

CITY OF OKLAHOMA CITY
— EMPLOYEE —

2022 BENEFITS GUIDE



City of Oklahoma City

Dear City of OKC Employee,

The last year has been unpredictable and it seems as though COVID isn't through with us yet. 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 review your benefits to make sure they are still meeting your and your family's needs.

The Total Rewards Team has had to change its operations to accommodate the evolving City Policy and CDC guidance. We will again be offering a virtual option this year for Open Enrollment, in addition to phone, mailing, and in person options. 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.

Christian York
Total Rewards Manager

Things to Know for 2022

On-Site Open Enrollment Location

Employee Benefits is excited to announce that Will Rogers Gardens at 3400 NW 36th St, Oklahoma City, OK 73112 will be the location of the on-site enrollment from Monday, October 25 thru Thursday, October 28.

Virtual and On-Site Appointments

American Fidelity will offer employees the opportunity to schedule an appointment for Open Enrollment. Two options will be available, in-person and a virtual appointment option. Please visit <https://americanfidelity.com/okc> to schedule your virtual appointment.

Vendors

As a result of the COVID-19 pandemic, there will be no vendors present this year at the on-site enrollment. This change was necessary to maximize space for social distancing. If you need to reach a vendor, please refer to the back page of this guide. Employee Benefits is looking forward to having our vendors be a part of future Open Enrollments as conditions permit.

NEW FOR 2022

ICMA-RC (Money Purchase and 457 participants) has rebranded to MissionSquare Retirement.

No Surprises Act

NEW FOR 2022. The No Surprises Act protects individuals from surprise medical bills for emergency services, air ambulance services provided by out-of-network providers, and non-emergency services provided by out-of-network providers at in-network facilities in certain circumstances. Additional information can be found in the 2022 Benefits and Disclosure Guide.

2022 Benefits and Disclosure Guide

Updated copies of the Benefits and Disclosure Guide can be found on inside OKC under the Employee Benefits page as well as www.okc.gov/oe.

2022 Dependent Care Flex Spending Accounts

The City of Oklahoma City has adopted Unlimited Carryover for plan year 2021 Dependent Care Flex Spending Accounts (DCFSA). Any remaining balance for 2021 will be allowed to carryover to plan year 2022 DCFSA election. Please review your 2021 remaining balance prior to making your 2022 DCFSA election.

Long Term Disability

NEW FOR 2022. The Long-Term Disability (LTD) plan has been enhanced to give additional benefits at no additional cost. In addition, participants will now have the option to select from several different riders at an additional premium to enhance their LTD benefit. Additional information can be found in the insert provided in this packet.

In order to sign up for the additional riders, you will need to meet with an American Fidelity representative. For existing LTD participants who wish to make no changes, American Fidelity has mailed separately an acknowledgement. Please review, sign, and return to American Fidelity to receive the enhanced LTD benefit.

Beginning in 2022, deductions for the LTD benefit will be reflected as a general deduction rather than a group benefit. As a result, LTD will no longer show on OE election forms. LTD will show as a general deduction on your 2022 Confirmation of Elections.

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.

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 on InsideOKC. Just click on the Employee tab, then Benefits to find common forms, additional plan information, and contact information. 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 employee.benefits@okc.gov or 405-297-2144.

Enrollment for Plan Year 2022

Important Dates to Remember

Your On-Site Enrollment Dates are:

October 25, 2021 - October 28, 2021

Your Period of Coverage Dates are:

January 1, 2022 - December 31, 2022

Open Enrollment Deadlines

Enrollment Form Changes Due:

October 31, 2021

Online Enrollment Changes Due:

October 31, 2021

Required Open Enrollment Legal Documentation Due:

October 31, 2021

Confirmation Statement Changes Due:

November 19, 2021

Enrollment Information

By taking no enrollment action, you will remain enrolled in the same benefit plan and premiums will automatically adjust to the new rates, with the exception of a 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 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.

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.

On-Site and Virtual Enrollment will be held

October 25th-28th, 2021 from 8:00 a.m. - 4:00 p.m.

