CITY OF TULSA

2027

Employee Benefits

www.cityoftulsa.org/2027benefits

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The City of Tulsa is proud to support our employees' overall wellbeing with a variety of benefit options. This guide offers details on our 2027 offerings for you and your family. Contact the City of Tulsa Insurance Section with any questions.

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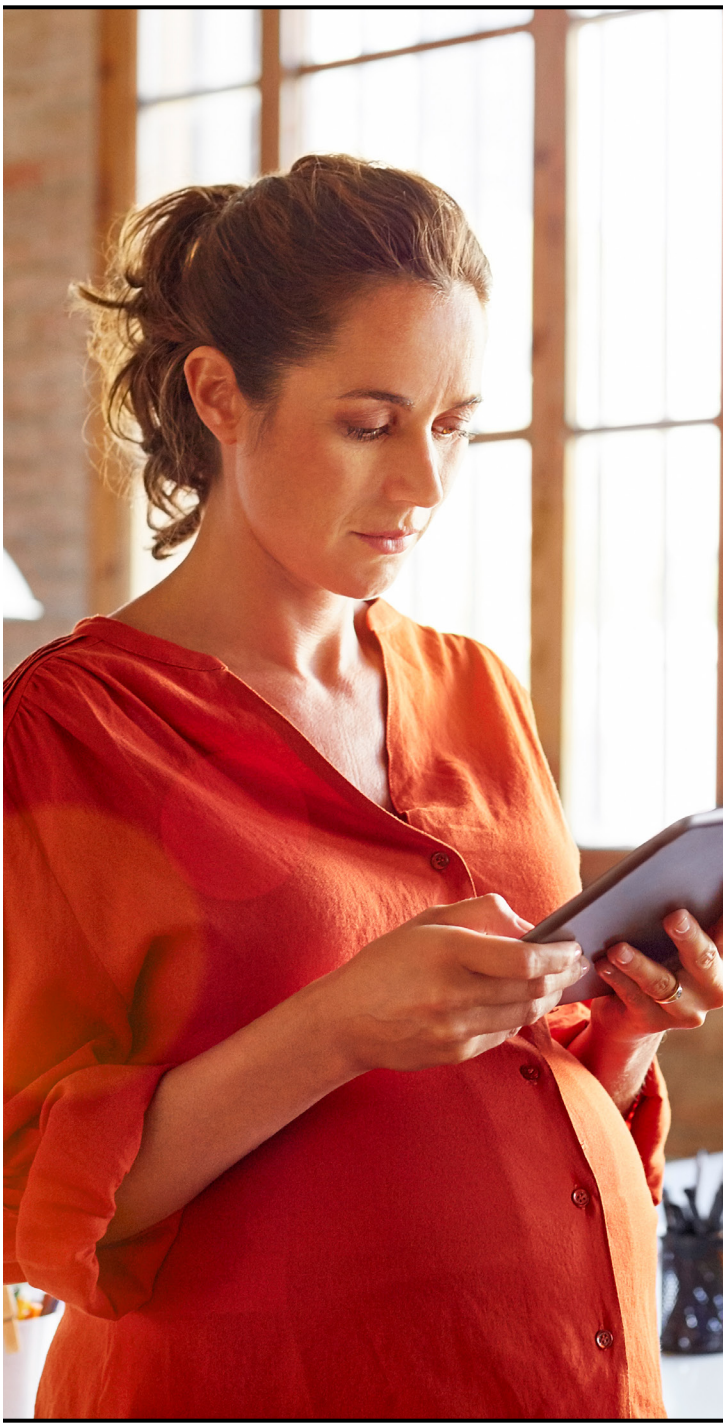


See page 29 for important information concerning Medicare Part D coverage.

In this Guide, we use the term company to refer to the 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.

