

City of Oklahoma City

EMPLOYEE BENEFITS GUIDE

City of Oklahoma City

Dear City of OKC Employee,

The last year has been transformative. With One OKC Cloud coming online and the exciting news of enhancements to our medical plan offerings, HR is working hard to meet the needs of our workforce. Witnessing City Staff's resiliency and adaptability over the last year gives me great pride to work alongside each of you. I encourage you to take a small amount of time to log in to One OKC Cloud and review your benefits to make sure they are still meeting you and your family's needs. Additional information regarding our direct replacement of the HMO plan, the EPO medical plan, can be found in the guide.

The Total Rewards Team will continue to provide great service in a way that will best suit your busy schedule. We are committed to assisting each employee to access One OKC Cloud. Additional information and/or changes for Open Enrollment will be communicated through InsideOKC, www.okc.gov/oe, and/or departments.

Stay Safe and please don't hesitate to reach out if we can assist you.



Aimee Madder Chief HR Officer

Things to Know for 2024

Medical Plan Updates

For 2024, the City is excited to announce the EPO plan. The EPO plan, administered by Blue Cross Blue Shield, is a direct replacement of the UnitedHealthcare HMO plan. The new EPO plan will mirror the structure and benefit level of the prior HMO plan with no deductible or co-insurance but with key enhancements:

- 1) No Primary Care Physician requirement. You will have the choice of any in-network provider.
- 2) A nationwide network of available in-network providers. Like the prior HMO, out-of-network providers will not be covered except in cases of an emergency.
- 3) A broader network of covered medications.
- 4) No change in rates. EPO rates match the 2023 HMO rates.

HMO Participants

Participants of the HMO plan will need to make a new medical plan selection for 2024. You will need to log in to One OKC Cloud to make this change. You will have the option to select the EPO plan or the PPO plan. The EPO plan is designed to mirror the plan provisions of the HMO plan. Please refer to pages 10-13 for additional information.

Important Note: Benefits are subject to Labor negotiations with applicable collective bargaining groups. Benefits and/or rates referenced herein are subject to change. If such change occurs, employees will be notified.

One OKC Cloud

In July 2023, One OKC Cloud replaced PeopleSoft as our HR system. The One OKC Cloud experience is designed to put the employee in control of their benefits. Every employee will now have access to One OKC Cloud and will have access to make their own elections and changes to their benefit selections. In addition, employees are **STRONGLY** encouraged to check and periodically update their beneficiaries. For more information to enroll or make changes, or visit www.okc.gov/oe.

On-Site Enrollment Location

Open Enrollment will be held at the OKC Convention Center (100 Mick Cornett Dr, Oklahoma City, OK 73109) **the week of October 30 to November 3, 2023 from 8am to 4pm**. Staff will be available to assist with self-enrollment in One OKC Cloud. Representatives from American Fidelity will be on-site to assist with Accident, Cancer, Long Term Disability, and Individual Life plans. Vendors for medical, dental, life, EAP, and retirement will be on-site to answer any questions.

Beneficiary Update

As part of the Oracle Cloud conversion, the decision was made to have employees reload their Group Life beneficiaries. New beneficiary designations are required for all employees regardless of whether you had a beneficiary designation previously on file with the City. Group Life Beneficiaries can be completed at anytime throughout the year in One OKC Cloud self-service. As a reminder, it is good practice to always review your beneficiary designations on file at enrollment and anytime you experience a major life event (like getting married or having a baby, etc.)

Please note Employee Benefits does have access to historical beneficiary information in the event the employee has not updated the beneficiary in One OKC Cloud. Once the employee has made the update in One OKC Cloud, this will become the source of record.

City Benefits Program

Eligibility & Coverage Information

Plan Eligibility

Eligibility is determined by the requirements stated in the appropriate plan document or insurance policy. Since the plans are subject to change, eligibility may also change. If you change coverage from one plan to another, you and your dependent(s) must meet the requirements of the new plan selected.

Benefits Information

Additional information regarding your benefits can be found at www.okc.gov/oe. If you need to meet with Employee Benefits, please call 297-2144 to set up an appointment.

Employee and Dependent Eligibility

You are eligible to participate in the City's health and welfare plans if you are classified as a regular, full-time active employee, excluding Fire Fighters, or in one of the following categories: 1) An employee on paid disability leave due to an on-the-job injury or illness who was a regular, full-time active employee on the date the disabling injury or illness occurred; 2) An elected official of the City; 3) The City Auditor or a regular, full-time active employee of the City Auditor's office; 4) The Municipal Counselor or a regular, full-time active employee of the Municipal Counselor's office; or 5) A full-time active Oklahoma City Municipal Judge; or 6) An eligible employee of a participating public trust.

Employees must provide official documentation establishing a legal relationship with dependents in order for the dependents to be eligible for coverage. **You and your dependents will not be covered until you complete the appropriate paperwork with the Employee Benefits Division, provide the necessary documents to be enrolled (i.e. birth certificates, marriage license, copy of the social security card, etc.), and pay the required premium(s). Acceptable documentation must be received in the Employee Benefits Division of the Human Resources Department within 31 days of becoming eligible.** Refer to the Guide to Qualifying Change in Status in this guide for additional information.

Eligible Dependents Include

- Spouse, including Common Law partner.
- Child(ren), under age 26, (or those who qualify as a dependent under the Internal Revenue Code).
- Child(ren), currently enrolled in coverage, who are physically or mentally incapable of self support on the date coverage would otherwise end at age 26.

About this Guide

This benefit guide is a compilation of City sponsored employee benefits. It is intended for informational purposes only. The actual benefits available and the full descriptions of these benefits are governed in all cases by the relevant plan document, insurance contracts, and Ordinances and Resolutions of The City of Oklahoma City, and where applicable, collective bargaining agreements. If there are discrepancies between the benefit guide and the actual plan documents, insurance contracts, and Ordinances and Resolutions, the documents, contracts, and Ordinances and Resolutions will govern. Please refer to Supplemental Benefits Information and Disclosures for additional information.

Administrative Information

Clerical Error/Delay

Clerical error or delay will not invalidate coverage or cause coverage to be in force. Coverage is governed solely by terms and provisions of the Plans, and City policy. Additionally, payment or lack of payment of premiums will not cause coverage under a Plan to commence or terminate. However, upon discovery of clerical error or delay, which results in over or under collection of premiums, an adjustment will be made to reflect the correct amount of premiums. The City has the right to collect premiums owed by the employee and conversely, the employee will be reimbursed if an overpayment occurs. Additionally, if a clerical error results in the processing of claims against the Plan, any payments disbursed to providers will be invalidated and payment of services will be the responsibility of the employee.

HIPAA Compliance

The Health Insurance Portability and Accountability Act (HIPAA) requires that your health insurance plan limit the release of your health information to the minimum necessary required for your care. If you have questions about your claims, contact your insurance carrier first. If, after contacting the insurance carrier, you need a representative of the Employee Benefits Division to assist you with any claim issues, you may be required to provide written authorization to release information related to your claim. The City of Oklahoma City advises you that the HIPAA Notice of Privacy Practices is available to you by accessing <http://www.okc.gov/departments/HumanResources/benefits>. If you do not have access to the internet and you would like a copy of the HIPAA Notice of Privacy Practice, or if you have any questions, please contact a representative of the Employee Benefits Division at 405-297-2144.

IMPORTANT NOTICE: If dependent eligibility changes during the year you must notify the Employee Benefits Division of the Human Resources Department within 31 days of the qualifying event.

For more information, contact Employee Benefits at eb@okc.gov or 405-297-2144.

Enrollment for Plan Year 2024

Important Dates to Remember

Your On-Site Enrollment Dates are:

October 30, 2023 - November 3, 2023

Your Period of Coverage Dates are:

January 1, 2024 - December 31, 2024

Self-Service Online Enrollment:

October 25 - November 9

Open Enrollment Deadlines

Online Enrollment Changes Due:

November 9, 2023

Required Open Enrollment Legal Documentation Due:

November 9, 2023

Enrollment Information

If you are currently enrolled in the UnitedHealthcare HMO plan, you must enroll in either the EPO or PPO plan with BlueCross BlueShield in order to have medical coverage in 2024.

By taking no enrollment action, you will not have medical coverage for 2024. Your dental, vision, life insurance and voluntary products you are currently enrolled in will remain the same and premiums will automatically adjust to the new rates, with the exception of the Health Flexible Spending Account or Dependent Care Flexible Spending Account.

IMPORTANT NOTICE: The Health Flexible Spending Account and Dependent Care Flexible Spending Account require a new election each year. Any current FSA election from the current plan year will be terminated as of first day of the new plan year.

NOTE: If spouse/dependent child eligibility changes during the year you must notify the Employee Benefits Division of the Human Resources Department within 31 days of the qualifying event.

In addition, coverage will only continue for the next plan year, if all required documents supporting eligibility for benefits have been provided to the Employee Benefits Division.

Annual Open Enrollment

Each year Open Enrollment provides you an opportunity to change plans and modify dependent coverage. Changes made become effective January 1, 2024, and will remain in effect through the plan year (January 1, 2024 - December 31, 2024).

What You Need to Do During Annual Open Enrollment

1. Review the benefits available and determine which plans best meet your needs.
2. Review the family members you have covered under the Plan. During the annual enrollment period, you are verifying that your dependents meet the City's benefit eligibility requirement. You may be required to provide supporting documentation.
3. Ensure the City has your correct mailing address on file in the Human Resources Department.

On-Site and Virtual Enrollment will be held

October 30th - November 3rd, 2023 from 8:00 a.m. - 4:00 p.m.

Oklahoma City Convention Center 100

Mick Cornett Drive, Hall B

Parking validation will be provided

Appointments are encouraged. To schedule your appointment, visit:

<https://americanfidelity.com/okc>

COTPA On-Site Enrollment will be held

October, 27th from 8:00am - 4:00pm, 2000 S. May

www.okc.gov/oe

Remember...

We recommend reviewing your current information, including...

- Updating your beneficiaries.
- Removing ineligible dependents
 - If you are divorced, your ex-spouse is no longer eligible for health, dental, and /or vision coverage.
 - If a child no longer qualifies for coverage as a dependent (i.e. stepchildren who are no longer eligible due to divorce, loss of guardianship, etc.)
 - If you have Spousal Life Insurance coverage, and are divorced, your ex-spouse is no longer eligible for this coverage.
 - If you have Child Life Insurance coverage and your children are over the age of 23, your children are no longer eligible for this coverage.

Two Easy Ways to Enroll



Remember: If you are enrolled in the United Healthcare HMO plan -You must enroll in a new medical coverage -either the EPO plan or PPO plan.

1

Enroll Self Service Enrollment

Enroll online from the convenience of your home using your work or home computer, One OKC Cloud Self Service for Medical, Dental, Vision, and Flexible Spending Accounts. If you wish to enroll in voluntary products or make changes to your voluntary products (Long-Term Disability, Cancer, Accident Only, Individual Term Life, or Permanent Life plans), you will need to attend the on-site enrollment and meet directly with an American Fidelity enroller at the on-site enrollment or schedule a virtual visit. The American Fidelity enroller will not have access to make change to the City's group plans.

NOTE: You may need to clear your internet cache/cookies.

Additional Instructions for online enrollment are available on the Open Enrollment page at www.okc.gov/oe in the Employee Benefits section of www.okc.gov/oe.

2

Enroll On-Site or Virtual Enrollment

Human Resources staff will be present to assist employees with reviewing and making changes in self-service. Employees will need to bring a multi-factor authentication (MFA) to the on-site enrollment to login to the kiosk to review or make election changes. Employees are authorized up to two hours of paid leave to participate in the enrollment process. Please remember that approval from your supervisor is required for use of your authorized two hours of paid leave prior to the OE event. **Also, if you add dependent(s), you must provide appropriate documentation (i.e. birth certificate, marriage license, copy of the Social Security card, etc.) to the Employee Benefits division at enrollment, before dependent(s) will be added to the City's plan(s).**

By enrolling on-site you can enroll in:			
• Medical	• Vision	• Accident Only Insurance	• 457(b) Savings Plan
• Group Term Life	• Long-Term Disability	• Cancer Insurance	• Fitness Center
• Dental	• Individual Term Life	• Flexible Spending Accounts	• Permanent Life



Remember: FSA enrollment elections do not carry over into 2024. You must re-enroll in the Flexible Spending Account Health and/or Dependent Care Flexible Spending Account EACH YEAR!

Documents required for Benefit Enrollment or Changes*		
Birth Certificate	Medicare Card	Social Security Card
Dependent Eligibility Form	Common Law Marriage Affidavit and Documentation	Legal Guardianship Documents
Marriage License	Divorce Decree	Adoption Papers

* Current dependents do not require documents if they are on file.

Table of Contents

2024 Benefits Enrollment

Rates.....	7
COVID-19 Update.....	8
Section 125 Cafeteria Plan.....	10
Health Plan Benefits Comparison.....	10-13
Health Plans.....	14
Employee Medical Center.....	16-17
Blue Access for Members.....	18
Dental Plan.....	19-21
Vision Plan.....	22-23
Fitness Center.....	24-25
Flexible Spending Accounts.....	26-27
Group Term Life Insurance and AD&D (City Employees Only).....	28-30
Individual Term Life Insurance.....	31
Universal Life Insurance.....	32
Accident Only Insurance.....	33
Cancer Insurance.....	34
Long-Term Disability Income Insurance.....	35
Hospital Indemnity.....	36
Short Term Disability Insurance (COTPA Employees Only).....	37-38
Group Term Life Insurance and AD&D (COTPA Employees Only).....	39-41
IRC 457 Deferred Compensation.....	42
Employee Assistance Program.....	43
Guide to Life Events / Change in Status.....	44
Benefit Highlights for New Employees.....	45
Employee Payroll Calendar.....	46
COTPA Payroll Calendar.....	47
Benefits Resource Directory.....	Back Cover

Additional information regarding the eligibility, administration, policies, and/or regulations that govern the City of Oklahoma City benefit programs can be found in the Disclosures and Supplemental Benefit Information Guide. Revisions and updates to the Disclosures and Supplemental Information Guide will be posted on the Benefits page of InsideOKC as well as www.okc.gov/oe.

