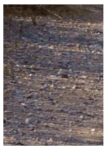
CITY OF Tulsa
A New Kind of Energy™

EMPLOYEE BENEFITS

www.cityoftulsa.org/2024benefits



2024

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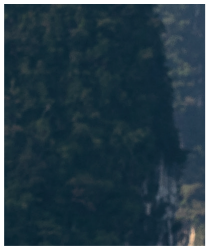
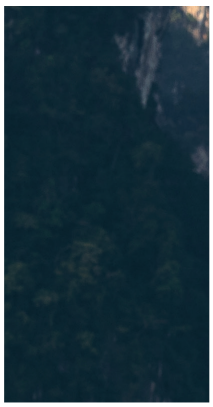
City of Tulsa is proud to support our employees' overall wellbeing with a variety of benefit options. This guide offers details on our 2024 offerings for you and your family. Contact the City of Tulsa Insurance Section with any questions.





Scan for Your Plans!

Scan with your smartphone to access Compass Empyrean enrollment materials online anytime.

Android

IOS

Scan with your smartphone to access CommunityCare benefit information.

See page 29 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

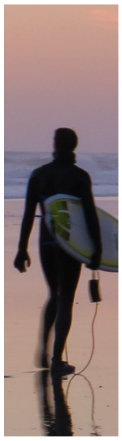
Your elections are effective the first of the month following 30 days of employment. Benefits cannot be changed until the next enrollment period unless you experience a qualifying life event.

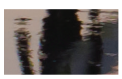
Dependents

Dependents eligible for coverage include:

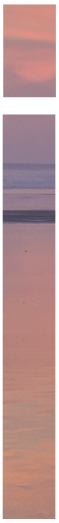
- Your legal spouse (same or opposite gender).
- Children under the age of 26 (includes birth children, stepchildren, legally adopted children, children placed for adoption, foster children, and children for whom you or your spouse have legal guardianship).
- Dependent children 26 or more years old, 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.





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!



Working Spouse Surcharge

If your spouse works and has medical coverage available through their employer and wants to be covered under any of the City of Tulsa medical plans, you will pay a working spouse surcharge of $1,800 annually ($69.23 per pay period) in addition to the applicable cost of the plan. If your spouse does not work, works part time, is not eligible for coverage, has lost coverage as an active employee but has been offered COBRA or is covered by Medicare, the surcharge does not apply. During Open Enrollment, any employee with a spouse enrolled in the City of Tulsa medical plan must acknowledge if their spouse has access to other coverage with their employer.

Note: The company reserves the right to verify if your spouse is provided coverage elsewhere. This information must be consistent with the information you report. Misrepresenting whether your spouse has access to medical coverage may result in disciplinary action.

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.

Now's the Time to Enroll!

What are Qualifying Life Events?

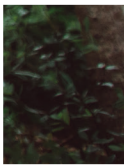
You can update your benefits when you start a new job or during Open Enrollment each year. But changes in your life called Qualifying Life Events (QLEs) determined by the IRS can allow you to enroll in health insurance or make changes outside of these times.

When a Qualifying Life Event occurs, you have 30 days to request changes to your coverage. Your change in coverage must be consistent with your change in status.

- A change in the number of dependents (through birth or adoption or if a child is no longer an eligible dependent)
- A change in your legal marital status (marriage, divorce, or legal separation)
- A change in a spouse's employment status (resulting in a loss or gain of coverage)

- Entitlement to Medicare or Medicaid
- Eligibility for coverage through the Marketplace (Healthcare.gov)
- Changes in address or location that may affect coverage
- Turning 26 and losing coverage through a parent's plan

- A change in employment status from full time to part time, or part time to full time, resulting in a gain or loss of eligibility
- Death in the family (leading to change in dependents or loss of coverage)
- Changes that make you no longer eligible for Medicaid or the Children's Health Insurance Program (CHIP)



Reach out to City of Tulsa's 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!

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, which reduces the amount you're required to pay taxes on. Employee contributions vary depending on the level of coverage you select — typically, the more coverage you have, the more you'll pay up-front for it.

Open Enrollment Action Items

Update your personal information.

Confirm your mailing address and phone number are up to date. If changes are needed go to Munis Employee Self Service (ESS).

Double-check covered medications.

If you make any changes to your plan, consider how it affects your prescriptions (i.e. will their costs go up or down?).

Review available plans' deductibles.

Think you may have more medical needs than usual 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.

Receiving care by in-network providers often saves 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 2024. 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 CareATC at (918) 948-6360 (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.

Tobacco User Surcharge

Quitting is more than an ending — it's a fresh start! We want to support your quitting journey and save you money. City of Tulsa has a tobacco/nicotine user surcharge to help control employee medical premium costs. A tobacco/nicotine surcharge is an extra charge on medical premiums for employees that are tobacco/nicotine users.