Important Contacts

Medical & Pharmacy
Blue Cross Blue Shield
of Oklahoma
800-942-5837
www.bcbsok.com
Policy #: 197386

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

Supplemental Health
(Accident, Critical Illness, Hospital Indemnity)
Blue Cross Blue Shield
of Oklahoma
888-381-9727
https://www.bcbsok.com/ancillary
Policy #: F024608

MDLIVE
Blue Cross Blue Shield of
Oklahoma
888-970-4081
www.mdlive.com/bcbsok

Dental
Blue Cross Blue Shield
of Oklahoma
888-381-9727
www.bcbsok.com
Policy #: 197386

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

Health Savings Account
HSA Bank
800-357-6246
myaccounts.hsabank.com

Flexible Spending Accounts
HSA Bank
800-357-6246
myaccounts.hsabank.com

Life and AD&D
Blue Cross Blue Shield
of Oklahoma
888-381-9727
Policy #: F024608

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

Employee Assistance Program
Community Care EAP
In Tulsa: 918-594-5232
Outside of Tulsa: 800-221-3976
www.ccok.com/EAP

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

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

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

The City of Tulsa Insurance Section
175 East 2nd St., Suite 1450
Tulsa, OK 74103
insurance@cityoftulsa.org

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

City Medical
918-596-7075

How to Enroll or Review Coverage
Go to: https://compass.empyreanbenefits.com/cot
Any address changes must be completed through Munis Employee Self-Serve.
https://cityoftulsa.munisselfservice.com

Eligibility and Enrollment

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

Eligibility

If you are a full-time employee of the 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 on 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 (or common-law spouse where recognized).
- 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 may be required upon enrollment.

Working Spouse Surcharge

If your spouse has access to healthcare coverage through their employer, they are subject to an additional $2,400 annual surcharge ($92.31 per pay period) if you elect the City of Tulsa coverage. If your spouse does not work, 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.

Note: The company reserves the right to verify if your spouse is provided coverage elsewhere. Misrepresenting whether your spouse has access to medical coverage may result in disciplinary action.

Now's the Time to Enroll!

What Are Qualifying Life Events?

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)
- 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)

Ready for Open Enrollment?

The 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, phone number, and email address are up to date. If changes are needed, go to Munis Employee Self Service (ESS) at https://cityoftulsa.munisselfservice.com.

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? Review your available plans to determine which plan and deductible works best for you.

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.

https://compass.empyreanbenefits.com/cot

Wellness

It's never too late to better your wellness. Blue Cross Blue Shield of Oklahoma 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 employee enrolled in one of the City of Tulsa's medical plans for 2027. 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; the 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.

How Will I Receive My Results?

You will receive a customized, confidential summary of your PHA results. CareATC can mail this confidential report directly to your home upon your request. It is also available online via the app. 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 prorated 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:

1. Download the CareATC app on your iPhone or Android
2. Schedule an assessment online at www.careatc.com/patients
3. Call CareATC at 918-948-6360 (hablamos español)

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. The 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. Plan members will need to attest their tobacco/nicotine status during Open Enrollment.

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.

Plan members will need to attest to their tobacco/nicotine status during open enrollment or within 60 days from coverage effective date. Plan members who are tobacco/nicotine users can avoid a surcharge by enrolling in and completing an approved Tobacco/Nicotine cessation program.

To learn more about tobacco cessation programs, including a list of frequently asked questions about the surcharge, please visit www.cityoftulsa.org/2027benefits.

Notice Regarding Wellness Program

The City of Tulsa's wellness and tobacco 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 biweekly by earning program credit by completing a PHA.

Individuals who choose to avoid the $23.08 biweekly 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 biweekly.

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

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.

Employee Assistance Program

We're here for you when you need help. Our Employee Assistance Program (EAP) helps you and your family manage your total health, including mental, emotional, and physical. And there's no cost to you — whether or not you're enrolled in a company-sponsored medical plan.

Through the EAP, you have access to mental health assistance and legal and financial help from professionals. You also have 24-hour access to helpful resources by phone and a designated number of face-to-face visits per issue with a licensed professional. All services provided are confidential and will not be shared with the City of Tulsa. You may access information, benefits, educational materials, and more by phone at 918-594-5232 (in Tulsa), 800-221-3976 (toll-free outside of Tulsa) or online at www.ccok.com/EAP

The Program provides referrals to help with:

- Emotional health and wellbeing
- Alcohol or drug dependency
- Marriage or family problems
- Job pressures
- Stress, anxiety, depression
- Grief and loss
- Financial or legal advice

Mental Health and Your Medical Plan

When your covered EAP services run out, the medical plan covers behavioral and mental health services at 80% per visit. Coverage includes in-person and virtual therapy from Blue Cross Blue Shield of Oklahoma. 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.

The Big Five of Emotional Wellness

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.

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 "HOME" 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 can 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.

