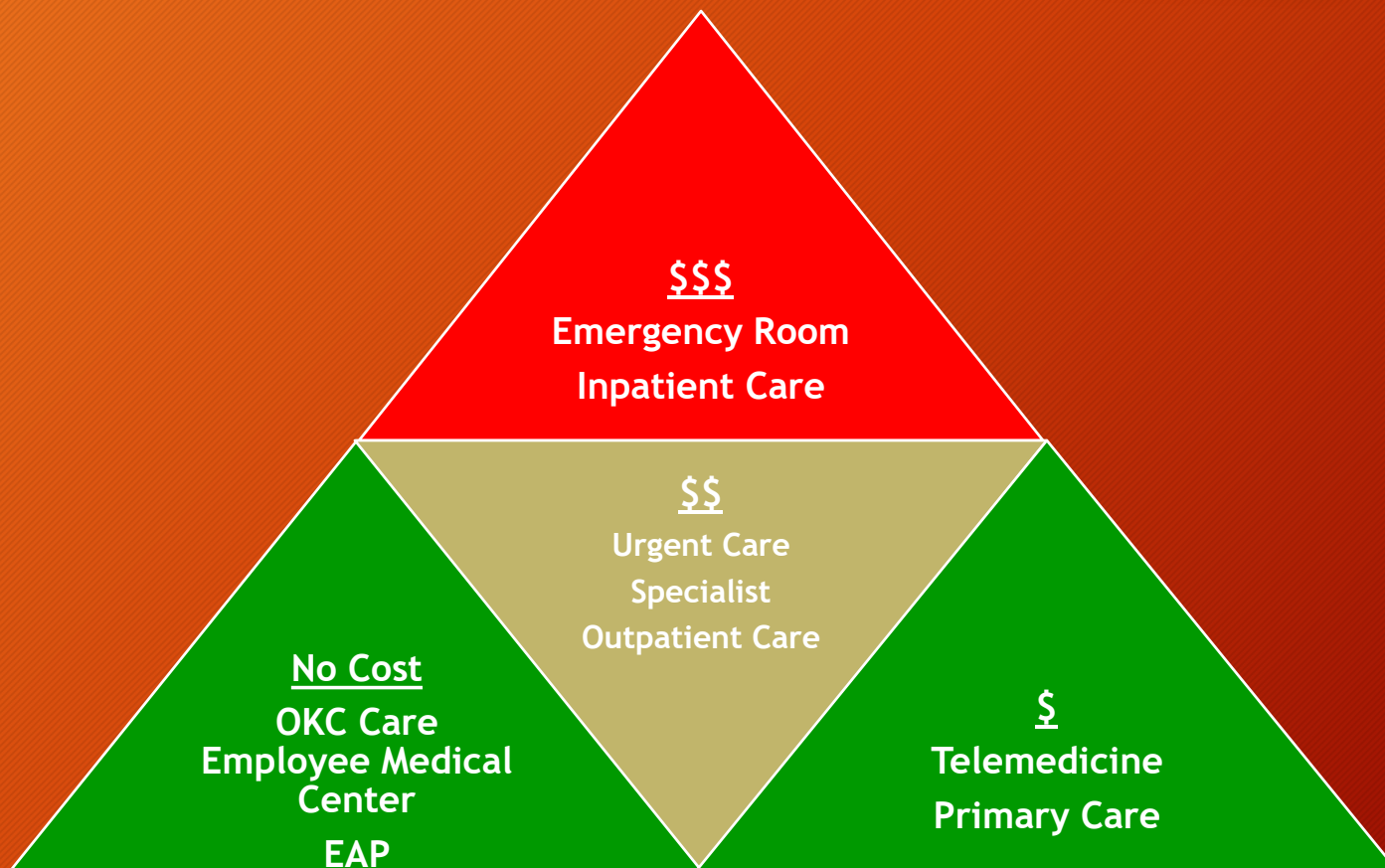
### Services include:

- Annual Physicals
- Preventive Exams
- Chronic Condition Management
- Biometric Screenings
- Lab Draws
- Immunizations
- Acute & Urgent Care
- Women's Health
- Pediatric Care

**Get in quickly, get the care you need,  
get on with your day!**

The medical center is available to all active employees, retirees,  
and their dependents ages two and up who maintain enrollment  
in a City of Oklahoma City sponsored health plan.

# SEEKING CARE



# Controlling Costs and Maximizing Care

- Ask for generic medications when possible.
  - ✓ Some newer retail medications are nothing more than two generic medications combined or time release versions. The cost of two generic or non time release medications maybe a fraction of the cost of the brand name.
- Shop pharmacies for best deal and/or discount programs.
  - ✓ This may not save you directly, but like above, this may result in significant savings for the plan. While copays maybe the same between pharmacies, ingredient cost can vary (sometimes significantly) from one pharmacy to another.
  - ✓ Some pharmacies also have discount programs that allow you to get certain medications at a lower copay without any cost back to the plan.



Controlling Costs

# Controlling Costs and Maximizing Care

- Utilize OKCCare Employee Medical Center.
  - ✓ This is a no cost benefit for employees and dependents enrolled in either medical plan. You can receive primary care as well as certain generic prescriptions at no cost.
  - ✓ In addition, lab work is completed each year and can be forwarded to your primary care doctor, saving the plan money
- Utilize preventative care and wellness benefits regularly.
  - ✓ The earlier you seek care and a condition is diagnosed, the easier and less costly it is to treat.
  - ✓ In addition, better outcomes are possible with early diagnosis.
- Utilize the necessary type of care for the condition being treated.
  - ✓ You will cost yourself time and money as well as the plan money by utilizing emergency services for non-emergency services.