American Fidelity Benefit Site information can be found by scanning the QR code:



OKC Open Enrollment can be found by scanning the QR code:



Rates

Benefit Plan		Total Premium	Employer	Employee
Frequency of Deductions		Twice each month for a total of 24 times annually (1st and 2nd paycheck of the month)*		
BlueCross BlueShield PPO	Employee Only	\$416.58	\$333.26	\$83.32
	Employee + Spouse	\$787.34	\$629.87	\$157.47
	Employee + Child	\$583.21	\$466.57	\$116.64
	Employee + Children	\$749.85	\$599.88	\$149.97
	Employee + Family	\$1,062.28	\$849.82	\$212.46
BlueCross BlueShield EPO	Employee Only	\$445.95	\$379.06	\$66.89
	Employee + Spouse	\$1,003.51	\$852.98	\$150.53
	Employee + Child	\$780.50	\$663.43	\$117.07
	Employee + Children	\$958.91	\$815.07	\$143.84
	Employee + Family	\$1,382.62	\$1,175.23	\$207.39
BlueCross BlueShield Dental Low Plan	Employee Only	\$11.53	\$8.00	\$3.53
	Employee + 1	\$23.07	\$8.00	\$15.07
	Employee + 2 or more	\$36.88	\$8.00	\$28.88
BlueCross BlueShield Dental High Plan	Employee Only	\$17.00	\$8.00	\$9.00
	Employee + 1	\$33.98	\$8.00	\$25.98
	Employee + 2 or more	\$54.37	\$8.00	\$46.37
VSP Vision Plan	Employee Only	\$3.50		\$3.50
	Employee + 1	\$6.49		\$6.49
	Employee + 2 or more	\$10.44		\$10.44
BCBS (formerly Dearborn National) Basic Life	Coverage \$20,000	\$1.10	\$1.10	
BCBS Basic AD&D*** (City Employees)	Coverage \$5,000	\$0.08	\$0.08	
BCBS Voluntary Employee Life*** (City Employees) (1,2, or 3 x's annual salary)**	Coverage 1/2x, 1x, 2x, or 3x	\$0.14		** see formula below
BCBS Voluntary AD&D*** (City Employees) *** COTPA life plans are found on pages 39-41	Coverage \$5,000	\$0.08		\$0.08
	Coverage \$10,000	\$0.16		\$0.16
	Coverage \$15,000	\$0.24		\$0.24
	Coverage \$20,000	\$0.32		\$0.32
BCBS Voluntary Dependent Life - Spouse*** (City Employees) *** COTPA life plans are found on pages 39-41	Coverage \$10,000	\$1.43		\$1.43
	Coverage \$20,000	\$2.85		\$2.85
	Coverage \$40,000	\$5.70		\$5.70
	Coverage \$60,000	\$8.55		\$8.55
	Coverage \$80,000	\$11.40		\$11.40
	Coverage \$100,000	\$14.25		\$14.25
BCBS Voluntary Dependent Life - Child*** (City Employees) *** COTPA life plans are found on pages 39-41	Coverage \$2,500	\$0.27		\$0.27
	Coverage \$5,000	\$0.53		\$0.53
	Coverage \$7,500	\$0.79		\$0.79
	Coverage \$10,000	\$1.05		\$1.05

*For complete details, see the 2024 payroll calendar on page 46 & 47.

**Voluntary Life Calculation: Coverage Amount/\$1,000 * rate = Cost

***COTPA life plans are found on pages 39-41.



Our Game Plan to Keep Your Employees Safe

As we navigate the changes that have occurred since the pandemic began, American Fidelity realizes that the most important priority is the safety and well-being of our employees and yours.

While considering adjustments you must make at your organization, you may be wondering how your partners' business practices are changing.

We are taking a thoughtful approach and continuing to work hard to ensure safety. We will follow CDC guidelines as we approach in-person enrollments.

Here are some changes we will be incorporating:



Greetings

Handshakes have been a common practice in the past. Your account manager will no longer offer their hand as a greeting.



Handouts

All product and service promotional materials may be provided electronically if requested.



Sanitization

Hand sanitizer will be available and account managers will disinfect the area after each session, including cleaning the 10-key pad used for signatures.

Adhering to Your Guidelines

Social distancing guidelines are being implemented in most workplaces to reduce the spread of COVID-19. We understand you will likely have safety protocols in place when your employees return to work. Many of these guidelines will take time to get used to. Please let us know how we can assist with adhering to your standards.

Before entering your building, our account representatives are prepared to do the following:



Stay home if they are feeling sick and not return to work until authorized by a healthcare provider



Practice social distancing by following signage or limiting capacity in confined spaces



Maintain good hygiene and cleaning practices by cleaning hands often and sanitizing areas as needed



Our Promise to You

If one of our account representatives receives a positive COVID-19 diagnosis after visiting your location, we will communicate to you as soon as possible so that contact tracing can take place. Additionally, account managers that are traveling by mass transit for work or personal reasons will adhere to a 14-day quarantine before returning to your location.

We are committed to educating your employees about their available benefits and helping them complete their enrollment in as safe of an environment as possible.

Please contact your dedicated American Fidelity account manager to discuss specifics about your upcoming enrollment.



American Fidelity Assurance Company
americanfidelity.com

Section 125 Plan

Section 125 Cafeteria Plan

Full-time employees are eligible to participate in the City's Section 125 Cafeteria Plan. The plan allows you to pay your premiums for qualified insurance plans on a pre-tax basis, which can reduce your total taxable income and possibly increase your take-home pay.

Benefits Eligible for Section 125 Cafeteria Plan

- Group Medical Insurance
- Dental Insurance
- Vision Insurance
- Group Term Life Insurance*
- Flex Spending Accounts

* Up to \$50,000 face amount for employee only

Section 125 Example

Pre-Tax Example		After-Tax Example
\$2,500.00	Monthly Gross Salary	\$2,500.00
- \$280.00	Pre-Tax Medical Insurance	\$0.00
- \$25.00	Pre-Tax Dental Insurance	\$0.00
\$2,195.00	Adjusted Monthly Gross Salary	\$2,500.00
- \$439.00	Estimated Federal Tax (20%)	- \$500.00
- \$167.92	Estimated FICA (7.65%)	- \$191.25
\$0.00	After-Tax Medical Insurance	- \$280.00
\$0.00	After-Tax Accident Insurance	- \$25.00
\$1,588.08	Take-Home Pay	\$1,503.75

* Taxes are a sample average of State, Federal and FICA taxes. Your average tax rate may vary.

Oklahoma City Employees Retirement System (OCERS)

For employees participating in the Oklahoma City Employees Retirement System (OCERS) - Benefits taken out of your paycheck on a pre-tax basis will lower your average compensation at retirement. The calculation of average compensation is reduced by any benefits elected under Section 125 according to Oklahoma City Municipal Code 40.51.6. For questions, please contact Oklahoma City Employees Retirement System (OCERS) at 405-297-3413 or 405-297-2408.

Health Plan Benefits Comparison

The City of Oklahoma City offers employees a choice in major medical plans: (the Preferred Provider Organization (PPO) and Exclusive Provider Organization (EPO) administered by BlueCross and BlueShield of Oklahoma) Only you can decide the type of major medical plan that is right for you and your family. Additional information and the provider directory can be found at www.bcbsok.com/okc.

PPO Plan

The PPO Plan offers a broad network of doctors, allowing you the ability to select almost any doctor or hospital. By selecting a network doctor, lower coinsurance and deductibles are available. However, non-network care is still partially covered. A prescription drug plan (administered by Prime Therapeutics) is provided with the PPO Plan. Prescription drugs must be included on the plan formulary in order to be covered.

Advantages: Choice of doctors and hospitals

Disadvantages: Greater out-of-pocket expense during the plan year

EPO Plan

If your preferred doctor or specialist is not in the EPO network, you must select another doctor or specialist within the EPO network in order to have your medical visits covered by the EPO plan.

Prescription drugs must be included on the plan formulary in order to be covered.

Advantages: Less out-of-pocket costs during the plan year

Disadvantages: More restricted choice in doctors, hospitals, and prescription medications

Comparison

The following pages provide a summary of the PPO Plan and the EPO Plan offered by the City of Oklahoma City.

This information is only a summary. If there are discrepancies between the chart and the actual plan documents, insurance contracts, or ordinances and resolutions, the plan documents, contracts, or ordinances and resolutions will govern.

NOTE: All City major medical plans include transition related health care benefits, including gender confirmation surgery, hormone therapy, and mental health counseling among other treatments. Contact your healthcare provider or health insurance provider for more information.

Plan Participation	Employee Contribution	The City's Contribution
PPO Plan	20% of the premium	80% of the premium
EPO Plan	15% of the premium	85% of the premium

Want to find out what physicians, hospitals, pharmacies and more are covered under your medical plan?

Vendor information is right at your fingertips www.okc.gov/oe or back cover of this guide.

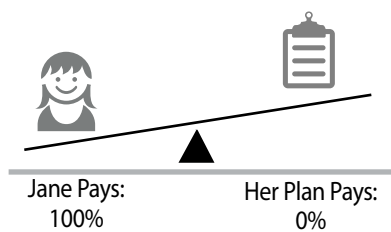
Health Plan Benefits Comparison

Plan Features	PPO Plan Network	PPO Plan Non-Network	EPO Plan
Selection of Doctors	Member selects from Blue Preferred network of providers	Member selects the provider of choice	Member selects from Blue Preferred network of providers
Network Provider Exceptions	N/A	Penalty Applies (higher deductibles, coinsurance, & out-of-pocket maximums)	No benefits outside of network
Deductible - Person	\$250*	\$300*	\$0
- Family	\$500	\$900	\$0
	* Accumulators for network and non-network deductibles are separate. For example, an individual could have a total deductible of \$550 (\$250 network + \$300 non-network).		
Coinsurance Maximum - Individual	\$1,000	\$3,000	N/A
Out-of-Pocket Maximums - Individual	Deductible + Coinsurance	Deductible + Coinsurance	\$1,500
- Family	\$3,500	Individual maximums apply for each family member	\$3,000
Lifetime Benefit Maximum	No lifetime maximum	No lifetime maximum	No lifetime maximum
Contact Information for Additional Questions	BlueCross BlueShield of Oklahoma 877-219-4301 www.bcbsok.com/okc		

How You and Your Insurer Share Costs - PPO Plan Network Example

Jane's Plan Deductible: \$250 Co-insurance: 10% Out-of-Pocket Limit: \$1,250

January 1st - Beginning of Policy Period

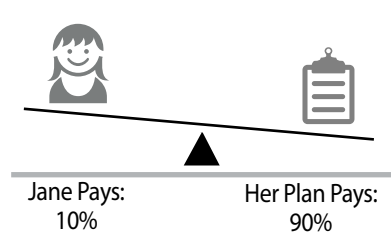


Jane hasn't reached her \$250 deductible yet.
Her plan does not pay part of the costs.
Office visit costs: \$125
Jane pays: \$125
Her plan pays: \$0

→
more costs

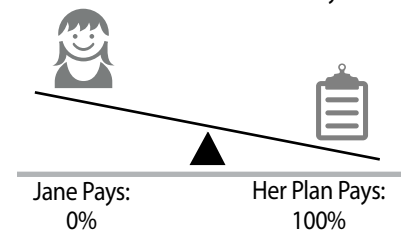


December 31st - End of Policy Period



Jane reaches her \$250 deductible, co-insurance begins.
Jane has seen a doctor several times and paid \$250 in total. Her plan pays some of the costs for her next visit.*
Office visit costs: \$100
Jane pays: 10% of \$100 = \$10
Her plan pays: 90% of \$100 = \$90

→
more costs



Jane reaches her \$1,250 out-of-pocket limit.
Jane has seen a doctor often and paid \$1,250 in total. Her plan pays the full cost of her covered health care services for the rest of the year.
Office visit costs: \$125
Jane pays: \$0*
Her plan pays: \$125

* Copayments may apply.