Medical Benefits

Medical benefits are provided through Blue Cross Blue Shield of Oklahoma. 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 2027 plan year unless you have a Qualifying Life Event.

Medical Premiums

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

	BCBS WITH CAREATC		BCBS WITH HSA	
BIWEEKLY CONTRIBUTIONS				
	WITH PHA/BIOMETRIC SCREENING	WITHOUT PHA/ BIOMETRIC SCREENING	WITH PHA/BIOMETRIC SCREENING	WITHOUT PHA/ BIOMETRIC SCREENING
EMPLOYEE ONLY	$22.47	$45.55	$35.39	$58.46
EMPLOYEE + SPOUSE	$79.37	$102.45	$109.56	$132.63
EMPLOYEE + CHILD(REN)	$51.42	$74.50	$81.10	$104.17
EMPLOYEE + FAMILY	$111.79	$134.86	$143.46	$166.54

Medical Plan Summary

This chart summarizes the 2027 medical coverage provided by Blue Cross Blue Shield of Oklahoma. All covered services are subject to medical necessity as determined by the plan. Please note that all out-of-network services are subject to Reasonable and Customary (R&C) limitations. Visit www.bcbsok.com or call Customer Care at 800-942-5837 for a list of Blue Cross Blue Shield of Oklahoma network providers.

	BCBS WITH CAREATC		BCBS WITH HSA	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE				
INDIVIDUAL	$2,500	$5,000	$3,500	$6,600
FAMILY	$5,000	$10,000	$5,000	$10,000
COINSURANCE (PLAN PAYS)	80% after deductible	50% after deductible	80% after deductible	50% after deductible
CALENDAR YEAR OUT-OF-POCKET MAXIMUM (MAXIMUM INCLUDES DEDUCTIBLE)				
INDIVIDUAL	$5,000	$10,000	$5,000	$10,000
FAMILY	$10,000	$20,000	$10,000	$20,000
COPAYS/COINSURANCE				
PREVENTIVE CARE	100%	70% after deductible	100%	70% after deductible
PRIMARY CARE	80%	50% after deductible	80% after deductible	50% after deductible
SPECIALIST SERVICES	80%	50% after deductible	80% after deductible	50% after deductible
DIAGNOSTIC CARE	80%	50% after deductible	80% after deductible	70% after deductible
URGENT CARE	80%	50% after deductible	80% after deductible	50% after deductible
EMERGENCY ROOM	80% after deductible	80% after deductible	80% after deductible	80% after deductible

Pharmacy Benefits

Prescription Drug Coverage for Medical Plans

Our Prescription Drug Program is coordinated through Blue Cross Blue Shield of Oklahoma. 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 www.bcbsok.com or by calling the Customer Care number on your ID Card. Your cost is determined by the tier assigned to the prescription drug product. Products are assigned as Generic, Preferred, Non-Preferred, or Specialty Drugs.

	BCBS WITH CAREATC		BCBS WITH HSA	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
RETAIL RX (30-DAY SUPPLY)				
GENERIC	80%	80%	80% after deductible	80% after deductible
PREFERRED	80%	80%	80% after deductible	80% after deductible
NON-PREFERRED	80%	80%	80% after deductible	80% after deductible
SPECIALTY DRUGS	80%	80%	80% after deductible	80% after deductible

Note

Apps and prescription discount programs such as GoodRx, Amazon Prime Rx Savings, Optum Perks, and Cost Plus Drug Company let you compare prices of prescription drugs and find possible discounts.

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.

The City of Tulsa provides a virtual medicine benefit through MDLIVE for you and your dependents. MDLIVE offers on-demand access to board-certified doctors through online video, telephone, or secure email.

MDLIVE doctors can share information with your primary care physician with your consent. Please note that some states do not allow physicians to prescribe medications via virtual visits. For more information, visit www.mdlive.com/bcbsok.

MDLIVE doctors can treat many medical conditions, including:

- Cold & flu
- Allergies
- Bronchitis
- Bladder infection/urinary tract infection
- Respiratory infection
- Pink eye
- Sore throat
- Stomachache
- Sinus problems

Access Virtual Visits

Visit www.mdlive.com/bcbsok to request a virtual visit. After you register and request an appointment, you'll pay your portion of the service costs and enter a virtual waiting room. During your visit, you can talk to a doctor about your health concerns, symptoms, and treatment options.