**Controlling costs and maximizing care do not have to be mutually exclusive!!!**



**Maximizing Care**

# PRESCRIPTION FORMULARY

---

A Formulary is a list of medications that are covered under the plan.

---

Each medication class is represented in the formulary.

---

It is important to verify your medications are on the formulary.

---

If your medication is not listed on the formulary, the medication **WILL NOT BE COVERED**

**My medication is on  
the formulary....**

**However,**

**What is Step-Therapy  
and  
Prior Authorization?**

### Prior Authorization

- A prior authorization is a requirement that the physician obtain approval prior to prescribing a specific medication.
- Your physician will be responsible to submit the required documentation.

### Step Therapy

- Some medications require that alternatives have been prescribed and are ineffective or not appropriate treatment options.
- Your physician will be responsible to submit the required documentation.

Important items for review when deciding which medical plan to choose:

## Which Plan is Right for Me?



Provider list

Formulary list

Summary of Benefits and Coverage

Plan Premium Cost



**HMO HEALTH PLAN**  
Administered by



# HMO

## Highlights include

- ✓ No deductible/co-insurance
- ✓ \$30 co-pay for primary care, specialist, and urgent care
- ✓ \$100 in-patient co-pay hospitalization
- ✓ Self Referral for In-Network Specialist
- ✓ Prescription drug coverage
  - ✓ **\$15 generic**
  - ✓ **\$30 preferred brand**
  - ✓ **\$65 non-preferred brand**
- ✓ Mail Order Benefit
  - ✓ **90 day supply for 2 copays**



**All covered  
individuals must live  
within the HMO  
service area**

**Did you know?** To maximize care and reduce cost, always utilize your PCP for initial care. In cases of an emergency, utilize urgent or emergency care.

- Please verify your primary doctor and any specialists are in-network. The plan will NOT cover charges from non-network providers.
- If you do not select a primary care physician, one will be assigned to you based on your location. You will contact UHC to make any future changes to your PCP.

**PRIMARY CARE PHYSICIAN (PCP)**

**HMO**

At benefit enrollment, the member may select a Primary Care Physician from [www.myuhc.com](http://www.myuhc.com).

# URGENT CARE

NON LIFE THREATENING medically necessary health care services required to **PREVENT THE SERIOUS DETERIORATION** of a member's health resulting from an unforeseen illness or injury for which treatment **SHOULD NOT** be delayed. Your Primary Care Physician should be contacted for further instructions.

## *Examples:*

*Fever, Sprains, Flu, Infections (after hours, weekends)*



## **Important Fact:**

***Primary and most Urgent Care services will not be covered outside of the UHC service area.***



# EMERGENCY CARE

A serious **LIFE THREATENING** medical condition which **REQUIRES** immediate care and/or treatment. The primary care physician must be contacted **WITHIN 48 hours**.

*Examples:*

*Stroke, Heart Attack, Broken Arm/Leg.*



**Important Fact:**

***Emergency Care is covered  
outside HMO service area***

 **UnitedHealthcare**

## CHOOSING NETWORK PROVIDERS

The HMO plan provides offers a low co-pay and no co-insurance for covered services with in-network providers.

This will result in low out of pocket expenses.

If you go out-of-network (with the exception of emergency care out of the HMO service area), the HMO plan will not cover these services.

## EXAMPLES:

**Amy goes to her primary care physician for treatment of migraines and is prescribed a generic medication. Amy should expect to pay \$30 for the office co-pay and \$15 at the pharmacy for the generic medication.**

**John is in an automobile accident and seriously injured. John is admitted to the hospital and has several surgeries as a part of his recovery. The total billed charges for the hospital stay is \$150,000. John pays a \$100 copay.**



# Have additional questions?

HMO

Additional information and resources are available at:

- [www.myuhc.com](http://www.myuhc.com)
- Summary of Benefits and Coverage
- Employee Guide to Benefits
- UHC Customer Service



**PPO HEALTH PLAN**  
**(Group Indemnity Plan)**  
Administered by



**BlueCross BlueShield**  
**of Oklahoma**





# GROUP INDEMNITY PPO HEALTH PLAN

- **Deductible / Coinsurance plan**
  - ✓ **\$250 Individual Deductible**
  - ✓ **\$1,000 Co-Insurance**
  - ✓ **\$1,250 Total Individual Out of Pocket Maximum**
- **Out of network coverage with separate deductible, coinsurance**
  - ✓ **\$3,300 Total Individual Out of Pocket Maximum**
- **Greater physician choice flexibility, no PCP required**
- **Prescription Plan - Prime Therapeutics**
  - ✓ **\$15 generic**
  - ✓ **\$30 brand**
- **Mail Order plan**
  - ✓ **90 day supply for 2 copays**



**BlueCross BlueShield  
of Oklahoma**



**Important Fact:**

***BCBS offers members  
Nationwide coverage***

## Why should I use a Blue Preferred provider?

PPO

**John goes to a in-network general practice provider for treatment of an ulcer.** The provider bills BCBS \$150 for the visit. John pays a \$15 copay and since he has met his deductible pays an additional \$10 in coinsurance of the allowable charges of \$100.

**What if John had not met his deductible?** John would pay the \$100, which would apply to the deductible.

**What is John's total responsibility if he had in-network claims totaling \$10,000?** John would pay \$1,250. After this amount the plan pays at 100%.