The City of Tulsa will charge an additional $600 annually ($23.08 per pay period) if you are a tobacco/nicotine user. The surcharge for medical coverage will begin on January 1, 2024. Plan members will need to attest their tobacco/nicotine status during Open Enrollment October 16th through the 27th. Plan members who are tobacco/nicotine users can avoid a surcharge if they want to try to quit by participating in Tobacco/Nicotine Cessation programs.

The City of Tulsa considers you a tobacco/nicotine user if you have used tobacco/nicotine products in the past 90 days. Tobacco/nicotine products are defined as any tobacco/nicotine product, including cigarettes, cigars, e-cigarettes, vapor products, chewing tobacco, snuff, and pipe tobacco.

You can avoid the tobacco/nicotine user surcharge by completing a tobacco/nicotine cessation program by October 27th, 2023 during open enrollment or within 60 days from coverage effective date for new hires. You must submit proof of completion to insurance@cityoftulsa.org.

To learn more about tobacco cessation programs, including a list of frequently asked questions about the new surcharges, please visit www.cityoftulsa.org/2024benefits.

Notice Regarding Wellness Program

City of Tulsa Wellness Program is a voluntary wellness program available to 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. 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 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 bi-weekly by earning program credit by completing a PHA. Individuals who choose to avoid the $23.08 tobacco surcharge may complete a Tobacco Cessation program. See medical rates for details.

Although you are not required to participate in the blood test or other medical examinations, only participants who do so may qualify for the $23.08 bi-weekly credit on their medical premiums.

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 insurance@cityoftulsa.org.

The information from your 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, Empyrean, and 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 insurance@cityoftulsa.org.

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

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 in Tulsa: 918-594-5232, toll-free outside Tulsa: 800-221-3976 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 and in-person 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, take a walk, enjoy nature, and stay present in each moment.

STRENGTHEN SOCIAL CONNECTIONS.

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

GET QUALITY SLEEP.

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

IMPROVE YOUR OUTLOOK.

Treat people with kindness, including yourself.

DEAL WITH YOUR STRESS IN HEALTHY WAYS.

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.

988 Suicide & Crisis Lifeline

Dial 988 to be connected with 24/7/365 emotional support.

Free, confidential crisis counseling, including appropriate follow-up services, is available no matter where you live in the United States.

Crisis Text Line

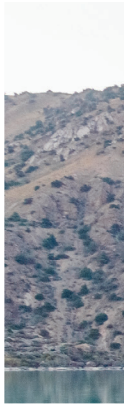
Text "HELLO" to 741741

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.

War Vet Call Center

Veterans and their families call 877-WAR-VETS (877-927-8387) to talk about their military experience and/or readjustment to civilian life.

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



NOTE

According to the Centers for Disease Control, nearly 22% of adults received help for mental health in 2021.

MEDICAL BENEFITS

Medical benefits are provided through CommunityCare. This chart summarizes the 2024 medical coverage provided by CommunityCare. All covered services are subject to medical necessity as determined by the plan. Consider the physician networks, premiums, and out-of-pocket costs for each plan when making a selection. Keep in mind your choice is effective for the entire 2024 plan year unless you have a qualifying life event.

How to Find a Provider

Visit cot.ccok.com or call Customer Care at 918-594-4006 for a list of CommunityCare network providers.

Medical Premiums

Premium contributions for medical are deducted from your paycheck on a pre-tax basis. Your level of coverage determines your bi-weekly contributions.

	COMMUNITYCARE 2500 (WITH CARE ATC ACCESS)		COMMUNITYCARE 3200 WITH HSA		COMMUNITYCARE 3000 OUT-OF-STATE PPO	
BI-WEEKLY CONTRIBUTIONS						
	WITH PHA/ BIOMETRIC SCREENING	WITHOUT PHA/ BIOMETRIC SCREENING	WITH PHA/ BIOMETRIC SCREENING	WITHOUT PHA/ BIOMETRIC SCREENING	WITH PHA/ BIOMETRIC SCREENING	WITHOUT PHA/ BIOMETRIC SCREENING
EMPLOYEE ONLY	$19.54	$42.62	$30.77	$53.85	$43.57	$66.65
EMPLOYEE + SPOUSE	$69.02	$92.09	$95.27	$118.34	$122.07	$145.14
EMPLOYEE + CHILD(REN)	$44.71	$67.79	$70.52	$93.60	$90.54	$113.62
EMPLOYEE + FAMILY	$97.21	$120.28	$124.75	$147.83	$171.92	$195.00
	IN-NETWORK ONLY		IN-NETWORK ONLY		IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE						
INDIVIDUAL	$2,500		$3,200		$3,000	$6,000
FAMILY	$5,000		$5,000		$6,000	$12,000
COINSURANCE (PLAN PAYS)	80%*		80%*		80%*	60%*
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (INCLUDES DEDUCTIBLE)						
INDIVIDUAL	$5,000		$5,000		$5,000	Unlimited
FAMILY	$10,000		$10,000		$10,000	Unlimited
COPAYS/COINSURANCE						
PREVENTIVE CARE	100%		100%		100%	70%*
PRIMARY CARE	80%		80%*		80%	60%*
SPECIALIST SERVICES	80%		80%*		80%	60%*
DIAGNOSTIC CARE	80%		80%*		80%	60%*
MENTAL HEALTH - INPATIENT	80%		80%*		80%	60%*
MENTAL HEALTH - OUTPATIENT	80%		80%*		80%	60%*
URGENT CARE	80%		80%*		80%	60%*
EMERGENCY ROOM	80%*		80%*		80%*	60%*

*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 on your ID Card at 918-594-4006. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.