Will Rogers Gardens

3400 NW 36th St., OKC, OK 73112

Appointments are encouraged. To schedule your appointment, visit:

<https://americanfidelity.com/okc>

Self Service Enrollment will be held

October 15th - 31st, 2021

<https://okcpeople.okc.gov>

Annual Open Enrollment

Each year Open Enrollment provides you an opportunity to change plans and modify dependent coverage. Changes made become effective January 1, 2022, and will remain in effect through the plan year (January 1, 2022 - December 31, 2022).

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.

Remember...

We recommend reviewing your current information, including...

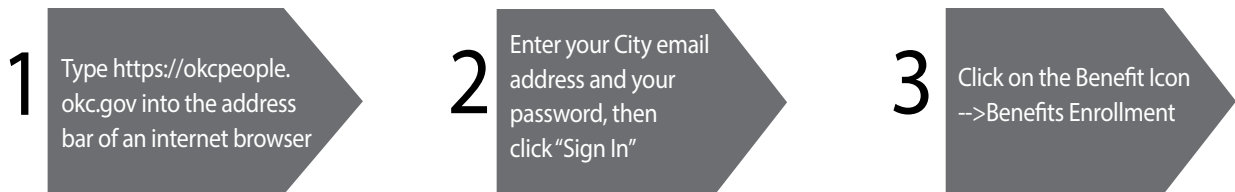
- Updating your beneficiaries.
- Removing ineligible dependents
 - If you are divorced, your ex-spouse is no longer eligible for health, dental, and /or vision coverage.
 - If a child no longer qualifies for coverage as a dependent (i.e. stepchildren who are no longer eligible due to divorce, loss of 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.

Three Easy Ways to Enroll

1

Enroll Self Service Enrollment

Enroll online from the convenience of your home using PeopleSoft Self Service for Medical, Dental, Vision, and Flexible Spending Accounts. If you wish to enroll in voluntary products (Long-Term Disability, Cancer, Accident Only, Individual Term Life, or Permanent Life plans), you will need to attend the on-site enrollment. **If you are adding dependents to City sponsored benefit plans you will need to enroll on-site or by mail.**



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

If you have never logged onto the City's network using a username and password, have forgotten your username or password, or do not know your City email address, please contact an IT representative at 405-297-2727 for assistance. Additional Instructions for online enrollment are available on the Open Enrollment page in the Employee Benefits section of **InsideOKC**.

2

Enroll On-Site or Virtual Enrollment

On-site enrollment counselors will be available to assist you with the enrollment process. Employees are authorized up to two hours of paid leave to participate in the enrollment process. Refer to the Open Enrollment Schedule provided in this guide for your scheduled attendance dates. 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

3

Enroll by Mail

Complete your personalized Enrollment Statement included in your enrollment packet and return it by October 31, 2021. Additional enrollment instructions are provided on your statement. **If you are not making any changes, it is not necessary to return your enrollment statement. However, if it is determined that required documentation (i.e. birth certificate, marriage license, copy of the Social Security card, etc.) has not been provided, you will be required to submit the information to the Employee Benefits Division before coverage becomes effective.**



Remember: 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

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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.

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	\$407.21	\$325.77	\$81.44
	Employee + Spouse	\$769.64	\$615.71	\$153.93
	Employee + Child	\$570.11	\$456.09	\$114.02
	Employee + Children	\$732.98	\$586.39	\$146.59
	Employee + Family	\$1,038.40	\$830.72	\$207.68
UnitedHealthcare HMO Plan	Employee Only	\$445.95	\$379.06	\$66.89
	Employee + Spouse	\$1,003.50	\$852.98	\$150.52
	Employee + Child	\$780.50	\$663.43	\$117.07
	Employee + Children	\$958.90	\$815.07	\$143.83
	Employee + Family	\$1,382.62	\$1,175.23	\$207.39
BlueCross BlueShield Dental Low Plan	Employee Only	\$11.55	\$8.00	\$3.55
	Employee + 1	\$23.12	\$8.00	\$15.12
	Employee + 2 or more	\$36.98	\$8.00	\$28.98
BlueCross BlueShield Dental High Plan	Employee Only	\$17.04	\$8.00	\$9.04
	Employee + 1	\$34.06	\$8.00	\$26.06
	Employee + 2 or more	\$54.50	\$8.00	\$46.50
VSP Vision Plan	Employee Only	\$3.50		\$3.50
	Employee + 1	\$6.49		\$6.49
	Employee + 2 or more	\$10.44		\$10.44
Dearborn National Basic Life	Coverage \$15,000	\$0.83	\$0.83	
Dearborn National Basic AD&D	Coverage \$5,000	\$0.08	\$0.08	
Dearborn National Supplemental Optional Life	Coverage \$5,500	\$0.72		\$0.72
Dearborn National Voluntary Employee Life (1,2, or 3 x's annual salary)**	Coverage 1/2x, 1x, 2x, or 3x	\$0.14		** see formula below
Dearborn National Voluntary AD&D	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
Dearborn National Voluntary Dependent Life - Spouse	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
Dearborn National Voluntary Dependent Life - Child	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 2022 payroll calendar on page 61.