Provider list: [www.bcbsok.com/okc](http://www.bcbsok.com/okc)

## What happens if I choose an Out-of-Network provider?

PPO

### **Sue goes to an out-of-network dermatologist for a consultation.**

The provider bills BCBS \$200 for the visit. Sue pays a \$15 copay and since she has met her out-of-network deductible pays \$30 of the allowable charges of \$100. In addition, Sue may owe an additional \$100 to the provider for the difference in billed charges for a total of \$145.

**What if Sue had not met her deductible?** Sue would pay the \$200, which would apply to the out-of-network deductible.

**What is Sue's total responsibility if she had \$10,000 in out-of-network claims?** Sue would pay \$3,300. After this amount the plan pays at 100%.

# Have additional questions?


PPO

Additional information and resources are available at:

- [www.bcbsok.com/okc](http://www.bcbsok.com/okc)
- [www.myprime.com](http://www.myprime.com)
- **Summary of Benefits and Coverage**
- **Employee Guide to Benefits**
- **BCBS/Prime Therapeutics Customer Service**



# Health Comparison

Plan			
Selection of Doctors	Primary Care Physician	Choose from Blue Preferred network	Non-Blue Preferred & Out of network
Individual Deductible	\$0	\$250*	\$300*
Coinsurance Max.	N/A	\$1,000*	\$3,000*
Office Co-pay	\$30	\$15 + 10% of charges	\$15 + 30% of charges
In-patient Hospital	\$100	\$50 + 10%	\$50 + 30%
Out-patient Hospital	\$50	\$50 + 10%	\$50 + 30%
Emergency Room Visit	\$50 / Waived if admitted	\$50 + 10%	\$50 + 30%
Preventative Care	Plan pays 100%	Plan pays 100%	

**\*Accumulators for each deductible and coinsurance are separate**



# HEALTH BENEFIT QUESTION & ANSWER

**GROUP LIFE**

Administered by



**BlueCross BlueShield  
of Oklahoma**

# GROUP TERM LIFE INSURANCE

**The City provides \$15,000 Basic Life / \$5,000 AD&D at no cost to the employee. The employee has the option to purchase additional group life insurance:**

- Optional Term Life - \$5,500
- Voluntary Term Life – .5x/ 1x/2x/3x Salary
- Supplemental AD&D - \$5,000 - \$20,000
- Spouse Term Life - \$10,000 - \$100,000
- Child Term Life - \$2,500 - \$10,000\*

\* Benefits under Child Life will reduce to \$100 during the first six months after birth.



**Did you know?**

*Group Life rates are based on group rates and not based on age.*

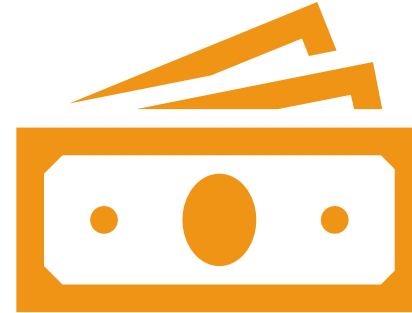
***The term of policy is the term of employment.***



# POLICY HIGHLIGHTS

- Guarantee Issue - No Evidence of Insurability (EOI) for new hires (up to 2x Salary for employee, \$20,000 for spouse)
- Conversion Available
- Portability Available (*Voluntary Life only*)
- Accelerated Death Benefit
- Maximum Life – \$500,000

**The City offers upon retirement the option to elect a \$10,000 Retiree Life policy**



## **Why is guaranteed issue important?**

*If you and/or spouse have a medical condition that would exclude you or make it cost prohibitive from purchasing life insurance, now is the time to consider electing life coverage as a new hire.*

# BENEFIT REDUCTION

**Benefits under the Group Life Insurance  
will reduce base on your age:**

- ✓ Age 65 - 65% of currently elected coverage
- ✓ Age 70 - 40% of currently elected coverage
- ✓ Age 75 - 25% of currently elected coverage



**Fact:**

***Benefit Reduction does  
not apply to retiree  
group life coverage.***

# LIFE BENEFICIARIES

Attached to your enrollment form is a beneficiary designation forms for Group Life, Final Wages, and Retirement.

**Please complete all beneficiary forms prior to enrollment on Monday.**



**Fact:**

*You can update beneficiary information at any time.*

*It is recommended that you provide updated beneficiary information periodically.*

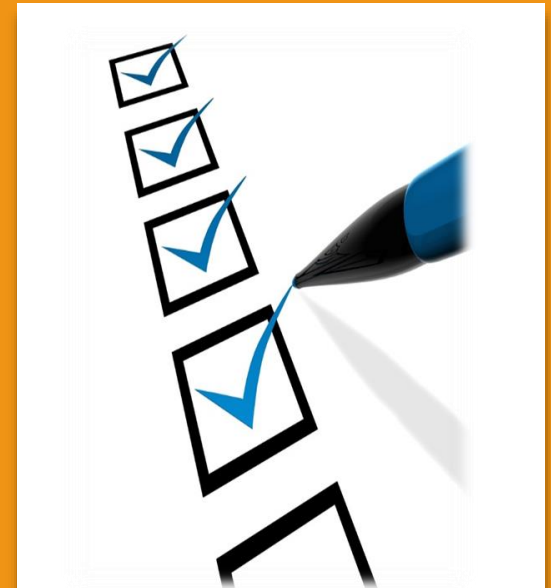
# LIFE BENEFICIARIES

You can designate a primary beneficiary(ies) and/or contingent beneficiary(ies):

- ✓ If you designate more than one primary beneficiary, the percentage total for primary beneficiaries must equal 100%.
- ✓ If you designate more than one contingent beneficiary, the percentage total for contingent beneficiaries must equal 100%.

