

2025-2026

Benefits Guide

November 1, 2025 – October 31, 2026

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.
- If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.
- **Open Enrollment:** Changes made during Open Enrollment are effective November 1, 2025 - October 31, 2026.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 30 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

Medical

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	Blue Cross Blue Shield MOBAP0085 Blue Advantage ¹
	In-Network
Deductible (per calendar year)	
Individual / Family	\$1,000 / \$3,000
Out-of-Pocket Maximum (per calendar year)	
Individual / Family	\$3,000 / \$9,000
Covered Services	
Office Visits (physician)	\$25
Specialist Visit	\$30
Routine Preventive Care	No charge
Outpatient Diagnostic (lab/X-ray)	No charge
Complex Imaging	20% after ded
Emergency Room	\$200 + 20% after ded
Urgent Care Facility	\$50
Inpatient Hospital Stay	\$750 + 20% after ded
Outpatient Surgery	20% after ded
Durable Medical Equipment	20% after ded
Prescription Drugs	
Retail Pharmacy - 30-day supply	
Preferred Generic	No charge / \$10
Non-Preferred Generic	\$10 / \$20
Preferred Brand	\$35 / \$55
Non-Preferred Brand	\$75 / \$95
Mail Order - up to 90-day supply	
Preferred Generic	No charge
Non-Preferred Generic	\$30
Preferred Brand	\$105
Non-Preferred Brand	\$225
Specialty - 30-day supply	
Preferred Specialty	\$250
Non-Preferred Specialty	\$350

Coinurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Dental

We are proud to offer you a dental plan. The following is a high-level overview of the coverage available.

Key Dental Benefits	Blue Cross Blue Shield DONHM14
	In-Network
Deductible (per calendar year)	
Individual / Family	\$50 / \$150
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)	
Per Individual	\$1,500
Covered Services	
Preventive Services	No Charge
Basic Services	80%
Major Services	50%
Orthodontia	Not Covered

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

We are proud to offer you a vision plan through VSP. The following is a high-level overview of the coverage available.

Key Vision Benefits	In-Network
	Exam (once every 12 months)
Materials Copay	\$20 copay
Lenses (once every 12 months)	
Single Vision	Included in prescription glasses
Lined Bifocal	
Lined Trifocal	
Lenticular	
Frames (once every 12 months)	Covered up to \$130
Elective Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$130
Necessary Contact Lenses (once every 12 months; in lieu of glasses)	Covered in full

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you.

Benefit Amount	
Employee	\$10,000

Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue ¹
Employee	\$10,000 increments; up to \$500,000	\$150,000
Spouse	5,000 increments; up to \$150,000 (not to exceed 50% of your supplemental life coverage)	\$25,000
Child(ren)	15 days - 6 months \$1006 months and up \$10,000	\$10,000

1. During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

Aflac

Voluntary benefits through Aflac are designed to complement your health care coverage and allow you to customize your benefits to you and your family's needs. Coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

- Accident protection
- AFLAC PLUS Rider
- Hospital protection
- Cancer protection
- Critical Care protection

Disability

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short-Term Disability	
Provided at NO COST to you through BCBS of Oklahoma.	
Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000
When Benefits Begin	After 14th day of disability
Maximum Benefit Duration	24 weeks
Voluntary Long-Term Disability	
Provided at NO COST to you through BCBS of Oklahoma.	
Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
When Benefits Begin	After 180th day of disability
Maximum Benefit Duration	Social Security Retirement Age
Lookback Period	3/12

Retiree Medical and Dental Coverage

Employees who retire and receive a continuing benefit pursuant to the provision of OPERS, OPFRS, or FPRS may choose to continue their medical and dental coverage. Please contact Human Resources for details.

Wellness

Are You Living a Healthy Lifestyle?

Well onTarget® makes it easy to fit wellness into your schedule with the **AlwaysOn Wellness app**.

Meet Your Wellness Needs

- The AlwaysOn Wellness mobile app has a wide variety of easy-to-use, features that allow you to:
- Take your Health Assessment*
- Set personal health and wellness goals and track your progress
- Connect with a wellness coach through secure messaging** or by using the click-to-call feature
- Take an online educational program
- View your Blue PointsSM*** balance
- Track data synced from more than 80 fitness devices and apps

Syncs with Well onTarget Portal

The app automatically syncs with Well onTarget activity.

To get started, just follow these steps:

1. If you haven't registered on the Well onTarget portal, go to wellontarget.com and register.
2. Download the AlwaysOn Wellness mobile app in the Apple or Google store.
3. Open the app and click on "Create an Account."
4. Follow the prompts to verify information from your member ID card.

Questions about the app or the Well onTarget program?

Call Customer Service at 877-806-9380.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members. Please refer to the rate sheet for your contributions.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Blue Cross Blue Shield Oklahoma	(800) 942-5837	www.bcbsok.com
Dental	Blue Cross Blue Shield Oklahoma	(800) 942-5837	www.bcbsok.com
Vision	Vision Service Plan (VSP)	(877) 877-7195	www.vsp.com
Life/AD&D	Blue Cross Blue Shield	(800) 942-5837	www.bcbsok.com
Disability	Blue Cross Blue Shield	(800) 942-5837	www.bcbsok.com
Voluntary Benefits	Aflac	(918) 625-5799	Dianna_yingst@us.aflac.com
		(918) 408-7817	travis_hurt@us.aflac.com

Questions?

