

Oklahoma City Firefighters Health & Welfare VEBA Trust

2025 Active Benefit Guide



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About this Guide

For Retiree information please consult Retiree Benefit Guide. Every reasonable effort has been made for the information provided in this booklet to be accurate. It is intended to provide the employees of OKCFF an overview of the coverages offered. It is in no way a guarantee or offer of coverage. Each carrier has the ability to underwrite based on its contract with OKCFF or its employees. Each carrier's contract, underwriting and policies will supersede this document. Please be aware that each carrier may have exclusions or limitations and you must consult your summary plan description and/or policies for details.

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 health care. **If you have questions about your claims, contact your insurance carrier first.** If, after contacting the insurance carriers, 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. OKCFF advises you that the HIPAA Privacy Notice is available at www.okcff.bswift.com.

Oklahoma City Fire Fighters Benefit Program



Dear Firefighter,

Oklahoma City Fire Fighters Health & Welfare VEBA Trust and the City of Oklahoma City has put together a comprehensive benefit package. We recognize the importance of benefits for you and your family which is why we took the time to carefully select providers who offer quality benefits. Please review both the VEBA guide and City benefits guide to help you understand the benefits offered to you.

Your VEBA and Local 157 Benefit Offerings

- BCBS Preferred Network PPO \$0 Deductible Plan
- BCBS Preferred Network PPO \$250 Deductible Plan
- BCBS Choice Network \$2,000 HCA Plan (HRA)
- BCBS Preferred Network PPO \$5,000 Deductible Plan
- NOMI Health (Bundled Services)
- 1-800 MD (TeleMedicine)
- Cariloop (Caregiver Support)
- Delta Dental Plans (2 options)
- VSP Voluntary Vision Plan (2 Options)
- Securian Basic Life
- Securian Supplemental Life and AD&D
- Manhattan Life Hospital Indemnity Plan
- Manhattan Life Cancer Plan
- Manhattan Life Personal Accident Plan
- Manhattan Critical Illness and Cancer Benefit Plan (Active and Retirees up to age 69)
- Cigna Lump Sum Cancer Plan
- Cigna Lump Sum Heart/Stroke Plan
- Cincinnati Life Voluntary Term Life

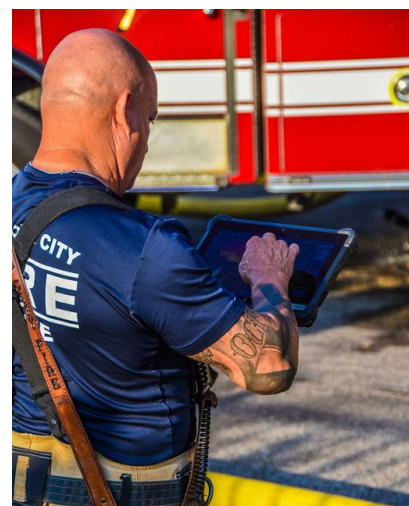
Everyone will use the secure **Benefits Portal** on okcff.bswift.com for VEBA-administered benefits enrollment, and we've made it easy for you. The system will guide you step-by-step through the enrollment process.

If you have any questions regarding your VEBA administered benefits, please contact Patti Bolin at (405) 232-9543 or via email at Pbolin@local157.org Monday – Thursday, 8 a.m. – 5 p.m. CST.

Your City of OKC Benefit Offerings

- Flexible Spending Accounts (FSA)
- Employee Assistance Program
- City VSP Vision Care Plan
- Long-Term Disability Income Insurance
- AF Accident Only Insurance
- AF Cancer Insurance
- AF Individual/Universal Term Life Insurance
- AF Hospital Indemnity

The Oklahoma City's Employee Benefits office is available to answer questions about the OKC plans listed above at 405.297.2144 or email at eb@okc.gov.



Eligibility Information

Plan Eligibility

Eligibility is determined by the requirement stated in the appropriate plan document or insurance policy for the year in question. 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.

Eligibility

Employees and their eligible dependents are eligible for Oklahoma City Fire Fighters Health & Welfare VEBA Trust's benefits on the **first of the month following date of hire.**



Qualifying Life Events

Other than the annual Open Enrollment Period, you cannot make changes to your coverage during the year unless you experience a change in family status, such as:

Loss or gain of coverage through your spouse:

1. Loss of eligibility of a covered dependent
2. Death of your covered spouse or child
3. Birth or adoption of child
4. Marriage, divorce, or legal separation

If you are adding dependents to your benefit plans outside of annual open enrollment or your new hire enrollment, you must provide the following verification documentation to VEBA within 31 days of the Qualifying Event.

Eligible Dependents	Required Documentation
Spouse or Common Law Spouse	Marriage License or Common Law Affidavit Retirees cannot add spouse if the spouse is not on the plan at time of retirement. Retirees can add a spouse upon marriage after retirement within 31 days.
Natural Children and Stepchildren (up to age 26)	Birth Certificate or Marriage License showing both parents' names
Dependent Child(ren): Legal guardian, adopted, foster, or disabled over age 26	Birth Certificate, Final Court Order of legal guardianship with judge's signature and/or final adoption decree with judge's signature, Medical information regarding disabled dependent over age 26

How to Enroll in Benefits

Step 1: Log in to:

okcff.bswift.com and click Start Your Enrollment (Scan the QR code to be instantly taken to login)



First Time Login

Username: Your complete last name, the first character of your first name and the Last 4 of your SSN

Password: Last 4 of your SSN

Step 2: Employee Home Page

You will land on the Employee Homepage after Login. Start your enrollment by clicking the Start Your Enrollment button.

Step 3: Personal Information

Complete your personal information by adding or updating any missing or outdated information on this page. Then click “I agree” and Continue.

Step 4: Family Information

Verify that all the dependents you would like covered are listed and review and confirm that the information provided is complete and accurate. Then click “I agree” and “Continue”.

Note: If you are adding a dependent for the first time you will be required to provide supporting documentation to VEBA HR before your dependent coverage is processed.

Step 5: Complete your Elections

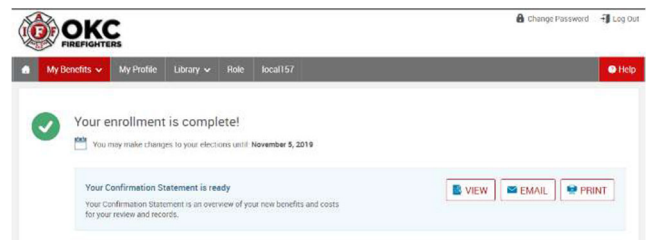
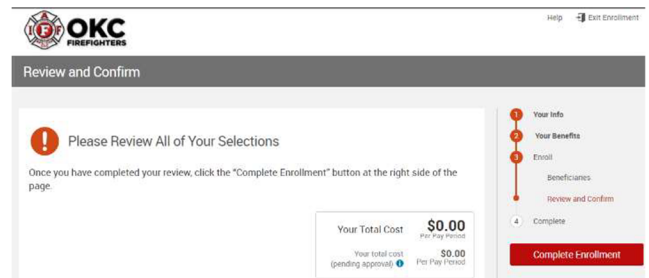
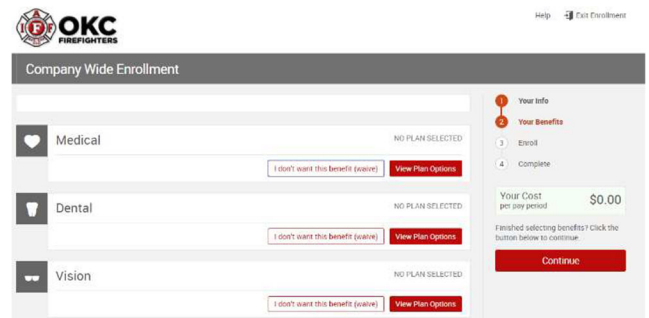
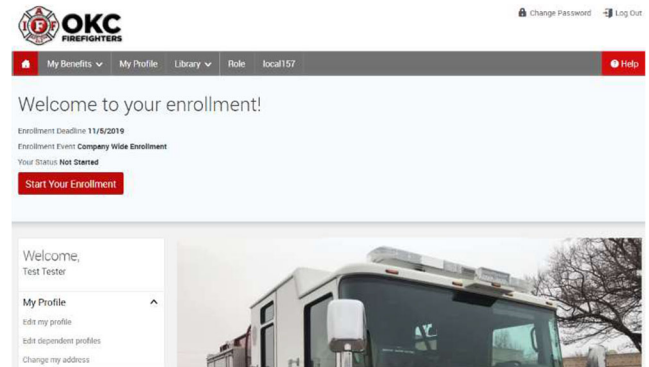
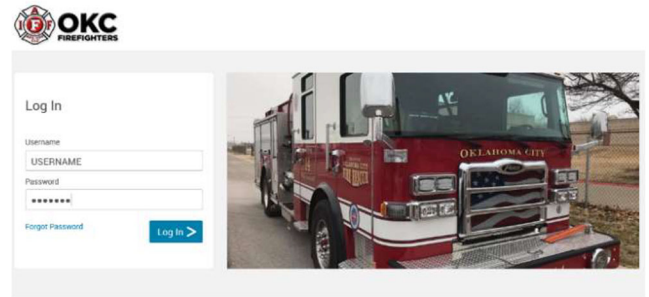
Review the plans under each Plan Type header and confirm your covered dependents and plan election. Once you have reviewed all coverage offerings click “Continue” on the right side of the page.

Step 6: Beneficiary Assignments

Assign Primary and Secondary Beneficiaries for any coverages requiring Beneficiary Assignments. If you need to assign a beneficiary that is not also a dependent, click the “Add New Beneficiary” Link.

Step 7: Review and Confirm

After making your selections, be sure to thoroughly review your dependent elections and then click “I agree, and I am finished with my enrollment” and Complete Enrollment” to enroll in benefits.



Flexible Spending Accounts

American Fidelity Assurance Company

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

Flexible Spending Account Savings Example

With FSA		Without FSA
\$30,000	Annual Gross Income	\$30,000
-\$2,850	Health FSA Election	\$0
-\$5,000	Dependent Care Election	\$0
\$22,300	Taxable Gross Income	\$30,000
-\$4,430	Estimated Federal Tax (20%)	-\$6,000
-\$1,695	Estimated FICA (7.65%)	-\$2,295
\$16,025	Annual Net Income	\$21,705
\$0	Cost of Medical Expenses	-\$2,700
\$0	Cost of Dependent Care Expenses	-\$5,000
\$16,025	Spendable Income	\$14,005

With an FSA you have a potential annual saving of \$2,020

By using an FSA to pay for eligible recurring expenses, you can cut down on your taxable income which will result in additional spendable income.