Health Plan Benefits Comparison

Common Medical Event	Services You May Need	PPO Plan Network	PPO Plan Non-Network	EPO Plan
If you visit a health care provider's office or clinic...	Primary care visit to treat an injury or illness	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$30 copayment per visit
	Specialist visit	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$30 copayment per visit
	Preventative Care/ Screening/Immunization	Plan pays 100%	Plan pays 100%	Plan pays 100%
	Chiropractic Care	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$30 copayment
	Virtual Visit / Telehealth	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$25 copayment
If you have a test...	Diagnostic Test (x-ray, blood work)	\$15 copayment + Deductible + 10% of eligible charges	\$15 copayment + Deductible + 30% of eligible charges	\$0
	Imaging (CT/PET Scans, MRIs)	\$50 copayment + Deductible + 10% of eligible charges	\$50 copayment + Deductible + 30% of eligible charges	\$0
If you need drugs to treat your illness or condition...	Generic Drugs	\$15	No Benefit	\$15
	Preferred Brand	\$30	No Benefit	\$30
	Non-Preferred Brand	N/A	No Benefit	\$65
	90-day Mail Order	2 copayments for up to a 90-day supply	No Benefit	2 copayments for up to a 90-day supply
	Website for more information	www.myPrime.com		
If you become pregnant...	Prenatal and postnatal care	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$30 copayment first visit
	Delivery and all inpatient services	\$50 copayment + deductible + 10% of eligible charges Plan pays 100% for birthing centers and related physician expenses	\$50 copayment + deductible + 30% of eligible charges Plan pays 100% for birthing centers and related physician expenses	\$100 copayment per admission
If you need immediate medical attention...	Emergency medical transportation	EMSA paid at 100%, deductible waived. Non-EMSA providers: Deductible + 10% of eligible charges	EMSA paid at 100%, deductible waived. Non-EMSA providers: Deductible + 30% of eligible charges	\$0 copayment (prior authorization required except for emergencies)
	Emergency Room	\$50 copayment + deductible + 10% of eligible charges	\$50 copayment + deductible + 30% of eligible charges	\$50 copayment, waived if admitted
	Urgent Care	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$30 copayment

Health Plan Benefits Comparison

Common Medical Event	Services You May Need	PPO Plan Network	PPO Plan Non-Network	EPO Plan
If you have outpatient surgery...	Facility fee (e.g. ambulatory surgery center)	\$50 copayment + deductible + 10% of eligible charges	\$50 copayment + deductible + 30% of eligible charges	\$50 copayment
	Physician/Surgeon fee	Deductible + 10% of eligible charges	Deductible + 30% of eligible charges	\$0 copayment per visit
If you have a hospital stay...	Facility Fee (e.g. hospital room)	\$50 copayment + deductible + 10% of eligible charges	\$50 copayment + deductible + 30% of eligible charges	\$100 copayment per admission
	Physician/Surgeon Fee	Deductible + 10% of eligible charges	Deductible + 30% of eligible charges	\$0
If you have mental health, behavioral health, or substance abuse needs...	Mental/Behavioral Health Outpatient Services	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$30 copayment per visit
	Mental/Behavioral Health Inpatient Services	\$50 copayment + deductible + 10% of eligible charges	\$50 copayment + deductible + 30% of eligible charges	\$100 copayment per admission
	Substance Use Disorder Outpatient Services	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$30 copayment per visit
	Substance Use Disorder Inpatient Services	\$50 copayment + deductible + 10% of eligible charges	\$50 copayment + deductible + 30% of eligible charges	\$100 copayment per admission
If you have recovery or other special health needs...	Home Health Care	Deductible + 10% of eligible charges (Maximum of 120 days)	Deductible + 30% of eligible charges (Maximum of 120 days)	\$0
	Rehabilitation Services	Deductible + 10% of eligible charges	Deductible + 30% of eligible charges	\$100 copayment per admission
	Skilled Nursing Care	Deductible + 10% of eligible charges (Limited to 120 days)	Deductible + 30% of eligible charges (Limited to 120 days)	\$0 (Limited to 100 consecutive Inpatient days per disability)
	Durable Medical Equipment	Deductible + 10% of eligible charges	Deductible + 30% of eligible charges	\$0 (\$5,000 maximum benefit per Calendar Year)
	Hearing Services (Adult)	\$500 Benefit for Hearing Aid every 24 months	\$500 Benefit for Hearing Aid every 24 months	\$0 copayment (Limited to one hearing aid every 3 years)
If your child needs dental, eye care, or hearing services...	Eye Exam	No benefit	No benefit	\$30 copayment (One visit per year)
	Glasses	No benefit	No benefit	No benefit
	Dental Check-up	No benefit	No benefit	No benefit
	Hearing Services	Deductible + 10% of eligible charges on hearing aids for children age 17 and under	Deductible + 30% of eligible charges on hearing aids for children age 17 and under	No copayment on hearing aids for children age 17 and under

The Summary of Benefits and Coverage for each plan is available at the following location:

BlueCross and BlueShield: www.bcbsok.com/okc/coverage

Health Benefit Plans

*BlueCross BlueShield of Oklahoma
Prime Therapeutics*

BlueCross BlueShield of Oklahoma administers the City's Group EPO and PPO health plans. Under these health plans you may go to any physician. However, it is to your advantage to go to a network provider to maximize your health plan's benefits and lower out-of-pocket expenses. For questions regarding the plan or a list of Blue Cross Blue Shield of Oklahoma providers, visit the account representative on-site during the enrollment period, contact a representative of the Employee Benefits Division or visit the City's Blue Cross Blue Shield of Oklahoma web site at www.bcbsok.com/okc.

Prescription Plan

Prime Therapeutics is the pharmacy manager for these plans. For questions, regarding your pharmacy benefits please contact the 1-877-546-2779. Please visit, www.myPrime.com, or download the MyBlueRxOK app to compare drug costs, prescription refill reminders, search for in-network pharmacies, find drug costs, coverage information and any additional self-help inquires. The City of Oklahoma employees utilize the Basic drug list for medications approved for use and/or covered by the plan.

The Advantage network does not include CVS pharmacies. If you have prescriptions with CVS, you must transfer your prescriptions to an in-network pharmacy in order to receive benefits.

Mail Order

If you are taking a covered, maintenance (or long-term) medicine, consider using the home delivery pharmacy service, Express Scripts® Pharmacy. With home delivery, you enjoy the ease of having your maintenance drugs delivered anywhere in the U.S. You could also save time and possibly money. To start using the home delivery pharmacy service visit express-scripts.com/rx. Click on "Register Now" or "Get Started" to create an account using your Member ID and follow the steps, or you can call (833) 715-0942. Your doctor can send a new prescription electronically to EXPRESS SCRIPTS HOME DELIVERY, or by phone or fax.

Specialty Pharmacy

Specialty medicines are used to treat conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. These prescriptions that are approved for self-administration (like oral capsules or injections you can give yourself) must be filled through an in-network specialty pharmacy to avoid paying higher out-of-pocket costs. Your drug list may have a mark for specialty drugs, and if it requires 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 for submitting the required documentation.

Step Therapy

Some medications require that alternatives be prescribed and determined to be ineffective or not appropriate treatment options. Your physician will be responsible for submitting the required documentation.

The BlueCard Program

The BlueCard Program allows you to use a BlueCross BlueShield of Oklahoma EPO/PPO Physician or Hospital outside the state of Oklahoma and to receive the advantages of EPO/PPO benefits and savings.

Health Plan Provisions

Coverage is provided only for a service or supply, which is "necessary for diagnosis, care or treatment of a physical or mental condition involved." Only that part of a charge that is "reasonable and customary" is payable.

Pre-Certification is required for inpatient hospital services, skilled nursing facility services, services received in a Coordinated Home Care Program, and private duty nursing services, at least one day prior to the scheduling of the admission.

Private room limit is the Institution's semi-private rate. If the institution does not offer a semi-private rate, a semi-search rate will be utilized for coverage.

Medical or dental benefits paid by "other plans" will be taken into account when determining benefits under this Plan. Medicare benefits will be calculated before the medical benefits of this Plan are determined.

Claims

Claims must be filed with the Claims Administrator within twelve (12) months of the date of service. Claims received after twelve (12) months will be denied.

The Claims Administrator will have discretionary authority to construe and interpret the Plans and determine whether a particular claim is covered.

BlueCross BlueShield of Oklahoma has established a process to review your dissatisfactions, complaints and/or appeals. If you have a question or complaint, an initial attempt should be made to resolve the problem by directly communicating with a BlueCross BlueShield of Oklahoma Service Representative. In most cases, a Customer Service Representative will be able to provide you with a satisfactory solution to your problem. However if a resolution cannot be reached in an informal exchange, you may request an administrative review of the problem through the appeal process described in the Oklahoma City Medical Plan Document.

Health Benefit Plans

*BlueCross BlueShield of Oklahoma
Prime Therapeutics*

Plan Modification and Amendment

The Mayor and City Council may modify or amend the Plans from time to time at its sole discretion and such amendments or modifications may affect Covered Persons, which could include elimination of any Plan.

Right of Subrogation

In the event you are injured in an accident caused by the negligence of a third party, (i.e. automobile accident, supermarket slip and fall, etc.), the Plans will pay eligible claims. However, the Plans reserve the right to recover expenses paid on your or your dependent's behalf, from the negligent third party or from you if you receive a monetary settlement. You are required to notify the Plan Administrator of all such injuries.

PPO Plan – Group ID# 019574

Coinsurance

Patient's responsibility of 10 percent or 30 percent applies to coinsurance annual maximum of \$1,000 network and \$3,000 non-network per individual.

Prescription Plan

Retail Copay

(up to a 34-day supply)

Generic: \$15
Name Brand: \$30

Mail Order Copay

(up to a 90-day supply)

Generic: \$30
Name Brand: \$60

EPO Plan – Group ID# 293447

In order to have medical visits covered by the plan, the provider must be included in the BlueCross BlueShield Preferred Network of Providers. Services received from a non-network provider are not covered by the plan.

Prescription Plan

Retail Copay

(up to a 34-day supply)

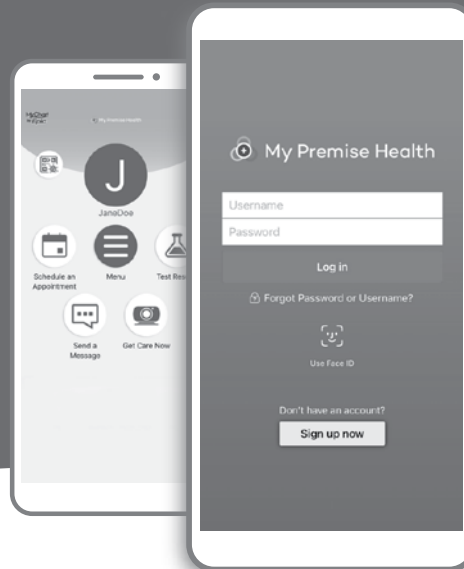
Generic: \$15
Name Brand: \$30
Non-Preferred Brand: \$65

Mail Order Copay

(up to a 90-day supply)

Generic: \$30
Name Brand: \$60
Non-Preferred Brand: \$130

Get, stay and be connected.



My Premise Health

My Premise Health is your secure patient portal that you can access online at mypremisehealth.com or through the **My Premise Health app**. It provides you with convenient access to your providers, health records, vital history, test results and more.

Convenience

- Schedule appointments
- Conduct virtual visits
- Get appointment confirmations and reminders
- Complete forms before your visit

Health management

- View lab results
- Manage medications
- Pay your bill
- View your visit history



Activate your account.

My Premise Health app | mypremisehealth.com

OKC Care Employee Medical Center
424 Colcord Drive, Ste A, Oklahoma City, OK
73102 Monday – Friday, 7:30 a.m. – 4:30 p.m.
(405) 276-2030



© 2022 Premise Health. All rights reserved.

The My Premise Health App is powered by MyChart® licensed from Epic Systems Corporation, © 1999 – 2022.

Employee Medical Center

OKCCare Employee Medical Center

My Premise Health

Helpful resources

- Find directions, hours and contact information
- Access to health and wellness education

Secure communication

- Exchange private, secure messages with your providers
- Ask a question, get advice, confirm a result or get an update on your condition

Virtual health

- Online and mobile visits allow you to engage your providers remotely
- eVisits offer treatment for common conditions via secure messaging – without the need for a face-to-face encounter

How to activate your account:

- 1** Download the My Premise Health app or visit mypremisehealth.com.
- 2** Select “Sign up now.” For assistance, call your wellness center or email mypremisehealthsupport@premisehealth.com. You can also visit mypremisehealth.com and click “Contact Support.”

Who can use these services?

Eligible to all employees, retirees and dependents on the health plan.



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Managing your healthcare just got easier.



Schedule appointments



Conduct virtual visits



View lab results



Message your providers



Manage medications



Complete forms



Pay your bill



And more

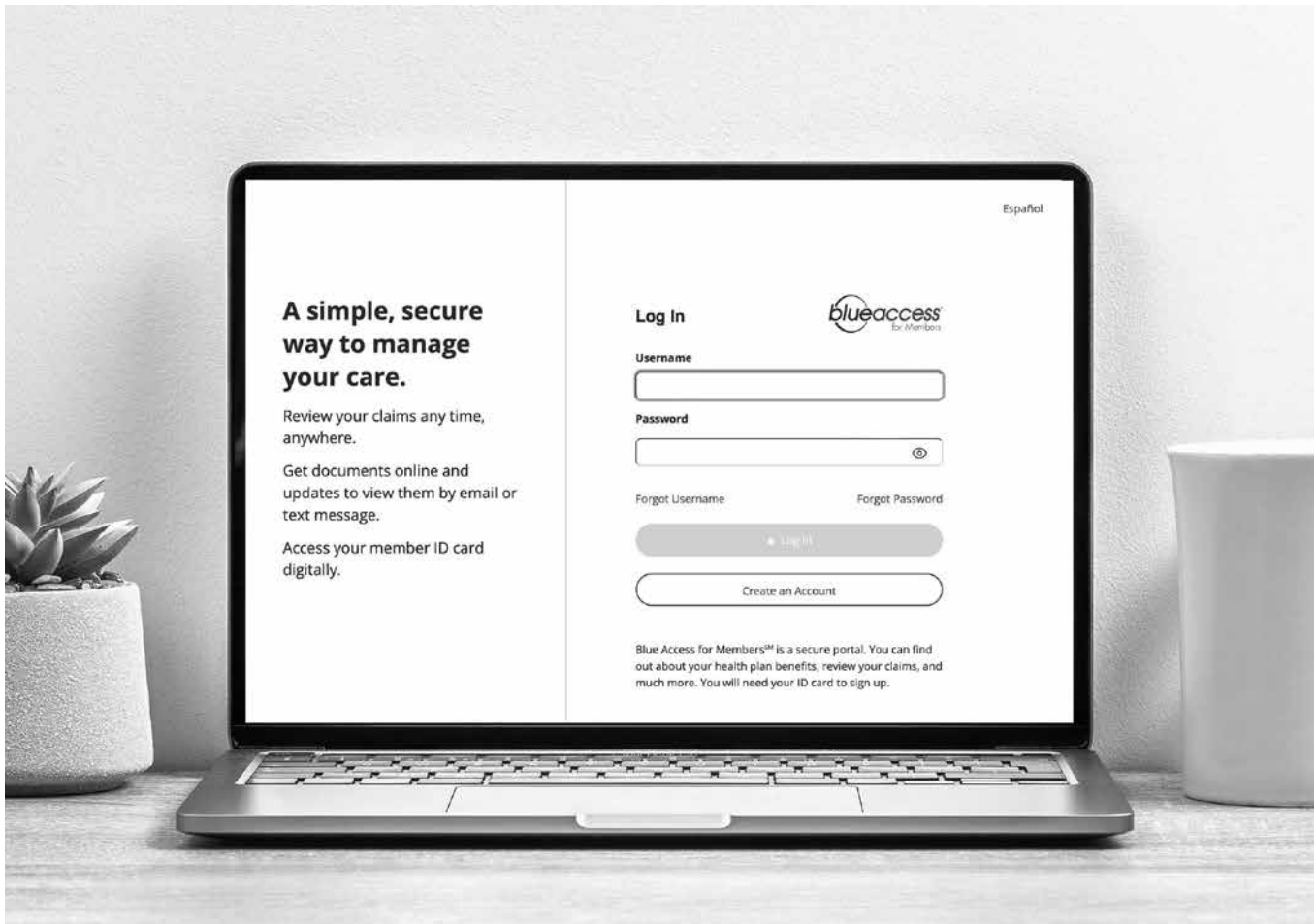
Blue Access for Members

Online Access for Medical and Dental Plans

BlueCross BlueShield of Oklahoma



BlueCross BlueShield of Oklahoma



Your health at your fingertips

Get information about the cost of procedures, find a doctor or request an ID card. You can do it all – simply and securely – on Blue Access for MembersSM (BAMSM).