	COMMUNITYCARE 2500 (WITH CARE ATC ACCESS)	COMMUNITYCARE 3200 WITH HSA	COMMUNITYCARE 3000 OUT-OF-STATE PPO	
	IN-NETWORK ONLY	IN-NETWORK ONLY	IN-NETWORK	OUT-OF-NETWORK
PRESCRIPTION DRUGS				
GENERIC	80%	80%*	80%*	Not Covered
PREFERRED	80%	80%*	80%*	Not Covered
NON-PREFERRED	80%	80%*	80%*	Not Covered
SPECIALTY DRUGS	80%	80%*	80%*	Not Covered
MAIL ORDER	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 are held to 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.

Lowering Medication Costs

How do prescription discount programs work? These discounts can't be combined with your benefit plan's coverage, so make sure to check the price against the cost of using your insurance's prescription drug benefit. Something else to consider: If you choose to use a discount card and are therefore not tapping into your insurance's prescription drug benefit, the cash amount you pay for the prescription may not count toward your deductible or out-of-pocket maximum under the benefit plan.

- **GoodRx** is a web- and app-based platform that allows you to search for prescription drug coupons and compare pharmacy prices. The company claims a savings of up to 80% on generics.
- **Optum Perks** also provides coupons for medications and a searchable database for drug cost comparison at participating pharmacies near you. The Optum Perks member card, which can be used at more than 64,000 pharmacies, is free to use and requires no personal data.
- **Amazon Prime Rx Savings** is a discount card included with an Amazon Prime membership and is administered by InsideRx. It provides discounts of up to 80% for generics and up to 40% for brand-name medication at participating pharmacies.
- **Cost Plus Drug Company** is a web-based pharmacy that claims to keep costs low by buying directly from the manufacturer. It currently only offers a certain selection of medications and accepts a handful of prescription insurance providers, but it may be worth checking the price difference between Cost Plus and your regular pharmacy.

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+).
- On-site and virtual.

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.

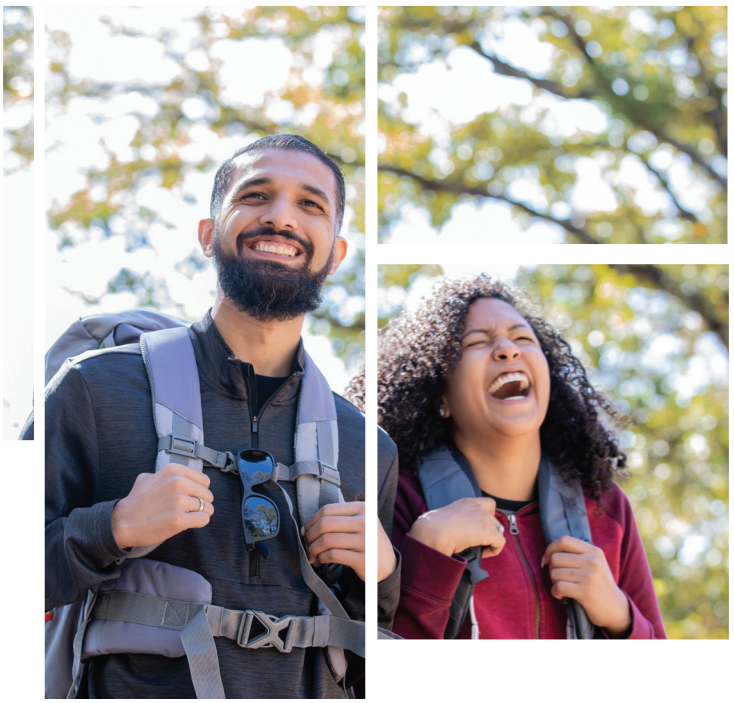
Whether you have the HSA Option or CareATC option, you can schedule a Personal Health Assessment at no out-of-pocket cost to you.

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.

Collaborative Care

If you enroll in the CommunityCare plan (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 participating 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.

VIRTUAL MEDICINE

When you're under the weather, there's no place like home, and if you're busy with work and family, scheduling an in-person doctor's appointment can be a pain. 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. Please refer to your benefit summary for details about the cost.