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

If you are an employee of a participating Trust of the City of Oklahoma City, your premium contribution rates are included on your Benefit Enrollment form.



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:



Masks

Your account manager will wear a mask during one-on-one in-person benefits reviews.



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.



Separation

To help maintain social distancing, a see-through plexiglass desktop shield partition will be set up between account managers and your employees.

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:



Complete a questionnaire to demonstrate they are not diagnosed with or have symptoms of COVID-19



Have their temperature checked as part of the check-in process



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 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*
- Accident Only Insurance
- Cancer Insurance

*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 Accident 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 Group Indemnity Health Plan (PPO Plan administered by BlueCross and BlueShield of Oklahoma) and a Health Maintenance Organization (HMO) Plan (provided by UnitedHealthcare). Only you can decide the type of major medical plan that is right for you and your family.

Group Indemnity Health Plan

The Group Indemnity Health 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 Group Indemnity 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

HMO Plan

All services are coordinated by a network primary care physician. If your preferred doctor or specialist is not in the HMO network, you must select another doctor or specialist within the HMO network in order to have your medical visits covered by the HMO 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 Group Indemnity Health Plan and the HMO 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
Group Indemnity Health Plan	20% of the premium	80% of the premium
HMO	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 using the City's intranet. Type in <http://InsideOKC/Benefits>, www.okc.gov or back cover of this guide.

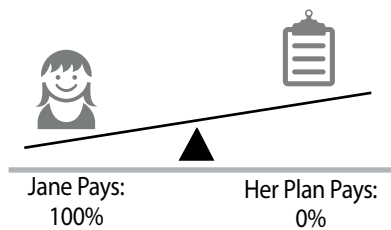
Health Plan Benefits Comparison

Plan Features	Group Indemnity Health Plan Network	Group Indemnity Health Plan Non-Network	HMO Plan
Selection of Doctors	Member selects from Blue Preferred PPO network of providers	Member selects the provider of choice	Member selects from the UnitedHealthcare Signature Value 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		UnitedHealthcare 800-825-9355 www.myuhc.com

How You and Your Insurer Share Costs - Group Indemnity Health Plan Network Example

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

January 1st - Beginning of Policy Period

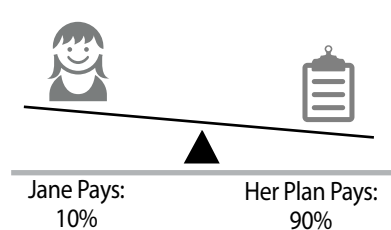


Jane hasn't reached her \$250 deductible yet.
Her plan does not pay part of the costs.
Office visit costs: \$125
Jane pays: \$125
Her plan pays: \$0

→
more costs

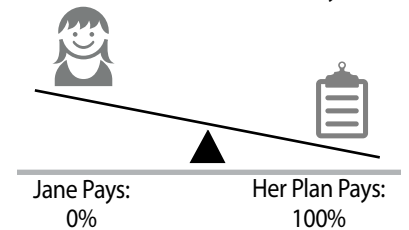


December 31st - End of Policy Period



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	Group Indemnity Health Plan Network	Group Indemnity Health Plan Non-Network	HMO 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		www.myuhc.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	Group Indemnity Health Plan Network	Group Indemnity Health Plan Non-Network	HMO 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) www.myspectera.com
	Glasses	No benefit	No benefit	Preferred pricing from network provider
	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 locations:

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

UnitedHealthcare: [InsideOKC](#) > [Employee](#) > [Benefits](#) > [Major Medical HMO](#)

Group Indemnity Health Plan

*BlueCross BlueShield of Oklahoma
Prime Therapeutics*

Group ID# 019574

BlueCross BlueShield of Oklahoma administers the City's Group Indemnity Health Plan. Under this health plan 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 BlueCross BlueShield of Oklahoma PPO providers, visit the account representative on-site during the enrollment period, contact a representative of the Employee Benefits Division or visit the City's BlueCross BlueShield of Oklahoma website at www.bcbsok.com/okc.

Prescription Plan

Prime Therapeutics is the pharmacy manager for this Plan. For questions, contact at Prime Therapeutics 877-357-7463 or via their website at www.myPrime.com or for mail order www.alliancerxwp.com.

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

Plan Provisions

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

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.

The BlueCard Program

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

- **Finding a PPO Physician or Hospital**

When you're outside of Oklahoma and you need to find information about a BlueCross BlueShield of Oklahoma PPO Physician or Hospital, just call the BlueCard Doctor and Hospital Information Line at 800-810-BLUE (2583), or you may refer to the Blue National Doctor and Hospital Finder at <http://www.bcbs.com/healthtravel/finder.html>. They will help you locate the nearest PPO Physician or Hospital.

- **Remember to Always Carry the BlueCard**

Make sure you always carry your Identification Card. Its "PPO in a suitcase" logo shows you are eligible to receive PPO Benefits and savings through the BlueCard Program. And be sure to use BlueCross BlueShield of Oklahoma Physicians and Hospitals whenever you're outside the state of Oklahoma and need health care.

Inpatient Predetermination

Predetermination of benefits is recommended.

Claims Filing Deadline

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

Denial of Claim

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

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), your health plan will pay eligible claims. However, the Plan reserves the right to recover from the negligent third party or from you if you recover damages. You are required to notify the Plan Administrator of all such injuries.

Failure to notify the Human Resources Department or Employee Benefits Division of an accident in which you were injured by the negligence of a third party, may result in disciplinary action, up to and including termination and further legal action against the employee.

Claim Appeal

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 Group Indemnity Healthcare Plan Document.

Plan Modification and Amendment

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

Group ID# 010931

All services are coordinated by a UnitedHealthcare primary care physician. The following summaries do not contain a complete listing of the exclusions, limitations, and conditions, which may apply to benefits shown. For more information, call UnitedHealthcare at **800-825-9355**.
Group Number 010931

Primary Care Physician (PCP)

Each family member may choose a PCP from one of the doctors listed in UnitedHealthcare's Provider Directory. The doctors are listed according to the city where they are located. Members may change their PCP every month by contacting a UnitedHealthcare customer service representative. PCP changes will take effect the first of the following month. For example, if a member calls September 30th the PCP change will take effect on October 1st. Also, members do not have to stay within a certain network of physicians. For instance, if your PCP is with Mercy and you want to see a St. Anthony specialist, you can. Additionally, if you are with a Mercy PCP and want to move to a St. Anthony PCP the next month, you can.

- Step 1: Choose the type of physician (family practice, internal medicine, pediatrics)
- Step 2: Consider location
- Step 3: Consider reputation, ask friends, or contact Customer Services
- Step 4: Indicate the ID number and Name for your selected PCP to the enroller or on the enrollment form (paper or electronic)

Specialty Care

Members do not have to have a referral to see a specialist as long as the specialist is in the UnitedHealthcare network.

Authorized Inpatient and Outpatient Care

The PCP and/or the specialist determines required inpatient and outpatient care, and he/she will work together to arrange these covered services. All inpatient and out-of-area outpatient services, except emergency and urgent care services, must be pre-authorized by the Primary Care Physician (PCP) at an in-plan facility (contracting hospital, clinic, etc.).