**Why do I need to consider purchasing additional life insurance?**

*Each employees needs are different in regards to life insurance. Life insurance could be considered as income replacement for your beneficiaries to help bridge any loss of income due to an unexpected death.*



## **Important:**

*A contingent beneficiary will only receive life insurance proceeds in the event of the death of employee as well as the death of all primary beneficiaries.*

# Which life insurance option is best for me?

## Group Life -

- Rates based off of group rates, not age
- Guaranteed issue for new hires
- Typically lower premium cost

## Individual Life -

- Purchase in 10, 20, 30 year terms
- Rate stays the same throughout term
- Upon separation of employment, policy can be converted to direct bill for the same rate.
- Ability to reissue policy at end of term. Rate will change based on your current age.



**BlueCross BlueShield  
of Oklahoma**

**AMERICAN FIDELITY**   
a different opinion



# **LIFE INSURANCE QUESTION & ANSWER**

Flexible Spending Accounts  
Long Term Disability  
Accident Insurance  
Individual Term Life  
Cancer Insurance

**AMERICAN FIDELITY**   
a different opinion

**DENTAL PLAN**  
**(Group Indemnity Plan)**  
Administered by



**BlueCross BlueShield  
of Oklahoma**



# DENTAL BENEFITS

- Preventive Care (includes basic exams and cleanings with deductible waived)
- Select a different dentist for each member of your family
- Change dentists at any time
- Same low deductible for both options:
  - \$50 individual/\$150 Family

Additional dental information and network providers can be found at:

[www.bcbsok.com/okc](http://www.bcbsok.com/okc)



BlueCross BlueShield  
of Oklahoma

## Did you know?

*Prior to receiving a course of treatment over \$300, your dentist will need to submit a predetermination to BCBS for approval.*

***Failure to submit a predetermination may result in the claim being denied!***

# What is the low option?

**The LOW option maximum benefit is \$1,000 per participant per calendar year. This is typically sufficient for basic and routine dental care.**

## **Highlights include:**

- Depending on the level of service, the plan will pay a percentage with the remaining percentage your responsibility.
- In-network is paid at a higher percentage than out-of-network. You may be balanced billed for out-of-network services.
- Orthodontic benefit is capped at \$1,000 lifetime per participant.



## What if I need more dental coverage than the Low option?

**The HIGH option offers a maximum benefit is \$1,500 per participant per calendar year.**

### Highlights include:

- Depending on the level of service, the plan will pay a percentage with the remaining percentage your responsibility.
- Endodontic & Periodontal are covered at a higher percentage (80%) than the low option (50%).
- In-network is paid at the same percentage than out-of-network. However, You may be balanced billed for out-of-network services.
- Orthodontic benefit is capped at \$1,200 lifetime per participant.



### Can I switch between the Low and High option?

*Each year at Open Enrollment, you have the opportunity to switch between the low and high option depending on your current dental needs.*

# VISION PLAN

Administered by



# VSP VISION CARE PLAN FEATURES

- **Examination - once every calendar year (\$10 copay)**
  - **Lenses/Frames** – once every calendar year (\$25 copay for lenses, \$170 frame allowance)
  - Additional copays for progressive lens options (\$55-\$175)
  - 20-25% savings on non-covered lens options
- **OR**
- **Contacts** – once every calendar year (\$150 allowance)
- Contact fitting and evaluation (up to \$60 copay)
- **20% discount for additional complete set of glasses**
- **Discount for laser vision correction surgery**

Provider list available at [www.VSP.com](http://www.VSP.com)



## **Fact:**

*The HMO medical plan offers one eye exam per calendar year, but no allowance for glasses or contact lenses.*



# **DENTAL AND VISION BENEFIT QUESTION & ANSWER**

# Eligibility

## Employee benefits

**Employee benefits** provided to employees in salaries. In instances where wages for some other form of 'sacrifice' or



The City of  
**OKLAHOMA CITY**

# WHO ARE ELIGIBLE DEPENDENTS?

- Spouse as defined by Oklahoma State law.
- Common Law Spouse as recognized by the State of Oklahoma. Additional documentation is required.
- Children as defined by Oklahoma state law or who qualify as a dependent under the Internal Revenue Code.
- Adult child(ren) who are physically or mentally incapable of self support at the time they would otherwise lose coverage.





# WHO QUALIFY AS CHILDREN

- Natural, and/or Adopted child(ren).
- Stepchild(ren) who qualify as a dependent under the Internal Revenue Code.
- Other child(ren) for whom the employee is the legal guardian.
- Child(ren) under the age of 26.
- Disabled Child(ren) over the age of 26 incapable of self-support.

**Contact Employee Benefits for additional requirements for disabled dependent qualification**



## DEPENDENTS DO NOT INCLUDE....

- Ex-Spouse & Ex-Stepchildren
- In-laws, Parents, Siblings, etc.
- Any other person who does not qualify as a dependent under the Internal Revenue Code.



