Employee Benefits 2023

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Working together is what makes City of Tulsa a success, and this teamwork extends to your benefits. We provide options to support your family's overall wellbeing. This guide offers details on your 2023 benefits. Contact the City of Tulsa Insurance Section department with any questions.

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See page 25 for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to City of Tulsa. This Guide is intended to describe the eligibility requirements, enrollment procedures, and coverage effective dates for the benefits offered by the company. It is not a legal plan document and does not imply a guarantee of employment or a continuation of benefits. While this Guide is a tool to answer most of your questions, full details of the plans are contained in the Summary Plan Descriptions (SPDs), which govern each plan's operation. Whenever an interpretation of a plan benefit is necessary, the actual plan documents will be used.

Eligibility and Enrollment

City of Tulsa's benefits are designed to support your unique needs.

Eligibility

If you are a full-time employee of City of Tulsa who is regularly scheduled to work at least 30 hours a week, you are eligible to participate in medical, dental, vision, life and disability plans, and additional benefits.

Coverage Dates

Your elections are effective the first of the month following 30 days of employment. Benefits cannot be changed until the next enrollment period unless you experience a qualifying life event.

Dependents

Dependents eligible for coverage include:

- Your legal spouse (same or opposite gender).
- Children up to age 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a dependent under this plan (periodic certification may be required).

Verification of dependent eligibility will be required upon enrollment.

Note

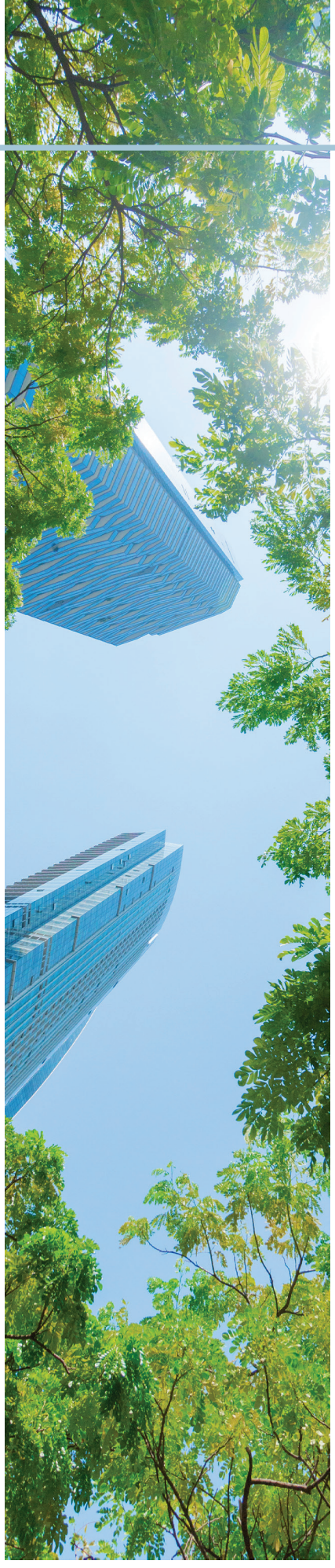
Open Enrollment is your annual chance to choose your benefits, unless you have a qualifying life event, such as marriage or the birth/adoption of a child. Reach out to City of Tulsa Insurance Section with questions regarding specific life events and your ability to request changes. Don't miss out on a chance to update your benefits!

Out-of-Area Dependents Attending College

Dependents who attend college outside the CommunityCare service area should contact CommunityCare Customer Service by calling 918-594-4006 or 800-777-4890 to provide notification they are attending college outside of the service area. Proper notification of your out-of-area dependent will allow them to receive access to urgent, emergent, or care for acute illness or injury from a provider in their location. On-campus providers may also be used. However, all preventive care services must be obtained from their Primary Care Physician (PCP) designated on the dependent's ID card.

Your dependent should also make an appointment with their CommunityCare PCP to establish themselves as a patient if they have not already done so. This will be helpful in the event an authorization is needed while outside of the service area. The member's PCP should always be notified when obtaining non-urgent care that would otherwise normally be handled within the network. In certain circumstances, the provider will need to submit authorization requests to CommunityCare for processing.

The dependent can also contact the CommunityCare 24-Hour Nurse Line at 918-594-4006 or 800-777-4890 for guidance and advice.



Ready for Open Enrollment?

City of Tulsa covers a significant amount of your benefit costs. Your contributions for medical, dental, and vision benefits are deducted on a pre-tax basis, lessening your tax liability. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the higher your cost.

You can choose any combination of medical, dental, and/or vision coverage. You could select medical coverage for yourself and your entire family, but dental and vision coverage only for yourself. The only requirement is that as an eligible employee of City of Tulsa, you must elect coverage for yourself in order to elect coverage for dependents.

Open Enrollment Action Items

Update your personal information.

If you've experienced any life changes since the last Open Enrollment period — such as the birth of a child or a move — you may need to change your elections or update your pertinent details.

Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions.

Review available plans' deductibles.

Foresee a lot of medical needs this year? You might want a lower deductible. If not, you could switch to a higher deductible plan and enjoy lower premiums.

Consider your HSA or FSA.

An HSA or FSA can help cover healthcare costs, including dental and vision services and prescriptions. Adding one of these accounts to your benefits can help with your long-term financial goals.

Check your networks.

Staying in-network will save you money. Check for any plan changes to make sure your go-to providers and pharmacy are still your best bet.

How to Enroll

Go to https://compass.empyreanbenefits.com/COT

Wellness

It's never too late to better your wellness. CommunityCare offers online tools and resources to help with your health and wellness goals.

Preventive care is essential to your health. To encourage this, CareATC provides Personal Health Assessments (PHA)/biometric screenings to any City of Tulsa employee enrolled in the City Health Benefits program for 2023. The screening consists of measurements for blood pressure, blood lipids (total cholesterol, HDL cholesterol), glucose, height, weight, body mass index, and waist circumference. Your individual results are confidential; City of Tulsa does not have access to this private health information.

Why Do I Need a PHA?

A PHA is a preventative tool that enables you to identify potential health risks before they become catastrophic. Think of it as a snapshot of your health through laboratory screenings, medical history, and physical factors. It is not a drug test and it is completely confidential.

How Will I Receive My Results?

You will receive a customized, confidential summary of your PHA results. CareATC mails this confidential report directly to your home. It is also available online. You are the only person that will have access to this confidential information.

Wellness Discount/Incentive

A PHA/biometric screening helps uncover your overall health to help make better long-term decisions. If you complete a biometric screening, you will receive the preferred pricing on the medical premiums. Those who do not receive the screening will incur a $600 annual surcharge added to their premiums. This surcharge will be pro-rated over 26 pay periods in the amount of an additional $23.08 per pay period added to the medical premium.

How Do I Schedule My Assessment?

There are 3 easy ways to schedule an appointment at a CareATC facility:

1. Download the CareATC App on your iPhone or Android
2. Schedule an assessment online, www.careatc.com/patients
3. Call the CareATC hotline at (800) 993-8244 (hablamos español)

CareATC has clinic locations in Tulsa, Bixby, Owasso, Sand Springs, and Muskogee.

PHA Do's and Don'ts

- Drink lots of water before your PHA blood draw. You may also drink black coffee and chew sugar-free gum and mints.
- Continue to take prescription medications that do not require food.
- Continue to take prescription medications that require food immediately after your blood draw.
- Don't eat anything 8 hours before your blood draw.
- Don't drink anything other than water & black coffee.
- Don't use any tobacco products.