If you have additional questions, you may also contact:

Tiffany Dorl
 (405) 863-9780
Tiffany.dorl@hubinternational.com

M'lynn Pape
 (918) 525-4703
mpape@tahlequah.gov

Client Advocacy Service Team



Eligibility Assistance

The Client Advocacy Service Team (CAST) is available for general eligibility questions.

- Employees: waiting periods, effective dates of coverage, and coordination of benefits.
- Employers: eligibility changes, enrollment, and eligibility enrollment.

Claims / Benefits Assistance

A claims advocate is available to employers, employees, and their dependents—by phone or email.

- General questions and understanding of the benefits your company provides.
- Denied claims/preauthorization or general education on how a claim is processed and why.
- Discussion of carrier explanation of benefits (EOB) and provider bills to determine what may be truly owed.
- Make calls to carriers and/or providers with the employee to resolve ongoing claim issues.
- Assist with pharmacy benefit or denial questions.
- Appeals. If a member level appeal is needed, our advocates will guide and assist on the process.
- Advocates are available by scheduled appointment only to meet virtually via Teams to discuss complex claims and/or appeals issues.

Eligibility Contact Information

Email: mameligibility@hubinternational.com
 Fax: (918) 794-9950

Claims Contact Information

Email: hubmid-america.ebclaims@hubinternational.com
 Phone: (844) 202-5383 / Fax: (405) 594-6174



CITY OF
TAHLEQUAH
 OKLAHOMA

DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.



Rates

Your contributions toward the cost of benefits are automatically deducted from your paycheck before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Medical

Coverage Tier	Biweekly Employee Contribution
	BCBS MOBAP0085
Employee Only	\$11.54
Employee + Spouse	\$249.23
Employee + Child(ren)	\$154.62
Family	\$279.23

Dental

Coverage Tier	Biweekly Employee Contribution
	Dental
Employee Only	\$2.31
Employee + Spouse	\$14.96
Employee + Child(ren)	\$21.80
Family	\$38.94

Vision

Coverage Tier	Biweekly Employee Contribution
	Vision
Employee Only	\$4.79
Employee + Spouse	\$7.67
Employee + Child(ren)	\$7.82
Family	\$12.61

Employee & Spouse Voluntary Life

Benefit Amount	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$10,000	\$0.52	\$0.59	\$0.73	\$0.81	\$0.88	\$1.24	\$1.81	\$3.24	\$4.90	\$9.27	\$14.94
\$20,000	\$1.04	\$1.18	\$1.47	\$1.62	\$1.75	\$2.47	\$3.63	\$6.49	\$9.79	\$18.54	\$29.89
\$30,000	\$1.56	\$1.77	\$2.20	\$2.42	\$2.63	\$3.71	\$5.44	\$9.73	\$14.69	\$27.82	\$44.83
\$40,000	\$2.09	\$2.36	\$2.94	\$3.23	\$3.51	\$4.95	\$7.26	\$12.98	\$19.59	\$37.09	\$59.78
\$50,000	\$2.61	\$2.95	\$3.67	\$4.04	\$4.38	\$6.18	\$9.07	\$16.22	\$24.48	\$46.36	\$74.72
\$60,000	\$3.13	\$3.54	\$4.40	\$4.85	\$5.26	\$7.42	\$10.88	\$19.47	\$29.38	\$55.63	\$89.67
\$70,000	\$3.65	\$4.14	\$5.14	\$5.65	\$6.14	\$8.66	\$12.70	\$22.71	\$34.28	\$64.91	\$104.61
\$80,000	\$4.17	\$4.73	\$5.87	\$6.46	\$7.02	\$9.90	\$14.51	\$25.96	\$39.18	\$74.18	\$119.56
\$90,000	\$4.69	\$5.32	\$6.60	\$7.27	\$7.89	\$11.13	\$16.32	\$29.20	\$44.07	\$83.45	\$134.50
\$100,000	\$5.22	\$5.91	\$7.34	\$8.08	\$8.77	\$12.37	\$18.14	\$32.45	\$48.97	\$92.72	\$149.45
\$150,000	\$7.82	\$8.86	\$11.01	\$12.12	\$13.15	\$18.55	\$27.21	\$48.67	\$73.45	\$139.08	\$224.17
\$200,000	\$10.43	\$11.82	\$14.68	\$16.15	\$17.54	\$24.74	\$36.28	\$64.89	\$97.94	\$185.45	\$298.89
\$250,000	\$13.04	\$14.77	\$18.35	\$20.19	\$21.92	\$30.92	\$45.35	\$81.12	\$122.42	\$231.81	\$373.62
\$300,000	\$15.65	\$17.72	\$22.02	\$24.23	\$26.31	\$37.11	\$54.42	\$97.34	\$146.91	\$278.17	\$448.34
\$350,000	\$18.25	\$20.68	\$25.68	\$28.27	\$30.69	\$43.29	\$63.48	\$113.56	\$171.39	\$324.53	\$523.06
\$400,000	\$20.86	\$23.63	\$29.35	\$32.31	\$35.08	\$49.48	\$72.55	\$129.78	\$195.88	\$370.89	\$597.78
\$450,000	\$23.47	\$26.58	\$33.02	\$36.35	\$39.46	\$55.66	\$81.62	\$146.01	\$220.36	\$417.25	\$672.51
\$500,000	\$26.08	\$29.54	\$36.69	\$40.38	\$43.85	\$61.85	\$90.69	\$162.23	\$244.85	\$463.62	\$747.23

Child Voluntary Life

\$10,000	\$1.18
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