Note

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

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
- Virtual Visits

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 www.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 BCBS (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.

Health Savings Account

Want funds handy to help cover out-of-pocket healthcare expenses? A Health Savings Account (HSA) with HSA Bank is a personal healthcare bank account used to pay for qualified healthcare expenses. HSA contributions and withdrawals for qualified healthcare expenses are tax-free. You must be enrolled in an HDHP to participate.

HSA Bank will issue you a debit card with direct access to your account balance. Use your debit card to pay for qualified healthcare 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 do not 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 the City of Tulsa's HSA, you must elect the HDHP with the City of Tulsa. Submit all HSA enrollment materials and choose the amount to contribute on a pre-tax basis. The 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 HSA Bank. The money in your HSA (including interest and investment earnings, if any) 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 healthcare 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 healthcare expenses qualify for HSA use and to keep track of where you spend your HSA funds.

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

HSA Funding Limits

The IRS places an annual limit on the maximum amount that can be contributed to HSAs. For 2027, contributions (which include any employer contribution) are limited to the following:

2027 ANNUAL HSA FUNDING LIMITS	
EMPLOYEE	$4,500
FAMILY	$9,000
CATCH-UP CONTRIBUTION (AGES 55+)	$1,000

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

2027 ANNUAL EMPLOYER HSA CONTRIBUTION	
EMPLOYEE	$750
FAMILY	$1,500

HSA contributions over the IRS annual contribution limits ($4,500 for individual coverage and $9,000 for family coverage for 2027) 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 HSA Bank. You may be able to roll over funds from another HSA. For more enrollment information, contact the City of Tulsa Insurance Section or visit www.hsabank.com.

Flexible Spending Accounts

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

Healthcare Flexible Spending Account

You can contribute up to $3,400 annually for qualified healthcare 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) with HSA Bank works with a Health Savings Account (HSA) and allows for reimbursement of eligible dental and vision expenses. The contribution limit is $3,400.

Note

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

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 money to pay for child or elder care expenses on a pre-tax basis.
  - Employees earning $160,000 or more can contribute up to $5,000
  - Employees earning less than $160,000 can contribute up to $7,500
- 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 daycare 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 daycare provider
- Before- and after-school care
- Day camp
- In-house dependent daycare

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 HSA Bank with reimbursement questions. If you need to submit a receipt, HSA Bank 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 2027 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 $680 may be rolled over to the next plan year at the end of 2027 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 $160,000 or more last year) may have different FSA contribution limits. Visit www.irs.gov for more info.

Dental Benefits

Like brushing and flossing, visiting your dentist is an essential part of your oral health. The 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 premium.

Dental Plan Summary

This chart summarizes the dental coverage provided by Blue Cross Blue Shield of Oklahoma for 2027.

	LOW PLAN	MEDIUM PLAN	HIGH PLAN
BIWEEKLY CONTRIBUTIONS			
EMPLOYEE ONLY	$10.75	$14.73	$21.42
EMPLOYEE + FAMILY	$30.73	$42.51	$61.72
	IN- & OUT-OF-NETWORK	IN- & OUT-OF-NETWORK	IN- & OUT-OF-NETWORK
CALENDAR YEAR DEDUCTIBLE			
INDIVIDUAL	$0	$25	$50
FAMILY	$0	$75	$150
CALENDAR YEAR MAXIMUM			
PER PERSON	$750	$1,000	$2,500
COVERED SERVICES			
DIAGNOSTIC & PREVENTIVE (Deductible Waived)	100%	100%	100%
BASIC RESTORATIVE SERVICES, NON-SURGICAL EXTRACTIONS, NON-SURGICAL, PERIODONTAL SERVICES, ORAL SURGERY SERVICES	80%	80% after deductible	90% after deductible
SURGICAL PERIODONTAL SERVICES	Not covered	80% after deductible	90% after deductible
MAJOR RESTORATIVE SERVICES, PROSTHODONTIC SERVICES, MISCELLANEOUS RESTORATIVE AND PROSTHODONTIC SERVICES	Not covered	50% after deductible	60% after deductible
ORTHODONTICS (Deductible Waived) Adults & Child(ren)	Not covered	Not covered	50%
ORTHODONTICS LIFETIME MAXIMUM			
PER PARTICIPANT	N/A	N/A	$2,500

Note

According to the CDC, untreated cavities can lead to abscess (a severe infection) under the gums which can spread to other parts of the body and have serious, and in rare cases fatal, results.