Mail Order Prescription Drug Program

UnitedHealthcare partners with Optum RX for your mail order prescriptions. Interested in receiving your maintenance medications through the mail instead of going to the pharmacy? UnitedHealthcare offers a convenient way to order your maintenance medications and have them delivered to you. Receive for up to a 90-day supply for two prescription copays. Call Customer Services for a mail order form, or go to www.uhcwest.com to link to the mail order prescription drug program form.

Your ID Card

You and each of your covered family members will receive a member identification (ID) card from the Plan. When you go to a doctor or hospital, provide the card before you receive treatment.

UnitedHealthcare Website

Visit the UnitedHealthcare website at www.myuhc.com. The website features searchable provider and pharmacy directories, a searchable formulary and product line information. **Questions? Call the Customer Service Department at 800-825-9355 or 800-557-7595 (TDHI).**

Employee Medical Center

OKCCare Employee Medical Center



OKC *Care*
EMPLOYEE MEDICAL CENTER

Operated by
Premise Health®



Schedule your
appointment today!
mypremisehealth.com

Key Services:

- Primary and Acute Healthcare
- Preventive Exams
- Biometric Screenings
- Laboratory Services
- Pediatric Care
- Immunizations
- Nutrition Counseling
- Chronic Condition Management

Hours of operation:

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

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

Phone: 405-276-2030

Online: mypremisehealth.com

Located in the Arts District parking garage, 424 W. Colcord St., Suite A

OKCCare Employee Medical Center offers:

- Completely confidential services
- No co-pay
- No deductible
- Full service primary care
- On-site lab draws
- On-site generic prescriptions

What types of treatment may be offered at the OKCCare Employee Medical Center?

- Chronic Disease Management
- Annual Physical Examinations
- Medication & Prescriptions
- Sports Physicals
- Allergies
- Acute/Sick Visits as Needed
- Lab Orders and Follow Up
- Specialty Referrals as Needed
- Women's Health
- Asthma

Can my family use the OKCCare Employee Medical Center?

Yes. Spouses and dependents over the age of 2 who are enrolled in the City's health insurance program also have access to the medical center. Please note, you will need to maintain a relationship with your pediatrician for well-child visits and immunizations; however, OKCCare will see young children ages 2 and up for acute care needs.

Is parking available at OKCCare?

Free parking is available at the Arts District Parking Garage located at 431 West Main Street. Take your parking ticket to your appointment and clinic staff will provide a validation ticket to use upon exit of the Arts District Parking Garage .

Is there a co-pay or other cost to use OKCCare?

There is not currently a charge or co-pay to use the OKCCare medical center. In addition, OKCCare stocks a large variety of generic medications for many chronic and acute medical conditions and will dispense necessary prescriptions during your visit. Medications dispensed at the clinic are currently free of charge to you.

What do I need for my visit?

Appointments are strongly recommended. Please arrive 15 minutes prior to your scheduled time with a valid I.D., such as a driver's license, as well as your medical insurance card. Please be prepared to have your photo taken. You are encouraged to complete your new patient paperwork prior to your new patient visit.

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 termination of an employee 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 timeframe.

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 termination of an employee 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 timeframe.

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.

Vision Care Plan

VSP

Group ID#
30021658

Your VSP Vision Benefits Summary

Why enroll in VSP? Your eyes deserve the best care to keep them healthy year after year. Plus with VSP, you'll get a great value on your eyecare and eyewear.

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Doctor			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eye health and overall wellness 	\$10	Every Calendar Year
Prescription Glasses		\$25	See Frame and Lenses
Frame	<ul style="list-style-type: none"> \$170 allowance for a wide selection of frames 20% off the amount over your allowance 	Included in Prescription Glasses	Every Calendar Year
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every Calendar Year
Lenses Options	<ul style="list-style-type: none"> Standard progressive lenses \$55 copay Premium progressive lenses \$95-\$105 copay Custom progressive lenses \$150-\$175 copay Average 20-25% off other lens options 	\$55 \$95 - \$105 \$150 - \$175	Every Calendar Year
Contact (Instead of glasses)	<ul style="list-style-type: none"> \$150 allowance for contacts 15% off contact lens exam (fitting and evaluation) 	\$0 up to \$60	Every Calendar Year
Diabetic EyecarePlus Program	<ul style="list-style-type: none"> Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details. 	\$20	As needed
Extra Discounts and Savings	Glasses and Sunglasses	<ul style="list-style-type: none"> 20% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last WellVision Exam 	
	Retinal Screening	<ul style="list-style-type: none"> No more than a \$39 copay on routine retinal screening as an enhancement to a wellVision Exam. 	
	Laser Vision Correction	<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 with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