With BAM, you can:

- Find in-network doctors and hospitals.
- Once registered, view, print or download your member ID card.
- Review your benefits and dependent coverage.
- Covered dependents age 18 and over can have their own BAM accounts.

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



Scan this QR code to visit bcbsok.com.

Let's get started

1. Go to bcbsok.com.
2. Log in or sign up using your member ID card to complete your registration.

Dental Plan

BlueCross BlueShield of Oklahoma

Group ID#
K19574

Employee Information

This is a general summary of your benefit design. Please refer to your dental benefit booklet for other details and for limitations and exclusions.

Eligibility

The following eligibility provisions apply:

- Dependent children are covered to age 26. Disabled dependent children can be covered beyond age 26.
- Retirees are eligible for coverage.

Pre-Existing Condition

A pre-existing condition exclusion will apply to expenses involving the replacement of teeth that were missing prior to the effective date of the dental contract. This exclusion will not apply to:

- Any participant who becomes eligible on the dental contract date who was covered under a previous group dental care contract by the Employer.
- Any participant who has been continuously covered for 24 months under a group dental care contract with BlueCross BlueShield of Oklahoma, which included prosthetic benefits.

Limitations

When the course of treatment will be in excess of \$300, a predetermination request should be submitted to BlueCross BlueShield of Oklahoma in advance of treatment. It is the covered persons responsibility to ensure the request is submitted.

Freedom of Choice

The dental plan allows you the freedom to choose any dentist you wish. Below highlights the differences between choosing a Contracting Network Dentist and a Non-Contracting Dentist, who is not part of BlueCross BlueShield of Oklahoma's Dental network

Contracting Network Dentist

Regardless of which plan you are enrolled in (Low Plan Option or High Plan Option), when you receive services from a Contracting Network Dentist, you receive the following advantages:

- Reduced out-of-pocket costs due to the provider accepting a negotiated (discounted) allowed amount;
- No balance billing for amounts over the allowed amount. However, you are still responsible for your co-insurance amount;
- No referral needed for specialty dentists;
- Contracting network dentists will submit claims for you.

When you receive services from a Non-Contracting Dentist, your out-of-pocket cost will be greater, as Non-Contracting Dentists do not accept any negotiated (discounted) fees. Therefore, the dentist will be reimbursed based on the Allowed Amount, as determined by the plan, and you are balance billed for costs exceeding the BlueCross BlueShield of Oklahoma Maximum Allowable Amount.

Please note, there is a difference on how Non-Contracting Dentists are reimbursed, based on the plan you may be enrolled in:

- **Low Plan Option:**

Claims will be reimbursed at the Maximum Allowable Charge (MAC). This is where the plan will pay a set dollar amount for each procedure, regardless of the actual billed charge. You will be balance billed for the difference between BlueCross BlueShield of Oklahoma MAC and the total billed charge. You are required to file claim forms.

- **High Plan Option:**

Claims will be reimbursed at a Usual and Customary (U&C) Allowed Amount, which is based on the geographic location of the rendering dentist. The U&C Allowed Amount may be higher or lower than what your dentist charged, so you may be balanced billed for the costs exceeding the BlueCross BlueShield of Oklahoma U&C Allowable Amount.

Please note that our dental plan is a "freestanding" product and can be purchased separately from the health product (i.e., an employee can elect employee only coverage for health, but elect dental for the family).

Find out what Dentists are on your dental plan.

Visit www.bcbsok.com/okc/ coverage to find a provider or review the plan document.

Dental High Plan

BlueCross BlueShield of Oklahoma

BlueCare[®] Dental
PPO



City of Oklahoma City – High Plan

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information.

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* MAC
Benefit Period Maximum: Calendar Year	\$1,500	\$1,500
Deductible: Calendar Year	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Three Month Deductible Carryover Applies	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Prior Carrier Deductible Credit Applies	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Services	Contracting Provider	Non-Contracting Provider
Diagnostic & Preventive Services (Deductible does not apply) Dental exams and Cleanings; Bitewing X-rays; Full mouth & Panoramic X-rays; Fluoride treatment	100%	100%
Miscellaneous Services (Deductible applies) Sealants; Space maintainers; Labs & tests; Emergency Care (treatment for the relief of pain)	100%	100%
Restorative Services (Deductible applies) Routine fillings (amalgams and resins); Pin retention; Simple extractions	80%	80%
General Services (Deductible applies) Intravenous sedation; General anesthesia; Stainless steel crowns	80%	80%
Endodontic Services (Deductible applies) Root canals; Pulp caps; Apicoectomy / apexification	80%	80%
Periodontic Services (Deductible applies) Scaling & root planning; Gingivectomy / gingivoplasty; Osseous surgery; Periodontal	80%	80%
Oral Surgery Services (Deductible applies) Surgical extractions; Alveoloplasty Vestibuloplasty	80%	80%
Crowns, Inlay / Onlay Services (Deductible applies) Crown, Inlays / onlays; Prefabricated posts and cores; Repair and recementation of crown, inlays / onlays	50%	50%
Prosthodontic Services (Deductible applies) Bridges and dentures; Reline / rebase of dentures; Addition of tooth or clasp; Repair of bridges and dentures	50%	50%
Orthodontics		
Deductible Waived (standard) Orthodontic Diagnostic Procedures and Treatment: Adults eligible: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Dependent Children eligible: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes age limitation: 26	50%	50%
Lifetime Maximum Benefit per Participant	\$1,200	\$1,200

Dental Low Plan

BlueCross BlueShield of Oklahoma

BlueCare[®] Dental
PPO



City of Oklahoma City – Low Plan

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracting or non-contracting provider. This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional benefit information.

DENTAL BENEFIT HIGHLIGHTS

Program Basics	Contracting Provider	Non-Contracting Provider* MAC
Benefit Period Maximum: Calendar Year	\$1,000	\$1,000
Deductible: Calendar Year	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Three Month Deductible Carryover Applies	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Prior Carrier Deductible Credit Applies	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

Services		
Diagnostic & Preventive Services (Deductible does not apply) Dental exams and Cleanings; Bitewing X-rays; Full mouth & Panoramic X-rays; Fluoride treatment	100%	100%
Miscellaneous Services (Deductible applies) Sealants; Space maintainers; Labs & tests; Emergency Care (treatment for the relief of pain)	100%	100%
Restorative Services (Deductible applies) Routine fillings (amalgams and resins); Pin retention; Simple extractions	80%	60%
General Services (Deductible applies) Intravenous sedation; General anesthesia; Stainless steel crowns	80%	60%
Endodontic Services (Deductible applies) Root canals; Pulp caps; Apicoectomy / apexification	50%	30%
Periodontic Services (Deductible applies) Scaling & root planning; Gingivectomy / gingivoplasty; Osseous surgery; Periodontal	50%	30%
Oral Surgery Services (Deductible applies) Surgical extractions; Alveoloplasty Vestibuloplasty	50%	30%
Crowns, Inlay / Onlay Services (Deductible applies) Crown, Inlays / onlays; Prefabricated posts and cores; Repair and recementation of crown, inlays / onlays	50%	30%
Prosthodontic Services (Deductible applies) Bridges and dentures; Reline / rebase of dentures; Addition of tooth or clasp; Repair of bridges and dentures	50%	30%
Orthodontics		
Deductible Waived (standard) Orthodontic Diagnostic Procedures and Treatment: Adults eligible: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Dependent Children eligible: <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes age limitation: 26	50%	30%
Lifetime Maximum Benefit per Participant	\$1,000	\$1,000

A Look at Your VSP Vision Coverage

With VSP and CITY OF OKLAHOMA CITY, your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

	Preferred private practice and retail in-network choices	
	private practice doctors	Visionworks

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

vsp
vision care

More Ways to Save

Extra \$20 to spend on Featured Brands*

- | | |
|-----------|--------------|
| bebe | CALVIN KLEIN |
| COLE HAAN | DRAGON |
| FLEXON | LACOSTE |
| | and more |

See all brands and offers at vsp.com/offers.

+

Up to 40% Savings on lens enhancements†

Enroll through your employer today.
Contact us: **800.877.7195** or vsp.com

Vision Care Plan



Your VSP Vision Benefits Summary
CITY OF OKLAHOMA CITY and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2024



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every calendar year
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal screening for members with diabetes Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP doctor for details. 	\$0 per screening \$20 per exam	Available as needed
PRESCRIPTION GLASSES		\$25	
FRAME*	<ul style="list-style-type: none"> \$190 featured frame brands allowance \$170 frame allowance 20% savings on the amount over your allowance \$95 Walmart*/Sam's Club*/Costco* frame allowance 	Included in Prescription Glasses	Every calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
EXTRA SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Routine Retinal Screening</p> <ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

†Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM

Classification: Restricted

Fitness Center

10GYM

Services include fitness club services, personal training, tanning, hydro massage, dry saunas, open 24 hours and childcare. 10GYM offers membership in 5 locations throughout the Oklahoma City metropolitan area. Employee's membership will include all 10GYM, locations. The City will facilitate employee membership payments by permitting payroll deduction for the membership fees. Deductions will be taken out of 24 pay periods annually. Membership contracts are between the employee and 10GYM should payroll deductions cease for any reason, members are personally and financially responsible for the payment of their membership fees to 10GYM.

For enrollment information, call 918-809-1717.

Membership Includes:

- Access to All Locations: 10GYM
- Free Unlimited Guest Privileges
- Unlimited Group Fitness
- Free Unlimited Tanning
- Personal Training: Responsibility of the member/employee no payroll deduction allowed for these expenses.
- Childcare (Kid Fun Zone): \$5 + tax per pay period of one child; \$7.50 + tax per pay period for two or more children.

Membership:

\$9.50 + tax per pay period for employee only.

Additional Family Member:

\$2.50 + tax per pay period.

10GYM

Find All Locations www.10gym.com

Gold's Gym

Services include Latest Cardio and Weight Equipment, Free Group Exercise and Cycle classes, Certified Personal Trainers*, Complimentary Fitness Assessment. Access to seven (7) locations in the Oklahoma City Metropolitan area and all Gold's Gyms worldwide.

Additional Amenities (vary by location):

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

Membership:

Individual Membership \$19.95 per month (\$9.97 plus tax per pay period) + \$19.95 for each additional family member.

No Initial Card Fee. Deductions will be taken out of 24 pay periods annually. Membership contracts are between the employee and Gold's Gym. Should payroll deductions cease for any reason, members are personally and financially responsible for the payment of their membership fees to Gold's Gym.

*Personal Training: Responsibility of the member/employee, no payroll deduction allowed for these expenses.

Gold's Gym

Enroll On-line: <https://www.goldsgym.com/db-online/welcome-oklahoma-city-employees/>

JOIN THE Y!



City of Oklahoma City

When you join the Y, you'll enjoy:

- Access to state-of-the-art equipment and hundreds of group exercise classes across 14 locations in the OKC metro area and facilities located nationwide
- A safe, positive environment for children to learn good values, social skills and behaviors
- A place to come together to have fun and spend quality time with others
- A free nutrition and personal training consultation
- A variety of youth programming and childcare options
- Free developmental youth sports with a Household Membership and up to two hours of free Child Watch each time you visit

MEMBERSHIP

Adult - \$36.00/month

Household - \$58.50/month

Get half off your joining fee!

\$35.00 for Adult Memberships | \$52.50 for Household Memberships

Join online at ymcaokc.org/membership and use promo code CITYOKC, or visit your local Y to get started today.

Must present proof of employment and set up monthly payment via draft from checking account or credit card.

BETHANY | CHICKASHA | EARLYWINE PARK | DOWNTOWN | GUTHRIE MAIN STREET | MIDWEST CITY | MITCH PARK | NORTH SIDE | RANKIN ROCKWELL CROSSING | ROCKWELL PLAZA | STILLWATER HEALTHY LIVING CENTER - INTEGRIS



ADULT MEMBERSHIP

- Access to 14 Metro Locations
- Hundreds of Group Exercise Classes (Land and Water)
- Free Child Watch While Working Out (2 Hour Limit/Day)
- Nationwide Membership
- Fitness Tracker & Challenge App
- 24/7 access to Y ON DEMAND Platform
- Volunteer Opportunities
- Free Working on Wellness Consultation With a Certified Personal Trainer



HOUSEHOLD MEMBERSHIP

Enjoy all the benefits of an Adult Membership plus...