Notice Regarding Wellness Program

City of Tulsa Wellness Program is a voluntary wellness program available to all medical enrolled employees. The program is administered according to federal rules permitting employer-sponsored wellness programs that seek to improve participant health or prevent disease, including the Americans with Disabilities Act of 1990, the Genetic Information Nondiscrimination Act of 2008, and the Health Insurance Portability and Accountability Act, as applicable, among others. If you choose to participate in the wellness program you may be asked to complete a voluntary health risk assessment or "HRA" that asks a series of questions about your health-related activities and behaviors and whether you have or had certain medical conditions (e.g., cancer, diabetes, or heart disease). You may also be asked to complete a biometric screening or annual preventive exam, which may include a blood test for total cholesterol, HDL, LDL, triglycerides, glucose, and cotinine screening. Your blood pressure, height, weight, and waist circumference may also be measured. You are not required to complete the HRA or to participate in the blood test or other medical examinations.

However, individuals who choose to participate in the wellness program may qualify for the $23.08 biweekly by earning program credit by If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting City of Tulsa via email at insurance@cityoftulsa.org.

Although you are not required to participate in the blood test or other medical examinations or complete the HRA, only participants who do so may qualify for the $23.08 biweekly.

Additional incentives may be available for participants who participate in certain health-related activities or achieve certain health outcomes. If you are unable to participate in any of the health-related activities or achieve any of the health outcomes required to earn an incentive, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting 918-596-7445.

The information from your HRA or blood test or other medical examinations may be used to provide you with information to help you understand your current health and potential risks, and may also be used to offer you services through the wellness program, such as wellness programming and content. You also are encouraged to share your results or concerns with your own doctor.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program and City of Tulsa may use aggregate information it collects to design a program based on identified health risks in the workplace, CareATC will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. In order to provide you with services under the wellness program, your personally identifiable health information may be shared with one or more of the following: Lockton Companies, CareATC.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact 918-596-7445.

Mental Health

You visit your doctor when you're feeling sick, and you exercise and eat healthy to keep your body strong. But your mental health is just as important. What do you do to stay healthy mentally? Do you know where you can go when you need help? Whether you need assistance with work-life balance or anxiety, there are resources available to help you out.

EAP and Your Medical Plan

That assistance is available to you through the CommunityCare Employee Assistance Program (EAP). Your EAP provides confidential assessment and referral for you and your family, whether the problem is related to family, marital, relationships, separation, divorce, drugs, alcohol, mental, emotional, financial or any other area causing concern.

To use the EAP, simply call the local or toll-free telephone number to arrange for the free initial assessment interview. Business hours are 8 a.m.-5 p.m. weekdays. (For emergencies, an EAP specialist is available 24 hours a day, 7 days a week.)

In addition to your CommunityCare EAP services, the medical plan covers behavioral and mental health services contracted in the member's network. Coverage includes virtual therapy. Via video or telephone, you can receive confidential 1-on-1 counseling from the privacy and convenience of your home. Your licensed virtual therapist may provide a diagnosis, treatment, and medication if needed. You can see the same therapist with each appointment and establish an ongoing relationship. See plan documents for specifics on coverage for inpatient and outpatient services.

An important aspect of your overall wellbeing is emotional wellness — the ability to successfully adapt to changes and challenges as they arrive and handle life's stresses. These five actions have been shown to improve emotional wellness.

The Big Five of Emotional Wellness

Practice mindfulness.
Practice deep breathing, enjoy a stroll, and stay present in each moment.

Strengthen social connections.
Reach out to a friend or family member daily — even if it's just a video call or text.

Improve your outlook.
Treat people with kindness, including yourself.

Get quality sleep.
Keep a consistent sleep schedule and limit electronic use before bed.

Deal with your stress.
Think positively, exercise regularly, and set priorities.

Other Mental Health Resources

No matter your problem, whether you're a manager or entry-level employee, don't be afraid to ask for help. There are resources available 24/7.

National Suicide Prevention Lifeline Call 800-273-TALK (8255); En Español 888-628-9454 The Lifeline is a free, confidential crisis hotline that connects callers to the nearest crisis center in the Lifeline national network. These centers provide crisis counseling and mental health referrals.

Crisis Text Line Text "HELLO" to 741741 Send a text 24/7 to the Crisis Text Line to speak with a crisis counselor who can provide support and information. Standard text messaging rates may apply.

Veterans Crisis Line Call 800-273-TALK (8255) and press 1 or text to 838255 The Veterans Crisis Line can be used by phone or text to connect veterans with a trained responder 24/7. The service is available to all veterans, even if they are not registered with the VA or enrolled in VA healthcare.

Call 911 if you or someone you know is in immediate danger or go to the nearest emergency room.

Note

According to the American Psychological Association, 61% adults say they could have used more emotional support in 2020.

Medical Benefits

Medical benefits are provided through CommunityCare. Consider the physician networks, premiums, and out-of-pocket costs for each plan when choosing for you and your family. Visit cot.ccok.com or call Customer Care at 918-594-4006 for a list of CommunityCare network providers.

		COMMUNITYCARE 2500 (WITH CARE ATC ACCESS)	COMMUNITYCARE 2800 WITH HSA	COMMUNITYCARE MULTI-CHOICE (WITH CAREATC ACCESS)
BIWEEKLY CONTRIBUTIONS				
WITH PHA/BIOMETRIC SCREENING	EMPLOYEE ONLY	$8.07	$27.86	$18.56
	EMPLOYEE & SPOUSE	$52.38	$73.72	$75.56
	EMPLOYEE & CHILDREN	$28.77	$49.70	$48.76
	EMPLOYEE & FAMILY	$73.90	$96.32	$106.48
ADDITIONAL $23.08 SURCHARGE INCLUDED				
WITHOUT PHA/BIOMETRIC SCREENING	EMPLOYEE ONLY	$31.15	$50.94	$41.64
	EMPLOYEE & SPOUSE	$75.46	$96.80	$98.64
	EMPLOYEE & CHILDREN	$51.85	$72.78	$71.83
	EMPLOYEE & FAMILY	$96.97	$119.40	$129.56

	COMMUNITYCARE 2500 (WITH CAREATCACCESS)	COMMUNITYCARE 2800 WITH HSA	COMMUNITYCARE MULTI-CHOICE (WITH CAREATC ACCESS)		
	ASCENSION ST. JOHN/ ST. FRANCIS NETWORK	ASCENSION ST. JOHN/ ST. FRANCIS NETWORK	TIER 1 ASCENSION ST. JOHN/ ST. FRANCIS NETWORK	TIER 2 OSU & OTHERS	TIER 3 OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE					
INDIVIDUAL	$2,500	$2,800	$2,000	$4,000	$6,000
FAMILY	$5,000	$5,000	$4,000	$8,000	$12,000
COINSURANCE (PLAN PAYS)	80%	80%	80%	70%	50%
CALENDAR YEAR OUT OF POCKET MAXIMUM (INCLUDES DEDUCTIBLE)					
INDIVIDUAL	$5,000	$5,000	$5,000	$8,500	Unlimited
FAMILY	$10,000	$10,000	$10,000	$17,000	Unlimited
COPAYS/COINSURANCE					
PREVENTIVE CARE	100%	100%	100%	100%	Not covered
PCP OFFICE VISIT	80%	80%*	80%	70%	50%*
SPECIALIST OFFICE VISIT	80%	80%*	80%	70%	50%*
TELEMEDICINE PCP/SPECIALIST	100%/80%	100%*/80%*	80%/80%	70%/70%	50%*/50%*
INPATIENT HOSPITAL	80%*	80%*	80%*	70%*	50%*
OUTPATIENT SURGERY	80%*	80%*	80%*	70%*	50%*
URGENT CARE	80%	80%*	80%	70%	50%*
EMERGENCY ROOM	80%*	80%*	80%*	80% after Tier 1 ded.	80% after Tier 1 ded.