Healthcare Flexible Spending Account (Healthcare FSA)

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

Minimum Annual Deposit: \$150
Maximum Annual Deposit: \$3,200

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.

Benefits Debit Card

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

Using Your Benefits Debit Card

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

Cards for Healthcare FSAs can be used at:

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

Dependent Day Care Account (DCA)

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 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.

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

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

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 based on (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.

Medical Plan Comparisons

Your Medical Benefit Summary



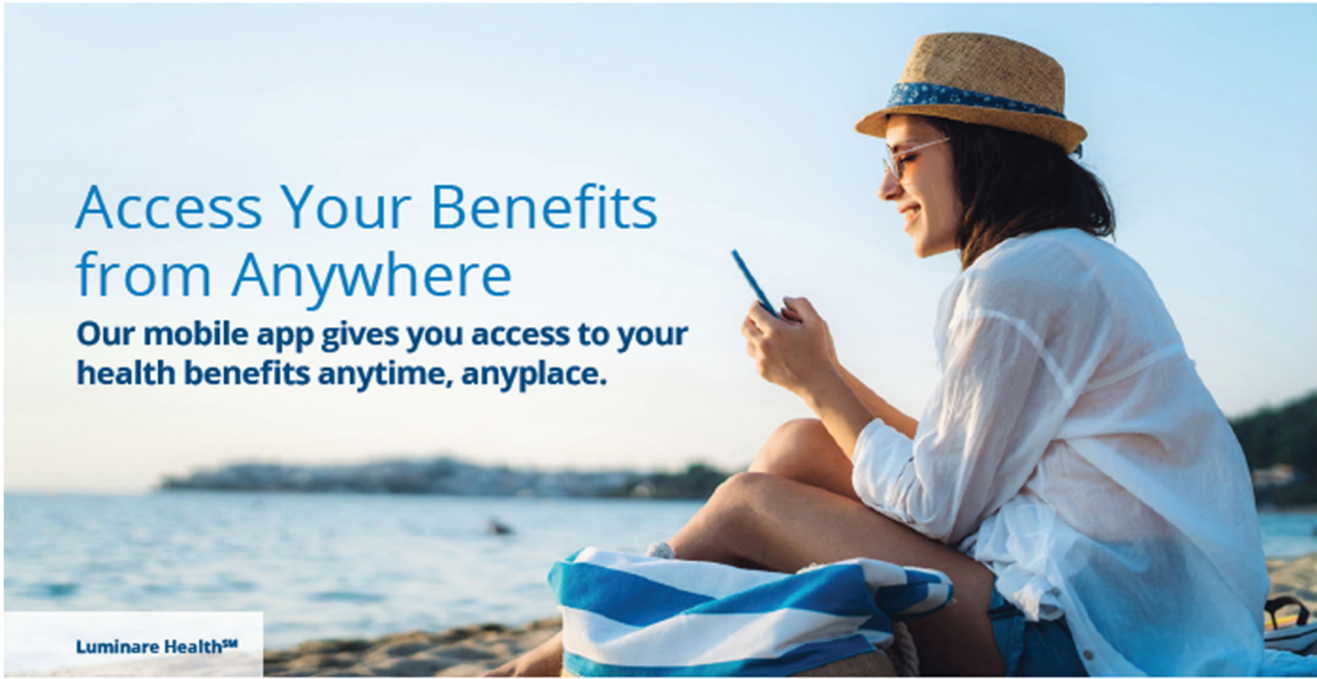
BlueCross BlueShield of Oklahoma

ACTIVE ONLY	\$0 Deductible	\$250 Deductible	\$2,000 Deductible HCA**	\$5,000 Deductible
Luminare Health BCBS Network	Blue Preferred		Blue Choice	Blue Preferred
Deductible Individual (In-Network/Out of Network) Family (In-Network/Out of Network)	\$0 / \$25,000 \$0 / \$50,000	\$250 / \$300 \$500 / \$900	\$2,000 / \$3,000* \$4,000 / \$6,000*	\$5,000 / \$10,000 \$10,000 / \$20,000
Out of Pocket Maximum Individual (In-Network/Out of Network) Family (In-Network/Out of Network)	\$2,000 / \$50,000 \$4,000 / \$100,000	\$5,100 / Unlimited \$10,200 / Unlimited	\$3,000 / \$6,000 \$6,000 / \$12,000	\$6,000 / Unlimited \$12,000 / Unlimited
Coinsurance (In-Network/Out of Network)	100% / 70%	90% / 70%	80% / 60%	80% / 60%
Office Visits/Services Primary Care Physician Specialist	\$25 copay \$50 copay	\$30 copay \$60 copay	Deductible + Coinsurance	\$30 copay \$60 copay
Emergency Room	\$200 copay	\$50 copay then Deductible + Coinsurance	Deductible + Coinsurance	Deductible + Coinsurance
Urgent Care	\$50 copay	\$30 copay	Deductible + Coinsurance	Deductible + Coinsurance
Retail Prescription Drug Benefit				
Deductible	N/A	N/A	N/A	N/A
Generic	\$20	\$20	\$15	\$20
Preferred Brand	\$50	\$35	\$35	\$50
Non-Preferred Brand	\$80	\$35	\$55	\$75
Specialty	\$150	\$35	\$55	\$150

*VEBA pays the first \$1,000 toward Individual Deductible and the first \$2,000 toward the Family Deductible.

**HCA Account Maximum Limit: \$3,000 Individual / \$6,000 Family

Note: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the contract, the contract will govern.



Access Your Benefits from Anywhere

Our mobile app gives you access to your health benefits anytime, anywhere.

Luminare HealthSM

Use the Mobile App to:



Check the status of your deductible and out-of-pocket maximum



Show your ID card to providers



Look up claims for quick reference



Find a doctor



View each family member's information and benefits



Access important benefits information



Connect with customer service by phone



Ask questions and receive answers from customer service through our message center



Easily access member-specific services in your benefit plan through the My Programs section



Filter claims by family member name and type

You can download our app for free from the App Store from Apple or Google Play, just search Blue Element Mobile OK OR scan the QR code.



Luminare Health is a separate company that has contracted with Blue Cross and Blue Shield of Oklahoma to administer some products and services under the Alternative Delivery Model. BCBSOK makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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

616993.0824

Guide to RxEOB



The RxEOB MyDrugBenefit Patient Dashboard is an interactive online portal that offers a pharmacy look-up tool, proactive drug research capability and personalized Rx history identification.

MyDrugBenefit provides members with an easy-to-read, comprehensive, up-to-date prescription history, along with supporting detailed claims data, benefit design information and personalized reference content.

1. Visit www.rxeob.com/patientdashboard_approxr/

2. Register an account

NOTE: The Subscriber Id is your ID Number from your insurance card
Registration

First Name

Last Name

Subscriber ID

Date of Birth

Email

Zip Code

Create New Login ID

New Password

Confirm Password

3. Log in

Welcome. Please login.

Login ID:

Password:

[Log in](#)

4. The Dashboard will be your home screen which shows a snapshot of your Recent Claims, Alerts/Messages, Drug Cost Lookup and Benefit Summary with your copy structure.

5. There is also a navigation bar along the top of the page where you can find more detailed information including the Pharmacy Search which shows In-Network or Participating Pharmacies.

MEMBER HELPDESK: (866)-900-3711

www.apporrx.com



No Co-Pay, No Deductibles, No Kidding

Your health plan has added Nomi Health to your benefit offering. Nomi Health provides you access to thousands of medical services, located nationwide. These services include lab work, imaging, physical therapy, surgery, And hundreds more—all at little to no cost!



Doctor Recommends a Specific Service

In order to be a candidate for the Nomi Health benefit, there must be valid medical records and a referral order suggesting the specific service is needed (imaging, physical therapy, surgery, etc.).



Search for Provider

As soon as you know what medical service is needed, use your dedicated Provider Search tool by scanning the QR code below or by searching nomihealth.com/member. You may also call or email Nomi Health to speak to one of our Care Guides.



Schedule with Nomi Health

A Care Guide will coordinate scheduling with you and the contracted Provider for the service needed. If preauthorization is required, a Care Guide will step in to get your information where it needs to go.



Present Nomi Card

At time of appointment, present your Nomi Health card.



Contact a care guide today:

855-601-1900 | getcare@nomihealth.com



nomihealth.com

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nomihealth.com/member

1.800MD TeleMedicine

CONVENIENT
CARE ANYWHERE

1.800MD™

MEMBER INFORMATION

Providing Fast And Convenient Care
For Your Medical Needs...






COMMONLY TREATED CONDITIONS

- Allergies
- Arthritic Pain
- Cold & Flu
- Tonsillitis
- Laryngitis
- Pharyngitis
- Skin Infections
- Gastroenteritis
- Ear Infection
- Pink Eye
- Insect Bites
- Minor Burns
- Respiratory Infections
- Sinusitis
- Sprains and Strains
- Urinary tract Infection
- Consulting for International and Domestic Travel
- AND MUCH MORE!

- Access to licensed, board-certified physicians
- Little or no time missed from work
- No crowded waiting rooms or appointment times



HOW IT WORKS

-  **1 Activate** Activate your account online at www.1800MD.com or by calling member services at 1.800.530.8666. Once activated, you will need to setup your member profile and complete your electronic health record. Health and pharmacy information must be completed before requesting a consultation.
-  **2 Request a Consult** Login to your account online or call member services at 1.800.530.8666 to request a consult anytime 24/7.
-  **3 Receive Care** Receive diagnosis and treatment. 1.800MD provides quality care and peace of mind wherever you are.

Caregiving demands can be overwhelming

Confidently navigate the path ahead with support from Cariloop Care Coaches

Meet your no-cost, employer sponsored caregiver support benefit Cariloop. We're here to help you navigate healthcare systems, demystify insurance benefits and find resources and solutions that meet the unique caregiving needs of any age for you and anyone you consider family.

We understand the challenges you face as a caregiver – juggling work and family responsibilities. Let Cariloop support your caregiving journey, saving you time and reducing the stress of finding the best childcare options for your loved ones.



