

# Things to Know...

## **Verification of Dependents**

If you experience a qualifying event and wish to enroll dependents in any of the City's benefit programs, you must submit appropriate documentation to the Employee Benefits Division. Appropriate documentation includes, but is not limited to, documents supporting your relationship to the dependent such as a copy of your marriage license, dependent's birth certificate or legal guardianship, and Social Security cards.

If the above documents are not already on file at the time of your initial application for retiree benefits, you are required to submit them to the Employee Benefits Division. Note: The City of Oklahoma City Human Resources Department reserves the right to require dependent documentation to verify coverage eligibility.

## **Dependent Audit**

Employee Benefits may periodically request verification to ensure current documentation for dependents enrolled in the City's medical and dental plans are on file. You may receive a letter requesting documentation for verification of eligibility. You must comply with the request. Failure to do so may result in loss of coverage for your dependent(s). You do not need to contact Employee Benefits to inquire about your file. If your file is selected for verification, you will receive a letter.

## **Disabled Dependent Documentation**

Written documentation from an attending physician supporting an ongoing total disability for a disabled dependent child is required. Documentation must describe the dependent's medical condition, a diagnosis, and the prospect of recovery. Evidence of disability status is required, at minimum, every two years or upon request.

## **Address/Telephone Change**

You may change your address and/or telephone number by:

- Requesting a *Change Form* from the Employee Benefits Division; or
- Mailing a signed letter with your new contact information to the Employee Benefits Division; or
- Changing your address online via PeopleSoft (see Page 9 for instructions under

## **Common-Law Marriage Guidelines**

A common-law marriage relationship in the state of Oklahoma is defined as two adults who represent themselves as a married couple and have chosen to share their lives in an intimate and committed relationship, reside together, and share mutual obligations of support for the basic necessities of life. To be recognized as a qualified common-law relationship, the two individuals must attest that they are (1) living together, (2) mutually responsible for the costs of basic living expenses (financially interdependent), (3) not related by blood to a degree that would prohibit marriage, and (4) are age 18 or older.

To document shared residence, parties must provide evidence such as (1) a lease, deed, or mortgage showing both partners as parties to the transaction, (2) drivers' license for both partners showing the same address, (3) utility bills showing the same address, and/or (4) passports for both parties showing the same address.

To document financial inter-dependence, partners must provide evidence such as (1) joint checking account, (2) credit cards or loan documents with the same account number in both names, (3) copy of the most recent tax year federal tax return filed "*married filing jointly*" or "*married filing separately*", and/or (4) joint wills.

Oklahoma recognizes common law through case law as opposed to statute. The retiree applicant and partner must also sign and have notarized an official Statement of Common-Law Marriage. The form is available from the Human Resources Department/Employee Benefits Division. The Employee Benefits Manager will review all applications and determine eligibility based upon the documentation provided. Documents must accompany the application. Supplemental documents will not be accepted at a later date. Recognition of common-law marriage by another entity, such as a pension system, does not negate the need to complete a common-law application with the Employee Benefits Division.

## **Certificate of Creditable Coverage**

A certificate of creditable coverage will be provided upon request, loss of coverage, or a COBRA qualifying event. Certificates provide evidence of health coverage and may be needed if you become eligible under a group health plan that excludes coverage for certain pre-existing medical conditions. If you enroll in Medicare Part D you may need a certificate of coverage to avoid higher Medicare Part D premiums.

## **Beneficiary Change**

It is very important to keep your life insurance beneficiary information current. To change your beneficiary you may contact our office at (405) 297-2144 and request a beneficiary change form or submit a written notice to:

The City of Oklahoma City  
Employee Benefits Division

# Frequently Asked Questions

## General

### ***If a spouse is not enrolled at the time of my retirement, can I add them later?***

A spouse who was not enrolled when initial elections were made at the time of retirement may not be later added to a health or dental plan, except in the case of marriage. You must add the new spouse within 31 days of the qualifying event or you will not be able to add him/her at a later date.

### ***Can I drop my spouse this year and then add them back at a later open enrollment?***

No. If a spouse's coverage is dropped, the change is permanent.

### ***Can I add my dependent child at open enrollment?***

Yes. Dependent children up to age 26 can be added to a health or dental plan at open enrollment. Appropriate dependent documentation (birth certificate and social security card) must be provided to Employee Benefits before a dependent child will be added.

### ***I am a surviving spouse. If I remarry, may I add my new spouse and his/her dependents to the insurance?***

No. As a surviving spouse you are not allowed to add a new spouse or that spouse's dependents to health or dental plans.