Telemedicine is great for symptoms like:

- Cold Allergies
- Cough
- Influenza
- Allergy

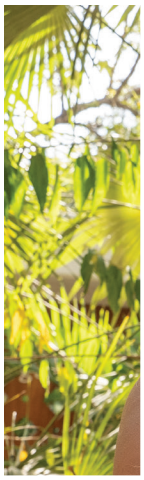
Telemedicine should not be used in emergency situations. If you need care immediately, call 911 or go to your nearest emergency room.

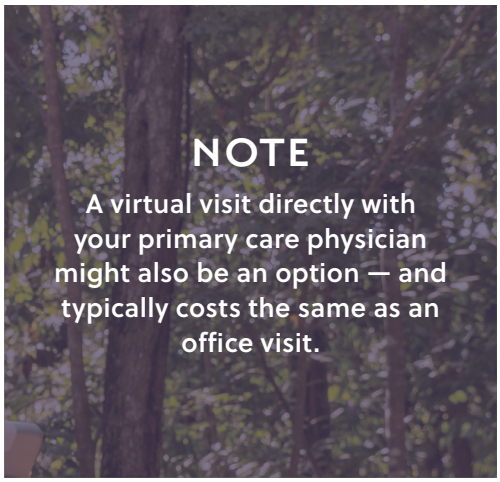
Contact your physician's office for guidance; many local physicians are offering telemedicine services.

Saint Francis Health System offers E-Visits. Visit www.saintfrancis.com/services/virtual-care/e-visits for scheduling information.

Hillcrest offers E-Visits. Visit https://hillcrest.com/virtualcare for scheduling information.

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





NOTE

A virtual visit directly with your primary care physician might also be an option — and typically costs the same as an office visit.

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 a HDHP but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

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 3200 with HSA plan but you have unused HSA funds from a previous account, those funds can still be used for qualified expenses.

HealthEquity will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified medical expenses — no need to submit receipts for reimbursement. Like a regular debit card, you must have a balance in your HSA account to use the card.

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.

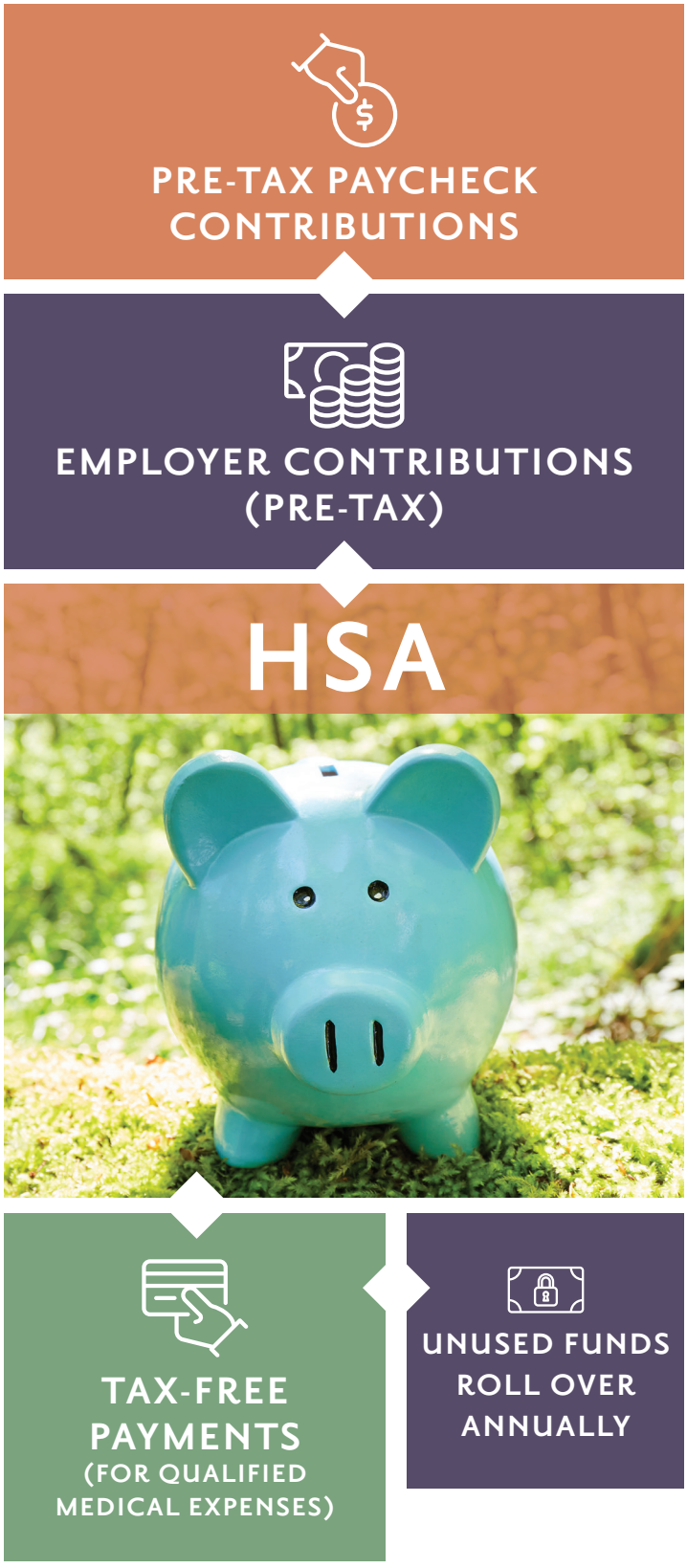
Eligibility

You are eligible to contribute to an HSA if:

- You are enrolled in an HSA-eligible High Deductible Health Plan.
- You are not covered by your spouse's or parent's non-HDHP.
- You or 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.)