- > Get support with infant and childcare.
- > Navigate next steps for chronic diseases.
- > Get ahead of end-of-life planning.
- > Invest in your mental health.
- > Support unique neurodivergence and special needs.
- > Turn to us for legal and financial resources.
- > Make home & facility-based care less complicated.
- > Find affirming care with LGBTQ+ support.

You have a Cariloop membership paid for by your employer. All you have to do is activate it.

- 1. Register:** Access our Care Portal to create your account and get started.
- 2. Tell Us Your Needs:** Share your family planning needs with us, so we can understand how best to support you.
- 3. Meet Your Care Coach:** We'll match you with an experienced, licensed/certified Care Coach who will provide personalized assistance throughout your journey.
- 4. Use Our Services:** You can rely on our support as much as you need, for anyone you care for – it's all part of your membership benefits.

Save your time and energy – let our experts support your caregiving needs. Activate your membership now! Visit www.cariloop.com/okcff or call 972. 325. 5836.

Dental Plans

Your Dental Benefit Summary



General Provisions	Low Plan Delta Dental PPO Benefit		High Plan Delta Dental Plus Premier PPO Benefits		
	Network	Non-Network	PPO Network	Premier Network	Non-Network
Calendar Year Deductible	\$50 Individual \$150 Family		\$50 Individual \$150 Family		
Calendar Year Maximum Per Participant	\$1,500		\$2,000		
Class I Services Diagnostic & Preventive Care Benefits Deductible Waived Oral Examinations (twice in 12 consecutive months) Prophylaxis Fluoride Treatments Dental X-rays Sealants Space Maintainers	100%	100%	100%	100%	100%
Class II Services Restorative Services Amalgam & composite filling Stainless steel restorations (crowns) Oral Surgery Services Endodontic Services Pulpal therapy Root canal treatment Periodontics Services Treatment of diseases of the gum and supporting structure of the teeth (excluding periodontal maintenance that is paid in Class I)	80%	80%	80%	80%	80%
Class III Services Major Restorative Services Porcelain or cast restorations Prosthetic Services Bridges Crowns/Inlays/Onlays Construction of a fixed partial denture Removable partial dentures Complete dentures Implants Including adjustments or repair of existing prosthetic devices	50%	50%	50%	50%	50%
Class IV Services – Orthodontic Benefits	50%	50%	50%	50%	50%
	Dep. Child	Dep. Child	Family	Family	Family
Lifetime Maximum per Participant	\$1,500		\$1,500		

Your dental benefits program allows payment for eligible services performed by any properly licensed dentist. However, maximum savings and lower out-of-pocket expenses are achieved when treatment is provided by a Delta Dental participating dentist.

Note: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the contract, the contract will govern.

Voluntary Vision Plan

Your Vision Benefit Summary



- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam, the most comprehensive exam designed to detect eye and health conditions
- **Increase Allowances.**
- **Choice of Providers.** The decision is yours to make. Choose a VSP doctor, a participating retail chain, or any out-of-network provider
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

	Low Plan		High Plan		
	Benefit	Frequency	Benefit	Frequency	
WellVision	\$10	Every Calendar Year	\$10	Every Calendar Year	
Prescription Glasses	\$25	See Frame & Lenses	\$25	See Frame & Lenses	
Frame: VSP Provider Network, Visionworks	\$200 allowance + 20% off amount over allowance	Every Other Calendar Year	\$200 allowance + 20% off amount over allowance	Every Calendar Year	
• Walmart Optical, Sam's Club Optical, and Retail Chains	\$200 Allowance		\$200 Allowance		
• Costco Optical	\$110 Allowance		\$110 Allowance		
Lenses Single vision, lined bifocal & lined trifocal	Included in Prescription Glasses	Every Calendar Year	Included in Prescription Glasses	Every Calendar Year	
Lens Enhancements • Standard progressive • Premium/Custom progressive • Tints/Light-Reactive Lenses • Scratch-resistant coating	\$95-\$175 \$75 \$75 \$17	Every Calendar Year	\$95-\$175 \$75 \$75 \$17	Every Calendar Year	
Contacts (<i>instead of glasses</i>) • Contact lens exam & fitting	\$150 allowance 15% off; maximum copay \$60	Every Calendar Year	\$150 allowance 15% off; maximum copay \$60	Every Calendar Year	
Diabetic Eyecare Plus Program	\$20	As Needed	\$20	As Needed	
Extra Savings					
Glasses and Sunglasses <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/special offers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of you 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 promotional price; discounts only available from contracted facilities. 					
Your Coverage with Out-of-Network Providers					
Exam	Up to \$45	Lined Bifocal Lenses	Up to \$50	Elective Contacts	Up to \$105
Frame	Up to \$70	Lined Trifocal Lenses	Up to \$65	Necessary Contacts	Up to \$210
Single Vision Lenses	Up to \$30	Progressive Lenses	Up to \$50		

Basic Life/AD&D Insurance

Your Basic Life Summary



Oklahoma City Fire Fighters provides Basic Life/AD&D insurance to help protect the employee's family in the event of a death. The employee is also eligible to purchase additional supplemental life insurance for yourself and your dependents.

Securian Financial is OKCFF's administrator for Group Term Life insurance plan benefits.

Eligible Classes for Coverage

All Full-Time Active Employees who are citizens or legal residents of the United States, its territories, an protectorates, excluding temporary, leased or seasonal Employees.

Class 1

All Full-Time Active Members of Local 157 Oklahoma City Fire Fighters

Full-Time Employment

Eligible members must work at least 32 hours weekly

Eligibility Waiting Period for Coverage

The first day of the month following the date you were hired.

Employee Benefit

OKCFF provides **\$20,000** in basic life, **\$5,000** AD&D insurance at no additional cost.

Benefit Reduction

Life Insurance Benefits will be reduced by the percentage indicated in the table below. This reduction will be effective on the date you attain ages shown below. The reduction will apply to the Amount of Life Insurance in force immediately prior to the Anniversary Date.

Reductions also apply if:

1. You become covered under The Policy; or
2. Your coverage decreases on or after the date you attain age 70.

Your Age	% Reduction
70	50%



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Supplemental Term Life

Your Supplemental Life Insurance Summary

Oklahoma City Fire Fighters offers you the ability to purchase additional supplemental life insurance for you and your spouse/dependents offered through Securian.

Eligible Classes for Coverage

All Full-Time Active Employees who are citizens or legal resident of the United States, its territories and protectorates, excluding temporary, leased or seasonal Employees.

Eligibility Waiting Period for Coverage

The first day of the month following the date you were hired.

Class 1 All Full-Time Active Members of Local 157 Oklahoma City Fire Fighters

Supplemental Dependent Life Insurance

Class 1 All Full-Time Active Members of Local 157 Oklahoma City Fire Fighters choosing Dependent Option 1

Class 3 All Full-Time Active Members of Local 157 Oklahoma City Fire Fighters choosing Dependent Option 2

Class 5 All Full-Time Active Members of Local 157 Oklahoma City Fire Fighters choosing Dependent Option 3

Class 1: Active Employees

New Hire Guaranteed Issue Amount: The amount you elect in increment of \$10,000, subject to a maximum of \$50,000 and a minimum of \$10,000.

Maximum Amount: The amount you elect in increments of \$10,000, subject to a maximum of \$100,000 and a minimum of \$10,000.



Supplemental Amount of Dependent Life Insurance	
Option 1:	Maximum Amount
Spouse	\$15,000
Dependent Child(ren): Up to age 26	\$5,000
Option 2:	Maximum Amount
Spouse	\$4,000
Dependent Child(ren): Up to age 26	\$4,000
Option 3:	Maximum Amount
Spouse	\$2,000
Dependent Child(ren): Up to Age 26	\$2,000
Benefit cannot exceed more than 100% of the Basic and Supplemental life amount.	

Benefit Reduction

Your Age	Your Spouse	% Reduction
70	50%	50%



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A Hospital Indemnity Plan:

- Pays a benefit when you're hospitalized
- Pays in addition to any other coverage you may have
- Lets you use the benefits however you want
- Can cover you, your spouse and your children

Why do I need a hospital indemnity health plan?

"More than 20 percent of American adults are struggling to pay their medical bills, and three in five bankruptcies will be due to medical bills." — Christina LaMontagne, VP of Health at NerdWallet, 2013

What does a hospital indemnity health plan do?

Hospital Indemnity	Pays an indemnity benefit for each day that a covered person is confined to a hospital of \$100 per day up to 15 days per confinement.
Waiver of Premium	Waives premium after primary insured has been totally disabled for 90 consecutive days up to maximum of 12 months per disability.
First Admission	Pays \$1,000 if a covered person is confirmed as an inpatient in a hospital for the first time during a calendar year, pays a one-time lump sum per year.
Intensive Care/Cardiac Care/Burn Unit	Pays \$100 daily benefit when confined to an intensive care unit. Maximum 10 days hospital confinement
Note: 300-day maternity waiting period	



IMPORTANT NOTICE: The Insurance coverage provided under the policy does not constitute comprehensive health insurance coverage (often referred to as "major medical coverage" and it does not satisfy the requirement of minimum essential coverage under the Patient Protection and Affordable Care Act. This is not a complete disclosure of plan qualifications and limitations. Please review this information before applying for coverage. The benefits provided depend on the plan selected. Premiums will vary according to the selection made.

THIS POLICY PROVIDES LIMITED BENEFITS.