*After deductible

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through CommunityCare. That means you will only have one ID card for both medical care and prescriptions. Information on your benefits coverage and a list of network pharmacies is available online at cot.ccok.com or by calling the Customer Care number at 918-594-4006. Your cost is determined by the tier assigned to the prescription drug product.

	COMMUNITYCARE 2500 (WITH CAREATC ACCESS)	COMMUNITYCARE 2800 WITH HSA	COMMUNITYCARE MULTI-CHOICE (WITH CAREATC ACCESS)		
	ASCENSION ST. JOHN/ ST. FRANCIS NETWORK	ASCENSION ST. JOHN/ ST. FRANCIS NETWORK	TIER 1 ASCENSION ST. JOHN/ ST. FRANCIS NETWORK	TIER 2 OSU & OTHERS	TIER 3 OUT-OF-NETWORK
PRESCRIPTION DRUGS					
TIER 1 – PREFERRED GENERIC	80%	80%*	80%	80%	Not Covered
TIER 2 – PREFERRED BRAND	80%	80%*	80%	80%	Not Covered
TIER 3 – NON PREFERRED BRAND OR GENERIC	80%	80%*	80%	80%	Not Covered
TIER 4 – SPECIALTY	80%	80%*	80%	80%	Not Covered
MAIL ORDER	80%	80%*	80%	80%	Not Covered

*After deductible

Generic Drugs

Want to save money on meds? Generic drugs are versions of brand-name drugs with the exact same dosage, intended use, side effects, route of administration, risks, safety, and strength. Because they are the same medicine, generic drugs are just as effective as the brand names, and they undergo the same rigid FDA standards. **But generic versions cost 80% to 85% less on average than the brand-name equivalent.** To find out if there is a generic equivalent for your brand-name drug, visit www.fda.gov.

Note: Apps like GoodRx and RxSaver let you compare prices of prescription drugs and find possible discounts. Make sure to check the price against the cost through your insurance to get the best deal. Note that these discounts can't be combined with your benefit plan's coverage. So if you choose to use a discount card from an app such as GoodRx or RxSaver, the amount you pay will not count toward your deductible or out-of-pocket maximum under the benefit plan.

Note

Take advantage of mail-order options for your prescriptions. You can get your meds delivered conveniently and often at a lower price.

CareATC Benefits

CareATC Clinic Highlights

Types of Visits:

- Sick Visits
- Allergies
- Asthma
- Headaches
- Annual Exams
- Well Woman Exams
- Pap Smears
- STD Testing/Screening
- Chronic Disease Management
  - High Blood Pressure
  - High Cholesterol
  - Diabetes
- Minor Injuries
- Sports Physicals

Unlimited Appointments

Includes eligible spouses and dependents (ages 2+).

Extended Appointments

No rushing in or out.

FREE Prescriptions Included

Generic medications (those carried in clinics).

Other Services:

- On-Site X-rays
- Most Laboratory Testing

FREE Personal Health Assessment (PHA)

A PHA is a complete health screening tool to identify your risk factors such as high blood pressure, high cholesterol, diabetes, obesity, and much more.

Whether you have the HSA Option or CareATC option, you can schedule a Personal Health Assessment at no out-of-pocket cost to you.

Three Easy Ways to Schedule an Appointment with CareATC:

1. **Call**
   918-948-6360
2. **Go online**
   Visit patients.careatc.com to log in to your account. You can schedule an appointment online and also view your medical records!
3. **Mobile App**
   Download the CareATC app. Log in to your account to schedule an appointment. Also view your medical records!

Some same-day appointments available – please call ahead to check availability.

Please be aware that CareATC is NOT a walk-in clinic.

CareATC Collaborative Care

Great care that actually helps you achieve your health goals and a better way to manage chronic health conditions.

Introducing Collaborative Care

Beginning January of 2023, if you enroll in either of the CommunityCare plans (With CareATC Access), you will have access to CareATC primary care and the collaborative care team consisting of a mental health counselor, registered dietitian, and physical therapist. Through on-site and virtual visits, you can receive customized care that helps you transform your health at no additional cost to you.

Whether your goal is disease prevention or effective management of an existing condition, CareATC Collaborative Care is here for you.

Available Services:

- Primary Care
- No-Cost Generic Medications
- No-Cost Physical Therapy
- No-Cost Mental Health Counseling
- No-Cost Nutrition Counseling
- 24/7/365 Telemedicine
- Health Management Program

Mental Health Counseling

A Licensed Clinical Social Worker provides advocacy and short-term therapy to process and identify personal stressors, related to but not limited to, finances, relationships, family, mental illness, addiction, and abuse.

RN Care Coordinator

A Registered Nurse Care Coordinator is responsible for overseeing all treatment plans, clinical education, and medication compliance outreach and education for patients enrolled in our Collaborative Care Program

Physical Therapy

Physical Therapists work with patients to identify and treat musculoskeletal disorders, pain management, and educate on injury prevention. Therapists can help with any pain that is limiting daily life, as well as outlining a prescriptive movement plan.

Nutrition Counseling

A Registered Dietitian works with patients to discuss nutrition therapy for chronic disease prevention and management and to promote health and well-being.

PLANselect

Decision-Support Tool for Healthcare Benefits

The City of Tulsa has provided a tool to help you select the best health plan to meet your unique needs and those of your family.

PLANselect helps you choose the health plan that will likely result in the lowest overall cost and best value given anticipated medical needs. After you answer a few multiple-choice questions, the proprietary algorithms provide a personalized financial analysis and plan comparison, which considers premiums, HSA contributions and expected out-of-pocket costs (co-pays, deductibles).

Unbiased - Simple to use - Informative.

- This tool is designed to help you save money on your healthcare coverage
- Takes just minutes to get results • No personal information or medical history is required
- Recommendations are unbiased and based on your needs and the needs of your covered family
- Videos are available throughout the tool in case you have questions or want to learn more
- There's a built-in Spanish version

Using PLANselect Is Easy

- **Use the QR Code below**
  OR go to: www.myplanselect.com
  Enter username "**tulsa**" and password "**benefits**"
- **Answer four questions**
  After accepting the user agreement, the model will walk you through four simple, multiple-choice questions about your medical needs. You can finish in a couple minutes, no research required.
- **Review analysis and recommendation**
  PLANselect provides a financial analysis that ranks the plans based on finding the highest value and providing the services you need for the lowest total cost.
- **Enroll**
  Run multiple scenarios if you like. Once you make a decision, return to your enrollment system to make your selection.

How the Tool Works

PLANselect results are based on credible, normative data from over 250 million claims, advanced statistical analysis and decades of medical and health insurance expertise. Our model incorporates what we've learned from helping thousands of employers, employees and individuals make value-based decisions in selecting a health plan, just like the analysis one would do in making any major purchase, like a car or home.