NOTE

Because HSA funds never expire, contributing your annual maximum to your HSA can help you save to pay for healthcare expenses tax free after retirement.



You Own Your HSA

Your HSA is a personal bank account that you own and manage. 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 (you own all contributed HSA funds immediately) or forfeiture provisions (you keep all HSA funds whether you leave the company or retire).

How to Enroll

To enroll in City of Tulsa's HSA, you must elect the CommunityCare 3200 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.

HSAs and Taxes

HSA contributions are made through payroll deduction on a pre-tax basis when you open an account with HealthEquity. The money in your HSA (including interest and investment earnings) grows tax free. When the funds are used for qualified medical expenses, they are spent tax free.*

Per IRS regulations, if HSA funds are used for purposes other than qualified medical expenses and you are younger than age 65, you must pay federal income tax on the amount withdrawn, plus a 20% penalty tax. This is why it's important to know what medical expenses qualify for HSA use and to keep track of where you spend your HSA funds.

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2024, contributions (which include any employer contribution) are limited to the following:

HSA FUNDING LIMITS	
EMPLOYEE	$4,150
FAMILY	$8,300
CATCH-UP CONTRIBUTION (AGES 55+)	$1,000

If you are enrolling in the CommunityCare 3200 With HSA medical option, City of Tulsa will contribute an annual HSA contribution of $750 for Employee Only or $1,500 for Employee + Dependents. New hires will receive City of Tulsa's HSA contribution on a pro-rated basis according to the employee's date of hire.

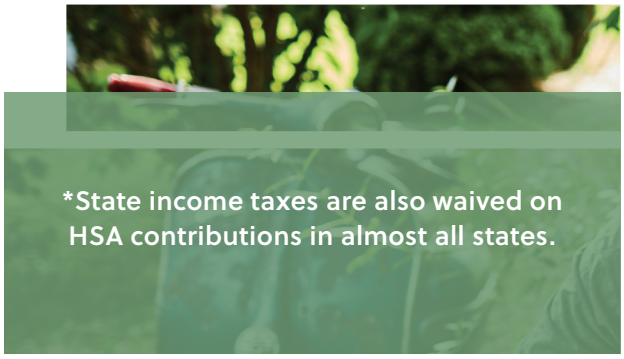
EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	$750
FAMILY	$1,500

HSA contributions over the IRS annual contribution limits ($4,150 for individual coverage and $8,300 for family coverage for 2024) are not tax deductible and are generally subject to a 6% excise tax.

If you've contributed too much to your HSA this year, you have two options:

- Remove the excess contributions and the net income attributable to the excess contribution before you file your federal income tax return (including extensions). You'll pay income taxes on the excess removed but won't have to pay a penalty tax.
- Leave the excess contributions in your HSA and pay 6% excise tax on them. Next year consider contributing less than the annual limit to your HSA.

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.



*State income taxes are also waived on HSA contributions in almost all states.

FLEXIBLE SPENDING ACCOUNTS

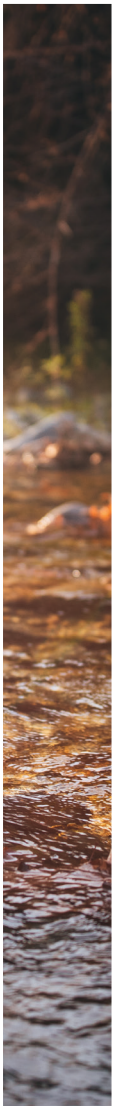
Take control of your spending! A Flexible Spending Account (FSA) is a special tax-free account you put money into to pay for certain out-of-pocket expenses.

Healthcare Flexible Spending Account

You can contribute up to $3,050 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 $3,050.



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 13 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.
- 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

Using the Account

Use your FSA debit card at doctor and dentist offices, pharmacies, and vision service providers. It cannot be used at locations that do not offer services under the plan, unless the provider has also complied with IRS regulations. The transaction will be denied if you use the card at an ineligible location.

Submit a claim form along with the required documentation. Contact HealthEquity/WageWorks with reimbursement questions. If you need to submit a receipt, HealthEquity/WageWorks will notify you. Always save receipts for your records.

While FSA debit cards allow you to pay for services at point of sale, they do not remove the IRS regulations for substantiation. Always keep receipts and Explanation of Benefits (EOBs) for any debit card charges in case you need to prove an expense was eligible. Without proof an expense was valid, your card could be turned off and the expense deemed taxable.