Cancer Care Plus

Your Cancer Care Plus Benefits Summary



BENEFIT PACKAGE OPTIONS	Low Plan	High Plan
Immunotherapy, Radiation, Chemotherapy	Pays actual charges, maximum \$5,000 per month	Pays actual charges, maximum \$10,000 per month
Cancer Screening Test	Pays \$50 per calendar year	Pays \$100 per calendar year
First Occurrence Benefit (Rider)	Pays \$2,500	Pays \$10,000
Daily Hospital Confinement Benefit	Pays \$150 per day	Pays \$300 per day
Surgical Benefit	Pays maximum per surgery \$3,000	Pays maximum per surgery \$4,000
HOSPITAL AND OTHER FACILITY BENEFITS		
Prescribed Drugs and Medications	Actual charges up to maximum of 20% of the Daily Hospital Confinement Benefit	
Physician's Attendance	\$50 per day	
Ambulance	\$250 per trip 3 trips per year	
Private Duty Nurse Service	\$150 per day	
Extended Benefits	\$1,000 per day	
Government or Charity Hospital	\$200 per day	
Extended Care Facility	\$100 for each day confined to a maximum of 70 days	
Hospice Care	\$100 per day	
TRANSPORTATION BENEFITS		
Transportation and Lodging for Bone Marrow Donors	Actual charges to \$2,500 for medical expenses related to transplant. Actual charges for round trip coach fare on common carrier or personal auto allowance of \$0.50 per mile max 700 miles. Actual charges to %75 per day lodging and meal expense.	
Transportation for Non-Local Treatment Requiring Hospital Confinement	Actual charges for round trip coach fare on common carrier or personal auto allowance of \$0.50 per mile max 700 miles.	
Transportation and Lodging for Non-Local Treatment Not Requiring Hospital Confinement	Actual charges for round trip coach fare on common carrier or personal auto allowance of \$0.50 per mile max 700 miles. Maximum of \$1,500 per calendar year.	
Adult Companion Transportation and Lodging	Actual charges for one adult companion to be near a covered person who is hospital confined in a non-local hospital. Max of \$2,500 per confinement. Actual charges to \$50 per day for lodging. Actual charges for round trip coach fare on common carrier or personal auto allowance of \$0.50 per mile max 700 miles.	

Cancer Care Plus

Your Cancer Care Plus Benefits Summary



SURGICAL BENEFITS	
Anesthesia	Pays 25% of the surgical benefit amount
Additional Surgical Opinions	\$200 each opinion
Artificial Limb and Prosthesis	Actual charges up to \$1,500
Outpatient Surgery Benefit	Pays \$375 per operation for drugs, medicines and lab test Pays a maximum of 150% of surgery show in surgical schedule
Skin Cancer	Pays \$150 per calendar year. Maximum benefit of \$600
Breast Reconstruction/Breast Prosthesis	Pays actual charges. Except in OK, lifetime maximum of \$5,000
Bone Marrow Transplant for Cancer	Pays actual charges, lifetime maximum of \$10,000 Surgical Benefits
OTHER BENEFITS	
Experimental Treatment	Pays actual charges, to a lifetime maximum of \$10,000
Physical, Occupational or Speech Therapy	\$50 each session to a lifetime maximum of \$1,500
Outpatient Positive Diagnostic Test	\$250 for a diagnostic test
Blood and Blood Plasma	Pays actual charges, to a maximum of \$5,000 per calendar year
Home Health Care Services	Pays \$60 per day at home services, 180 days max per calendar year. Pays \$150 per day at home private duty nursing, 15 days max per calendar year. Pays \$50 per day at home physician visits, 15 days max per calendar year.
Hairpiece Benefit	Pays \$100
Rental or Purchase of Durable Medical Equipment	Pays actual charges, maximum \$1,000 per calendar year
Professional Mental Health Consultation	\$50 per session. Lifetime maximum of \$250
Tutor	\$25 per 60 minutes. Lifetime maximum of 50 sessions
OPTIONAL RIDERS (AT ADDITIONAL COSTS)	
Intensive Care Rider Benefit for Step Down Unit	Pays \$600 per day Pays \$300 per day
Critical Care Benefit Rider	
Benefit for Heart Disease Benefit for Heart Attack/Stroke	Pays actual charges to a lifetime maximum of \$2,500 Pays actual charges to a lifetime maximum of \$5,000

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Personal Accident Plan

Your 24-Hour Accident Benefits Summary



Benefit Description	One-Unit	Two-Unit
Accidental Death Within 90 days** of covered accident and caused by resulting injury/ injuries.	\$25,000 Employee \$10,000 Spouse* \$5,000 Child	\$50,000 Employee \$20,000 Spouse* \$10,000 Child
Accidental Death (Via Common Carrier) Death must occur within 90 days** of covered accident while fare-paying passenger on a common carrier (plane, bus, train).	Accidental Benefit will be doubled	Accidental Benefit will be doubled
Accidental Dismemberment We will pay the applicable lump sum benefit indicated in the policy for dismemberment. A Covered Accident must occur within 90 days of the accident. Benefits will be paid only once per Covered Person, per Covered Accident.	\$625 - \$40,000	\$625 - \$40,000
Air Ambulance Air transportation within 48 hours. Once per Covered Accident.	\$1,000	\$2,000
Ambulance Ground transportation within 90 days. Once per Covered Accident.	\$100	\$200
Ambulatory Surgical Center Facility and/or Outpatient Hospital Facility Max 1 per Accident.	\$100	\$200
Appliances Payable when a Covered Person receives a medical appliance, prescribed by a physician, as an aid in personal locomotion for on or Off-the-Job Injuries sustained in a Covered Accident. Benefits are payable for the following types of appliances: a wheelchair, a leg brace, a back brace, a walker, and/or a pair of crutches.	\$125 per Covered Accident, per Covered Person.	\$125 per Covered Accident, per Covered Person.
Blood, Plasma, and Platelets Transfusion, administration, cross-matching, typing and processing required within 90 days of a Covered Accident. Once per Covered Accident.	\$300 primary insured \$200 Spouse*/dep child	\$300 primary insured \$200 Spouse*/dep child
Burn Treated within 72 hours of a Covered Accident. Once per Covered Accident. *Spouse and Child	Size & Degree up to \$10,000	Size & Degree up to \$20,000
Chiropractor Visit Max 5 visits per Covered Accident	\$35 per day	\$70 per day

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Personal Accident Plan

Benefit Description	One-Unit	Two-Unit
Concussion We will pay if any Insured Person is diagnosed by a Physician with a concussion as a result of a Covered Accident. Payable once per Covered Accident.	\$100	\$200
Dislocations Diagnosed within 90 days, correction with anesthesia by Physician and corrected by Open (surgical) or Closed (non-surgical) reduction.	\$50 - \$2,000 (policy contains complete schedule)	\$100 - \$4,000 (policy contains complete schedule)
Emergency Dental Work Once per Covered Accident regardless of teeth involved.	\$150 repairs with crown \$50 for extraction	\$300 repairs with crown \$100 for extraction
Emergency Room Treatment Treatment sought within 72 hours*** of Covered Accident.	\$200	\$200
Epidural Pain Management Payable when a Covered Person is prescribed, receives and incurs a charge for an epidural administered for pain management in a hospital or a physician's office for injuries sustained in a Covered Accident.	\$100 paid no more than twice per Covered Accident, per Covered Person.	\$100 paid no more than twice per Covered Accident, per Covered Person.
Eye Injury Treated by a physician within 90 days of Covered Accident. Must require surgery or removal of a foreign object.	\$200	\$200
Fractures Fractures requiring Surgical or Non-Surgical reduction within 90 days of Covered Accident.	\$25 - \$2,500 (Any Insured) (policy contains complete schedule)	\$50 - \$5,000 (Any Insured) (policy contains complete schedule)
Gunshot Wounds* Unintentional wound requiring confinement within 24 hours and surgery within 72 hours after the injury. Primary insured only.	\$500	\$500
Hospital/Intensive Care Unit Admission Confined within 180 days. Once per Covered Accident. (Minimum of 20 hours)	\$1,000 If admitted directly to ICU, add \$500	\$2,000 If admitted directly to ICU, add \$1,000
Hospital Confinement Confined within 180 days. Maximum of 365 days.	\$150 per day	\$300 per day
Hospital Intensive Care Unit Confinement Within 30 days of Covered Accident. Maximum of 15 days. ICU paid in addition to Hospital Confinement	\$300 per day	\$600 per day

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Personal Accident Plan

Benefit Description	One-Unit	Two-Unit
Knee Cartilage - Torn Treated by a physician within 60 days of Covered Accident. Must be repaired within 180 days.	\$500 (less any benefit paid for arthroscopic surgery previously performed) \$100 for exploratory surgery	\$1,000 (less any benefit paid for arthroscopic surgery previously performed) \$200 for exploratory surgery
Laceration Lacerations requiring repair by a physician within 72 hours of a Covered Accident.	\$50 - \$400 (based on length of lacerations, see policy)	\$100 - \$800 (based on length of lacerations, see policy)
Lodging Companion Lodging when Insured is confined to a hospital more than 100 miles from home. Maximum of 30 days.	\$100 per night	\$100 per night
Major Diagnostic Exams Angiogram, CT and CTA scan; MRI, MRA, or EEG as result of a Covered Accident.	\$100 per calendar year	\$200 per calendar year
Paraplegia We will pay if any Insured Person's lower portion of their body and both legs become completely paralyzed and cannot be recovered as the result of a Covered Accident.	\$2,500	\$5,000
Physician's Office Visit Within 60 days of Covered Accident. Once per Covered Accident.	\$75	\$150
Physicians Follow-up Office Visits First follow-up must occur within 30 days of initial Physician Office Visit.	\$25 / Max 6	\$50 / Max 8
Physical Therapy Payable when a Covered Person receives emergency treatment for injuries sustained in a Covered Accident and later advised to seek treatment from a licensed physical therapist. Physical therapy must start within 30 days** of the Covered Accident or discharge from hospital and take place within six months after the accident.	\$35 per treatment per day, to a maximum of ten treatments per Covered Accident, per Covered Person.	\$70 per treatment per day, to a maximum of ten treatments per Covered Accident, per Covered Person.
Prosthesis Payable when a Covered Person requires use of a prosthetic device as a result of on or Off-the-Job Injuries sustained in a Covered Accident. This benefit is not payable for repair or replacement of prosthetic devices, hearing aids, wigs, or dental aids, to include false teeth.	\$750 once per Covered Accident, per Covered Person.	\$1,500 once per Covered Accident, per Covered Person.
Quadriplegia We will pay if any Insured Person's all four extremities (both arms and both legs) of their body become completely paralyzed and cannot be recovered as a result of a Covered Accident.	\$5,000	\$10,000