Where to Go for Care

You think you may be sick, but your primary care physician is booked through the end of the month. You have a question about the side effects of a new medication, but the pharmacy is closed. Instead of immediately choosing an expensive trip to the emergency room or relying on questionable information from the internet, take a look below at various care centers and resources and the types of care they provide.

PRIMARY CARE CENTER

When would I use this?
You need routine care or treatment for a current health issue. Your primary doctor knows you and your health history, can access your medical records, provide routine care, and manage your medications.

What type of care would they provide?*
- Routine checkups
- Immunizations
- Preventive services
- Manage your general health

What are the costs and time considerations?**
- Often requires a copay and/or coinsurance
- Normally requires an appointment
- Usually little wait time with scheduled appointment

NURSE LINE

When would I use this?
You need a quick answer to a health issue that does not require immediate medical treatment or a physician visit.

What type of care would they provide?*
Answers to questions regarding:
- Symptoms
- Medications and side effects
- Self-care home treatments
- When to seek care

What are the costs and time considerations?**
- Nurse lines are available 24 hours a day, 7 days a week.
- This service is usually free as part of your medical insurance.

VIRTUAL VISITS

When would I use this?
You need care for minor illnesses and ailments, but would prefer not to leave home. These services are available by phone and online (via webcam).

What type of care would they provide?*
- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Sinus problems

What are the costs and time considerations?**
- If you are enrolled in the CareATC medical option, this service is covered at 100%. If you are enrolled in the HSA medical option, it will be covered at 100% after the deductible.
- Access to care is usually immediate.
- Some states may not allow for prescriptions through telemedicine or virtual visits.

DO YOUR HOMEWORK

What may seem like an urgent care center could actually be a standalone ER. These newer facilities come with a higher price tag, so ask for clarification if the word "emergency" appears in the company name.

URGENT CARE CENTER

When would I use this?
You need care quickly, but it is not a true emergency. Urgent care centers offer treatment for non-life-threatening injuries or illnesses.

What type of care would they provide?*
- Strains, sprains
- Minor broken bones (e.g., finger)
- Minor infections
- Minor burns
- X-rays

What are the costs and time considerations?**
- Often requires a copay and/or coinsurance that is usually higher than an office visit.
- Walk-in patients welcome, but waiting periods may be longer as patients with more urgent needs will be treated first.

EMERGENCY ROOM

When would I use this?
You need immediate treatment for a serious life-threatening condition. If a situation seems life threatening, call 911 or your local emergency number right away.

What type of care would they provide?*
- Heavy bleeding
- Chest pain
- Major burns
- Spinal injuries
- Severe head injury
- Broken bones

What are the costs and time considerations?**
- Often requires a much higher copay and/or coinsurance.
- Open 24/7, but waiting periods may be longer because patients with life-threatening emergencies will be treated first.

*This is a sample list of services and may not be all-inclusive. **Costs and time information represent averages only and are not tied to a specific condition or treatment.

Virtual Medicine

When you're under the weather, there's no place like home. And when you're constantly on the go, scheduling a doctor's appointment can easily move down your priority list. Virtual medicine is a convenient and easy way to connect with a doctor on your time.

CommunityCare offers coverage for telemedicine and e-visits for all medically necessary services and symptoms. Telemedicine coverage lets you receive a wide range of healthcare services from your providers without having to travel to a medical facility.

Telemedicine is great for symptoms like:

- Cold Allergies
- Cough
- Influenza
- Allergy

Telemedicine should not be used in emergency situations. If you need care immediately, call 911 or go to your nearest emergency room.

Contact your physician's office for guidance; many local physicians are offering telemedicine services.

Ascension St. John offers Ascension Online Care 24/7 at www.getascensioncare.com/onlinecare.

Saint Francis Health System offers E-Visits. Visit www.saintfrancis.com/mychart/appointment-scheduling for scheduling information.

For questions or to request reimbursement for telemedicine services, please call **CommunityCare Customer Service at (918) 594-4006.**

Note

If you are struggling emotionally, Ascension Online Care offers virtual mental health services. You can video chat with an experienced psychiatrist, psychologist or counselor online, seven days a week. Whether you are dealing with anxiety, depression, or something else, CommunityCare is here for you.

Health Savings Account

Your HSA can be used for qualified expenses for you, your spouse, and/or tax dependent(s), even if they're not covered by your plan. If you are not currently enrolled in the CommunityCare 2800 With HSA plan but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

Eligible expenses include doctors' visits, eye exams, prescription expenses, laser eye surgery, menstrual products, PPE, over-the-counter medications, and more. Visit IRS Publication 502 on www.irs.gov for a complete list.

Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible Consumer-Driven Health Plan.
- You are not covered by your spouse's non-CDHP.
- Your spouse does not have a Healthcare Flexible Spending Account or Health Reimbursement Account.
- You are not eligible to be claimed as a dependent on someone else's tax return.
- You are not enrolled in Medicare or TRICARE.
- You have not received Department of Veterans Affairs medical benefits in the past 90 days for non-service-related care. (Service-related care will not be taken into consideration.)

You Own Your HSA

Your HSA is a personal bank account that you own and administer. You decide how much you contribute, when to use the money for medical services and when to reimburse yourself. You can save and roll over HSA funds to the next year if you don't spend them all in the calendar year. You can even let funds accumulate year over year to use for eligible expenses in retirement. HSA funds are also portable if you change plans or jobs. There are no vesting requirements or forfeiture provisions.

How to Enroll

To enroll in City of Tulsa's HSA, you must elect the CommunityCare 2800 With HSA plan with City of Tulsa. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. City of Tulsa will establish an HSA account in your name and send in your contribution once bank account information has been provided and verified.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2023, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	$3,850
FAMILY	$7,750
CATCH-UP CONTRIBUTION (AGES 55+)	$1,000

If you are enrolling in the CommunityCare 2800 With HSA medical option, City of Tulsa will contribute an annual HSA contribution of $1,500. New hires will receive City of Tulsa's HSA contribution on a pro-rated basis according to the employee's date of hire.

EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	$1,500
FAMILY	$1,500

HSA contributions over the IRS annual contribution limits ($3,850 for individual coverage and $7,750 for family coverage for 2023) are not tax deductible and are generally subject to a 6% excise tax.

The City of Tulsa HSA is established with HealthEquity. You may be able to roll over funds from another HSA. For more enrollment information, contact City of Tulsa Insurance Section or visit www.healthequity.com.

Flexible Spending Accounts

Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to $2,850 annually for qualified medical expenses (deductibles, copays, coinsurance, menstrual products, PPE, over-the-counter medications, etc.) with pre-tax dollars, which reduces your taxable income and increases your take-home pay. You can even pay for eligible expenses with an FSA debit card at the same time you receive them — no waiting for reimbursement.

Limited Use Flexible Spending Account

A Limited Use Flexible Spending Account (LUFSA) works with a Health Savings Account (HSA) and allows for reimbursement of eligible dental and vision expenses. The contribution limit is $2,850.

Dependent Care Flexible Spending Account

In addition to the Healthcare FSA, you may opt to participate in the Dependent Care FSA — even if you don't elect any other benefits. Set aside pre-tax funds into a Dependent Care FSA for expenses associated with caring for elderly or child dependents. Unlike the Healthcare FSA, reimbursement from your Dependent Care FSA is limited to the total amount that is currently deposited in your account.