General Rules

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

- Expenses must occur during the 2024 plan year.
- Funds cannot be transferred between FSAs.
- You are not permitted to claim the same expenses on both your federal income taxes and Dependent Care FSA.
- You must "use it or lose it" — any unused funds will be forfeited.
- Up to $610 may be rolled over to the next plan year at the end of 2024 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.
- Those considered highly compensated employees (family gross earnings were $150,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.

NOTE

The Dependent Care FSA is not to be used for medical expenses, nor is it the same as electing medical coverage for dependents.

FSA vs HSA

FLEXIBLE SPENDING ACCOUNTS		HEALTH SAVINGS ACCOUNTS
Your employer owns your FSA. If you leave your employer, you lose access to the account unless you have a COBRA right.	OWNERSHIP	You own your HSA. It is a savings account in your name, and you always have access to the funds, even if you change jobs.
You can elect a Healthcare FSA even if you waive other coverage. You cannot make changes to your contribution during the Plan Year without a Qualifying Life Event. You cannot be enrolled in both a Healthcare FSA and an HSA.	ELIGIBILITY & ENROLLMENT	You must be enrolled in a Qualified HDHP to contribute money to your HSA. You cannot be covered by a spouse's non-High Deductible plan or a spouse's FSA or enrolled in Medicare or TRICARE. You can change your contribution at any time during the Plan Year.
FSA contributions are tax free via payroll deduction. Funds are spent tax free when used for qualified expenses.	TAXATION	HSA contributions are tax free; the account grows tax free; and funds are spent tax free on qualified expenses.
You can contribute up to $3,050 in 2024 to an FSA. This amount may be increased annually.	CONTRIBUTIONS	Both you and your employer can contribute up to $4,150 combined in 2024 (up to $8,300 for families). Ages 55+ can make an annual $1,000 "catch-up" HSA contribution.
Some plans include an FSA debit card to pay for eligible expenses. If not, you pay up front and submit receipts for reimbursement.	PAYMENT	Many HSAs include a debit card to pay for qualified expenses directly. Alternatively, you can save funds for future expenses or retirement.
Any unclaimed funds at the end of the year are forfeited. Exceptions might include an additional 2.5-month grace period for expenses to be incurred and reimbursed, or an allowed rollover amount.	ROLLOVER OR GRACE PERIOD	HSA funds roll over from year to year. The account is portable and may be used for future qualified expenses — even in retirement years.
Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, and vision care. A full list is available at www.irs.gov.	QUALIFIED EXPENSES	Physician services, hospital services, prescriptions, menstrual products, PPE, over-the-counter medications, dental care, vision care, Medicare Part D plans, COBRA premiums, and long-term care premiums. A full list is available at www.irs.gov.
Dependent Care FSA (pre-tax dollars can be used for elder or child dependent care) and Limited Use FSA (used to pay for eligible dental and vision expenses).	OTHER TYPES	N/A

Please refer to your summary plan description or plan certificate for your plan's specific FSA or HSA benefits.

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 Premiums

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

Dental Plan Summary

This chart summarizes the dental coverage provided by Blue Cross Blue Shield of Oklahoma for 2024.

	DENTAL LOW PLAN		DENTAL MEDIUM PLAN		DENTAL HIGH PLAN	
BI-WEEKLY CONTRIBUTIONS						
EMPLOYEE ONLY	$9.94		$13.62		$19.80	
EMPLOYEE + FAMILY	$28.41		$39.30		$57.06	
	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

NOTE

In addition to keeping your teeth healthy, regular dental checkups can help dentists spot symptoms of other serious conditions such as osteoporosis, cancer, and diabetes.

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 Premiums

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

Vision Plan Summary

This chart summarizes the vision coverage provided by Blue Cross Blue Shield of Oklahoma for 2024.

	VISION 2 YEARS LOW		VISION 2 YEARS HIGH		VISION ANNUAL LOW		VISION ANNUAL HIGH	
BI-WEEKLY CONTRIBUTIONS								
EMPLOYEE ONLY	$2.39		$2.90		$3.37		$4.45	
EMPLOYEE + FAMILY	$5.59		$6.80		$7.92		$9.85	
	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT	IN-NETWORK MEMBER COST	OUT-OF-NETWORK REIMBURSEMENT	IN-NETWORK MEMBER COST	OUT-OF-NETWORK 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 for your loved ones 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 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	$500,000 not to exceed 5 times the employee's basic annual earnings
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, only 1 increment of $10K allowed up to the guarantee issue amount of $200,000. If you are at or above the guarantee issue, any increase 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	$100,000 not to exceed 50% of the employee's covered supplemental benefit
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 or illness. 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.

SUPPLEMENTAL HEALTH BENEFITS

City of Tulsa offers several ways to supplement your medical plan coverage. This additional insurance can help cover unexpected expenses, regardless of any benefit you may receive from your medical plan. Coverage is available for yourself and your dependents and offered at discounted group rates.