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 premium.

Vision Plan Summary

This chart summarizes the vision coverage provided by Blue Cross Blue Shield of Oklahoma for 2027.

	VISION 2 YEARS LOW		VISION 2 YEARS HIGH		VISION ANNUAL LOW		VISION ANNUAL HIGH	
BIWEEKLY CONTRIBUTIONS								
EMPLOYEE ONLY	$2.03		$2.46		$2.87		$3.78	
EMPLOYEE + FAMILY	$4.75		$5.78		$6.73		$8.37	
	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
EXAMS								
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								
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

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

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

Naming a Beneficiary

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

Name a primary and contingent beneficiary to make your intentions clear. Indicate their full name, address, Social Security number, relationship, date of birth, and distribution percentage. Please note that in most states, benefit payments cannot be made to a minor. If you elect to designate a minor as beneficiary, all proceeds may be held under the beneficiary's name and will earn interest until the minor reaches age 18. Contact the 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 $10,000 allowed up to the Guarantee Issue amount of $200,000. If you are at or above the Guarantee Issue, any increase requires EOI. For those without current coverage, EOI 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

Note: If you waive coverage as a new hire, EOI will be required to enroll or increase your coverage during a subsequent enrollment period.

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 a City of Tulsa employee, he/she cannot be covered as a Spouse or Dependent Child of another City of Tulsa employee. If both parents are covered as an insured City of Tulsa employee under the Policy, only one may enroll for life insurance coverage on Dependent Children. Employee must be actively at work for any initial coverage or increased coverage under the policy to become effective.

Income Protection

You and your loved ones depend on your regular income. That's why the 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

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%, up to $750/week	50%, up to $1,000/week	60%, up to $1,250/week
WEEKLY MINIMUM BENEFIT	$25	$25	$25
ELIMINATION PERIOD	7 days for both injury and sickness	7 days for both injury and sickness	7 days for both injury and sickness
MAXIMUM BENEFIT PERIOD	26 weeks	26 weeks	26 weeks

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

Voluntary Long-Term Disability (LTD) Insurance

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, up to a maximum of $10,000 monthly	50% of your basic annual earnings, up to a maximum of $10,000 monthly	60% of your basic annual earnings, up to a maximum of $10,000 monthly
WEEKLY MINIMUM BENEFIT	$100	$100	$100
ELIMINATION PERIOD	180 days	180 days	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.		

Note: 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

The 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

Accidents happen. You can't always prevent them, but you can take steps to reduce the financial impact. Accident coverage is available through Blue Cross Blue Shield of Oklahoma and provides benefits for you and your covered family members for expenses related to an accident that occurs outside of work. Health insurance helps with medical expenses, but this coverage is an additional layer of protection that can help you pay deductibles, copays, and even typical day-to-day expenses such as a mortgage or car payment. Benefits under this plan are payable to you to use as you wish.

Highlights

- You will receive a cash benefit for covered injuries and related services for accidents that occur outside of work.
- Benefits are paid on a schedule of benefits regardless of any other coverage you have, and you may spend it any way you choose.
- Accident coverage is especially helpful for families with young children and those who are active.

ACCIDENT COVERAGE	
BRIEF SUMMARY OF BENEFITS*	
INITIAL CARE (ER/UC/PCP)	$200/$200/$200
HOSPITAL ADMISSION/ CONFINEMENT	$1,200 + $250/day
ICU ADMISSION/ CONFINEMENT	$2,000 + $500/day
OPEN FRACTURES	Up to $5,000
OPEN DISLOCATIONS	Up to $4,000
AMBULANCE (AIR/GROUND)	$1,500/$200
WELLNESS BENEFIT EE/SP/CH: (payable once per year for each covered family member whom completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	$150/$150/$150

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

BI-WEEKLY CONTRIBUTIONS	
EMPLOYEE ONLY	$3.45
EMPLOYEE + SPOUSE	$6.04
EMPLOYEE + CHILD(REN)	$6.79
EMPLOYEE + FAMILY	$9.38

Critical Illness Coverage

No one knows what lies ahead on the road through life. Will you be diagnosed with cancer? Will you suffer a stroke or the complete loss of hearing? The signs pointing to a critical illness are not always clear and may not be preventable, but critical illness coverage helps offer financial protection in the event you are diagnosed. Critical illness insurance through Blue Cross Blue Shield of Oklahoma pays you cash to use in any way you need if you are diagnosed with a covered condition.