# WHAT DOCUMENTS DO I NEED TO BRING TO ENROLL A SPOUSE AND/OR DEPENDENT CHILD(REN)?



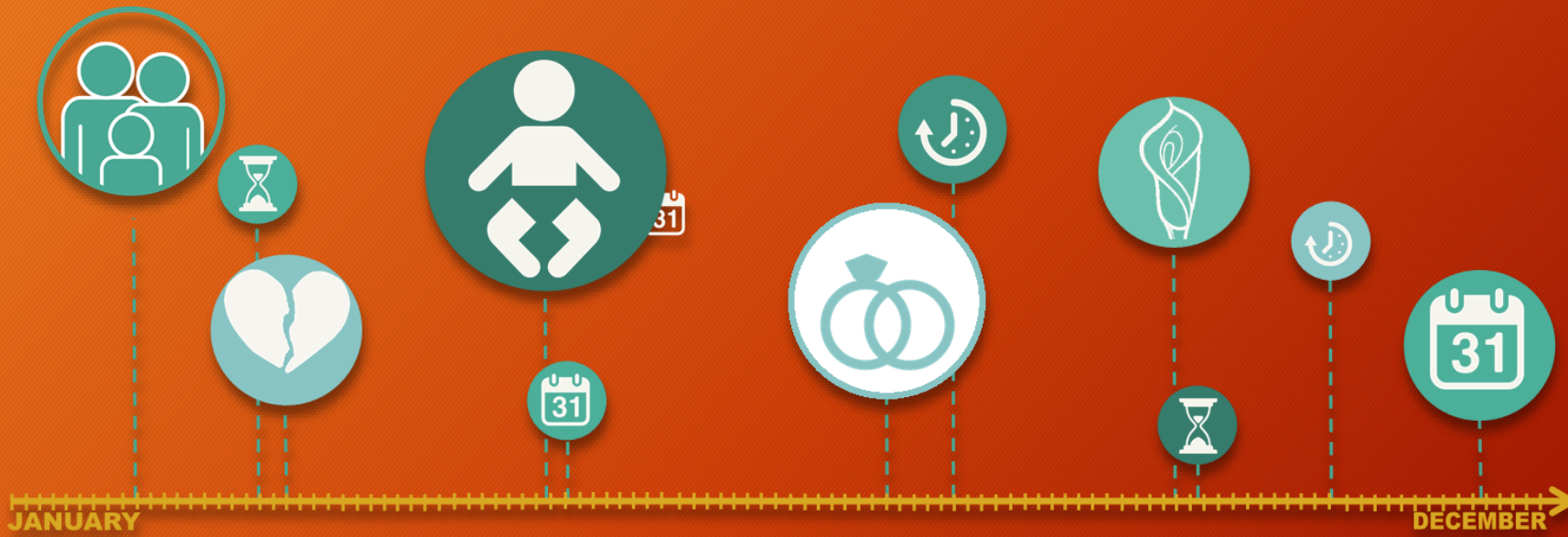
Eligibility will NOT be established until the following are received:

- A copy of the SOCIAL SECURITY CARD for each eligible dependent;

And one of the following documents:

- A copy of your MARRIAGE CERTIFICATE for your spouse;
- A copy of the STATE ISSUED BIRTH CERTIFICATE for each dependent child;
- A copy of the COURT ORDER establishing legal adoption or guardianship.

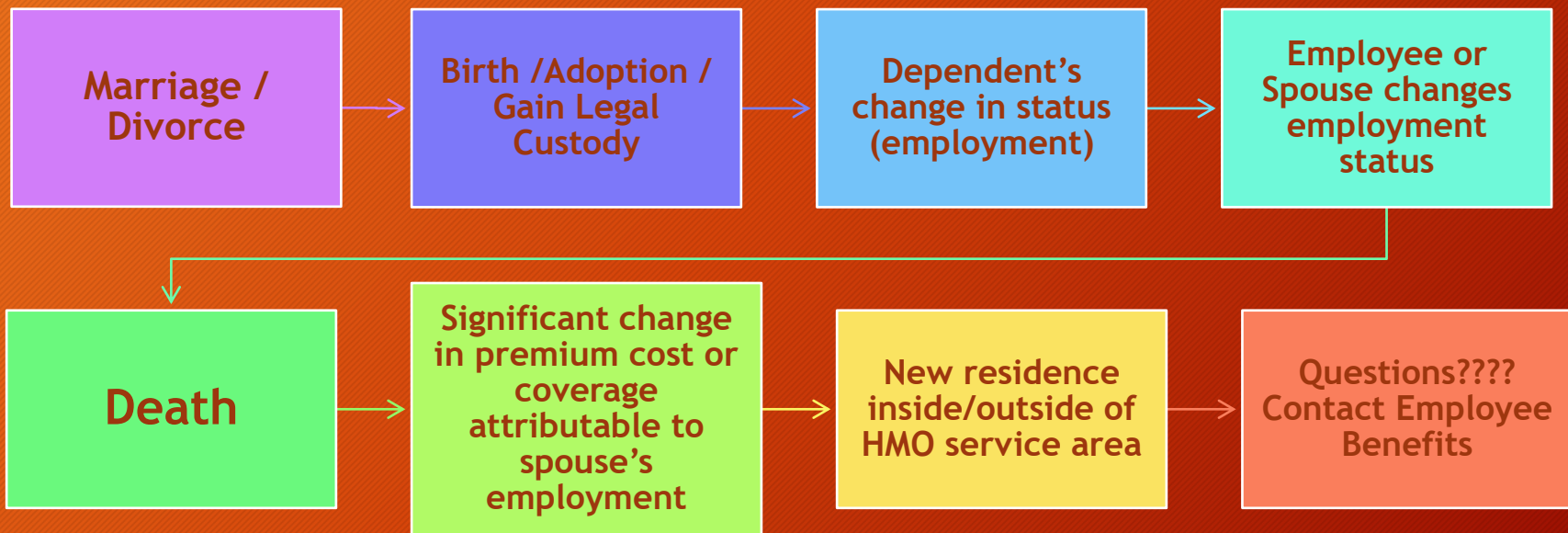
**No Documents = No Coverage**



# LIFE EVENTS



# WHAT IS A LIFE EVENT?



**Life Events allow changes to be made to your elections during the plan year.**

Some life events, such as a divorce, require you to make a change. Other life events are voluntary, meaning it is your choice to make changes.