- Free Developmental Youth Sports
- Preferred Pricing for Swim Lessons
- Preferred Pricing for Summer Day Camp, Before and Afterschool Childcare, and YMCA Camp Classen

YMCAOKC.ORG/JOIN
Use promo code CITYOKC



Flexible Spending Accounts

American Fidelity Assurance Company

Flexible Spending Accounts (FSA) are great cost savings tools to help with common medical and/or dependent care expenses not covered by your insurance. You can elect a portion of your pay to be deducted, on a pre-tax basis, from each paycheck to use for reimbursement of qualified out-of-pocket expenses throughout the plan year.

Flexible Spending Account Savings Example

With FSA		Without FSA
\$30,000	Annual Gross Income	\$30,000
- \$2,850	Health FSA Election	\$0
- \$5,000	Dependent Care Account Election	\$0
\$22,300	Taxable Gross Income	\$30,000
- \$4,430	Estimated Federal Tax (20%)	- 6,000
- \$1,695	Estimated FICA (7.65%)	- 2,295
\$16,025	Annual Net Income	\$21,705
\$0	Cost of Medical Expenses	- \$2,700
\$0	Cost of Dependent Care Expenses	- \$5,000
\$16,025	Spendable Income	\$14,005
With an FSA you have a potential annual savings of: \$2,020		
By using an FSA to pay for eligible recurring expenses, you can cut down on your taxable income which will result in additional spendable income.		

Healthcare Flexible Spending Account (Healthcare FSA)

A Healthcare FSA allows you to allocate money on a pre-tax basis to reimburse yourself for qualified medical expenses for you and your family. Qualified expenses include anything from copayments, medical deductibles, prescriptions and much more.

Minimum Annual Deposit: \$150
Maximum Annual Deposit: \$3,050

Carryover Provision - Typically, any Healthcare FSA amounts not used by the end of the plan year are forfeited. The Internal Revenue Service (IRS) guidance gives employers the ability to allow Healthcare FSA participants to carry over up to \$550 of unused contributions from one plan year to the next. This carryover amount may then be used to reimburse eligible medical expenses incurred anytime during the next plan year.

Healthcare FSA Funds Availability

Your full annual election is available to you on the first day of the plan year.

For a complete list of eligible FSA expenses, please visit www.americanfidelity.com

Benefits Debit Card

American Fidelity will provide a Benefits Debit Card to all employees who elect to participate in a Healthcare FSA (where offered by your employer.) The debit card gives immediate, convenient access to Healthcare FSA funds at the point of sale for prescriptions, copays, and other common qualified medical expenses. The card can only be used for the Healthcare FSA and is not available for the DCA.

Using Your Benefits Debit Card

Simply swipe your card like you would with any other credit card. Whether at the doctor's office or the dentist, the amount of your eligible expenses will be automatically deducted from your Healthcare FSA. Save ALL receipts!

Cards for Healthcare FSAs can be used at:

- Health care related facilities which include: hospitals, physician offices, dental offices, vision offices; and,
- Merchants participating in the Inventory Information Approval System (IIAS).
- The card is for medical expenses only; dependent day care expenses are not eligible.
- The card cannot be used for over-the-counter drugs filled with a prescription. You will need to file a manual claim for these types of expenses.

Dependent Day Care Account

A (DCA) allows you to allocate money on a pre-tax basis to reimburse yourself for the cost of dependent care services such as after school care and dependent day care centers.

Minimum Annual Deposit: \$240
Maximum Annual Deposit*: \$5,000

If you participate in a DCA, you must provide the IRS with the name, address and taxpayer identification number (TIN) or Social Security number of your dependent care provider(s) by completing either Schedule 2 of Form 1040A or Form 2441 and attaching it to your annual income tax return. Be sure that you follow the current instructions given by the IRS for preparing your annual income tax return. Failure to provide this information to the IRS could result in loss of the pre-tax exemption for your dependent care expenses.

Dependent Care Account (DCA) Funds Availability

Unlike the Healthcare FSA, the entire elected amount is not available on the first day of the plan year, but rather as contributions are received.

*Highly Compensated Employees as defined by IRS Tax Code § 414(q) may be required to reduce their elected amount based on nondiscrimination testing.

Flexible Spending Accounts

American Fidelity Assurance Company

File a Claim

Three Easy Ways

1. On your mobile device using AFmobile®

Use AFmobile to manage your reimbursement accounts and insurance benefits.

2. Online at americanfidelity.com

3. By mail or fax

Insurance Claim

American Fidelity Assurance Company, Attn: Benefits Department

P.O. Box 268898, Oklahoma City, OK 73125

Fax: 800-818-3453

FSA Claim

American Fidelity Assurance Company

Attn: Flex Account Administration

P.O. Box 161968, Altamonte Springs, FL 32716

Fax # 844-319-3668

*Obtain a claim form for your insurance claim at www.americanfidelity.com/fileclaim.

Using Our Mobile Access

Download AFmobile. To register, you will need:

- Your email address this should be the same email address provided at time of enrollment.
- Your Social Security Number.

Using Our Online Portal

Our online portal provides all the same great features as mobile, plus powerful self-service account access and education resources to help put you in the driver's seat.

Getting started:

- Register at americanfidelity.com
- Register using your email address and Social Security Number
- Once completed, access your reimbursement accounts and insurance benefits.

Direct Deposit

By enrolling in direct deposit, you can ensure a timely reimbursement! You will no longer need to worry about having to wait on checks or make any more trips to the bank.

Three ways to sign up for direct deposit:

1. Through your mobile app.
2. Online through your account at americanfidelity.com
3. By downloading a direct deposit request form

Important FSA Notes

- Participants are allowed a 90-day run-off period after the plan year ends to submit claims that occurred during the plan year but were not yet submitted.
- If you are a new employee entering the FSA during a plan year, expenses must be incurred after you are eligible to participate in the FSA.
- If you are enrolled in the Healthcare FSA and take a leave of absence during the plan year, you may:
 1. Prepay the contributions pre-tax;
 2. Continue the contributions on an after-tax basis (pre-tax contributions may continue when you return to work); or
 3. Prorate the unpaid contributions over the remaining pay periods when you return to work.
- Failure to make all elected contributions will result in termination of your account as of the date contributions ceased.
- Healthcare FSAs must comply with COBRA and offer COBRA continuation rights to qualified beneficiaries who lose their Healthcare FSA coverage as a result of termination of employment. Generally, COBRA may only be offered upon termination of employment if you have a balance remaining in your Healthcare FSA. The balance is calculated by subtracting the reimbursements made from the contributions received. You may choose to continue your contributions by either sending your contributions to your employer on an after-tax basis each pay period, or, you can choose to make a pre-tax contribution for your remaining election for the plan year from your severance pay. Expenses incurred while contributions are being made are eligible for reimbursement. The coverage generally may not continue beyond the current plan year. If you do not elect to continue the contributions on an after-tax basis, only expenses incurred during the period of employment will be reimbursed. Coverage under the Healthcare FSA ceases when the contributions cease.

IMPORTANT NOTICE: The Health Flexible Spending Account and Dependent Day Care Spending Account require a new election each year. Any current FSA election from the current plan year will be terminated as of first day of the new plan year.

Group Term Life Insurance and AD&D

BCBS of Oklahoma

City Employees Only - COTPA life insurance on page 39

Group Benefit Program Summary

The City of Oklahoma City and The Oklahoma City Municipal Facilities Authority

Policy Number: GAE00255-0001

The death of a family provider can mean that a family will not only find itself facing the loss of a loved one but also the loss of financial security. With our group term life insurance plan, an employee can achieve peace of mind by giving their family the security they can depend on.

GROUP TERM LIFE INSURANCE PROGRAM SUMMARY	
Eligibility	Class 1-01: All active full-time employees
Basic Life	\$20,000
Basic AD&D	\$5,000
	Life and AD&D benefits reduce to 65% upon the employee's attainments of age 65 and further reduce to 40% of the original amount upon the employee's attainment of age 70, and further reduce to 25% of the original amount upon the employee's attainment of age 75.
Guarantee Issue Amount Employee:	\$20,000 (Basic Life)
Reduction Schedule	Employee benefits reduce to 65% upon the employee's attainment of age 65, and further reduce to 40% of the original amount upon the employee's attainment of age 70, and further reduce to 25% of the original amount upon the employee's attainment of age 75. Basic life insurance coverage transfers to the retiree class at retirement. All other coverages terminate at retirement. (All reductions in benefit will be calculated from the original amount.)
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 6 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Definition of Disability	Diagnosed by a doctor to be completely unable because of sickness or injury to engage in any occupation for wage or profit or any occupation for which they become qualified by education, training or experience.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 50% of an employee's life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or fewer. Minimum: \$5,000. Maximum: \$150,000. The amount of group term life insurance, otherwise payable upon the employee's death, will be reduced by the ADB.

BENEFICIARY RESOURCE SERVICES™¹

Beneficiary Resource Services is a program that provides services to you, such as online will prep and funeral planning, and your beneficiaries in the event of your untimely death. It combines grief, legal and financial counseling from Morneau Shepell. Morneau Shepell has a network of counselors and advisors who provide unlimited phone contact, five face-to-face working sessions, and referral and support services.

Beneficiary Resource Services

800-769-9187

www.beneficiaryresource.com

Username: beneficiary

TRAVEL RESOURCE SERVICES™²

Whether traveling for business or pleasure, a trip can be disrupted by a medical emergency, a lost prescription or instability in a foreign country. Generali Global Assistance, Inc. (GGA) offers you a way to get the assistance you need should the unexpected happen. GGA provides 24-hour services that can help you access emergency assistance when traveling 100 or more miles from home, including medical monitoring, medical evaluation, traveling companion assistance, dependent children assistance and visits by family members or friends.

Travel Resource Services

877-715-2593 (US and Canada)

From other locations (call collect) +1 (202) 659-7807

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.

Group Term Life Insurance and AD&D

BCBS of Oklahoma

City Employees Only - COTPA life insurance on page 39

GROUP ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) PROGRAM SUMMARY

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss ³	Benefit Amount
Loss of life	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of speech and hearing	100%
Loss of sight of both eyes	100%
Loss of one hand and the sight of one eye	100%
Loss of one foot and the sight of one eye	100%
Loss of sight of one eye	50%
Loss of one hand or one foot	50%
Loss of speech or hearing	50%
Loss of thumb and index finger of same hand	25%

*Loss must occur within 365 days of the accident.

AD&D Product Features Included:

- Seatbelt benefit
- Airbag benefit
- Repatriation benefit
- Education benefit

Limitations: We will not pay any benefit for any loss that, directly or indirectly, results in any way from or is contributed to by:

1. Any disease or infirmity of mind or body, and any medical or surgical treatment thereof; or
2. Any infection, except a pus-forming infection of an accidental cut or wound; or
3. Suicide or attempted suicide, while sane or insane; or
4. Any intentionally self-inflicted injury; or
5. War, declared or undeclared, whether or not the employee is a member of any armed forces; or
6. Travel or flight in an aircraft while a member of the crew, or while engaged in the operation of the aircraft, or giving or receiving training or instruction in such aircraft; or
7. Commission of, participation in, or an attempt to commit an assault or felony; or
8. Being under the influence of any narcotic, hallucinogen, barbiturate, amphetamine, gas or fumes, poison or any other controlled substance as defined in Title II of the comprehensive Drug Abuse Prevention and Control Act of 1970, as now or hereafter amended, unless as prescribed by the employee's licensed physician and used in the manner prescribed. Conviction is not necessary for a determination of being under the influence; or
9. Intoxication as defined by the laws of the jurisdiction in which the accident occurred. Conviction is not necessary for a determination of being intoxicated; or
10. Active participation in a riot. "Riot" means all forms of public violence, disorder, or disturbance of the public peace, by three or more persons assembled together, whether with or without a common intent and whether or not damage to person or property or unlawful act is the intent or the consequence of such disorder.

Benefits are payable provided:

- The loss occurs within 365 days of the accident;
- The loss is the direct and sole result of the accident;
- The loss is independent of all other causes.

The amount paid will be as stated in AD&D benefits program summary section but will not exceed the benefit amount stated in the application. The total amount payable for all losses to any employee resulting from any one accident may not be greater than the benefit amount.

¹Beneficiary Resource Services is provided by Morneau Shepell. Morneau Shepell is an independent organization that does not provide Blue Cross and Blue Shield of Oklahoma (BCBSOK) or Dearborn Life Insurance Company products or services. Morneau Shepell is solely responsible for the products and services described in this filer. Legal services will not be provided for court proceedings or for the preparation of briefs for legal appearances or actions or for any action against any party providing Beneficiary Resource Services. Legal services provided under Beneficiary Resource Services are not intended for adversarial matters. May include face-to-face sessions, over-the-phone sessions or time taken for research or document preparation. Neither Morneau Shepell, BCBSOK nor Dearborn Life Insurance Company are responsible or liable for care or advice rendered by any referral resources.

²Travel Resource Services is administered by Generali Global Assistance, Inc. (GGA). GGA is an independent organization that does not provide Blue Cross and Blue Shield of Oklahoma or Dearborn Life Insurance Company products or services. GGA is solely responsible for the products and services described in this filer.

³This information is only a product highlight. Life benefits may be subject to medical underwriting. Coverage for a medically underwritten benefit is not effective until the date the insurer has approved the employee's application. The policy has exclusions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Product availability and product features may vary by state. Refer to your certificate for complete details and limitations of coverage.

Blue Cross and Blue Shield of Oklahoma is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. 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.