Accident Coverage

You can't always prevent accidents, but you can be prepared for them, including preparing for any unexpected expenses. Accident coverage through Voya provides benefits for you and your covered family member for expenses related to an accidental injury that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits are payable to you to use as you wish.

Wellness Benefit

A $150 annual Wellness Benefit is payable for each covered family member whom completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy or stress test. Child wellness amount is 50% of employee's wellness benefit amount, to a maximum of $300 consecutive for all children.

ACCIDENT COVERAGE

SUMMARY OF BENEFITS*	
HOSPITAL ADMISSION	$1,125
HOSPITAL CONFINEMENT (UP TO 365 DAYS)	$300
CRITICAL CARE UNIT CONFINEMENT (UP TO 15 DAYS)	$600
REHABILITATION FACILITY CONFINEMENT (UP TO 90 DAYS)	$175
DISLOCATIONS	Up to $8,000
FRACTURES	Up to $10,000
AMBULANCE	Ground: $350 / Air: $1,000
INITIAL DOCTOR VISIT, URGENT CARE FACILITY TREATMENT OR EMERGENCY ROOM TREATMENT	$200
FOLLOW-UP DOCTOR TREATMENT	$75
PHYSICAL OR OCCUPATIONAL OR SPEECH THERAPY	$40
X-RAY	$45
MAJOR DIAGNOSTIC EXAMS	$240
BURNS	Up to $15,000
CONCUSSION	$225
COMA	$17,000
SURGERY (OPEN ABDOMINAL OR THORACIC)	$1,200
SURGERY (EXPLORATORY OR WITHOUT REPAIR)	$150
BLOOD, PLASMA, PLATELETS	$450

*This list is a summary. Refer to plan documents for a comprehensive list of covered benefits.

BI-WEEKLY CONTRIBUTIONS

EMPLOYEE ONLY	$3.75
EMPLOYEE + SPOUSE	$6.56
EMPLOYEE + CHILD(REN)	$7.38
EMPLOYEE + FAMILY	$10.20

Critical Illness Coverage

Critical Illness coverage through Voya pays a lump-sum benefit if you are diagnosed with a covered disease or condition. You can use this money however you like; for example: to help pay for expenses not covered by your medical plan, lost wages, child care, travel, home health care costs or any of your regular household expenses.

- Guaranteed Issue Coverage (no medical questions)
  - Employee: $5,000 - $30,000 in $5,000 increments
  - Spouse: $5,000 - $15,000 in $5,000 increments
  - Child(ren): $5,000 or $10,000
- Rates are based on your age and the amount of coverage selected.
- Benefits are payable based on the date of the covered event occurring or the date of diagnosis. Illnesses or occurrences prior to the effective date of coverage will not be payable events.
- $150 annual Wellness Benefit is payable for completing certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy or stress test (once per year per covered person); $75 per child, maximum $300.

BASE MODULE
Heart attack (cardiac arrest is not a heart attack) – 100%
Cancer – 100%
Stroke – 100%
Major organ transplant* – 100%
Coronary artery bypass - 25%
Carcinoma in situ - 25%
ENHANCED CANCER MODULE
Benign brain tumor – 100%
Skin cancer – 10%
Bone marrow transplant – 25%
Stem cell transplant – 25%
QUALITY OF LIFE MODULE
Permanent paralysis – 100%
Loss of sight, hearing or speech – 100%
Coma – 100%
Multiple sclerosis – 10%
Amyotrophic lateral sclerosis (ALS) – 10%
Parkinson's disease – 25%
Advanced dementia, including Alzheimer's disease – 25%
Infectious disease – 25%

*This is a summary. Refer to plan document for details including rates, definitions, plan exclusions and limitations.

Hospital Indemnity Coverage

Hospital Indemnity Coverage through Voya pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU). You can use the benefits from this policy to help pay for your medical expenses such as deductibles and copays, travel cost, food and lodging, or everyday expenses such as groceries and utilities.

BI-WEEKLY CONTRIBUTIONS	BASE	PLUS
EMPLOYEE ONLY	$3.38	$6.76
EMPLOYEE + SPOUSE	$8.71	$17.42
EMPLOYEE + CHILD(REN)	$6.64	$13.28
EMPLOYEE + FAMILY	$11.97	$23.94

SUMMARY OF BENEFITS*	BASE	PLUS
FIRST DAY HOSPITALIZATION BENEFIT	$500	$1,000
FIRST DAY CRITICAL CARE BENEFIT	$1,000	$2,000
HOSPITAL CONFINEMENT BENEFIT	$100 per day (90 days)	$200 per day (90 days)
CRITICAL CARE UNIT BENEFIT	$200 per day (30 days)	$400 per day (30 days)
REHABILITATION FACILITY BENEFIT	$100 per day (15 days)	$200 per day (15 days)
ANNUAL WELLNESS BENEFIT IS PAYABLE FOR EACH COVERED FAMILY MEMBER WHO COMPLETES CERTAIN WELLNESS SCREENINGS SUCH AS A PAP TEST, CHOLESTEROL TEST, MAMMOGRAM, COLONOSCOPY OR STRESS TEST. CHILD WELLNESS AMOUNT IS 50% OF EMPLOYEE'S WELLNESS BENEFIT AMOUNT.	$50	$100

*This is a summary. Refer to plan documents for details.