I just had a life event...

All qualifying Life Event changes must be made within 31 days of the qualifying event.

AND

You must provide Employee Benefits supporting documentation for qualified change.



**Important:**

***Any changes made must be consistent with the life event.  
For example, a birth of child does not allow you to add  
your spouse to coverage.***

# I failed to notify Employee Benefits of my Life Event within 31 days...

In this case, you may have to wait until the next Open Enrollment period to make changes.

OR

If you maintain coverage for an ineligible dependent due to a Life Event, the employee may be subject to disciplinary action and/or legal action to recoup premiums or claims paid on behalf of the ineligible dependent.



# WHAT IS OPEN ENROLLMENT?

Each year the City of Oklahoma City provides an Open Enrollment period. This event allows employees the opportunity to:

- Add/drop/change health, dental, life or vision plans
- Increase/decrease life insurance
- Add/drop qualified dependents



**IMPORTANT:**

**No qualifying life event  
is necessary to make  
Open Enrollment  
changes**



# OPEN ENROLLMENT

A new Employee Guide to Benefits and election form will be mailed to you each year with important information and changes.

**It is your responsibility to review the information provided and make changes within the enrollment period.**



**Fact:**

*Open Enrollment period is held in October of each year.*

*Changes made are effective January 1<sup>st</sup> of the following year.*

# CONFIRMATION OF ELECTIONS



A Confirmation of Elections will be mailed to you each year after Open Enrollment period closes typically at the end of October.

**It is your responsibility to review the confirmation provided and notify Employee Benefits IMMEDIATELY of any corrections.**

## Note:

*You will receive Confirmation of Elections following your elections as a New Hire as well as anytime changes are made due to a Life Event.*

YOUR STREET OKLAHOMA CITY, OK 73102	Employee ID: 99999 Date of Birth: 01/01/01 Event ID: 0	Effective Date: 01/01/2008 Service Date: 01/27/2006 Event Class: HIR
--	--	--

This statement confirms your recent Enrollment elections. These coverages will remain in effect until you experience a change in family status or in your employment status. For active employees, this statement does not reflect your participation in Cancer Select or Universal Life Plans.  
If no further changes are required, do not return this form. If an error has been made in recording your elections, make the necessary corrections on this form, sign it, and return it upon receipt to the Personnel Department, Employee Benefits Division, 420 W. Main St., Suite 110, OKC, OK 73102. Please make a copy of this form for your records.

YOUR BENEFIT CHOICES		Coverage	Pay Period Before Tax Deduction	Pay Period After Tax Deduction
Benefit Option	Category/ Base			
Major Medical	Group Indemnity-Before Tax	Employee + Spouse	\$ 101.87	
Dental	Delta Choice Max-Before Tax	Employee Only	\$ 4.93	
Vision	(1) Waive			
Life and AD and D	Basic Life/AD&D	\$ 10,000		
Optional Life	Optional Life-Before Tax	\$ 5,500	\$ 0.63	
Supplemental Life	(1) Waive			
Supplemental AD and D	Supplemental AD/D-Before Tax	\$ 5,000	\$ 0.08	
Dependent Life	(1) Waive			
Long-Term Disability	(1) Waive			
Flex Spending Health - U.S.	Medical Flex Spending Account	\$ 550	\$ 22.92	

<b>TOTAL PAY-PERIOD DEDUCTION:</b>	\$ 130.43	\$ 0.00
------------------------------------	-----------	---------

Benefit Option	Election
Employee Retirement System-EE	Waive
Money Purchase Plan 7697-EE	Waive
Money Purchase Plan 8751-EE	Money Purchase Plan 8751-EE Required Pct 6.00 %