- With the Dependent Care FSA, you can set aside up to $5,000 to pay for child or elder care expenses on a pre-tax basis.
- Eligible dependents include children under 14 and a spouse or other individual who is physically or mentally incapable of self-care and has the same principal place of residence as the employee for more than half the year.
- Expenses are reimbursable if the provider is not your dependent.
- You must provide the tax identification number or Social Security number of the party providing care to be reimbursed.

This account covers dependent day care expenses that are necessary for you and your spouse to work or attend school full time. Eligible expenses include:

- In-home babysitting services (not provided by a dependent)
- Care of a preschool child by a licensed nursery or day care provider
- Before- and after-school care
- Day camp
- In-house dependent day care

Due to federal regulations, expenses for your domestic partner and your domestic partner's children may not be reimbursed under the FSA programs. Check with your tax advisor to determine if any exceptions apply.

General Rules

The IRS has the following rules for Healthcare and Dependent Care FSAs:

- Expenses must occur during the 2023 plan year.
- Funds cannot be transferred between FSAs.
- You cannot participate in a Dependent Care FSA and claim a dependent care tax deduction at the same time.
- You must "use it or lose it" — any unused funds will be forfeited.
- Up to $570 may be rolled over to the next plan year at the end of 2023 for Healthcare FSAs.
- You cannot change your FSA election in the middle of the plan year without a qualifying life event.
- Terminated employees have ninety (90) days following termination to submit FSA claims for reimbursement.

Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. City of Tulsa offers affordable plan options from Blue Cross Blue Shield of Oklahoma for routine care and beyond.

Stay In-Network

If your dentist doesn't participate in your plan's network, your out-of-pocket costs will be higher, and you are subject to any charges beyond the Reasonable and Customary (R&C). To find a network dentist, visit Blue Cross Blue Shield of Oklahoma at www.bcbsok.com. Dental Network: BlueCare Dental PPO network.

Dental Premiums

Dental premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your biweekly premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by Blue Cross Blue Shield of Oklahoma for 2023.

	DENTAL LOW PLAN		DENTAL MEDIUM PLAN		DENTAL HIGH PLAN	
BIWEEKLY CONTRIBUTIONS						
EMPLOYEE ONLY	$9.45		$12.95		$18.82	
EMPLOYEE + FAMILY	$27.00		$37.36		$54.24	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE						
INDIVIDUAL	$0	$0	$25	$25	$50	$50
FAMILY	$0	$0	$75	$75	$150	$150
CALENDAR YEAR MAXIMUM						
PER PARTICIPANT	$750	$750	$1,000	$1,000	$2,500	$2,500
COINSURANCE						
DIAGNOSTIC & PREVENTIVE (Deductible Waived)	100%	100%	100%	100%	100%	100%
BASIC RESTORATIVE DENTAL SERVICES, NON-SURGICAL EXTRACTIONS, NON-SURGICAL, PERIODONTAL SERVICES, ORAL SURGERY SERVICES	80%*	80%*	80%*	80%*	90%*	90%*
SURGICAL PERIODONTAL SERVICES	0%	0%	80%*	80%*	90%*	90%*
MAJOR RESTORATIVE SERVICES, PROSTHODONTIC SERVICES, MISCELLANEOUS RESTORATIVE AND PROSTHODONTIC SERVICES	0%	0%	50%*	50%*	60%*	60%*
ORTHODONTICS (Deductible Waived) (Adults & Children)	Not covered	Not covered	Not covered	Not covered	50%	50%
ORTHODONTICS LIFETIME MAXIMUM						
PER PARTICIPANT	N/A	N/A	N/A	N/A	$2,000	$2,000

*After deductible

Vision Benefits

Getting your eyes checked regularly is important even if you don't wear glasses or contacts. We provide quality vision care for you and your family through Blue Cross Blue Shield of Oklahoma. Vision Network: EyeMed's Select Network.

Vision Premiums

Vision premium contributions are deducted from your paycheck on a pre-tax basis. Your tier of coverage determines your biweekly premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by Blue Cross Blue Shield of Oklahoma for 2023.

	VISION 2 YEARS LOW		VISION 2 YEARS HIGH		VISION ANNUAL LOW		VISION ANNUAL HIGH	
BIWEEKLY CONTRIBUTIONS								
EMPLOYEE ONLY	$2.39		$2.90		$3.37		$4.45	
EMPLOYEE + FAMILY	$5.59		$6.80		$7.92		$9.85	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
	MEMBER COST	REIMBURSEMENT	MEMBER COST	REIMBURSEMENT	MEMBER COST	REIMBURSEMENT	MEMBER COST	REIMBURSEMENT
EYE EXAM								
COPAY	$20 copay	$45	$10 copay	$45	$10 copay	$45	$5 copay	$45
FREQUENCY								
EXAMINATION	Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months	
LENSES OR CONTACTS	Once every 12 months		Once every 12 months		Once every 12 months		Once every 12 months	
FRAMES	Once every 24 months		Once every 24 months		Once every 12 months		Once every 12 months	
LENSES								
SINGLE VISION	$20 copay	$30	$25 copay	$30	$25 copay	$30	$10 copay	$30
BIFOCAL	$20 copay	$50	$25 copay	$50	$25 copay	$50	$10 copay	$50
TRIFOCAL	$20 copay	$65	$25 copay	$65	$25 copay	$65	$10 copay	$65
LENTICULAR	$20 copay	$100	$25 copay	$100	$25 copay	$100	$10 copay	$100
CONTACTS (IN LIEU OF LENSES AND FRAMES)								
CONVENTIONAL	$0 copay, $100 allowance	$80	$0 copay, $130 allowance	$105	$0 copay, $130 allowance	$105	$0 copay, $150 allowance	$105
DISPOSABLE	$0 copay, $100 allowance	$80	$0 copay, $130 allowance	$105	$0 copay, $130 allowance	$105	$0 copay, $150 allowance	$105
FRAMES								
COPAY/ ALLOWANCE	$0 copay, $100 allowance	$55	$0 copay, $130 allowance	$70	$0 copay, $130 allowance	$70	$0 copay, $150 allowance	$70
OTHER SERVICES								
LASIK	15% off retail price	N/A	15% off retail price	N/A	15% off retail price	N/A	15% off retail price	N/A

Survivor Benefits

It's hard to think about, but it's important to have a plan in place to provide for your family if something were to happen to you. Survivor benefits provide financial protection in the event of an unexpected event.

Basic Life and Accidental Death & Dismemberment Insurance

City of Tulsa provides employees with Basic Life and Accidental Death and Dismemberment (AD&D) insurance as part of your basic coverage through Blue Cross Blue Shield of Oklahoma, which guarantees that your spouse or other designated survivor(s) continue to receive benefits after death.

Your Basic Life and AD&D insurance benefit is two times your basic annual earnings, up to $500,000. If you are a full-time employee, you automatically receive Life and AD&D insurance even if you waive other coverage.

Naming a Beneficiary

Your beneficiary is the person you designate to receive your Life insurance benefits in the event of your death. This includes any benefits payable under Basic Life. You receive the benefit payment for a dependent's death under the Blue Cross Blue Shield of Oklahoma insurance.

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact City of Tulsa Insurance Section or your own legal counsel with any questions.

Supplemental Life and AD&D Insurance

You may wish for extra coverage for more peace of mind. Eligible employees may purchase additional Supplemental Life and AD&D insurance. Premiums are paid through payroll deductions.