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Personal Accident Plan

Benefit Description	One-Unit	Two-Unit
<p>Rehabilitation Unit - Admission We will pay the first day an insured person is transferred to a Rehabilitation Unit of a Hospital for treatment of an Injury sustained in a Covered Accident.</p> <p>This benefit will not be payable for the same day(s) that the Hospital Confinement Benefit is paid.</p>	\$500	\$1,000
<p>Rehabilitation Unit Payable when a Covered Person is admitted for a Hospital Confinement and is transferred to a bed in a rehabilitation unit of a hospital for treatment for Injuries sustained in a Covered Accident.</p>	\$150 per day, limited to 30 days for each Covered Person, per period of Hospital Confinement and limited to a calendar year maximum of 60 days.	\$150 per day, limited to 30 days for each Covered Person, per period of Hospital Confinement and limited to a calendar year maximum of 60 days.
<p>Ruptured Disc We will pay for any and all ruptured disc(s) in the spine suffered by an Insured Person as the result of a Covered Accident. This amount will be paid once per Covered Accident.</p>	\$500	\$1,000
<p>Surgery Within 72 hours after a Covered Accident to repair internal injuries caused by the Covered Accident. Hernia repair not covered. * Once per Covered Accident.</p>	\$1,000 for thoracic, open abdominal \$100 for exploratory surgery	\$2,000 for thoracic, open abdominal \$200 for exploratory surgery
<p>Tendon/Ligament/Rotator Cuff We will pay for the surgical repair of any and all torn, ruptured, or severed tendons, ligaments, or rotator cuff which an Insured Person suffered as the result of a Covered Accident. Must be performed by a Physician within 90 days after the Covered Accident.</p>	\$500 Exploratory: \$100	\$1,000 Exploratory: \$200
<p>Transportation Round trip when hospital confined, and distance is more than 100 miles round trip from residence. Three round trips per Covered Accident.</p>	\$300 round trip	\$300 round trip
<p>Urgent Care Facility Within 60 days of Covered Accident. Once per Covered Accident.</p>	\$225	\$225
<p>X-Ray Max 1 per Calendar Year</p>	\$50	\$100

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Critical Illness w/ Cancer



Why do I need Critical Illness and Cancer coverages?

These plans can assist you with a variety of expenses so you can focus on getting better. You can use the benefit however you want:

- Make your mortgage payments.
- Hire extra help around the house, such as in-home caregivers.
- Help cover medical bills as well as therapy and training.
- Pay for travel to treatment facilities away from home and for family visits.
- In addition to the physical and emotional effects, people who are diagnosed with a serious condition may see a costly impact on their expenses.
- You may need additional help to absorb the expense of paying for drugs and other associated costs.

Here's how it works

- All benefit payments are made directly to you, placing you in control at a time when you may feel that your options are limited.
- Some or all of the benefit is available to you after your initial diagnosis, so it's there when you need it most.
- You will save on your premiums because coverage through your employer typically is less expensive than purchasing on your own, and you can pay premiums through automatic payroll deduction.
- You can continue the coverage even if you change employers.

Benefit Description	Guarantee Issue	Simplified Issue*
Employee	\$20,000	\$50,000
Spouse	50% of the Employee's benefit	\$25,000
Child(ren)	\$5,000	\$5,000
Employee		\$10,000 - \$50,000
Spouse		\$5,000 - \$25,000, 50% of Employee election
Child(ren)		\$5,000, 50% of Employee election to \$5,000

*If Enrollment technology does not support SI Underwriting all applications must be taken on paper applications.

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Critical Illness w/ Cancer

Covered Conditions		Percent Payment
Cardiac Benefits	Myocardial Infarction	100%
	Coronary Heart Disease	25%
Cerebral Vascular Disease Benefit	Stroke	100%
	Ruptured Brain Aneurysm	0%
	Transient Ischemic Attack	10%
Cancer	Invasive	100%
	Non-Invasive	25%
	30 Day Waiting Period	Waived
Other Specified Illness Category	Benign Brain Tumor	100%
	Major Organ Failure	100%
	End Stage Renal Failure*	100%
	Coma	100%
	Severe Burns	100%
	Permanent Paralysis*	100%
	Functional Loss of Hearing*	100%
	Functional Loss of Speech*	100%
	Functional Loss of Sight*	100%
Occupational HIV/Hepatitis*	100%	
Additional Occurrence Benefit	Included	
Pre-Existing Condition Limitation	Waived	
Waiver of Premium for Disability	After 180 days	
Portability	Included	
Benefit Reduction	None	
Employer Elected Optional Benefits for Voluntary Plan Only		
Recurrence	Included	
Wellness Screening	\$50	

*not eligible for recurrence benefit.

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Critical Illness w/ Cancer

Issue Age
Benefit:
18-29
30-39
40-49
50-59
60-64
65-69

Employee - NTU		
\$10,000	\$15,000	\$20,000
\$3.75	\$5.00	\$6.25
\$6.48	\$9.09	\$11.70
\$13.48	\$19.59	\$25.69
\$25.06	\$36.96	\$48.87
\$37.97	\$56.32	\$74.68
\$47.35	\$70.40	\$93.46

Employee - TU		
\$10,000	\$15,000	\$20,000
\$4.44	\$6.04	\$7.64
\$9.39	\$13.46	\$17.53
\$22.39	\$32.96	\$43.53
\$43.21	\$64.20	\$85.18
\$65.63	\$97.82	\$130.01
\$80.54	\$120.18	\$159.83

Issue Age
Benefit:
18-29
30-39
40-49
50-59
60-64
65-69

Employee & Spouse - NTU		
\$10,000	\$15,000	\$20,000
\$5.40	\$7.28	\$9.15
\$9.49	\$13.41	\$17.33
\$19.99	\$29.15	\$38.32
\$37.36	\$55.22	\$73.08
\$56.72	\$84.26	\$111.80
\$70.80	\$105.38	\$139.96

Employee & Spouse - TU		
\$10,000	\$15,000	\$20,000
\$6.44	\$8.84	\$11.23
\$13.86	\$19.95	\$26.06
\$33.36	\$49.22	\$65.07
\$64.60	\$96.06	\$127.53
\$98.22	\$146.50	\$194.79
\$120.58	\$180.05	\$239.52

*Spouse Amount is 50% of Employee Amount.

Issue Age
Benefit:
18-29
30-39
40-49
50-59
60-64
65-69

Employee & Children - NTU		
\$10,000	\$15,000	\$20,000
\$3.75	\$5.00	\$6.25
\$6.48	\$9.09	\$11.70
\$13.48	\$19.59	\$25.69
\$25.06	\$36.96	\$48.87
\$37.97	\$56.32	\$74.68
\$47.35	\$70.40	\$93.46

Employee & Children - TU		
\$10,000	\$15,000	\$20,000
\$4.44	\$6.04	\$7.64
\$9.39	\$13.46	\$17.53
\$22.39	\$32.96	\$43.53
\$43.21	\$64.20	\$85.18
\$65.63	\$97.82	\$130.01
\$80.54	\$120.18	\$159.83

*Child Amount is 50% of Employee Amount, capped at \$5,000.

Issue Age
Benefit:
18-29
30-39
40-49
50-59
60-64
65-69

Family - NTU		
\$10,000	\$15,000	\$20,000
\$5.40	\$7.28	\$9.15
\$9.49	\$13.41	\$17.33
\$19.99	\$29.15	\$38.32
\$37.36	\$55.22	\$73.08
\$56.72	\$84.26	\$111.80
\$70.80	\$105.38	\$139.96

Family - TU		
\$10,000	\$15,000	\$20,000
\$6.44	\$8.84	\$11.23
\$13.86	\$19.95	\$26.06
\$33.36	\$49.22	\$65.07
\$64.60	\$96.06	\$127.53
\$98.22	\$146.50	\$194.79
\$120.58	\$180.05	\$239.52

*Spouse Amount is 50% of Employee Amount. Child Amount is 50% of Employee Amount, capped at \$5,000.

NTU: Non-tobacco user; TU: Tobacco user

Displaying Monthly payroll deductions including Recurrence and \$50 Wellness Screening Benefit.

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LUMP SUM CANCER

You are unique and so are your health insurance needs. Don't let a cancer diagnosis get in the way of being who you are. Our lump sum benefits can help with the treatment costs of cancer, so you can protect your well being.

Our Policies Provide:

- Lump sum benefit of either \$10,000 or \$20,000 depending on the policy elected.
- Coverage for you and your dependents.
- Issue ages from 18 – 99
- Guaranteed Renewable for Life*

Your Cancer Policy

A cancer diagnosis can occur at any time regardless of your lifestyle. Lacking the proper cancer coverage to help pay for additional costs associated with treatment can affect your recovery, so it's beneficial to plan ahead. With our Flexible Choice Cancer Insurance Policy, you will receive 100% of your lump sum benefit amount, upon diagnosis of any cancer.

In the U.S., **MEN** have a **1 in 12** lifetime risk of developing cancer.⁴

Lump Sum Cancer Coverage	% of Selected Benefit Amount
Cancer	100%
Carcinoma in Situ	

No Surprises

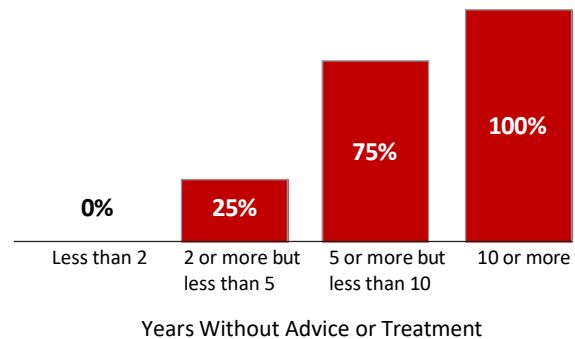
The Flexible Choice policy pays regardless of any other insurance you may have, and the benefits are paid directly to you, or your designee, to use any way you like.

Cancer Recurrence Benefit Rider

If you are concerned with a recurring diagnosis of cancer, our Cancer Recurrence Benefit Rider may pay you additional benefits should you receive subsequent diagnoses of cancer. You will receive a percentage of your benefit amount (not to exceed an additional 100% of the selected benefit amount) upon additional diagnoses of cancer provided you have not received advice or treatment for at least two years from the date of your last diagnosis.

Cancer Recurrence Benefit Rider

Percentage of Amount Payable



*This policy is guaranteed renewable for Life. You may keep the coverage in force during your lifetime by paying the premiums on time.

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HEART ATTACK & STROKE

The thought of having a heart attack is alarming, but the truth is, it can happen to anyone. Recovery is important. This policy provides a lump sum benefit to help you focus on getting well so that you can be 100% you.