# Enrollment

## Employee benefits

**Employee benefits** provided to employees in salaries. In instances where wages for some other form of 'sacrifice' or



The City of  
**OKLAHOMA CITY**

**DEPENDENT/BENEFICIARY ENROLLMENT FORM**

DEPENDENT INFORMATION				Elect YES or NO			
				MEDICAL	DENTAL	VISION	Spouse/Child Life
<b>EXAMPLE</b>	Dependent Name: <u>John Doe</u>	Phone # (if different): <u>(555)555-5555</u>	Relationship: <u>Son</u>	Social Security Number: <u>999-99-9999</u>			
	<input checked="" type="checkbox"/> Address and phone # same as employee	If Life Insurance Beneficiary: <u>Primary</u> <input checked="" type="radio"/> Contingent? (circle one)	Date of Birth: <u>8/13/1995</u>	Primary Care Physician (if electing an HMO): <u>0180140292</u>			
	<u>100 Long Street</u> <u>Oklahoma City, OK 73102</u>	Percentage of Total Benefit: <u>100%</u>		<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Address (if different): _____				Is dependent on Medicare? If yes, please provide copy of Medicare card.			
<b>SPOUSE/BENEFICIARY</b>	Spouse Name: _____	Percentage of Total Benefit: _____	Relationship: _____	Social Security Number: _____			
	<input type="checkbox"/> Address and phone # same as employee	If Life Insurance Beneficiary: _____	Date of Birth: _____	Primary Care Physician (if electing an HMO): _____			
	Address (if different): _____	Primary or Contingent? (circle one): _____		Is spouse a full time active employee or retiree of the City of Oklahoma City? Y or N: _____			
Percentage of Total Benefit: _____				Is spouse on Medicare? Y or N: _____			
Note: The total percentage for primary beneficiaries must equal 100%, and the total percentage for contingent beneficiaries must equal 100%.				If yes, please provide copy of Medicare card.			
<b>DEPENDENT/BENEFICIARY</b>	Dependent Name: _____	Phone # (if different): _____	Relationship: _____	Social Security Number: _____			
	<input type="checkbox"/> Address and phone # same as employee	If Life Insurance Beneficiary: _____	Date of Birth: _____	Primary Care Physician (if electing an HMO): _____			
	Address (if different): _____	Primary or Contingent? (circle one): _____		Is dependent on Medicare? Y or N: _____			
Percentage of Total Benefit: _____				If yes, please provide copy of Medicare card.			
<b>DEPENDENT/BENEFICIARY</b>	Dependent Name: _____	Phone # (if different): _____	Relationship: _____	Social Security Number: _____			
	<input type="checkbox"/> Address and phone # same as employee	If Life Insurance Beneficiary: _____	Date of Birth: _____	Primary Care Physician (if electing an HMO): _____			
	Address (if different): _____	Primary or Contingent? (circle one): _____		Is dependent on Medicare? Y or N: _____			
Percentage of Total Benefit: _____				If yes, please provide copy of Medicare card.			
<b>DEPENDENT/BENEFICIARY</b>	Dependent Name: _____	Phone # (if different): _____	Relationship: _____	Social Security Number: _____			
	<input type="checkbox"/> Address and phone # same as employee	If Life Insurance Beneficiary: _____	Date of Birth: _____	Primary Care Physician (if electing an HMO): _____			
	Address (if different): _____	Primary or Contingent? (circle one): _____		Is dependent on Medicare? Y or N: _____			
Percentage of Total Benefit: _____				If yes, please provide copy of Medicare card.			

**INSTRUCTIONS:** Please complete form for all eligible dependents you wish to enroll in medical, dental, and/or vision coverage, as well as beneficiaries for your life insurance coverage. Employee benefits will only enroll your dependents in coverages you select. In order for the elections above to be accepted and finalized, you must submit the required documentation within 30 days of your hire date. Employee Benefits reserves the right to request additional documentation to determine dependent eligibility.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
I hereby attest by signature above, that the information submitted is true and correct.

# DEPENDENT INFORMATION FORM



**Note: You will only need to complete if you are electing medical, dental, vision, and/or life coverage for spouse and/or dependent children.**

Plan Options

Tier Levels

MAJOR MEDICAL	Employee Only	Employee + Spouse	Employee + Child	Employee + Children	Employee + Family
Waive	\$ 0.00 (1)				
Group Indemnity Stnd -B Tax	\$ 92.34 (2)	\$ 174.52 (3)	\$ 129.27 (5)	\$ 166.21 (4)	\$ 235.46 (6)
Group Indemnity Stnd-After Tax	\$ 92.34 (7)	\$ 174.52 (8)	\$ 129.27 (10)	\$ 166.21 (9)	\$ 235.46 (11)
HMO-Before Tax	\$ 60.73 (12)	\$ 136.66 (13)	\$ 106.29 (15)	\$ 130.58 (14)	\$ 188.29 (16)
HMO-After Tax	\$ 60.73 (17)	\$ 136.66 (18)	\$ 106.29 (20)	\$ 130.58 (19)	\$ 188.29 (21)

**HMO Only** Primary Care Physician (PCP) Name/UHC 10-digit ID number: \_\_\_\_\_

Primary Care Physician (HMO only)

Premium (Employee Portion)

# MAKING YOUR ELECTIONS



Circle the ( ) of the election you wish to make.  
Example: If you wish to waive coverage, circle (1).

# WHAT IS A BEFORE - TAX OPTION?



A Before - Tax Option (also called Section 125 or Cafeteria Plan) allows you to have your group insurance premiums deducted from your paycheck before taxes.

This means you pay no federal or state tax on your premium contributions, resulting in more take home pay.

Deductions must all be either before or after tax, if applicable.

**Before-tax seems to make the most sense. Why would I choose after-tax?:**

*Your retirement benefit with OCERS is calculated on adjusted gross earnings. If you have large pre-tax benefit deductions, you may wish to select after-tax at least 3 years prior to retirement. Contact OCERS for additional information.*

# Why pre-tax my elections?



Pre-Tax Example		After-Tax Example
\$30,000.00	Gross Salary	\$30,000.00
<b>-\$4000.00</b>	Pre-Tax Deductions	-\$0.00
<b>\$26,000.00</b>	<b>Adjusted Gross Salary</b>	<b>\$30,000.00</b>
-\$5200.00	Estimated Federal Tax (20%)	-\$6000.00
-\$1980.90	Estimated FICA (7.65%)	-\$2281.50
\$0.00	After-Tax Deductions	<b>-\$4000.00</b>
<b>\$18,801.10</b>	<b>Take-Home Pay Difference</b>	<b>\$17,718.50</b>
<b>\$1,082.60</b>	<b>Change in take home pay</b>	<b>-\$1,082.60</b>

# ENROLLMENT PACKET

The enrollment packet has valuable information and forms; please take the time this weekend to read over the information and complete and sign the attached forms. Please circle the plans you wish to elect on the enrollment form.