SUPPLEMENTAL EMPLOYEE LIFE/AD&D	
COVERAGE AMOUNT	Increments of $10,000
WHO PAYS	Employee
MAXIMUM BENEFIT	The lesser of 5 times basic annual earnings or $500,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	New Hire – Amounts above the guarantee issue amount of $200,000 Change in Family Status – Amounts above the guarantee issue amount of $200,000 Late Entrant – All amounts Annual Enrollment – For those currently enrolled, an increase of greater than 1 increment of $10,000 up to the guarantee issue amount of $200,000, applies to employee coverage only. Any amount above the guarantee issue amount requires evidence of insurability. For those without current coverage, evidence of insurability is required.
SUPPLEMENTAL SPOUSE LIFE/AD&D	
COVERAGE AMOUNT	Increments of $5,000
WHO PAYS	Employee
MAXIMUM BENEFIT	The lesser of 50% of the employee's covered supplemental benefit or $100,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Yes, required for any increase
SUPPLEMENTAL CHILD LIFE/AD&D	
COVERAGE AMOUNT	Increments of $1,000
WHO PAYS	Employee
MAXIMUM BENEFIT	$10,000
EVIDENCE OF INSURABILITY (EOI) REQUIRED	Not required

Note: Employee must be covered for Supplemental Life/AD&D to insure dependents. No eligible person may be covered more than once under the Policy. If a person is covered as an Employee, he/she cannot be covered as a Spouse or Dependent Child of another Employee. If both parents are covered as insured Employees under the Policy, only one may enroll for life insurance coverage on Dependent Children.

Income Protection

You and your loved ones depend on your regular income. That's why City of Tulsa offers disability coverage to protect you financially in the event you cannot work as a result of a debilitating injury. A portion of your income is protected until you can return to work or you reach retirement age.

Voluntary Short Term Disability (STD) Insurance

Short Term Disability (STD) benefits are available for purchase on a voluntary basis. You have three different plan options to choose from:

	LOW PLAN	MEDIUM PLAN	HIGH PLAN
BENEFIT AMOUNT	40% TO $750/WEEK	50% TO $1,000/WEEK	60% TO $1,250/WEEK
WEEKLY MINIMUM BENEFIT	$25		
ELIMINATION PERIOD	7 days for both injury and sickness		
MAXIMUM BENEFIT PERIOD	26 weeks		

Certain exclusions, along with pre-existing condition limitations, may apply. See your plan document for details.

Voluntary Long Term Disability (LTD) Insurance

Long Term Disability (LTD) benefits are available for purchase on a voluntary basis. You have three different plan options to choose from:

	LOW PLAN	MEDIUM PLAN	HIGH PLAN
BENEFIT AMOUNT	40% OF YOUR BASIC ANNUAL EARNINGS TO A MAXIMUM OF $10,000 MONTHLY	50% OF YOUR BASIC ANNUAL EARNINGS TO A MAXIMUM OF $10,000 MONTHLY	60% OF YOUR BASIC ANNUAL EARNINGS TO A MAXIMUM OF $10,000 MONTHLY
MONTHLY MINIMUM BENEFIT	$100		
ELIMINATION PERIOD	180 days		
MAXIMUM BENEFIT PERIOD	Payments will last for as long as you are disabled or until you reach your Social Security Normal Retirement Age, whichever is sooner. However, if you become disabled after age 60, benefits are payable according to an age-based schedule.		

Certain exclusions, along with pre-existing condition limitations, may apply. See your plan document for details.

Evidence of Insurability is required if you do not elect LTD coverage when initially eligible. Benefit may be reduced by other sources of income and disability earnings.

Note

Around 30% of Americans ages 35-65 will suffer a disability lasting at least 90 days during their careers. (Source: Million Dollar Round Table)

Additional Benefits/Supplemental

City of Tulsa wants you to succeed in all aspects of life, so we offer a variety of additional benefits to make your day-to-day easier.

Hospital Indemnity - Voya

This benefit provides payments for inpatient admissions, each day of inpatient stay, inpatient rehabilitation and family hotel if 50 miles from home. It also includes a Wellness Benefit. This provides an annual benefit payment if you complete a health screening test. The base wellness benefit is $50 for you and $50 for your spouse, 50% ($25) to a max of $100 for all children in one year. The Buy-Up wellness benefit is $100 for you and $100 for your spouse, 50% ($50) to a max of $200 for all children in one year.

Accident – Voya

A benefit that provides direct payment for non-work related accidents. The amount paid depends on the type of injury and care received. It also includes a Wellness Benefit. This provides an annual benefit payment if you complete a health screening test — $150 for you and $150 for a spouse, 50% ($75) to a max of $300 for all children in one year.

Critical Illness – Voya

This benefit provides a lump sum payment based on your election from $5,000 to $30,000 for certain critical illnesses (heart attack, stroke, cancer, etc.). It also includes a Wellness Benefit. This provides an annual benefit payment if you complete a health screening test — $150 for you and $150 for a spouse, 50% ($75) to a max of $300 for all children in one year.

Legal Plan – LegalShield

This plan provides a variety of legal services, involving wills, trusts, contracts, divorce and routine traffic tickets. This plan does not cover criminal cases or drunk driving offenses. Eligible dependent children can be covered up to age 26.

Identity Theft – Norton LifeLock

Identity theft protection is available on a voluntary basis. In today's online world, there is a new identity fraud victim every two seconds. Protect yourself with LifeLock. LifeLock monitors millions of transactions every second, alerting you to suspicious activity by text, phone or email. Includes Norton Security.

Travel Resource Services – Assist America

Provides medical and travel assistance at no cost for you and your family traveling for business or pleasure 100 or more miles from home. Services include but are not limited to:

- Emergency medical evacuation
- Monitoring of medical condition
- Travel companion assistance
- Replacement of medicine/eyeglasses

Glossary

Balance Billing – When you are billed by a provider for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $60, you may be billed by the provider for the remaining $40.

Coinsurance – Your share of the cost of a covered healthcare service, calculated as a percent of the allowed amount for the service, typically after you meet your deductible.

Copay – The fixed amount you pay for healthcare services received, as determined by your insurance plan.

Deductible – The amount you owe for healthcare services before your insurance begins to pay its portion. For example, if your deductible is $1,000, your plan does not pay anything until you've paid $1,000 for covered services. This deductible may not apply to all services, including preventive care.