Highlights

- Guaranteed Issue Coverage (no medical questions)
- 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

Guarantee Issue Benefit Options

- Employee: $5,000 – $30,000 in increments of $5,000.
- Spouse: $5,000 – $15,000 in increments of $5,000. Not to exceed the employee benefit amount
- Child(ren): $5,000 – $15,000 in increments of $5,000. Not to exceed the employee benefit amount.

CRITICAL ILLNESS COVERAGE	
PLAN BENEFITS*	
ALZHEIMER'S	100%
BENIGN BRAIN TUMOR	100%
CANCER (INVASIVE)	100%
CANCER (NON-INVASIVE)	25%
CHILDHOOD CONDITIONS	100%
COMA	100%
CORONARY ARTERY DISEASE OR BYPASS	25%
HEART ATTACK	100%
LOSS OF HEARING/SIGHT/ SPEECH	100%
LOU GEHRIG'S DISEASE/ALS	100%
MAJOR ORGAN FAILURE (OR TRANSPLANT)	100%
PARALYSIS	100%
PARKINSON'S	100%
SKIN CANCER	10%
STROKE	100%
WELLNESS BENEFIT (payable once per year for each covered family member whom completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	$150

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

Go to https://compass.empyreanbenefits.com/cot to see rates.

Hospital Indemnity Coverage

You already know the importance of living well and staying well. But life is unpredictable — expenses associated with a hospital stay can be financially difficult if you are not prepared. Hospital indemnity insurance through Blue Cross Blue Shield of Oklahoma pays cash benefits directly to you if you have a covered stay in a hospital or critical care unit (ICU).

Highlights

- Benefits are payable for pregnancy on the first day of coverage.
- Coverage is guaranteed issue; no medical questions.

HOSPITAL INDEMNITY COVERAGE

BRIEF SUMMARY OF BENEFITS*

	BASE PLAN	PLUS PLAN
HOSPITAL ADMISSION	$500	$1,000
HOSPITAL CONFINEMENT	$100 per day	$200 per day
MAXIMUM DAYS PAYABLE	90 days	90 days
HOSPITAL ICU ADMISSION	$1,000	$2,000
HOSPITAL ICU CONFINEMENT	$200 per day	$400 per day
MAXIMUM DAYS PAYABLE	30 days	30 days
WELLNESS BENEFIT (payable once per year for each covered family member whom completes certain wellness screenings such as a pap test, cholesterol test, mammogram, colonoscopy, or stress test)	$50	$100

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

BI-WEEKLY CONTRIBUTIONS

	BASE PLAN	PLUS PLAN
EMPLOYEE ONLY	$3.11	$6.22
EMPLOYEE + SPOUSE	$8.01	$16.02
EMPLOYEE + CHILD(REN)	$6.11	$12.22
EMPLOYEE + FAMILY	$11.01	$22.02

Additional Benefits

The 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:

- Norton LifeLock Identity Alert System
- Lost-wallet protection
- Address change verification
- Norton LifeLock Privacy Monitor
- Live member service support
- Identity-restoration support
- Data-breach notifications

This plan is available via payroll deduction and can be converted to a private policy if you retire or leave the City of Tulsa.

Glossary

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

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

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

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

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

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

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

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

Health Savings Account (HSA) – A personal healthcare bank account funded by your or your employer's tax-free dollars to pay for qualified medical expenses. You must be enrolled in 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.
- **Non-Participating –** Providers that have declined entering into a contract with your insurance provider. They may not accept any insurance and you could pay for all costs out of pocket.

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 The City of Tulsa About Your Prescription Drug Coverage and Medicare Under the BCBCOK 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 The 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. The City of Tulsa has determined that the prescription drug coverage offered by the BCBCOK 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 The 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 The 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 The 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, 2027
Name of Entity/Sender:	The City of Tulsa
Contact—Position/Office:	The City of Tulsa Insurance Section
Address:	175 East 2nd St., Suite 1450 Tulsa, OK 74103
Email:	insurance@cityoftulsa.org

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 The City of Tulsa Insurance Section at insurance@cityoftulsa.org.