Even if you are not electing coverage for spouse or dependent children, you should still designate beneficiaries for Group Life Insurance, Final Wages, and Retirement. Regardless of any elections you make, these will all still apply.

**DO NOT FORGET TO BRING ENROLLMENT  
FORM BACK ON MONDAY!!!**



# Beyond Your Benefits

Employee benefits

Employee benefits provided to employees in salaries. In instances where wages for some other form of 'sacrifice' or



The City of  
**OKLAHOMA CITY**

# Municipal Employees Charitable Contribution Campaign

Annual fundraising drive in  
September of each year by  
Oklahoma City employees that  
benefits local charities



You may select a  
\$2.00 per pay period  
minimum payroll  
contribution

A one-time contribution

**The choice to  
contribute is  
voluntary**

# Municipal Employees Charitable Contribution Campaign

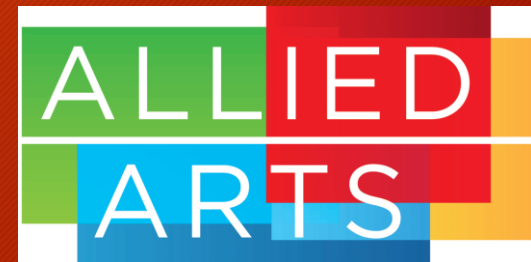


**When renewed during the Heart of the City campaign, contributions may be allotted to the charities of your choice.**



Supports 50 non-profit organizations that meet health and human service needs of the community.

**The Allied Arts supports 20 metro area arts organizations and their artists who help shape and enhance our cultural landscape. At well over 4,000 artists, Allied Arts represents one of the largest artist communities in the country.**



# Municipal Employees Charitable Contribution Campaign



Represents 17 health agencies that provide research, programs and services to prevent, manage and cure chronic and life-threatening health conditions.



**Regional Food Bank provides enough food to feed more than 90,000 hungry Oklahomans each week.**

## Notice of Health Laws



The City of Oklahoma City  
Employee Benefits Division

### Certificate of Creditable Coverage

A certificate of creditable coverage will be provided upon request or automatically upon loss of coverage and a COBRA qualifying event. Certificates provide evidence of health coverage and may be needed if you become eligible under a group health plan that excludes coverage for certain medical conditions that you have before you enroll.

§ 701 (e), 29 CFR 2590.701-5

### Preexisting Condition Exclusion

The Group Indemnity Health Plan will only provide coverage for the first \$4,000.00 of Covered Medical Expenses incurred during the first (12) months of a participant's current period of coverage for treatment of a preexisting condition. Preexisting limitations are waived under the Health Insurance Portability Accountability Act (HIPAA), if the insured provides the City proof of continuous health insurance coverage. Individuals have the right to request a certificate of creditable coverage from prior plans or issuers. The Employee Benefits Division will assist an individual in obtaining a certificate from any prior plan or issuer, if necessary.

If an individual submits creditable coverage information that is not enough to offset the preexisting condition exclusion period, an individual notice of preexisting condition exclusions will be provided.

29 CFR 2590.701-3(c) and 29 CFR 2590.701-5(d)

In your enrollment packet is an acknowledgement of receipt that you will need to compete.

# NOTICE OF HEALTH LAWS



# NOTICE OF HEALTH LAWS

Certificate of  
Creditable Coverage

Affordable Care Act

Special Enrollment  
Rights

Notice of Privacy  
Practices

# AFFORDABLE CARE ACT

- Health Insurance Marketplace
- Must maintain coverage for a minimum of 9 of the 12 months
- Individual Mandate
  - City plans meet standards
- More information on exchanges and eligibility for discount can be found at:
  - [www.healthcare.gov](http://www.healthcare.gov)



# COBRA Continuation of Coverage



## General Notice (Informational)

- 90 days of effective date of hire
- Employee/Spouse

## Temporary Continuation of Benefits

- Coverage period of 18-36 months depending on qualifying event.

## Election Notice

- Election must be made 60 days of qualifying event
- Employee and/or family member
- Have additional 45 days from election date to make payment



# PEOPLESOFT SELF-SERVICE

## Personal Information

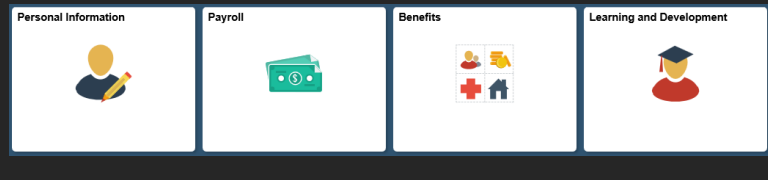
- View/update demographic info

## Benefits

- View current benefits
- Open Enrollment elections

## Compensation/Payroll

- View paychecks
- Paycheck modeler
- Update W-4
- Direct Deposit



# CHECKLIST

- Complete enrollment packet this weekend:
  - Dependent Information
  - Enrollment elections
  - Beneficiary forms
  - Sign all forms attached to Enrollment Packet
- Bring on Monday:
  - Completed enrollment packet
  - Copies of all required legal documents (Spouse and Children)
  - Vehicle Tag Number (*Downtown campus employees only*)

