



HEALTH

WELLNESS

FINANCIAL

2020-2021

BENEFITS GUIDE

November 1, 2020—October 31, 2021

WELCOME 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, your family and your 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 children who are your natural 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).

- **Open Enrollment:** Changes made during Open Enrollment are effective November 1, 2020—October 31, 2021.

Choose Carefully!

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

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).

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 make your election changes.

Medical Plans

City of Tahlequah is proud to offer you a choice between two different medical plans.

Key Medical Benefits	Blue Cross Blue Shield MOBPF0040 Plan A Blue Preferred Network	Blue Cross Blue Shield MOBAP0030 Plan B Blue Advantage Network
	In-Network Only ¹	In-Network Only ¹
Deductible (per calendar year)		
Individual / Family	\$1,000 / \$3,000	\$2,500 / \$7,500
Out-of-Pocket Maximum (per calendar year)		
Individual / Family	\$3,000 / \$9,000	\$6,000 / \$12,000
Covered Services		
Office Visits (physician/specialist)	\$20 / \$20 copay	\$30 / \$50 copay
Routine Preventive Care	No charge	No charge
Outpatient Diagnostic (lab/X-ray)	No charge	No charge
Complex Imaging*	20% coinsurance after deductible	20% coinsurance after deductible
Emergency Room*	\$100 copay + 20% coinsurance after deductible	\$200 copay + 20% coinsurance after deductible
Urgent Care Facility	\$20 copay	\$30 / \$50 copay
Inpatient Hospital Stay*	20% coinsurance after deductible	\$750 copay + 20% coinsurance after deductible
Outpatient Surgery*	20% coinsurance after deductible	\$250 copay + 20% coinsurance after deductible
Prescription Drugs (Participating / Non-participating)		
Preferred Generic	\$0 / \$10	\$0 / \$10
Non-preferred Generic	\$10 / \$20	\$10 / \$20
Preferred brand	\$35 / \$55	\$50 / \$70
Non-preferred Brand	\$75 / \$95	\$100 / \$120
Preferred Specialty	\$150	\$150
Non-preferred Specialty	\$250	\$250

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

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

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

Dental Plan

City of Tahlequah is proud to offer you a dental plan.

Key Dental Benefits	Blue Cross Blue Shield DONHM14	
	In-Network Only	Out-of-Network ¹
Deductible (per calendar year)		
Individual / Family	\$50 / \$150	
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)		
Per Individual	\$1,500	\$1,500
Covered Services		
Preventive Services	100%	80%
Basic Services*	80%	60%
Major Services*	50%	40%
Orthodontia	Not Covered	

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

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

Vision Plan

City of Tahlequah is proud to offer you a vision plan through VSP.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement
Exam (once every 12 months)	\$20 copay	Up to \$45
Materials Copay	\$20 copay	N/A
Lenses (once every 12 months)		
Single Vision	Included in prescription glasses	Up to \$30
Lined Bifocal		Up to \$50
Lined Trifocal		Up to \$65
Lenticular		up to \$100
Frames (once every 12 months)	Covered up to \$130	Up to 70
Elective Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$130	Up to \$105
Necessary Contact Lenses (once every 12 months; in lieu of glasses)	Covered in full	Up to \$210

Life and AD&D

Life Insurance provides your named beneficiary(ies) with a benefit in the event of 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	\$10,000
-----------------------	----------

Aflac

Accident protection, **AFLAC PLUS Rider**, Hospital protection, Cancer protection, Critical Care protection, Short-Term Disability, Long-Term Disability

If you are interested in any of these, please contact:

Dianna L. Yingst

(918) 625-5799

Dianna_yingst@us.aflac.com

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.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Blue Cross Blue Shield	(800) 942-5837	www.bcbsok.com
Dental	Blue Cross Blue Shield	(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
Voluntary Benefits	Aflac—Dianna L. Yingst	(918) 625-5799	Dianna_yingst@us.aflac.com

Questions?

If you have additional questions, you may contact:

M'lynn Pape
(918) 456-0651 x2263
personnel@cityoftahlequah.com



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.