Exam	Up to \$45	Single vision lenses	Up to \$30	Lined trifocal lenses	Up to \$65	Contacts	Up to \$105
Frame	Up to \$70	Lined bifocal lenses	Up to \$50	Progressive Lenses	Up to \$65		

VSP guarantees coverage from VSP doctors 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.

Enroll in VSP today. You'll be glad you did.

vsp.com
800-877-7195

VSP guarantees coverage from VSP doctors 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.

VSP does not provide identification cards. Visit vsp.com for a list of providers and plan benefits.

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 balance 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.

This information may be found using the City's intranet. Type in <http://InsideOKC/Benefits>, then click the Dental Plan link.

Dental Plan

BlueCross BlueShield of Oklahoma

Dental Benefit Highlights

Type of Service	Low Option		High Option	
	Network Benefits	Non-Network Benefits	Network Benefits	Non-Network Benefits
General Provisions				
Calendar Year Deductible	\$50 Individual/ \$150 Family	\$50 Individual/ \$150 Family	\$50 Individual/ \$150 Family	\$50 Individual/ \$150 Family
Three-month Deductible carryover applies	Yes	Yes	Yes	Yes
Deductible credit from prior carrier	Yes	Yes	Yes	Yes
Calendar Year Maximum per Participant	\$1,000	\$1,000	\$1,500	\$1,500
Diagnostic and Preventive Care Benefits				
Deductible Waived				
Oral Examinations (2 exams per benefit period)	100%	100%	100%	100%
Prophylaxis (2 cleanings per benefit period)				
Fluoride Treatment (to age 19)				
Dental X-rays				
Miscellaneous Services				
Sealants				
Space Maintainers	100%	100%	100%	100%
Labs and Tests				
Palliative Care				
Restorative Services				
Routine Fillings (amalgams and resins)	80%	60%	80%	80%
General Services				
Intravenous sedation	80%	60%	80%	80%
Injection of antibiotic drugs				
Stainless Steel Crowns				
Endodontic Services				
Root Canals	50%	30%	80%	80%
Direct pulp caps				
Periodontal Services				
Scaling and root planning	50%	30%	80%	80%
Osseous surgery				
Oral Surgery Services				
Simple/Surgical tooth extractions	50%	30%	80%	80%
Crowns, Inlays/Onlays Services				
Inlays, Onlays and Crowns (other than temporary crowns)	50%	30%	50%	50%
Prosthodontic Services				
Bridges	50%	30%	50%	50%
Full and partial dentures				
Implants				
Orthodontic Benefits (no deductible)				
Orthodontic Diagnostic Procedures and Treatment (Adult and Child)	50%	50%	50%	50%
Lifetime Maximum per Participant	\$1,000	\$1,000	\$1,200	\$1,200

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 join a place where:

- 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/month

Household - \$58.50/month

Additional adults can be added to a Household Membership for \$18/month per adult.

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

YCorporateMembership@ymcaokc.org | 405 297 7752

YMCAOKC.ORG



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
- Virtual Y OKC Fitness Videos
- 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 & YMCA Camp Classen

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
-\$2,700	Health FSA Election	\$0
-\$5,000	Dependent Care Account Election	\$0
\$22,300	Taxable Gross Income	\$30,000
-\$4,460	Estimated Federal Tax (20%)	- 6,000
-\$1,705.95	Estimated FICA (7.65%)	- 2,295
\$16,278.75	Annual Net Income	\$21,705
\$0	Cost of Medical Expenses	-\$2,700
\$0	Cost of Dependent Care Expenses	-\$5,000
\$16,134.05	Spendable Income	\$14,005

With an FSA you have a potential annual savings of: \$2,129.05

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: \$2,750

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 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 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

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	\$15,000
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.
Supplemental Life (if elected)	\$5,500
Guarantee Issue Amount Employee:	\$15,000
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

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

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)
Employee age 70 and over	\$25,000
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

AF™ 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 an AF™ **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)**

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 during the initial term period you choose.
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 permanent⁷ life insurance product that guarantees life insurance to age 121. (Underwritten by Texas Life Insurance Company)

Did You Know?