### ***I recently married and want to add my new spouse (and dependents) to the City's benefit plans. What do I need to do?***

Marriage is a qualifying event that allows you to add new dependents to your coverage; however, you must provide legal documentation of your marriage to a representative of the Employee Benefits Division of the Human Resources Department within 31 days of the date of marriage. If dependents are to be added, copies of official birth certificates and Social Security cards are required. Coverage under the health plan becomes effective the date of your marriage.

There are other qualifying events which might permit you to add dependents. Contact the Employee Benefits Division for additional details. In all cases you must notify and provide required documentation to the Employee Benefits Division within 31 days of the qualifying event or you will not be allowed to add new dependents.

### ***I recently divorced/legally separated. What do I do to drop my ex-spouse and/or stepchildren from my City insurance?***

It is essential that you notify a representative of the Employee Benefits Division of the Human Resources Department within 31 days of the divorce/legal separation. Failure to notify timely may result in a financial consequence. Coverage for ex-spouse and/or stepchildren will end on the last

# Frequently Asked Questions

## Medical Benefits

### ***What should I consider if I am thinking about switching from one health plan to another including the Marketplace Exchange?***

We recommend you compare the different provisions of each plan. You may also want to ensure that any maintenance medications you take are covered by the plan you are considering. If considering an HMO, you will want to make sure your doctors and preferred facilities are in their network or be willing to select a new primary care physician. Coverage through the Marketplace Exchange and the City's health plans covers the minimum essential coverage requirement. However, coverage under any of the City's health plans are subsidized by the City. This means the cost to you may be less than it would be if you purchased it on your own. Coverage under the Marketplace Exchange may qualify you for a tax credit that may be unavailable to you under one of the City's plans.

### ***How can I find out which physicians, hospitals, and pharmacies are on my medical plan?***

This information is easily found from the convenience of your home; all you need is access to the internet. Simply enter the insurance carrier's web address into your internet browser. UnitedHealthcare HMO is at [www.myuhc.com](http://www.myuhc.com); UnitedHealthcare Medicare Advantage is at [www.uhcretiree.com](http://www.uhcretiree.com) and BlueCross BlueShield is at [www.bcbsok.com/okc](http://www.bcbsok.com/okc). If you do not have access to the internet, provider directories may be available on-site during the enrollment period. Additionally, you may contact a representative of UnitedHealthcare, BlueCross BlueShield, or the Employee Benefits Division. Please refer to the back cover for specific telephone numbers. Visit [www.healthcare.gov](http://www.healthcare.gov) to find more about the Marketplace Exchange network.

### ***How can I find out which prescription drugs are covered under the medical plan?***

The City's Group Indemnity Alternate Plan and the HMO plan offer a three tier formulary plan; the Standard Plan offers a two tier formulary. All Plans allow most prescribed medications. Prescriptions available with the City Plans are located on each provider's website. Websites may provide whether there is a generic drug for your brand name prescription or an alternative name brand if your prescription is not listed. In all cases, please consult with your physician.

### ***If I did not elect health insurance at the time of my retirement, can I add it now?***

No. If you did not elect coverage under one of the City's plans at the time of your retirement you may not enroll now. There may be health insurance coverage available to you through the Health Insurance Marketplace Exchange. Visit [www.healthcare.gov](http://www.healthcare.gov) to find out more.

### ***Can I drop my health insurance and later return?***

No. If you elect to drop your health insurance this will result in the permanent loss of your retiree health benefit.

### ***What is Coordination of Benefits?***

Typically, coordination of benefits is the insurance industry standard practice used to share the cost of care between two or more carriers when a member is covered by more than one benefit plan. When someone is covered under two plans at the same time, the benefits received under those plans will be coordinated so that the participant will receive a benefit that is not greater than either one of the plans would pay under its own terms. In order to accomplish this, one plan is designated as "primary" and the other is designated as "secondary". If you are covering your spouse as a dependent under the City's health plan, and your spouse also receives health coverage through his/her employer, the City's plan will always be secondary. Likewise, if you're currently working and you elect coverage for yourself as an employee, your current employer's health plan will be primary and your coverage with the City's health plan becomes secondary with respect to your benefits.

# Frequently Asked Questions

## About Medicare

### ***What parts of Medicare should I enroll in?***

To participate in the City sponsored health plans, you must enroll in Medicare Part A (Hospital Insurance) and Medicare Part B (Medical Insurance).