ADDITIONAL BENEFITS

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.

Prepaid Legal Coverage

LegalShield offers low-cost access to attorneys for personal legal services. Payments are made conveniently through payroll deductions. It's like having your own attorney on retainer for a lot less. There are attorneys standing by to assist you with:

- Estate planning, wills, and trusts
- Real-estate matters
- Identity-theft defense
- Financial matters, such as debt-collection defense
- Traffic offenses
- Document review
- Family law, including adoption and name change
- Advice and consultation on personal legal matters
- Divorce

Travel Assistance

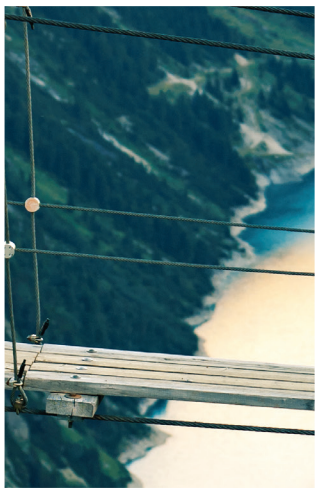
With the Travel Assistance Program, toll-free emergency assistance is available to you and your dependents 24 hours a day, seven days a week, when traveling 100 or more miles from your primary home for less than 90 days.

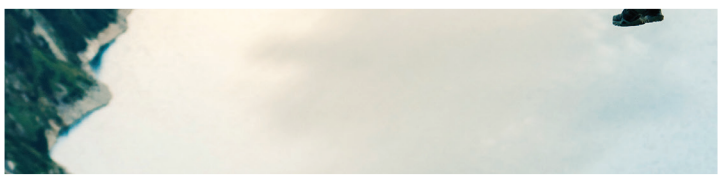
Identity Theft Protection

Identity theft protection is available on a voluntary basis. There is a new identity fraud victim every two seconds. Protect yourself with Norton LifeLock. Norton LifeLock monitors millions of transactions every second, alerting you to suspicious activity by text, phone, or email. This plan offers a full set of features to help protect you and your covered family members against identity theft.

Norton LifeLock membership features:

- Financial & fraud protection
- Lifestyle protection
- Social protection
- Lock & freeze dashboard
- Norton Device Security
- Norton Online Privacy
- Service & support





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.
- **Limited Use FSA –** Designed to complement a Health Savings Account, a Limited Use FSA allows for reimbursement of eligible dental and vision expenses.
- **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. This is for childcare under the age of 13 and elder care.

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 a 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 when it comes to 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. These medications are usually required to be filled at a specific pharmacy.
- **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 guide 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 not 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, 2024
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
CommunityCare
918-594-4006
cot.ccok.com

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

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

Supplemental Health (Accident, Critical Illness, Hospital Indemnity)
Voya
Customer Service: 877-236-7564
Claims: 888-238-4840
Online Claims Center:
https://claimscenter.voya.com/static/claimscenter/

Virtual Visits
CommunityCare
918-594-4006
Saint Francis online care:
www.saintfrancis.com/services/virtual-care/e-visits
Hillcrest online care:
https://hillcrest.com/virtualcare

Dental
Blue Cross Blue Shield of Oklahoma
888-381-9727
www.bcbsok.com
(BlueCare Dental PPO network)
Policy #: 231997

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

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

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

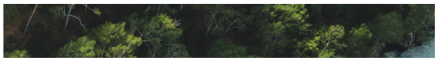
Travel Resource Services
Assist America
800-872-1414 (within U.S.)
+1 609-986-1234 (outside U.S.)
medservices@assistamerica.com
Assist America Reference #:
01-AA-TRS-12201

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

City of Tulsa Insurance Section
insurance@cityoftulsa.org

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

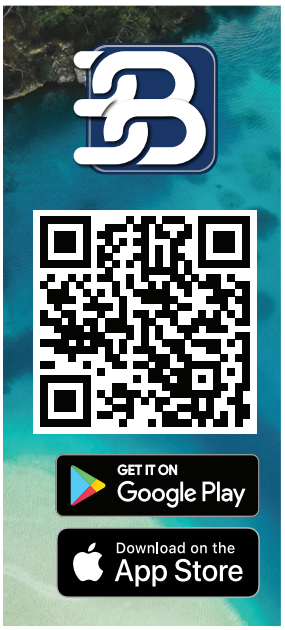
City Medical
918-596-7075

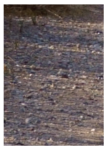


LOCKTON BENEFITLINK MOBILE APP

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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