HIPAA Privacy and Security

The Health Insurance Portability and Accountability Act of 1996 deals with how an employer can enforce eligibility and enrollment for healthcare 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 The City of Tulsa Insurance Section at insurance@cityoftulsa.org.

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.

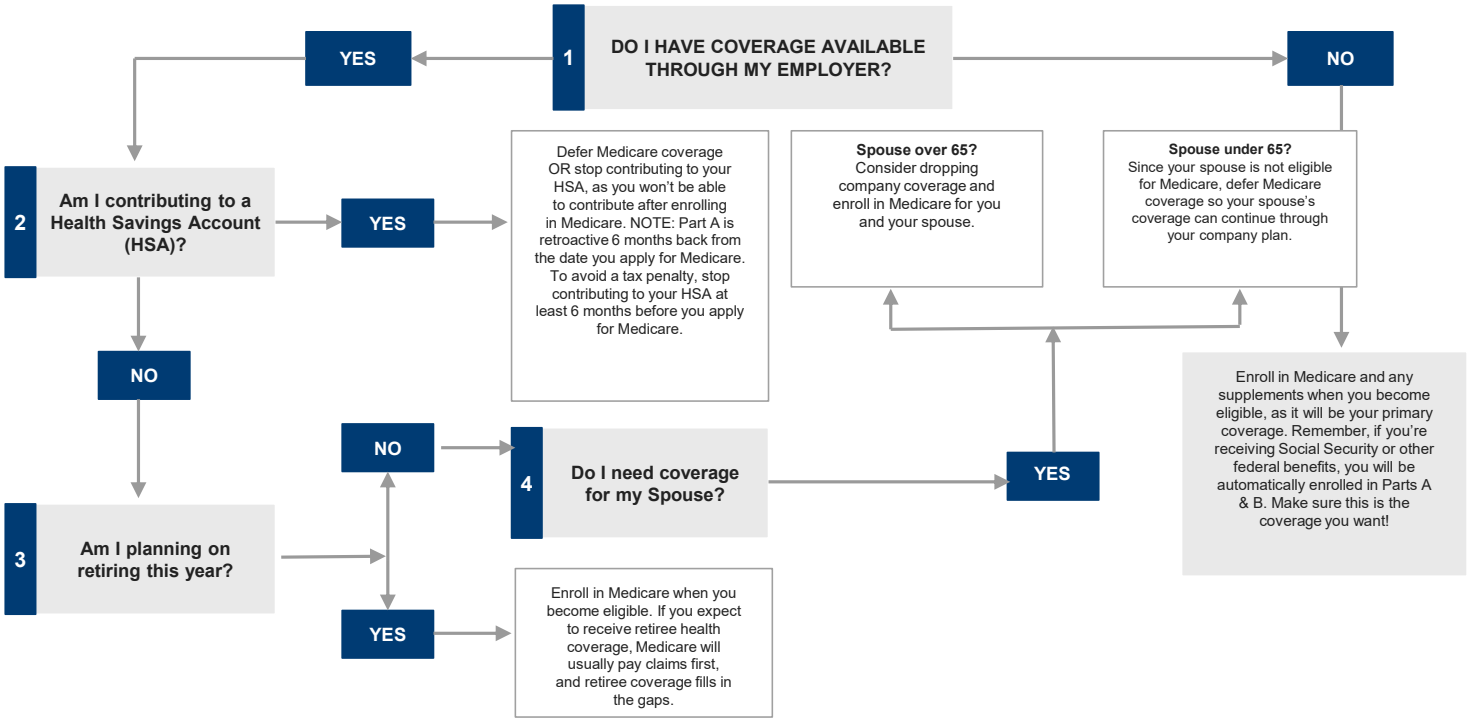
In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact The City of Tulsa Insurance Section at insurance@cityoftulsa.org.

Turning 65 Soon?

It's Time to Start Thinking About Medicare

If you are receiving Social Security or other federal retirement benefits, you will be automatically enrolled in Medicare Parts A and B with no action required, though you may choose to defer Medicare coverage. If you are not receiving Social Security benefits but are eligible, you may enroll in Part A during an initial enrollment period that begins three months prior to your 65th birthday and extends for three months after. Not sure whether to enroll now or delay coverage? Start by asking yourself a few important questions.



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