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Group Term Life Insurance and AD&D

BCBS of Oklahoma

City Employees Only - COTPA life insurance on page 39

The City of Oklahoma City and The Oklahoma City Municipal Facilities Authority

VOLUNTARY LIFE AND AD&D BENEFIT SCHEDULE

Voluntary Life Benefit:	Employee choice of one-half (.5), one (1), two (2) or three (3) times your base annual salary rounded to the next higher multiple of \$1,000
Voluntary AD&D Benefit:	\$5,000, \$10,000, \$15,000 or \$20,000
Voluntary Dependent Life:	Spouse: Employee choice of \$10,000, \$20,000, \$40,000, \$60,000, \$80,000 or \$100,000 Child(ren): Age live birth to 6 months: \$100 6 months to 23 years: Employee choice of \$2,500, \$5,000, \$7,500 or \$10,000
Employee Benefit Maximum:	\$500,000*
Reduction Schedule:	Life and AD&D benefits reduce to 65% upon the employee's attainments of age 65, and further reduce to 40% of the original amount upon the employee's attainment of age 70, and further reduce to 25% of the original amount upon the employee's attainment of age 75 .

GUARANTEE ISSUE GUIDELINES

Employee under age 70	The lesser of two (2) times base annual earnings or \$500,000 (whichever is less)
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Spouse	\$20,000
Child	\$10,000

Guarantee issue amounts apply during your initial opportunity to enroll. If you do not enroll during your initial opportunity, and enroll at a later day, evidence of insurability will be required.

VOLUNTARY LIFE AND AD&D MONTHLY RATES

Employee Voluntary Life: \$0.285 per \$1,000	Spouse Voluntary Dependent Life: \$0.285 per \$1,000
Employee Voluntary AD&D: \$0.032 per \$1,000	Child(ren) Voluntary Dependent Life: \$0.525 per \$2,500

SAMPLE PREMIUM CALCULATION

Sample for an employee with \$65,000 in annual earnings selecting 2 times salary

Election	Benefit Amount	x	Rate	Amount ~ \$1,000	=	Monthly Premium
Employee Life	\$130,000	x	\$0.285	\$32,500 ~ \$1,000	=	\$37.05
Employee AD&D	\$5,000	x	\$0.032	\$150 ~ \$1,000	=	\$0.16
Spouse Life	\$20,000	x	\$0.285	\$5,000 ~ \$1,000	=	\$5.70
Child Life	\$5,000	x	\$0.525	\$2,625 ~ \$2,500	=	\$1.05
TOTAL						\$43.96

YOUR PREMIUM CALCULATION

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Election	Benefit Amount	x	Rate	Amount ~ \$1,000	=	Monthly Premium
Employee Life		x		\$32,500 ~ \$1,000	=	
Employee AD&D		x		\$150 ~ \$1,000	=	
Spouse Life		x		\$5,000 ~ \$1,000	=	
Child Life		x		\$1,000 ~ \$1,000	=	
TOTAL						

To determine biweekly premium, multiply monthly premium by 12 and then divide by 24.
This premium cost chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding.

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in the issued policy. Please consult the policy for the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Oklahoma is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. 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.

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Individual Term Life Insurance

American Fidelity Assurance Company

Life insurance is an important factor to any family. It serves as a foundation to help in the case of a loved one's premature death. Plan today to make the right move for your loved ones.

American Fidelity Assurance Company offers a Term Life Insurance policy to help with your financial needs for your short-term and long-term goals.

How the Plan Works

Individual Term Life Insurance has a death benefit with no cash accumulation feature. The policy is initially written for a 10, 20 or 30-year term period, but may be renewed at the insured's option for the same level renewal period depending upon the term chosen.

The last level renewal period is no later than age 70 for the 10-year term policy and age 60 for the 20-year term policy. Thereafter, premiums are renewable annually up to age 90. The 30-year term policy is renewable annually after the initial 30-year term period up to age 90. Renewal rates will be based on the insured's age at the time of renewal.¹

Optional Riders

Enhance your base plan with the following riders:

- **Spouse Term**
- **Children's Term**
- **Waiver of Premium**
- **Accidental Death & Dismemberment**
- **Accelerated Benefit for Long Term Illness (30 Year Term Only)**

Learn more at americanfidelity.com/info/Life

Coverage Feature	What It Means To You
Three Plan Options: 10, 20 and 30-Year Level Term Coverage	Choose the coverage period to meet your financial needs.
Guaranteed Death Benefit	Your death benefit is guaranteed as long as the policy is active.
Accelerated Death Benefit for Terminal Condition	Receive a portion of the chosen death benefit if you are diagnosed with a covered Terminal Condition. Limitations and exclusions may apply.
Conversion Benefit	Turn your policy into a permanent plan any time up to age 70. The rate for your new plan will be based on your attained age.
Guaranteed Renewable	Renew your policy up to age 90 regardless of your health. ¹
Interim Coverage for Death	Death benefit coverage starts when the life insurance application has been signed and underwriting guidelines have been met.
Express Issue Application	Only 3 express issue health questions are required to issue coverage. ²
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

¹Premiums are subject to increase upon renewal. ²Issuance of the policy may depend on the answer to these questions.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details, Policy Form Series ICC14 RCTL14. Not generally qualified benefits under Section 125 Plans.

Universal (Texas) Life Insurance

Texas Life Insurance Company

It is impossible for life insurance to emotionally compensate for a loss, but it may help ease the financial obligations placed on your loved ones. Individual life insurance products can help.

Universal Life Insurance

(PureLife-Plus)

A voluntary permanent¹ life insurance product that guarantees life insurance to age 121. (Underwritten by Texas Life Insurance Company)

Did You Know?

More than 100 million individuals in the United States don't have sufficient coverage to provide their families with financial security in case of a tragedy.²

Voluntary permanent life insurance can be an ideal complement to the Group Life Insurance coverage provided by your employer. Ask your AFES or AWD representative about the benefits of owning voluntary permanent life, the coverage you can keep after your employment ends.

Consider a PureLife-Plus Contract!

Ask your Employer or American Fidelity Representative how you can secure your permanent⁷ life insurance with a product that provides:

- Guaranteed death benefit to age 121.¹
- Minimal cash value – premiums dedicated primarily to the purchase of life insurance.
- Long premium guarantees.³
- Limited right to partial refund of premium if future premium required to continue coverage increases.³
(Conditions apply)
- Take it with you when you leave employment.
- Coverage available for employee, spouse, children and grandchildren.⁴

¹Provided required premiums are paid timely.

²Insurance Barometer Study, 2021. Life Happens & LIMRA, p8.

³After the guaranteed period, premiums may go down, stay the same or go up.

⁴Coverage not available in WA on children or on grandchildren in WA or MD. In MD, child must reside with the applicant to be eligible for coverage.

⁵Some limitations apply. See brochure for details.

⁶Conditions apply. In Kansas, Temporary Insurance applies. Form 16M050.

⁷Issuance of this policy may depend on the answer to these questions.

Coverage Feature	What It Means To You
Several Product Options	Choose the coverage to meet your financial needs.
Guaranteed Premium ³	Your premiums are guaranteed for each applicable period.
Guaranteed Death Benefit ⁵	Your death benefit is guaranteed for the life of the contract provided premiums are paid when due.
Interim Coverage ⁶	Coverage normally begins when you complete the application and the authorization for your employer to deduct premiums from your paycheck. Two year suicide and contestability provisions apply. (one year in ND).
Enhance Your Coverage	Additional riders may be available on certain products to expand your policy.
Easy Application	No medical exams and minimal health questions. ⁷
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

This product is not available in NY and is not generally qualified under Section 125 Plans. Underwritten by Texas Life Insurance Company. Not affiliated with American Fidelity Assurance Company.

As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please see product summaries for costs and complete details. Flexible Premium Adjustable Life Insurance to age 121. PureLife-plus is underwritten and issued by Texas Life Insurance Company, 900 Washington Avenue, Waco, Texas 76701. Texas Life is licensed to do business in the District of Columbia and every state but NY. See the PureLife-plus brochure for details. Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO.

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Accident Only Insurance

Limited Benefit Accident Only Insurance

From weekend warriors to active families and those of us just living everyday life, accidents can happen without warning anytime, anywhere. As healthcare expenses continue to rise, are you financially prepared for the unexpected costs resulting from an injury?

Limited Benefit Accident Only Insurance may help manage out-of-pocket expenses to treat injuries resulting from a covered accident. This plan pays benefits directly to you, and may help you with unplanned accident medical expenses. And, for some policies, the Accident Screening Benefit pays annually for routine physical exams, preventive testing and more.

How the Plan Works

Our Accident Only Insurance policy pays according to a wide-ranging schedule of benefits. In addition, the policy provides 24-hour coverage for accidents that occur both on and off the job.

All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. All benefits are paid once per Covered Person per Covered Accident unless otherwise specified in the Limitations and Exclusions section. Twenty-four-hour (24-hour) coverage not applicable on Non-Occupational policies. Refer to your brochure and/or policy for details.

Features

- Benefits paid directly to you
- A policy you own—take the policy with you if you leave your employer or retire
- Coverage for you, your spouse and children under age 26

Learn more at americanfidelity.com/info/accident

American Fidelity Assurance Company

Coverage Feature	What It Means For You
Plan Options: Levels 1, 2, 3, 4	Choose the plan to meet your financial needs.
Four Choices of Coverage: Individual, Individual and Spouse, Individual and Child, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Benefits for many types of covered injuries.
Accident Screening Benefit	The plan pays an annual Accident Screening Benefit for one Covered Person to receive a covered screening including routine physical exams, preventive testing, and more.
Initial Treatment Benefit	Receive a benefit when treatment is received by a Physician or Medical Professional within 30 days of a covered accident.
Benefit Paid Directly to You, to use as you see fit	Use the benefit however best fits your financial needs.
Guaranteed Renewable	Keep your coverage as long as premiums are paid as required.
24-Hour Coverage	You are covered on or off the job. Twenty-four-hour (24-hour) coverage not applicable on Non-Occupational policies. Refer to your brochure and/or policy for details.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Refer to your policy for complete details, AO22. **This product is inappropriate for people who are eligible for Medicaid coverage.** The premium and amount of benefits provided vary dependent upon the plan selected. The company has the right to change premiums by class. The Accident Screening Benefit is not available in all states.

Cancer Insurance

Limited Benefit Cancer Insurance Policy

American Fidelity Assurance Company

A cancer diagnosis may be overwhelming. Even with a good major medical plan, the out-of-pocket costs of cancer treatment, such as travel, childcare, and loss of income, are considerable and may not be covered.

American Fidelity Assurance Company's Limited Benefit Individual Cancer Insurance offers a solution to help you focus your attention on fighting cancer. We offer plans that can help assist with out-of-pocket costs often associated with a cancer diagnosis.

How the Plans Work

Our plans are designed to help cover expenses if you are diagnosed with a covered Cancer. With over 20 benefits available to you, these plans can provide benefits for the treatment of cancer, transportation, hospitalization and more. We provide the benefit directly to you, to be used however you see fit.

Optional Riders

Enhance your base plan with the following riders:

- **Critical Illness Rider**
May include option to choose lump sum benefit for diagnosis of internal cancer only, heart attack/stroke (first to occur) only or both.
- **Hospital Intensive Care Unit Rider**

Learn more at americanfidelity.com/info/cancer

Coverage Feature	What It Means For You
Plan Options: Basic, Enhanced and Enhanced Plus	Choose the plan option to meet your financial needs.
Three Choices of Coverage: Individual, Single Parent Family, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Covers a wide range of treatments.
Benefit Paid Directly to You	Use the money however best fits your financial needs.
Guaranteed Renewable	Policy is guaranteed renewable as long as premiums are paid as required.
Diagnostic and Prevention Benefit	Receive a benefit for visiting your doctor for a cancer screening test, which helps with early detection.
Transportation and Lodging	Receive benefits if you travel more than 50 miles from your home using the most direct route for covered treatment.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by choosing from a selection of optional riders.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage.** The company has the right to change premiums by class. The premium and amount of benefits provided vary dependent upon the plan selected. Availability of riders may vary by state. Diagnostic and Prevention Benefit is not available in all states.

Long-Term Disability Income Insurance

American Fidelity Assurance Company

How do you pay for your mortgage, bills, food and other monthly expenses? If your paycheck stopped today, could you maintain your current lifestyle?

American Fidelity Assurance Company's Long-Term Disability Income Insurance is designed to help protect you if you become disabled and cannot work due to a covered Accidental Injury or Sickness.

How the Plan Works

If you become disabled due to a covered accident or sickness, Long-Term Disability Income Insurance will pay the disability benefit once you have satisfied the elimination period. Your benefit amount is dependent on your salary and the amount you select at the time of application. Disability benefits will be payable up to the benefit period stated in your policy.

Optional Riders

Enhance your base plan with the following riders:

- **Hospital Indemnity Benefit Rider**
- **COBRA Premium Rider**
- **Survivor Benefit Rider**

Coverage Feature	What It Means To You
Accidental Injury and Sickness Coverage	You are covered in the case of a covered accident that occurs away from work or a covered sickness that causes you to be disabled.
Benefit Paid Directly to You, Regardless of Other Coverage	Use the money however best fits your financial needs, regardless of other insurance.
Waiver of Premium	Premiums are not required while you are disabled based on the length of your disability.
Age at Entry	Your premiums will be based on the date your policy becomes effective.
Accidental Death Benefit	Receive a benefit if you die as the direct result of an Accidental Injury and death occurs within 90 days after the date of the Accidental Injury.
Competitive Premiums	Your monthly premiums could be paid with only one hour of a week's paycheck.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions, and waiting periods apply. Refer to your policy for complete details.