### ***I am under age 65 but recently became Medicare eligible. What do I need to do?***

Provide a copy of your Medicare card or Medicare Award Letter to the Employee Benefits Division at 420 W. Main, Suite 110, Oklahoma City, OK 73102. Some plans offer reduced premiums once you become Medicare eligible.

### ***My spouse will soon be 65 and eligible for Medicare. What do I need to do? Will my premiums be reduced again?***

Premiums are only reduced once, when the first member becomes eligible for Medicare. Provide a copy of your Medicare card or Medicare Award Letter to the Employee Benefits Division.

### ***Will the City notify me about what I need to do when I am close to Medicare eligibility?***

As a courtesy, the City attempts to notify retirees when either they or their spouse is approaching age 65. The notice requests a copy of the Medicare card, provides new premium rates (if applicable), and gives instructions on changing plans, if necessary.

### ***I will soon be 65 and Medicare eligible. What do I need to do and how does Medicare effect my benefits?***

- Provide a copy of your Medicare card or Medicare Award Letter to the Employee Benefits Division at 420 W. Main, Suite 110, Oklahoma City, OK 73102. Some plans offer reduced premiums once you become Medicare eligible.
- If you are a Group Indemnity Plan participant your premium will be reduced, since Medicare becomes the primary insurer and the City's plan becomes secondary. **A secondary insurer is not "Gap" or "Supplemental" coverage.**
- You may be required to select a different plan. UnitedHealthcare HMO only accepts participants under the age of 65. UnitedHealthcare Medicare Advantage requires that all participants are covered under Medicare Parts A and B, including spouses and dependents.
- For Group Indemnity participants, enrollment in Medicare Parts A and B is assumed when processing claims for at least one of the participants (retiree or spouse) regardless of whether or not the individual is actually receiving Medicare benefits. This means that if the individual does not have Medicare parts A or B, because they refused or neglected to enroll, discontinued Medicare, or did not qualify for Medicare, claims are processed as though they do have Medicare. An individual without Medicare could pay higher out of pocket expenses on individual claims.

### ***When my spouse or I become Medicare eligible will our health premiums be reduced?***

Yes, but only once. Premiums will be reduced when the first one of you becomes Medicare eligible (usually at age 65.) There will not be a change in premium when the second person becomes Medicare eligible.

### ***If Medicare is the primary payer why does the City's Group Indemnity Health Plan insurance not pay what is left?***

The City's Group Indemnity Health Plans is secondary insurance that coordinates benefits with Medicare and is *not* a supplemental or "gap" plan. The Group Indemnity Health Plans will pay no more than the allowable charges. If Medicare pays the allowable charges or more, then the Plans will not pay more towards the bill.

# **Frequently Asked Questions**

## **About Medicare Part D**

### ***What is Medicare Part D?***

Medicare Part D is prescription drug insurance. Medicare has contracted with private companies to offer the insurance. Participants choose the plan and pay a monthly premium; then Medicare helps pay the cost of prescriptions after a deductible is met. For complete details, visit [www.Medicare.gov](http://www.Medicare.gov) or call 1-800-MEDICARE.

### ***Should I enroll in Medicare Part D?***

As a Medicare-eligible retiree, or as a Medicare eligible spouse of a retiree, who is currently enrolled in one of the City's health insurance plans, you will automatically be enrolled in the City's prescription drug plan. The City's Medicare Advantage Plan includes Medicare Part D prescription drug coverage. The City's Group Indemnity Plan includes Medicare Part D credible prescription drug coverage.

### ***What can I do if I do not want this plan?***

You may "opt out" of this coverage, but please be aware that this may be the only prescription coverage available to you through the City's health plans and opting out will result in a loss of medical benefits.

### ***How does Medicare Part D affect my health insurance?***

Depending on which of the City sponsored health plans you are enrolled in, participation in a non-City Medicare Part D Plan could disenroll you from your current health insurance. For a complete disclosure on how Medicare Part D affects participants in the City sponsored health plans, review the *Creditable Coverage Disclosure* on pages 35-37. Additional information is available from Medicare at [www.Medicare.gov](http://www.Medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227.)

### ***What if I am enrolled in a different Part D plan, not through the City's Health plans?***

The Centers for Medicare & Medicaid Services (CMS) does not permit Medicare beneficiaries to be enrolled in two Medicare Part D plans at a time. Therefore, you will need to choose if you want your prescription drug coverage offered with the City's Medicare Advantage Plan or through another Part D plan. Note: if you disenroll in the Medicare Part D plan offered through the City's Medicare Advantage Plan, your medical insurance plan is also discontinued.