Our Policies Provide:

- Lump sum benefit of either \$10,000 or \$20,000 depending on the policy elected.
- Coverage for you and your dependents
- Issue ages from 18 – 99
- Guaranteed Renewable for Life*

Your Heart Attack & Stroke Policy

The costs associated with an unexpected heart attack, stroke or other heart-related surgery can be overwhelming. With our Flexible Choice Heart Attack & Stroke Insurance Policy, you can receive a diagnosis or procedure for one of the qualifying events listed below, subject to the maximum benefit amount.

Qualifying Events	% of Benefit amount payable for each event	Max. % of Benefit amount payable
Heart Attack	100%	100%
Heart Transplant	100%	
Stroke	100%	
Coronary Artery Bypass Surgery*	25%	
Aortic Surgery*	25%	
Heart Valve Replacement/Repair*	25%	
Angioplasty*	10%	
Stent*	10%	

*Payable only once in an Insured Person's lifetime.

*This policy is guaranteed renewable for Life. You may keep the coverage in force during your lifetime by paying the premiums on time.

Note: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the contract, the contract will govern.

No Surprises

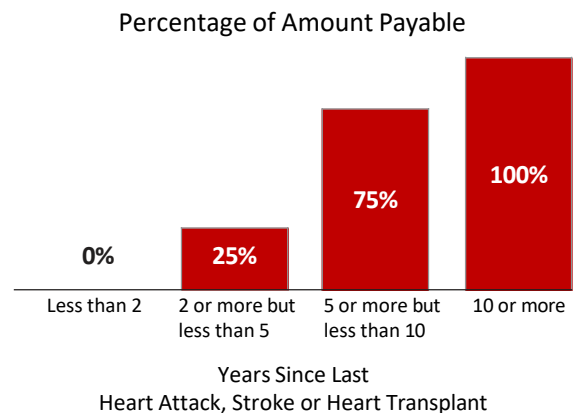
The Flexible Choice policy pay regardless of any other insurance you may have, and the benefits are paid directly to you, or your designee, to use any way you like.

For example, your benefit amount is \$10,000 and you needed an Aortic Surgery, you would receive 25%, or \$2,500. If you then suffered a stroke, you would receive the remaining balance amount of \$7,500 for the total of 100% of your maximum benefit amount, or \$10,000.

Heart Attack & Stroke Restoration

The extra coverage provided by this rider will pay a percentage of you selected benefit amount should you suffer subsequent heart attacks, strokes or require a heart transplant (not to exceed an additional 100% of the selected benefit amount) provided the date of your last diagnosis for a heart attack, stroke or heart transplant was at least two years form your current diagnosis.

Heart Attack & Stroke Restoration Benefit Rider



Voluntary Term Life

Additional Term Life Insurance



Cincinnati Life's term life insurance policies are designed to enhance your group life coverage by offering additional financial

protection for your family during your working years. Premiums are guaranteed for the first 10 or 20 years of the policy, depending on the term you choose. After the end of the term period, premiums will increase annually through age 100.

Your insurance needs may change in the future. That's why your term life insurance policy provides you with an option to convert, without evidence of insurability, to one of Cincinnati Life's currently marketed, individual, permanent life insurance policies.

These Policies Include:

- Coverage for you, your spouse and your children
- Two Terms to Choose From: 10 Year or 20 Year Level Term
- You Own The Policy – Coverage is Portable

Coverage for you and your spouse

You may apply for a term life insurance policy on you and your spouse. Available issue ages for Term 10 are 18-70. Available issue ages for Term 20 are 18-60.

Children's Term Rider

You can cover your children, stepchildren and legally adopted children when attached to either your policy or your spouse's policy. One premium covers all children, each with a death benefit of \$10,000.

You own the policy

Cincinnati Life's Term 10 and Term 20 life insurance policies provide individual coverage. You are the owner of the policy and you can take it with you if you leave your employer.

Do You Need More Than \$100,000 of Coverage?

You can purchase additional life insurance above the \$100,000 with **Cincinnati Life's Termsetter Term Life Insurance** policy. This plan is fully underwritten, but features:

- 10-Year or 20-Year Level Terms
- Available Death Benefit from \$100,000 to \$1,000,000
- Guaranteed Level Premium & Death Benefit
- Guaranteed Renewable to age 99



Note: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the contract, the contract will govern.

2025 Rates – Active

LUMINARE MEDICAL PLAN*	COVERAGE	SEMI MONTHLY
BlueChoice Network HCA <i>*Non-Wellness ADD \$12.50 to Rate</i>	Employee Only	\$25.00
	Employee + Spouse	\$89.00
	Employee+ Children	\$80.00
	Employee + Family	\$152.50
BluePreferred Network PPO \$0 <i>*Non-Wellness ADD \$12.50 to Rate</i>	Employee Only	\$67.50
	Employee + Spouse	\$119.00
	Employee + Children	\$106.00
	Employee + Family	\$261.50
BluePreferred Network PPO \$250 <i>*Non-Wellness ADD \$12.50 to Rates</i>	Employee Only	\$78.50
	Employee + Spouse	\$148.50
	Employee+ Children	\$126.50
	Employee + Family	\$268.00
BluePreferred Network PPO \$5,000 <i>*Non-Wellness ADD \$12.50 to Rate</i>	Employee Only	\$21.50
	Employee + Spouse	\$76.00
	Employee + Children	\$68.00
	Employee + Family	\$129.50
DELTA DENTAL PLANS	COVERAGE	SEMI MONTHLY
PPO Low Plan	Employee Only	\$15.00
	Employee + Spouse	\$35.16
	Employee + Family	\$66.31
Premier Plus PPO High Plan	Employee Only	\$26.48
	Employee + Spouse	\$63.85
	Employee + Family	\$117.76
VSP VISION PLAN	COVERAGE	SEMI MONTHLY
Low Plan	Employee Only	\$3.21
	Employee + One	\$6.41
	Employee + Family	\$10.32
High Plan	Employee Only	\$4.51
	Employee + One	\$9.02
	Employee + Family	\$14.53

CIGNA CANCER	\$10,00 LUMP SUM	SEMI MONTHLY
\$10,000 or \$20,000 Lump Sum Benefit in increments of \$10,000	Employee Only	\$6.00
	Employee + Spouse	\$10.75
	Employee + Children	\$6.75
	Employee + Family	\$11.25
CIGNA HEART / STROKE PLAN	\$10,00 LUMP SUM	SEMI MONTHLY
\$10,000 or \$20,000 Lump Sum Benefit in increments of \$10,000	Employee Only	\$6.25
	Employee + Spouse	\$10.50
	Employee + Children	\$6.50
	Employee + Family	\$10.75



2025 Rates – Active

MANHATTAN ACCIDENT PLAN	COVERAGE	SEMI MONTHLY
Low Plan	Employee Only	\$10.67
	Employee & Spouse	\$15.92
	Employee & Child	\$15.92
	Employee & Family	\$21.17
High Plan	Employee Only	\$12.50
	Employee & Spouse	\$19.00
	Employee & Child	\$19.00
	Employee & Family	\$25.50
MANHATTAN HOSPITAL INDEMNITY	COVERAGE	SEMI MONTHLY
	Employee Only	\$4.73
	Employee & Spouse	\$15.25
	Employee & Child(ren)	\$12.16
	Employee & Family	\$23.92
CUL CANCER PLAN		18-64 SEMI-MONTHLY
Low Plan	Employee Only	\$15.78
	1 Parent Family	\$17.72
	2 Parent Family	\$25.30
Low Plan + CC Rider	Employee Only	\$17.03
	1 Parent Family	\$19.10
	2 Parent Family	\$27.30
Low Plan + ICU Rider	Employee Only	\$19.38
	1 Parent Family	\$21.68
	2 Parent Family	\$31.06
Low Plan + ICU & CC Rider	Employee Only	\$20.63
	1 Parent Family	\$23.06
	2 Parent Family	\$33.06
High Plan	Employee Only	\$29.90
	1 Parent Family	\$33.54
	2 Parent Family	\$47.99
High Plan + CC Rider	Employee Only	\$31.15
	1 Parent Family	\$34.92
	2 Parent Family	\$50.00
High Plan + ICU Rider	Employee Only	\$33.50
	1 Parent Family	\$37.50
	2 Parent Family	\$53.75
High Plan + ICU & CC Rider	Employee Only	\$34.75
	1 Parent Family	\$38.88
	2 Parent Family	\$55.76



Term 20 - Non-Smoker - Semi-Monthly

Payroll Deduction Term 20 Life Insurance
 Level Amount of Insurance
 Semi-Monthly Premium
 Policy Form CLI-157



Age at contract date	\$25,000	\$50,000	\$75,000	\$100,000
18-30	\$4.66	\$8.27	\$11.89	\$15.50
31	\$4.70	\$8.36	\$12.01	\$15.67
32	\$4.74	\$8.44	\$12.14	\$15.84
33	\$4.78	\$8.52	\$12.26	\$16.00
34	\$4.84	\$8.63	\$12.42	\$16.21
35	\$4.88	\$8.71	\$12.54	\$16.38
36	\$5.09	\$9.13	\$13.17	\$17.21
37	\$5.30	\$9.56	\$13.82	\$18.09
38	\$5.53	\$10.02	\$14.51	\$19.00
39	\$5.77	\$10.50	\$15.23	\$19.96
40	\$6.02	\$11.00	\$15.98	\$20.96
41	\$6.38	\$11.71	\$17.04	\$22.38
42	\$6.74	\$12.44	\$18.14	\$23.83
43	\$7.15	\$13.25	\$19.36	\$25.46
44	\$7.58	\$14.11	\$20.64	\$27.17
45	\$8.03	\$15.02	\$22.01	\$29.00
46	\$8.56	\$16.09	\$23.61	\$31.13
47	\$9.14	\$17.23	\$25.32	\$33.42
48	\$9.74	\$18.44	\$27.14	\$35.83
49	\$10.41	\$19.77	\$29.14	\$38.50
50	\$11.12	\$21.19	\$31.26	\$41.33
51	\$12.12	\$23.19	\$34.26	\$45.33
52	\$13.21	\$25.38	\$37.54	\$49.71
53	\$14.41	\$27.77	\$41.14	\$54.50
54	\$15.73	\$30.42	\$45.10	\$59.79
55	\$17.19	\$33.33	\$49.48	\$65.62
56	\$18.73	\$36.42	\$54.10	\$71.79
57	\$20.42	\$39.79	\$59.17	\$78.54
58	\$22.27	\$43.50	\$64.73	\$85.96
59	\$24.29	\$47.54	\$70.79	\$94.04
60	\$26.51	\$51.98	\$77.45	\$102.92