Learn more at americanfidelity.com/info/disability

Group Hospital Indemnity Insurance

Limited Benefit Group Hospital Indemnity Insurance

American Fidelity Assurance Company

If you experienced a medical emergency, would you be prepared to cover the out-of-pocket medical expenses? And, what about everything else that adds up—like bills, groceries, and housing?

Major medical insurance plans are designed to pay a large portion of your medical costs. But with a high deductible plan, you must pay out of your own pocket until you meet your deductible and plan maximum. That's where AF Hospital Assist™ can help.

How the Plan Works

Limited Benefit Group Hospital Indemnity Insurance, or AF Hospital Assist™, is a Health Savings Account (HSA)-qualified plan designed to help pay for out-of-pocket expenses, like an inpatient stay, while also allowing the tax benefit and potential savings from an HSA.

This plan includes a health screening benefit and provides benefits paid directly to you for hospitalization, unexpected accidents, and certain high-dollar critical illnesses.

Coverage Feature	What It Means For You
Simplified underwriting	No medical exams or health questions are required to apply
Health Savings Account compatible	Help offset your high deductible while allowing your HSA savings to grow
Multiple plan options: Basic, Enhanced, Enhanced Plus	Choose the plan to meet your financial needs
Three choices of coverage: You, your spouse, and your children	Choose the coverage that best fits your lifestyle
Benefits paid directly to you	Use the money however best fits your needs
Guaranteed renewable	Keep the policy as long as premiums are paid
Portable	Take the policy with you even if you change employers

This product may contain limitations, exclusions and waiting periods. **This product is inappropriate for people who are eligible for Medicaid coverage.** The insurer has the right to increase premiums.

Learn more at americanfidelity.com/info/hospital-indemnity

Group Short-Term Disability Insurance

Madison National Life

For COTPA Employees Only

Employer Paid benefit



Group Short Term Disability Insurance: Benefit Summary

Prepared for: Central Oklahoma Transportation & Parking Authority, dba "EMBARK"

Eligibility

To be eligible, you must be an active employee working a minimum of 30 hours per week.

Employee Eligibility Date

You are benefit eligible upon the first of the month following 30 days of active employment.

Benefit Amount

66-2/3% of your Predisability Earnings, up to a Maximum Weekly Benefit of \$500.

When Benefits Begin

Benefit payments will begin after one of the following timeframes:

For a covered Injury: 14 calendar days

For a covered Physical Disease: 14 calendar days

Minimum Benefit

\$25 per week

Earning Income While Disabled

Benefits may be reduced by other income you receive during a Disability, including Social Security or a State Retirement or Disability benefit plan. Please see your certificate of insurance for details.

When Benefits End

Benefits begin at the end of the Elimination Period and continue for 24 weeks or until Long Term Disability Benefits commence, whichever comes first.

Definition of Disability

As a result of Physical Disease, Injury, Mental Disorder, Substance Abuse or Pregnancy, you are considered Disabled if you are unable to perform one or more of the Material Duties of your Own Occupation.

Please see your certificate of insurance for full definition.

When Coverage Ends *

Coverage ends on the earliest of the following: the date your Employer's coverage ends; the date you cease to be an Eligible Person; the date your premium payment is not paid when required; or your Retirement Date.

QUESTIONS

Contact Ochs

ochs@ochsinc.com

651.665.3789 • 800.392.7295

Group Short-Term Disability Insurance

Madison National Life

For COTPA Employees Only

Employer Paid benefit



Exclusions Include But Are Not Limited To *

- A. War.
- B. Criminal Conduct.
- C. Military Leave.
- D. Imprisonment.
- E. Intentionally Self-Inflicted Injury-Suicide.
- F. Occupational Disability. You are not covered for any Disability for which Worker's Compensation benefits are payable.

Limitations *

- A. **Foreign Residency.** Payment of Benefits is limited to 6 months for each period of continuous Disability while you reside outside of the United States or Canada.
- B. **Payment Limit.** In no event will the Benefit plus Deductible Income plus Work Earnings exceed 100% of Predisability Earnings.

* This brochure is not the insurance contract. It is a brief description of your insurance underwritten by Madison National Life Insurance Company, Inc. For complete details including all benefits, exclusions and limitations, refer to the certificate of insurance GSDI-C-0722-OK as issued by your employer.

Founded in 1961, Madison National Life Insurance Company, Inc. is headquartered in Madison, the rapidly growing capital city of Wisconsin. Madison National Life is licensed in 49 states and specializes in group life, disability and specialty health insurance. The company is a wholly owned subsidiary of Horace Mann Educators Corporation (NYSE:HMN), the largest financial services company focused on providing America's educators and school employees with insurance and retirement solutions.

Group Life and AD&D Insurance

Securian Financial

For COTPA Employees Only
Employer Paid benefit



Central Oklahoma Transportation & Parking Authority

Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance



Insurance products issued by Minnesota Life Insurance Company or Securian Life Insurance Company and administered by Ochs.

Life Insurance Coverage Available - No Health Questions!

There are many reasons to consider Life Insurance and there are certain times in which you can enroll for Life Insurance coverage without answering health questions. **Below is a summary of those options.**

INITIAL ELIGIBILITY OPPORTUNITY

Initial eligibility refers to the first time an employee is eligible for coverage.

- ✓ **Employee** - up to \$200,000
- ✓ **Spouse** - up to \$30,000
- ✓ **Child** - all coverage

ANNUAL ENROLLMENT OPPORTUNITY

Available during your employer's annual enrollment period.

- ✓ **Child** - all coverage

QUALIFIED FAMILY STATUS CHANGE

If you experience a family status change, check with your employer within 31 days to confirm guaranteed coverage availability.

LOOKING FOR A HIGHER AMOUNT OF COVERAGE?

A full list of your Life Insurance coverage options is outlined on the following pages. To apply for coverage other than the above, health questions and underwriting approval is required.

Group Life and AD&D Insurance

Securian Financial

For COTPA Employees Only

Your Basic and Supplemental Life Insurance Coverages:

Basic Life Coverage - 100% employer paid & automatically enrolled

Basic term life	\$25,000	<ul style="list-style-type: none"> ✓ Includes a matching AD&D benefit ✓ Coverage reduces beginning at age 65
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Supplemental Life Coverage - 100% employee paid

Supplemental term life and AD&D	Elect in \$10,000 increments Maximum \$500,000	<ul style="list-style-type: none"> ✓ Includes a matching AD&D benefit
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Spouse term life and AD&D	Elect in \$5,000 increments Maximum \$150,000	<ul style="list-style-type: none"> ✓ Includes a matching AD&D benefit ✓ Any reference to spouse includes domestic partner
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Child term life	\$10,000	<ul style="list-style-type: none"> ✓ Includes a matching AD&D benefit ✓ Includes 1st newborn child benefit
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If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible.

Monthly Cost:

Employee or Spouse Supplemental Life and AD&D

Employee's Age	Rate per \$1,000
<25	\$ 0.12
25-29	\$ 0.12
30-34	\$ 0.12
35-39	\$ 0.16
40-44	\$ 0.20
45-49	\$ 0.32
50-54	\$ 0.52
55-59	\$ 0.76
60-64	\$ 1.20
65-69	\$ 2.12
70-74	\$ 3.76
75-79*	\$ 6.20

*Rates beyond age 79 are available upon request.

Rates increase with age and all rates are subject to change.

Note: Spouse rates are based on employee's age.

Here's how to calculate your monthly premium:

Total supplemental term life coverage amount	\$ _____
÷ 1,000	\$ _____
× your rate (based on your age)	\$ _____
= Monthly premium	\$ _____

Here's how Riley calculated their monthly premium:

Riley elected a total supplemental term life coverage amount of	\$150,000
÷ 1,000	\$150.00
× Riley's rate (based on their age of 42)	\$0.20
= Riley's monthly premium	\$30.00

Child Life and AD&D

\$10,000

\$1.60

One premium covers all eligible children from live birth to age 26

Group Life and AD&D Insurance

Securian Financial

For COTPA Employees Only

Why Life Insurance?

No matter where you are in life, there are many reasons to consider Life Insurance. Group Life Insurance protects you and your family from the unexpected loss of life and income during working years. If you die, Life Insurance benefits are disbursed to your beneficiaries to help pay for things like:

- ✓ Your mortgage or rent
- ✓ Childcare or education costs
- ✓ Medical bills or other expenses
- ✓ Funeral and burial costs

How much Life Insurance do I need?

To estimate the amount of Life Insurance you need, you'll want to determine what you must protect in the event of your death. Determine your needs today.

Check out our Life Insurance calculator: [click here](#).

Or scan here:



Naming a Beneficiary:

Naming a beneficiary is an important right of Life Insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your beneficiaries periodically. Events such as marriage, birth/adoption of children, divorce or death may change how you want your Life Insurance benefit paid.

Continuation:

If you are no longer eligible for coverage as an active employee, you may be eligible to continue your coverage after employment. No health questions are needed and rates are generally higher than active rates. If you would like to continue your coverage, be sure to enroll within 31 days of your current coverage ending.

Questions? Contact Ochs. Email: ochs@ochsinc.com Phone: 800-392-7295

Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life Insurance Company is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in St. Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Products are offered under policy form series 14-31700.

Securian Financial is the marketing name for Securian Financial Group, Inc. and its subsidiaries. Securian Life Insurance Company and Minnesota Life Insurance Company are subsidiaries of Securian Financial Group, Inc.

Ochs, Inc.

A Securian Financial Company

400 Robert Street N, Ste. 1880, St. Paul, MN 55101

IRC 457 Deferred Compensation

MissionSquare Retirement
Nationwide Retirement Solutions

IRC 457 Deferred Compensation

Employees are offered a choice of two voluntary deferred compensation programs administered by MissionSquare Retirement and Nationwide Retirement Solutions. These programs allow employees to save today for retirement. Beginning in 2002, under Section 457 of the Internal Revenue Code, employees may generally defer the lesser of 100% of their total compensation or the limit for the year. Participation is handled through payroll deduction so taxes are reduced each pay period. An employee may join either 457 plan anytime during the year.

Advantages

- Reduce current income taxes while boosting retirement savings
- Earnings accumulate tax-deferred
- Portability. An employee can move savings to another governmental 457 plan, IRA, or qualified plan

Withdrawals

An employee may withdraw assets under certain conditions. Additionally, it's necessary to complete the appropriate paperwork, which is available at the Employee Retirement System Office, or which may be obtained by contacting MissionSquare Retirement at the telephone numbers listed in the back of this guide.

- Retirement or separation of service
- Qualified unforeseeable emergency

The City offers quarterly Retirement Education and Planning seminars. For more information and seminar schedules please contact the Oklahoma City Employees Retirement System at 405-297-2408 or Employee Benefits at 405-297-2144.

How Much Can I Contribute?

Contribution Limits for Eligible 457(b) Deferred Compensation Plans*

This information is not intended as tax advice. It is provided for your education only.

Annual Contribution Limit	Annual cost of living adjustments may occur. This limit includes both employee and vested employer contributions.
	2023 Annual Maximum: \$22,500
	2024 Annual Maximum: Annual cost of living may occur.
457(b) Special Catch-up Provision	The 457(b) Special Catch-up provision permits increased annual contributions on behalf of a participant. It allows you to make up, or "catch up," for prior years in which you may not have contributed the maximum amount to your employer's 457(b) plan.
	2023 Annual Maximum: \$45,000
	2024 Annual Maximum: Annual cost of living may occur.
Age 50+ Catch-up Provision	If you are at least age 50, and currently participate in a governmental 457(b) plan, you are eligible to contribute an additional amount over the annual contribution limit. However, you cannot use both the 457(b) Special Catch-up provision and the Age 50+ Catch-up provision in the same year. You must use whichever is greater.
	2023 Annual Maximum: additional \$7,500
	2024 Annual Maximum: Annual cost of living may occur.

*** As of the date of this publication, the 2024 information is not available. For the most up-to-date information about 457(b) contribution limits, visit www.irs.gov.**

For more information, contact OCERS at 405-297-2408.



ICMA-RC is now

MissionSquare
RETIREMENT

Employee Assistance Program

Alliance Work Partners

Alliance Work Partners (AWP) is proud to serve as your Employee Assistance Program (EAP), offering you and your household valuable, confidential services at no cost to you. Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

Your EAP Benefits

Law Access

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

HelpNet

Customized EAP website featuring resources, skill building tools, online assessments and referrals.

Worklife

Resources and referrals for everyday needs. Available by telephone.

SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

1 to 6 Counseling Sessions

Per issue, per year. Short-term counseling sessions which include assessment referral and crisis services.

**All benefits can be accessed by calling:
800-343-3822**

We are available to take your call 24 hours a day, 7 days a week.

Visit your EAP website at:
awpnow.com
and create a customized account.

Go to: <http://www.awpnow.com>.
Click "login" at the top right

Initial Login:
registration code: AWP-OKC-2151
You will be prompted to create your own unique username and password

Criteria for Benefits

Eligibility Full Benefits:

- Employee, married/divorced spouse, partner, significant other
- Any household member, regardless of age or relationship, residing in employee's home, including significant other and their children
- All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- Children and grandchildren, age 26 or under, residing in U.S. or Puerto Rico. This includes children and grandchildren of significant other or partner.
- Any person meeting benefit eligibility prior to lay-off or separation of employment will continue to be eligible for benefits up to 6 months from the date of employee's lay-off or termination. Benefits are extended for 6 months from date of employee's call within this time frame.

Assessment & Referral:

- Children and grandchildren age 27 and over of employee, married/divorced spouse, partner, or significant other living outside employee's home
- Employee instructed by law to receive court ordered counseling
- All crisis cases (suicidal/homicidal domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise covered
- Any person meeting benefit eligibility prior to layoff or separation of employment will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay-off or termination. Benefits are extended 1 year from date of employee's call within this time frame.