About 2 in 5 U.S. households say they do not have enough life insurance.¹

Ask your employer or your AFES representative can provide you with the opportunity for Group Life Insurance — but, do you have individual life insurance you can take with you after your employment ends? Life insurance at retirement can be very costly.

Consider a PureLife-Plus Policy!

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

- Guaranteed death benefit to age 121.⁷
- Minimal cash value – premiums dedicated primarily to the purchase of life insurance.
- Long premium guarantees.²
- Limited right to partial refund of premium if future premium required to continue coverage increases.² (Conditions apply)
- Take it with you when you leave employment.
- Coverage available for employee, spouse, children and grandchildren.³

¹LIMRA: The Facts of Life and Annuities - 2019 Update; January 7, 2020, p5.

²After the guaranteed period, premiums may go down, stay the same or go up.

³Coverage 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.

⁴Some limitations apply. See brochure for details.

⁵Conditions apply. In Kansas, Temporary Insurance applies. Form 16M050.

⁶Issuance of this policy may depend on the answer to these questions.

⁷Provided required premiums are timely paid.

Coverage Feature	What It Means To You
Several Product Options	Choose the coverage to meet your financial needs.
Guaranteed Premium ²	Your premiums are guaranteed for each applicable period.
Guaranteed Death Benefit ⁴	Your death benefit is guaranteed for the life of the policy provided premiums are paid when due.
Interim Coverage ⁵	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. ⁶
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 may not be available in all states and may contain limitations. Not generally qualified benefits under Section 125 Plans. Underwritten by Texas Life Insurance Company. Not affiliated with American Fidelity Assurance Company.

As with many 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. Policy Form ICC18-PRFNG-NI-18 or Form Series PRFNG-NI-18. 21M017-C 1012 (0223)

SB-22482-0121

Accident Only Insurance

AF™ Limited Benefit Accident Only Insurance

American Fidelity Assurance Company

Whether a weekend warrior with an active lifestyle or the stay-at-home type, accidents can happen anytime, anywhere, without warning. Being prepared for the unexpected can make all the difference.

Being prepared for the unexpected can make all the difference. American Fidelity Assurance Company's AF™ **Limited Benefit Accident Only Insurance** policy can provide you with a solution for those unforeseen accidents that life sometimes delivers. Our Limited Benefit Accident Only Insurance is designed to help pay for the unexpected medical expenses an individual

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.

Optional Accident Disability Income Rider

This rider covers you 24-hours a day and pays a monthly benefit amount when a covered person becomes totally disabled due to Injuries received in a covered accident after the elimination period. The monthly benefit will be paid directly to you to use as you see fit.

Coverage Feature	What It Means For You
Plan Options: Basic, Enhanced and Enhanced Plus	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	Covers all types of covered injuries.
Wellness Benefit	After the policy has been in force for 30 days, you receive a benefit for an annual routine exam, including immunizations and preventive testing once per policy per calendar year.
Accident Emergency Treatment Benefit	Receive a benefit when emergency treatment in a Physician's office or emergency room occurs within 72 hours 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.
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 adding an optional rider.
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, AO-03 series with AMDI258 rider. **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. Availability of riders may vary by state.

Cancer Insurance

AF™ Limited Benefit Individual Cancer Insurance

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 AF™ **Limited Benefit Individual Cancer Insurance** offers a solution to help you focus your attention on fighting cancer. We offer plans that can help assist

How the Plan Works

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.

Optional Riders

Enhance your base plan with the following riders:

- **Critical Illness Rider**
Includes a cancer benefit and a heart attack/stroke benefit
- **Hospital Intensive Care Unit Rider**

Coverage Feature	What It Means For You
Plan Options: Enhanced and Enhanced Plus	Choose the plan 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.