Term 20 - Smoker - Semi-Monthly

Payroll Deduction Term 20 Life Insurance
 Level Amount of Insurance
 Semi-Monthly Premium
 Policy Form CLI-157



Age at contract date	\$25,000	\$50,000	\$75,000	\$100,000
18-20	\$5.62	\$10.19	\$14.76	\$19.34
21	\$5.64	\$10.23	\$14.82	\$19.42
22	\$5.66	\$10.27	\$14.89	\$19.50
23	\$5.69	\$10.34	\$14.98	\$19.63
24	\$5.71	\$10.38	\$15.04	\$19.71
25	\$5.73	\$10.42	\$15.11	\$19.79
26	\$5.73	\$10.42	\$15.11	\$19.79
27	\$5.73	\$10.42	\$15.11	\$19.79
28	\$5.73	\$10.42	\$15.11	\$19.79
29	\$5.73	\$10.42	\$15.11	\$19.79
30	\$5.73	\$10.42	\$15.11	\$19.79
31	\$6.06	\$11.09	\$16.11	\$21.13
32	\$6.43	\$11.81	\$17.20	\$22.58
33	\$6.81	\$12.59	\$18.36	\$24.13
34	\$7.23	\$13.42	\$19.61	\$25.79
35	\$7.68	\$14.31	\$20.95	\$27.58
36	\$8.16	\$15.27	\$22.39	\$29.50
37	\$8.68	\$16.31	\$23.95	\$31.58
38	\$9.23	\$17.42	\$25.61	\$33.79
39	\$9.83	\$18.61	\$27.39	\$36.17
40	\$10.46	\$19.88	\$29.29	\$38.71
41	\$11.28	\$21.52	\$31.76	\$42.00
42	\$12.17	\$23.29	\$34.42	\$45.54
43	\$13.15	\$25.25	\$37.36	\$49.46
44	\$14.20	\$27.36	\$40.51	\$53.67
45	\$15.35	\$29.65	\$43.95	\$58.25
46	\$16.64	\$32.23	\$47.82	\$63.42
47	\$18.03	\$35.02	\$52.01	\$69.00
48	\$19.56	\$38.08	\$56.60	\$75.12
49	\$21.23	\$41.42	\$61.60	\$81.79
50	\$23.05	\$45.06	\$67.07	\$89.08
51	\$25.12	\$49.19	\$73.26	\$97.33
52	\$27.39	\$53.73	\$80.07	\$106.41
53	\$29.86	\$58.67	\$87.48	\$116.29
54	\$32.56	\$64.08	\$95.60	\$127.12
55	\$35.52	\$70.00	\$104.48	\$138.96
56	\$38.93	\$76.81	\$114.70	\$152.58
57	\$42.67	\$84.29	\$125.91	\$167.54
58	\$46.77	\$92.50	\$138.23	\$183.95
59	\$51.29	\$101.54	\$151.79	\$202.04
60	\$56.25	\$111.46	\$166.66	\$221.87

City of Oklahoma City Firefighters

2025 Benefits



Enrollment for Plan Year 2025

Annual Open Enrollment

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

What You Need to Do During Annual Open Enrollment

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

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

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

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



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



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 Inside OKC as well as www.okc.gov/oe.

Employee Assistance Program

Alliance Work Partners

AWP is proud to serve as your 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

LawAccess

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 referral 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 you 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 of 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 affiliated 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

Your VSP Vision Benefits Summary

City of Oklahoma City and VSP provide you with Affordable vision plan.

Provider Network:
VSP Choice
Effective Date:
01/01/2025



BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening 	\$10 Up to \$39	Every calendar year
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed
PRESCRIPTION GLASSES			
		\$25	See frame and lenses
FRAME*	<ul style="list-style-type: none"> \$190 Featured Frame Brands allowance \$170 frame allowance 20% savings on the amount over your allowance \$95 Costco frame allowance \$170 Walmart/Sam's Club frame allowance 	Included in Prescription Glasses	Every calendar year
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant lenses for dependent children 	Included in Prescription Glasses	Every calendar year
LENS ENHANCEMENTS	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
ADDITIONAL SAVINGS	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. <p>Laser Vision Correction</p> <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. <p>Exclusive Member Extras for VSP Members</p> <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 		
YOUR COVERAGE GOES FURTHER IN-NETWORK			
With so many In-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online In-network choices. Log in to vsp.com to find an In-network provider.			

VSP VISION PLAN	COVERAGE	SEMI MONTHLY
	Employee Only	\$3.50
	Employee + One	\$6.49
	Employee + Family	\$10.44

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

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

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

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

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Classification: Restricted

Fitness Center

10GYM

Services include fitness club services, personal training, tanning 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 be 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) location is 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 + tax per pay period) + \$19.95 for each additional family member.

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

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

Gold's Gym

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

JOIN THE Y!



City of Oklahoma City

When you join the Y, you'll enjoy:

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

MEMBERSHIP

Adult - \$36.00/month

Household - \$58.50/month

Get half off your joining fee!
\$35.00 for Adult Memberships | \$52.50 for Household Memberships

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

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

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



ADULT MEMBERSHIP

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



HOUSEHOLD MEMBERSHIP

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

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

YMCAOKC.ORG/JOIN
Use promo code CITYOKC





Fitness and Fun!

at Willa D. Johnson Recreation Center

909 Frederick Douglass Ave., Oklahoma City, OK 73117
405-297-1435

Weekdays: 7 a.m. to 8 p.m.

Saturday: 9 a.m. to 6 p.m.

Child Watch: \$2/hour for up to two hours

Monthly Memberships	GOLD	SILVER	DAY PASS
Family	\$45	-	-
Adult	\$25	\$15	\$6
Youth*	\$15	\$10	\$5
Fitness Center	●	●	●
Open Gym	●	●	●
Open Swim	●	●	●
Gaming Lounge	●	●	●
Computer Stations	●	●	●
Passive Spaces	●	●	●
Child Watch	●		
Cooking	●		
Social	●		
Sports	●		
Games	●		
Art	●		

Programs

* \$5/month youth discount available through scholarship endowment

Premium Programming Available:
Camps • Leagues • Swim Lessons •
Lap Lane Rentals • Facility Rentals



OKC PARKS
discover. play. grow.

Individual Term Life Insurance

American Fidelity Assurance Company

AF™ Term Life Insurance

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 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 answers 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 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)

Accident Only Insurance

Limited Benefit Accident Only Insurance

American Fidelity Assurance Company

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

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

How the Plan Works

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

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

Features

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

Learn more at americanfidelity.com/info/accident

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

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

Cancer Insurance

AF™ Limited Benefit Individual Cancer Insurance

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 plan 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**

American Fidelity Assurance Company

Coverage Feature	What It Means To 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 Preventive 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 rider.
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 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 Accident 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.

Benefit Begin

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

Eligibility

All full-time employees and employees of members on active service working 25 hours or more per week. Applicant's eligibility for this program may be subject to insurability. It is your responsibility to see the American Fidelity representative once you have satisfied your employer's waiting period.

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	Protect up to 60% of your paycheck.
Injury and Sickness	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 Accidental Injury and death occurs within 90 days after the date of the Accidental Injury.
Competitive Premiums	Your monthly premiums could be paid with only one hour of a week's paycheck.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

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

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 saving 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 To 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 fits your lifestyle.
Benefit Paid directly to you	Use the money however best fits your financial 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 eligible for Medicaid coverage.** The insurer has the right to increase premiums.

IRC 457 Deferred Compensation Plan

You are offered a choice to enroll in the voluntary deferred compensation program administered by Voya Financial® (Voya®). This program allows you to save for retirement today, while thinking about tomorrow. Generally, you may defer the lesser of 100% of your total compensation or the IRS annual limit* each year. You will make contributions via payroll deduction, so your taxes are reduced each pay period for any pre-tax contributions you make.

Advantages:

- Automatic payroll deductions so you don't have to remember to save
- Accumulated earnings are tax-deferred
- Reduce your current income taxes
- A variety of investment options so you can decide how to invest your contributions
- You can move your savings to another governmental 457 plan IRA or qualified plan
- Flexible account access through the web and the **Voya Retire**® mobile app

Withdrawals:

You can withdraw your contributions under the following conditions:

- Retirement
- Separation of service
- Qualified unforeseeable emergency

Contribution limits*:

Note: this table is not intended to provide tax advice, it is for educational purposes only.

Annual Contributions	Annual cost of living adjustments may occur. This limit includes both employee and vested employer contributions.
	2024 maximum (ages 49 and under): \$23,000
457(b) special election catch-up	The 457(b) special election catch-up provision allows you to make increased annual contributions so you can make up (catch-up) for prior years in which you may not have contributed to the maximum amount of the 457(b) plan.
	2024 maximum: up to an additional \$23,000
Age 50+ catch-up election	If you are age 50 and older before year-end, and you 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.
	2024 maximum: \$7,500
	Annual cost of living adjustments may occur.

*For the most up-to-date information, please visit voya.com/IRSlimits or irs.gov.

About Voya

Voya Institutional Plan Services, LLC (VIPS), a member of the Voya family of companies, is the Plan's recordkeeper. VIPS provides you with Plan information, transaction processing, and saving and investing education on your journey to a secure retirement. Voya Financial (NYSE: VOYA) is a premier retirement, investment, and insurance company servicing the financial needs of millions of individual and institutional customers throughout the United States.



IRC 457 Deferred Compensation Plan

The City of Oklahoma City is moving to a single administrator, Voya Financial. This will lower costs for you, provide greater fee transparency, improve services and simplify account management.

What you need to know -

MissionSquare and Nationwide are the current recordkeepers for the City of Oklahoma City's deferred compensation plans. Any account you currently have with either MissionSquare or Nationwide will be transferred automatically to Voya® in December 2024.

The transition to Voya will begin at 3 p.m. CT on December 10, 2024, and is expected to be completed the week of December 23, 2024. During this time, you will not be able to make any changes to your account.

What action do I need to take -

Your account details, if applicable, including your investments, contribution rate elections, and beneficiaries, will transfer to Voya automatically. You are **not required** to take any action.