Information & Referral

- Anyone contacting Alliance Work Partners regardless of contract status

Children under the age of 18 must have a written, signed release by their guardian who has custody (whether living in the home or not) to attend counseling on their own. This release is given to their affiliate provider. Divorced parents who bring their children in for counseling must bring a copy of their divorce decree or have signed permission from the other parent before bringing a child into counseling. Grandparents who bring their grandchildren into counseling must have proof of guardianship or written permission from the child's parents.

Guide to Life Events Change in Status

Life Event	Documentation Requirements to Complete Changes	Life Event Changes Permitted			
		Add Coverage	Terminate Coverage	Change Carrier	Waive Coverage
It is the employee's responsibility to notify Employee Benefits within 31 days of any of the qualifying events listed below:	All required documents must be submitted and elections made within 31 days of the qualifying event date. Note: With the exception of Initial Enrollment and Open Enrollment, all changes must be consistent with the type of event. Employee Benefits reserves the right to determine eligibility of the qualifying event and which changes will be permitted. Supporting documentation provided must be in English.				
Initial Enrollment/Open Enrollment	Official State Issued Birth Certificate (Dependent Child), OR Marriage Certificate (Spouse), AND copy of Social Security Number, copy of official document	Y	Y	Y	Y
Marriage Common Law partner	Marriage Certificate OR Common Law Affidavit AND Social Security Number Note: Contact Benefits for additional Common Law requirements.	Y		Y	
New Dependent Child New Dependent Stepchild	Official State Issued Birth Certificate (required) AND Social Security Number Note: Hospital Birth Record acceptable for temporary enrollment of newborns.	Y		Y	
Adoption, Placement for Adoption, Legal Guardianship, or Legal Custody	Valid Adoption Decree/Order, OR Petition for Adoption, placement agreement, or other legal document that establishes guardianship or legal custody AND Requirements for New Dependent	Y		Y	
Divorce, Annulment (Spouse, Stepchildren)	First and last page of order with Judge's signature and court stamp that contains the date that the divorce or annulment is finalized. (Coverage can only be terminated for spouse/stepchildren)		Y	Y	
Death	Notify Employee Benefit Representative Note: Employee Benefits may require an original Death Certificate		Y		
Employee / Dependent becomes eligible for insurance through another plan	Employer letter, Certificate of Creditable Coverage, or other acceptable documentation indicating the date coverage began, type of plan(s) enrolled, and individuals covered		Y		
Employee / Dependent loses eligibility for insurance through another plan	Employer letter, Certificate of Credible Coverage, or other acceptable documentation indicating the date coverage ended, type of plan(s) enrolled, and individuals covered	Y			
Dependent reaches maximum age to qualify for coverage	No document requirements		Y		
Dependent elects coverage through his/her employer	Letter, or other acceptable documentation indicating the date coverage began, type of plan(s) enrolled, and individuals covered		Y		
Disabled Dependent	Letter from Physician describing the dependent's medical condition, prospect of recovery and a diagnosis. (Documentation must be supplied upon request or every two years)	Y			
Significant change in premium cost or coverage attributable to spouse's employment	Acceptable documentation that illustrates the differences in cost or coverage	Y			

Note: The effective date of the change is the date of the life event. Any change in premium will be based on the effective date of coverage. The City of Oklahoma City does not does not prorate premiums for changes.

It is your responsibility as the employee to notify the Employee Benefits division of the City's Human Resources Department within 31 days of the event. You will be held liable for any employer premiums paid on behalf of the ineligible dependent(s) that are not recoverable.

Benefit Highlights for New Employees

New Employee Orientation

The City of Oklahoma City provides specific details about available benefit options during the New Employee Orientation Sessions for employee benefits are held biweekly for newly hired employees Any full time employee who desires more information regarding their current health and welfare plans are also welcome To attend, the employee must receive authorization from the supervisor Once approved, contact a representative of the Employee Benefits Division to schedule your attendance.

Benefit Effective Date (for new employees)

Coverage begins on the first day of the month following the month of hire.

Coverage Ending Dates

In general, your group benefits will end on the last day of the month if:

- The Plan is terminated
- The premium ceases to be paid
- The employee no longer meets the Eligibility Requirements
- The employee voluntarily terminates his/her benefit(s)
- Employment terminates

Coverage Ending Dates for Dependents

In general, your group benefits for Covered Dependents will end on the last day of the month if:

- The Plan is terminated
- The premium ceases to be paid
- The dependent no longer meets the Eligibility Requirements
- The employee voluntarily terminates his/her benefits for the dependent
- Employment terminates
- The date the plan is amended to end coverage for a benefit program class of participants of which the dependent is a member
- The dependent ceases to be a dependent as defined by the Plan
- The employee fails to provide the required documentation for the dependent
- The employee dies and survivorship benefits are not available
- The legal guardianship or legal custody relationship is terminated for any reason

In the case of a dependent that is disabled, the last day of the month in which any of the following events occur:

- The date the child is no longer dependent on the employee for support
- The date the employee fails to provide any required proof of the uninterrupted continuation of the disability or fails to authorize and comply with any required examinations

Extension of Medical Benefits/Survivorship Benefit

In the event of the death of an Active or Retired Covered Employee, the previously Covered Dependents shall have the right to continue benefits under the Plan, subject to further provisions hereof:

- If the employee who died was Active and at the time of death was not entitled to any pension benefits, the surviving eligible Covered Dependents shall have the option to elect Continuation of Coverage under the provisions of COBRA.
- If the employee who has died was Active and at the time of death was entitled to any pension benefits but had continued as an active employee instead of choosing these pension benefits prior to the employee's death, the surviving eligible Covered Dependents shall have the option to continue health and dental coverage under which they had previously been covered through the COBRA option, or elect benefits that are provided to qualified survivor dependents.
- If the employee who died was retired at the time of death and was receiving pension benefits prior to their death, the surviving eligible Covered Dependents shall have the option to continue health and/or dental insurance benefits provided for retirees and their Eligible Dependents only if they were covered at the time of death of the retiree.
- Those surviving Eligible Dependents who choose to continue coverage under the retiree benefits shall have the right to continue benefits under that Plan, subject to further provisions hereof, until:
 - The date benefits for all individuals in this class are terminated
 - If dependent eligible children, the date that they no longer meet the definition of a Covered Dependent

IMPORTANT NOTICE: If dependent eligibility changes during the year you must notify the Employee Benefits Division of the Human Resources Department within 31 days of the qualifying event.

2024 Payroll Calendar

Employees are paid 26 times per year. Two of those paychecks, in the month where there are three pay periods, will not include premium deductions. This does not include other deductions you may have that include union dues, credit union deductions, federal and state taxes, and/or retirement contributions.

Pay Period Begins	Pay Period Ends	Pay Date	Month of Benefit Coverage	Coverage Period Premium Pays
12/22/23	01/04/24	01/12/24	January	January/1st half
01/05/24	01/18/24	01/26/24		January/2nd half
01/19/24	02/01/24	02/09/24	February	February/1st half
02/02/24	02/15/24	02/23/24		February/2nd half
02/16/24	02/29/24	03/08/24	March	March/1st half
03/01/24	03/14/24	03/22/24		March/2nd half
03/15/24	03/28/24	04/05/24	April	April/1st half
03/29/24	04/11/24	04/19/24		April/2nd half
04/12/24	04/25/24	05/03/24	May	May/1st half
04/26/24	05/09/24	05/17/24		May/2nd half
05/10/24	05/23/24	05/31/24	NO DEDUCTION	
05/24/24	06/06/24	06/14/24	June	June/1st half
06/07/24	06/20/24	06/28/24		June/2nd half
06/21/24	07/04/24	07/12/24	July	July/1st half
07/05/24	07/18/24	07/26/24		July/2nd half
07/19/24	08/01/24	08/09/24	August	August/1st half
08/02/24	08/15/24	08/23/24		August/2nd half
08/16/24	08/29/24	09/06/24	September	September/1st half
08/30/24	09/12/24	09/20/24		September/2nd half
09/13/24	09/26/24	10/04/24	October	October/1st half
09/27/24	10/10/24	10/18/24		October/2nd half
10/11/24	10/24/24	11/01/24	November	November/1st half
10/25/24	11/07/24	11/15/24		November/2nd half
11/08/24	11/21/24	11/27/24	NO DEDUCTION	
11/22/24	12/05/24	12/11/24	December	December/1st half
12/06/24	12/19/24	12/27/24		December/2nd half

2024 COTPA Payroll Calendar

Employees are paid 26 times per year. Two of those paychecks, in the month where there are three pay periods, will not include premium deductions. This does not include other deductions you may have that include union dues, credit union deductions, federal and state taxes, and/or retirement contributions.

Pay Period Begins	Pay Period Ends	Pay Date	Month of Benefit Coverage	Coverage Period Premium Pays
12/17/23	12/30/23	01/05/24	January	January/1st half
12/31/23	01/13/24	01/19/24		January/2nd half
01/14/24	01/27/24	02/02/24	February	February/1st half
01/28/24	02/10/24	02/16/24		February/2nd half
02/11/24	02/24/24	03/01/24	March	March/1st half
02/25/24	03/09/24	03/15/24		March/2nd half
03/10/24	03/23/24	03/29/24	NO DEDUCTION	
03/24/24	04/06/24	04/12/24	April	April/1st half
04/07/24	04/20/24	04/26/24		April/2nd half
04/21/24	05/04/24	05/10/24	May	May/1st half
05/05/24	05/18/24	05/24/24		May/2nd half
05/19/24	06/01/24	06/07/24	June	June/1st half
06/02/24	06/15/24	06/21/24		June/2nd half
06/16/24	06/29/24	07/05/24	July	July/1st half
06/30/24	07/13/24	07/19/24		July/2nd half
07/14/24	07/27/24	08/02/24	August	August/1st half
07/28/24	08/10/24	08/16/24		August/2nd half
08/11/24	08/24/24	08/30/24	NO DEDUCTION	
08/25/24	09/07/24	09/13/24	September	September/1st half
09/08/24	09/21/24	09/27/24		September/2nd half
09/22/24	10/05/24	10/11/24	October	October/1st half
10/06/24	10/19/24	10/25/24		October/2nd half
10/20/24	11/02/24	11/08/24	November	November/1st half
11/03/24	11/16/24	11/22/24		November/2nd half
11/17/24	11/30/24	12/06/24	December	December/1st half
12/01/24	12/14/24	12/20/24		December/2nd half

Benefits Resource Directory

Core Benefits

BlueCross BlueShield of Oklahoma

PPO and EPO Medical Plans

(Group Number 019574 PPO)

(Group Number 293447 EPO)

Mon - Fri, 8 a.m. - 8 p.m. CST

877-219-4301

www.bcbsok.com/okc

Prime Therapeutics

Pharmacy Benefit Manager

PPO and EPO Medical Plans

(Group Number 019574 PPO)

(Group Number 293447 EPO)

Mon - Fri, 8 a.m. - 6 p.m. CST

877-357-7463

www.myPrime.com

BlueCross BlueShield of Oklahoma

Dental Plan

(Group Number K19574)

Mon - Fri, 8 a.m. - 8 p.m. CST

888-381-9727

www.bcbsok.com/okc

VSP

Vision Plan

(Group Number 30021658)

Mon - Fri, 7 a.m. - 9 p.m. CST

800-877-7195

www.vsp.com

BCBS of Oklahoma

Group Life Insurance

(Group Number GAE00255)

Mon - Fri, 7 a.m. - 7 p.m. CST

800-778-2281

OKCCare Employee Medical Center

Premise Health

Mon - Fri, 7:30 a.m. - 4:30 p.m. CST

405-276-2030

mypremisehealth.com

Voluntary Benefits and Flexible Spending Accounts

American Fidelity Assurance Company

Term Life, Permanent Life, Accident Only,

Cancer, Long-Term Disability Income and Hospital Indemnity

Mon - Fri, 7 a.m. - 7 p.m. CST

800-662-1113

www.americanfidelity.com

Alliance Work Partners

Employee Assistance Program

24 hours a day

800-343-3822

awpnow.com

Code: AWP-OKC-2151

10GYM, LLC

Mon - Fri, 9 a.m. - 6 p.m. (Administration)

918-809-1717 for enrollments

www.10GYM.com

Gold's Gym

Monday - Friday: 5am to 11 pm

Saturday & Sunday: 7am to 7 pm

210-577-2934

YMCA of Greater Oklahoma City

www.ymcaokc.org

Other Contact Information

City of Oklahoma City

Employee Benefits Division

Mon - Fri, 8 a.m. - 5 p.m. CST

405-297-2144

www.okc.gov/oe

EB@okc.gov

City of Oklahoma City

Accounting Services Division - Payroll

Mon - Fri, 8 a.m. - 5 p.m. CST

405-297-2196

Medicare

800-633-4227

www.medicare.gov

Pension Systems

Oklahoma Fire Fighters Pension & Retirement System (Fire)

Mon - Fri, 8 a.m. - 4:30 p.m. CST

405-522-4600

800-525-7461

www.okfirepen.state.ok.us

Oklahoma Police Pension & Retirement System (Police)

Mon - Fri, 8 a.m. - 4:30 p.m. CST

405-840-3555

800-347-6552

www.opprs.ok.gov

Oklahoma City Employee Retirement System (OCERS)

Mon - Fri, 8 a.m. - 5 p.m. CST

405-297-3413

405-297-2408

Savings Plans

Municipal Employees Credit Union (MECU)

Mon & Fri, 8:30 a.m. - 5:30 p.m. CST

Tues - Thurs, 8 a.m. - 5 p.m. CST

405-813-5550

www.mecuokc.org

MissionSquare Retirement (formerly ICMA-RC)

8:30 a.m. - 9:00 p.m. Eastern Time

1-800-669-7400

www.icmarc.org

Nationwide Retirement Solutions

Mon - Fri, 8 a.m. - 9 p.m. EST

877-677-3678

www.nationwide.com