Long-Term Disability Income Insurance

AF™ 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 AF™ **Long-Term Disability Income Insurance** is designed to help protect you if you become disabled and cannot work due to a covered 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.

Benefits Begin

Accidental Injury and Sickness benefits will be payable beginning on the 181st day of disability.

Eligibility

All permanent employees in covered group working 25 hours or more per week working 25 hours or more per week. Applicant's eligibility for this program may be subject to insurability.

NEW for 2022

Optional Riders

Enhance your base plan with the following riders:

- Cobra Premium Rider
- Survivor Benefit Rider
- Hospital Indemnity Benefit Rider

Coverage Feature	What It Means To You
Maximum Benefit of 60% of Your Monthly Compensation	Covers up to 60% of your paycheck.
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.
Return to Work Part Time	If you return to work part time, you will receive a portion of your disability benefit in addition to your take home pay.
Accidental Death Benefit	Receive a benefit if you die as the direct result of an Injury and death occurs within 90 days after the date of the 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.

SB-23286(City of OKC)-0721

Group Hospital Indemnity Insurance

AF™ 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

AF™ **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 a hospital 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.

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.
	2021 Annual Maximum: \$19,500
	2022 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.
	2021 Annual Maximum: \$39,000
	2022 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.
	2021 Annual Maximum: additional \$6,500
	2022 Annual Maximum: Annual cost of living may occur.

*** As of the date of this publication, the 2022 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

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			
New residence outside of HMO service area	Completed Change of Address Form			Y	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 first full month of full time employment, excluding 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 handicapped dependent, 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 handicap 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.

2022 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
12/24/21	01/06/22	01/14/22	January	January/1st half
01/07/22	01/20/22	01/28/22		January/2nd half
01/21/22	02/03/22	02/11/22	February	February/1st half
02/04/22	02/17/22	02/25/22		February/2nd half
02/18/22	03/03/22	03/11/22	March	March/1st half
03/04/22	03/17/22	03/25/22		March/2nd half
03/18/22	03/31/22	04/08/22	April**	April/1st half
04/01/22	04/14/22	04/22/22		April/2nd half
04/15/22	04/28/22	05/06/22	May**	May/1st half
04/29/22	05/12/22	05/20/22		May/2nd half
05/13/22	05/26/22	06/03/22	June**	June/1st half
05/27/22	06/09/22	06/17/22		June/2nd half
06/10/22	06/23/22	07/01/22	July**	July/1st half
06/24/22	07/07/22	07/15/22		July/2nd half
07/08/22	07/21/22	07/29/22	NO DEDUCTION	
07/22/22	08/04/22	08/12/22	August	August/1st half
08/05/22	08/18/22	08/26/22		August/2nd half
08/19/22	09/01/22	09/09/22	September	September/1st half
09/02/22	09/15/22	09/23/22		September/2nd half
09/16/22	09/29/22	10/07/22	October**	October/1st half
09/30/22	10/13/22	10/21/22		October/2nd half
10/14/22	10/27/22	11/04/22	November**	November/1st half
10/28/22	11/10/22	11/18/22		November/2nd half
11/11/22	11/24/22	12/02/22	December**	December/1st half
11/25/22	12/08/22	12/16/22		December/2nd half
12/09/22	12/22/22	12/30/22	NO DEDUCTION	

Benefits Resource Directory

Core Benefits

UnitedHealthcare of Oklahoma

HMO Plan

(Group Number 010931)
Mon - Fri, 7 a.m. - 9 p.m. CST
800-825-9355
www.myuhc.com

BlueCross BlueShield of Oklahoma

Group Indemnity Health Plan

(Group Number 019574)
Mon - Fri, 8 a.m. - 8 p.m. CST
877-219-4301
www.bcbsok.com/okc

Prime Therapeutics

Pharmacy Benefit Manager for the Group Indemnity Health Plan

(Group Number 019574)
Mon - Fri, 8 a.m. - 6 p.m. CST
877-357-7463
www.myPrime.com
www.alliancerxwp.com (mail order)

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 Clinic

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
800-437-1011
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

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

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
employee.benefits@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