Where can I learn more information -

Voya will be at the Onsite enrollment October 28 to November 1 to discuss plan changes and investment options.

There is also a short group meeting at 9a, 10a, 11a, 1p, 2p and 3p each day during Onsite enrollment. The meeting should take about 20 minutes. Stop by and learn more about the 457 plan changes and about Voya Financial.

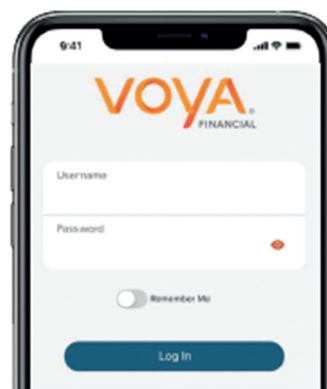
Visit [OKC.voya.com](https://okc.voya.com) to receive additional details about the plan transitions and learn more about Voya.

If you have any questions, please call 844-920-4013. Voya customer service associates are available weekdays beginning October 21, 2024, from 7 a.m. to 7 p.m. CST, excluding stock market holidays.



Tap the app to save in a snap

Download the Voya Retire mobile app



The Voya Retire mobile app is an easy, secure and convenient way to access and manage your retirement account all in one place – so you can help boost your retirement savings and manage your money all while on the go.

Power in the palm of your hands

You'll have easy access to your:

- smart learning tools,
- resources and everything you need to confidently take control of your finances,
- retirement plan, health savings and investment accounts.

Intuitive, interactive and simple to use

With its clean design and intuitive global navigation, you can quickly view:

- your savings progress and quarterly statements,
- update contributions and beneficiaries,
- and transfer money or change investments and so much more.

Interactive tools allow you to

- simulate estimated retirement income using myOrangeMoney®,*
- get help with live chat capabilities,
- educate yourself with on-demand video learning or,
- get access to investment advice.**

Save more, securely

We value your privacy and never sell your personal data to anyone – ever:

- we protect your assets with our enhanced encryption, biometric voice ID available in our telephone call centers, multi-factor authentication and our S.A.F.E. guarantee,
- so we can keep your money safe and secure, while keeping you on track and coming back.

Please see the full S.A.F.E. Guarantee at go.voya.com/datasecurity for more information.

Wherever life takes you, take the **Voya Retire mobile app** with you so you can retire well – with confidence.



Want to learn more about the Voya Retire Mobile app? Scan this QR code for more



iPhone is a trademark of Apple Inc., registered in the U.S. and other countries. Android is a trademark of Google Inc.

* IMPORTANT: The illustrations or other information generated by the calculators are hypothetical in nature, do not reflect actual investment results, and are not guarantees of future results. This information does not serve, either directly or indirectly, as legal, financial or tax advice and you should always consult a qualified professional legal, financial and/or tax advisor when making decisions related to your individual tax situation.

** Professional advice is based on the plan's options available to participants.

Not FDIC/NCUA/NCUSIF Insured | Not a Deposit of a Bank/Credit Union | May Lose Value | Not Bank/Credit Union Guaranteed | Not Insured by Any Federal Government Agency

Any insurance products, annuities and funding agreements that you may have purchased are sold as securities and are issued by Voya Retirement Insurance and Annuity Company ("VRAC"). Fixed annuities are issued by VRAC. VRAC is solely responsible for meeting its obligations. Plan administrative services provided by VRAC or Voya Institutional Plan Services, LLC ("VIPS"). Neither VRAC nor VIPS engage in the sale or solicitation of securities. If custodial or trust agreements are part of this arrangement, they may be provided by Voya Institutional Trust Company. All companies are members of the Voya family of companies. Securities distributed by Voya Financial Partners, LLC (member SIPC) or other broker-dealers with which it has a selling agreement. All products or services may not be available in all states. Products and services offered through the Voya® family of companies.

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PLAN | INVEST | PROTECT

Voya.com



2025 Payroll Calendar

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

** = One-Time deduction(s) will be necessary for deductions starting the 1st day of this month.

Annual Notices

Federal laws require that Oklahoma City Fire Fighters Health & Welfare VEBA Trust and the City of Oklahoma City provide you with certain notices that inform you about your rights regarding eligibility, enrollment and coverage of health care plans. These notices, SPDs and plan amendments, will be available online via Local 157 website <https://www.local157.org/>. If you do not have access to the Internet or if you do not have the programs necessary to view this type of file, you can request printed copies of these documents from the VEBA Benefit Office.

NOTICE	WHAT IT MEANS FOR YOU
HIPAA Privacy Notice	Describes your rights to health privacy.
Special Enrollment Rights	Describes when you can enroll for coverage when you have previously declined coverage.
Premium Assistance Under Medicaid and CHIP	Provides a list of states that have premium assistance programs to help you pay for medical coverage if you are unable to afford health care coverage premiums.
Family and Medical Leave Act (FMLA)	If you or a family member is faced with a health condition that causes you to miss work, you may be able to take up to 12 weeks of job-protected time off under the FMLA.
Summary of Benefits and Coverage (SBC)	Summarizes important information about your health coverage options in a standard format to help you compare each option.
Newborns' and Mothers' Health Protection Act	Describes protections for mothers and their newborn children relating to the length of their hospital stays following childbirth.
Women's Health and Cancer Rights Act of 1998	Provides information regarding a woman's rights after a mastectomy.
Genetic Information Non-Discrimination Act of 2008 (GINA)	Prohibits employers from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by the law.
Michelle's Law	Prohibits group health plans from terminating the coverage of a dependent child who has lost student status as a result of a medically necessary leave of absence.
Consolidated Omnibus Budget Reconciliation Act (COBRA)	Provides details about how COBRA can provide ongoing health benefits after coverage ends under certain conditions.
Your Prescription Drug Coverage and Medicare	The key purpose of this notice is to advise you that the prescription drug coverage you have under the Paycom Health and Welfare Plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2016. (This is known as "creditable coverage.")
Health Insurance Marketplace Coverage Options	Provides basic information about individual health insurance options that will be available through the Marketplace (also referred to as Exchanges) beginning in 2014.
Your Rights and Protection Against Surprise Medical Bills	When you get emergency care or are treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing. In these cases, you shouldn't be charged more than your plan's copayments, coinsurance and/or deductible.

VEBA Benefits

Luminare Plans (BCBS Network)

855-656-3260

www.luminarehealth.com

BlueCross BlueShield of

Oklahoma Medicare Advantage

PPO Plan (Group Number:

P0K0001)

Mon-Fri, 8 a.m. – 8 p.m. CST

800-942-5837

Appro Rx

866-900-3711

www.approrx.com

Nomi Health

Mon-Fri 8 a.m. – 5 p.m. CST

855-601-1900

Nomihealth.com

1-800 MD (Virtual Visits)

24/7

800-530-8666

Delta Dental of Oklahoma

Dental Plan

(Group Number: 0008567)

Actives:

PPO Plan – 0003

PPO Plus Premier Plan – 0004

Retirees:

PPO Plan – 0003

PPO Plus Premier Plan – 1004

Mon-Fri, 8 a.m. – 8 p.m. CST

800-522-0188

Union Voluntary Benefits

VSP

Vision Plan

(Group Number: 30070657)

Mon-Fri, 8 a.m. – 8 p.m. CST

800-877-7195

Securian Financial

Basic, Supplemental and Dependent Life

Mon-Fri, 7 a.m. – 6 p.m. CST

833-810-8260

Manhattan Life Voluntary

Cancer, Accident and Hospital

Indemnity, Critical Illness

Mon-Fri, 8 a.m. – 5 p.m. CST

800-752-3419

Cigna Supplemental Solutions

Lump Sum Heart/Stroke & Cancer

(Group Number: LA0050)

Mon-Fri, 8 a.m. – 5 p.m. CST

800-752-3419

Cigna Supplemental Solutions

Lump Sum Cancer Plan

(Group Number: LA0050)

Mon-Fri, 8 a.m. – 5 p.m. CST

800-752-3419

Cincinnati Life Insurance Company

Voluntary Term Life Insurance

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

800-752-3419

Other Contact Information

OKCFF Health & Welfare VEBA Trust

Patti Bolin

Address: 157 NW 6th St.

Oklahoma City, OK 73102

Office: 405-232-9543

Cell: 405-205-4630

Pbolin@local157.org

Mon-Thurs, 8 a.m. – 5 p.m. CST

Custom Benefits

Candice Barber / Mallory Johns

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

800-752-3419

Acrisure

John Lopez

916-900-2998

COBRA Administrator

AmeriFlex

Mon-Fri, 7:30 a.m. – 7 p.m. CST

888-868-3539

Medicare

800-633-4227

www.medicare.gov

City Benefits Directory

City of Oklahoma City

Employee Benefits Division

Mon-Fri, 8 a.m. – 5 p.m. CST

405-297-2144

www.okc.gov

City of Oklahoma City

Accounting Services Division - Payroll

Mon-Fri, 8 a.m. – 5 p.m. CST

405-297-2196

VSP

Vision Plan

(Group Number 30021658)

Mon-Fri, 7 a.m. – 9 p.m. CST

800-877-7195

www.vsp.com

American Fidelity Assurance Company

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

www.awpnow.com

10GYM, LLC

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

918-809-1717 for enrollments

www.10GYM.com

Gold's Gym

Mon-Fri, 5 a.m. – 11 p.m.

Sat-Sun, 7 a.m. – 7 p.m.

210-557-2934

YMCA of Greater Oklahoma City

www.ymcaokc.org

Oklahoma Fire Fighters Pension & Retirement System (Fire)

Mon-Fri, 8 a.m. – 4:30 p.m. CST

405-522-4600

800-525-7461

www.ok.gov/fprs

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

Voya Financial (Retirement)

Mon-Fri, 7:00 a.m. – 7:00 p.m. CST

844-920-4013

www.voya.com

This Guide is merely a brief summary. Your rights under Oklahoma City Fire Fighters benefits program are governed by the express terms and provisions of the formal executed Summary Plan Description documents.

If there is any discrepancy or conflict between the Summary Plan Descriptions and the information presented here, the Summary Plan Description documents will control. Oklahoma City Fire Fighter reserves the right to change or discontinue the plans at any time. Participation in these plans is not an offer of employment or an employment contract.

September 2025