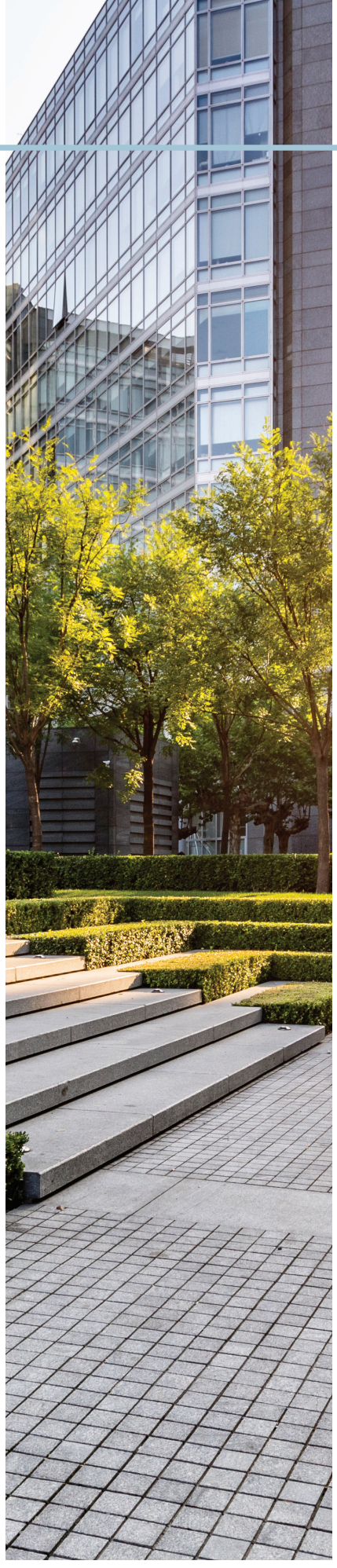
Explanation of Benefits (EOB) – A statement from your insurance carrier that explains which services were provided, their cost, what portion of the claim was paid by the plan, and what portion is your liability, in addition to how you can appeal the insurer's decision.

Flexible Spending Accounts (FSAs) – A special tax-free account you put money into that you use to pay for certain out-of-pocket healthcare costs. You'll save an amount equal to the taxes you would have paid on the money you set aside. FSAs are "use it or lose it," so funds not used by the end of the plan year will be lost. Some Healthcare FSAs do allow for a grace period or rollover into the next plan year.

- **Healthcare FSA –** A pre-tax benefit account used to pay for eligible medical, dental, and vision care expenses that aren't covered by your insurance plan. All expenses must be qualified as defined in Section 213(d) of the Internal Revenue Code.
- **Dependent Care FSA –** A pre-tax benefit account used to pay for dependent care services. For additional information on eligible expenses, refer to Publication 503 on the IRS website.
- **Limited Use FSA –** Designed to complement a Health Savings Account, a Limited Use FSA allows for reimbursement of eligible dental and vision expenses.

Healthcare Cost Transparency – Also known as market transparency or medical transparency. Online cost transparency tools, available through health insurance carriers, allow you to search an extensive national database to compare varying costs for services.

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in an HDHP to open an HSA. Funds contributed to an HSA roll over from year to year and the account is portable if you change jobs.



High Deductible Health Plan (HDHP) – A plan option that provides choice, flexibility, and control over healthcare spending. Most preventive care is covered at 100% with in-network providers, and all qualified employee-paid medical expenses count toward your deductible and out-of-pocket maximum.

Network – A group of physicians, hospitals, and healthcare providers that have agreed to provide medical services to a health insurance plan's members at discounted costs.

- **In-Network –** Providers that contract with your insurance company to provide healthcare services at the negotiated carrier discounted rates.
- **Out-of-Network –** Providers that are not contracted with your insurance company. If you choose an out-of-network provider, services will not be covered at the in-network negotiated carrier discounted rates.

Open Enrollment – The period set by the employer during which employees and dependents may enroll for coverage.

Out-of-Pocket Maximum – The most you pay during the plan year before your health insurance begins to pay 100% of the allowed amount. This does not include your premium, out-of-network provider charges beyond the Reasonable & Customary, or healthcare your plan doesn't cover. Check with your carrier to confirm what applies to the maximum.

Over-the-Counter (OTC) Medications – Medications available without a prescription.

Prescription Medications – Medications prescribed by a doctor. Cost of these medications is determined by their assigned tier: generic, preferred, non-preferred, or specialty.

- **Generic Drugs –** Drugs approved by the U.S. Food and Drug Administration (FDA) to be chemically identical to corresponding preferred or non-preferred versions. Usually the most cost-effective version of any medication.
- **Preferred Drugs –** Brand-name drugs on your provider's approved list (available online).
- **Non-Preferred Drugs –** Brand-name drugs not on your provider's list of approved drugs. These drugs are typically newer and have higher copayments.
- **Specialty Drugs –** Prescription medications used to treat complex, chronic, and often costly conditions. Because of the high cost, many insurers require that specific criteria be met before a drug is covered.
- **Prior Authorization –** A requirement that your physician obtain approval from your health insurance plan to prescribe a specific medication for you.
- **Step Therapy –** The goal of a Step Therapy Program is to steer employees to less expensive, yet equally effective, medications while keeping member and physician disruption to a minimum. You must typically try a generic or preferred-brand medication before "stepping up" to a non-preferred brand.

Reasonable and Customary Allowance (R&C) – The amount paid for a medical service in a geographic area based on what providers in the area usually charge for the same or similar medical service. The R&C amount is sometimes used to determine the allowed amount. Also known as the UCR (Usual, Customary, and Reasonable) amount.

Summary of Benefits and Coverage (SBC) – Mandated by healthcare reform, you are provided with a summary of your benefits and plan coverage.

Summary Plan Description (SPD) – The document(s) that outline the rights, obligations, and material provisions of the plan(s) to all participants and their beneficiaries.

Required Notices

Important Notice from City of Tulsa About Your Prescription Drug Coverage and Medicare under the CommunityCare Plan(s)

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Tulsa and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.

2. City of Tulsa has determined that the prescription drug coverage offered by the CommunityCare plan(s) is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Tulsa coverage may not be affected. For most persons covered under the Plan, the Plan will pay prescription drug benefits first, and Medicare will determine its payments second. For more information about this issue of what program pays first and what program pays second, see the Plan's summary plan description or contact Medicare at the telephone number or web address listed herein.

If you do decide to join a Medicare drug plan and drop your current coverage, be aware that you and your dependents may be able to get this coverage back.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Tulsa and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information about This Notice or Your Current Prescription Drug Coverage…

Contact the person listed at the end of these notices for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Tulsa changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Medicare Part D notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	January 1, 2023
Name of Entity/Sender:	City of Tulsa
Contact—Position/Office:	City of Tulsa Insurance Section
Address:	175 East 2nd St, Suite 1450 Tulsa, OK 74103
Phone Number:	918-596-7445

Women's Health and Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. For deductibles and coinsurance information applicable to the plan in which you enroll, please refer to the summary plan description. If you would like more information on WHCRA benefits, please contact City of Tulsa Insurance Section at 918-596-7445.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for health care benefits, as well as ensuring that protected health information which identifies you is kept private. You have the right to inspect and copy protected health information that is maintained by and for the plan for enrollment, payment, claims and case management. If you feel that protected health information about you is incorrect or incomplete, you may ask your benefits administrator to amend the information. For a full copy of the Notice of Privacy Practices, describing how protected health information about you may be used and disclosed and how you can get access to the information, contact City of Tulsa Insurance Section at 918-596-7445.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to later enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards your or your dependents' other coverage).

Loss of eligibility includes but is not limited to:

- Loss of eligibility for coverage as a result of ceasing to meet the plan's eligibility requirements (i.e. legal separation, divorce, cessation of dependent status, death of an employee, termination of employment, reduction in the number of hours of employment);
- Loss of HMO coverage because the person no longer resides or works in the HMO service area and no other coverage option is available through the HMO plan sponsor;
- Elimination of the coverage option a person was enrolled in, and another option is not offered in its place;
- Failing to return from an FMLA leave of absence; and
- Loss of coverage under Medicaid or the Children's Health Insurance Program (CHIP).

Unless the event giving rise to your special enrollment right is a loss of coverage under Medicaid or CHIP, you must request enrollment within 30 days after your or your dependent's(s') other coverage ends (or after the employer that sponsors that coverage stops contributing toward the coverage).

If the event giving rise to your special enrollment right is a loss of coverage under Medicaid or the CHIP, you may request enrollment under this plan within 60 days of the date you or your dependent(s) lose such coverage under Medicaid or CHIP. Similarly, if you or your dependent(s) become eligible for a state-granted premium subsidy towards this plan, you may request enrollment under this plan within 60 days after the date Medicaid or CHIP determine that you or the dependent(s) qualify for the subsidy.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact City of Tulsa Insurance Section at 918-596-7445.

Important Contacts

Medical & Nurseline
CommunityCare
918-594-4006
cot.ccok.com

CareATC
918-948-6360
www.careatc.com/patients

Pharmacy
CommunityCare
877-293-8628
cot.ccok.com

Virtual Visits
CommunityCare
918-594-4006
St. John online care:
www.getascensioncare.com/onlinecare
Saint Francis online care:
www.saintfrancis.com/mychart/appointment-scheduling

Dental
Blue Cross Blue Shield of Oklahoma
888-381-9727
www.bcbsok.com
(BlueCare Dental PPO network)
Policy #: 197386

Vision
Blue Cross Blue Shield of Oklahoma
855-856-4402
www.eyemedvisioncare.com/bcbsokvis
(EyeMed Select Network)
Policy #: F024608

Health Savings Account
HealthEquity
866-346-5800
www.healthequity.com

Flexible Spending Accounts
HealthEquity/WageWorks
877-924-3967
www.wageworks.com

Life and AD&D
Blue Cross Blue Shield of Oklahoma
888-381-9727
AncillaryQuestionsOK@bcbsok.com
Policy #: F024608

Disability
Blue Cross Blue Shield of Oklahoma
888-381-9727
DisabilityClaimsOK@bcbsok.com
Policy #: F024608

Hospital Indemnity
Voya
Customer Service: 877-236-7564
Claims: 888-238-4840
Online Claims Center:
https://claimscenter.voya.com/static/claimscenter/
Policy #: 69519

Accident
Voya
Customer Service: 877-236-7564
Claims: 888-238-4840
Online Claims Center:
https://claimscenter.voya.com/static/claimscenter/
Policy #: 69519-0CAC

Critical Illness
Voya
Customer Service: 877-236-7564
Claims: 888-238-4840
Online Claims Center:
https://claimscenter.voya.com/static/claimscenter/
Policy #: 69519-0CCI

Employee Assistance Program
CommunityCare EAP
In Tulsa: 918-594-5232
Toll-free outside Tulsa: 800-221-3976
cot.ccok.com/EAP

Prepaid Legal Coverage
LegalShield
800-654-7757
benefits.legalshield.com/cityoftulsa
Policy #: 302017

Travel Resource Services
Assist America
800-872-1414 (within U.S.)
+1 609-986-1234 (outside U.S.)
medservices@assistamerica.com
Assist America Reference #: 01-AA-TRS-12201

Identity Theft
Norton LifeLock
800-607-9174
www.lifelock.com
Policy #: E0001607

City of Tulsa Insurance Section
insurance@cityoftulsa.org

Security for After Hours Drug/Alcohol Testing
918-596-9100

City Medical
918-596-7075

Lockton BenefitLink Mobile App
Scan for Your Plans! Access City of Tulsa's benefits info fast with the Lockton BenefitLink Mobile App. You'll find benefits contact information, Lockton's digital Lifestyle Benefits newsletter, and more!

Username: **cityoftulsa**
Password: **benefits**

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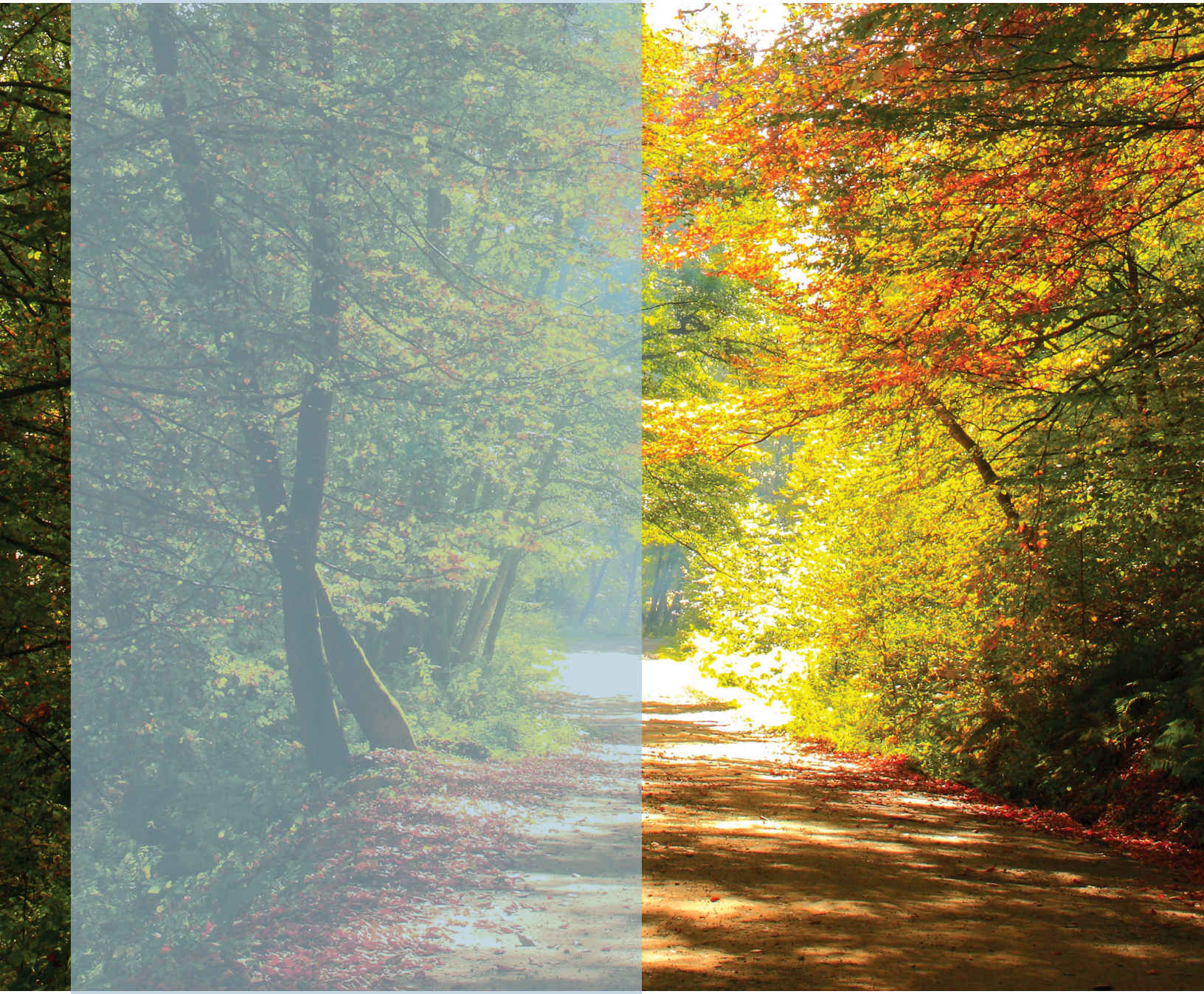

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