



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-672-2378 or at <https://policy-srv.box.com/s/s9uy4x1egndmtpwhtlk7zzqd6s1kd8qj>.

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf or call 1-800-672-2378 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>Blue Select (St. Francis & Warren Clinics): \$3,000 Individual / \$6,000 Family Blue Preferred: \$3,000 Individual / \$6,000 Family <u>Out-of-Network</u>: \$4,500 Individual / \$9,000 Family</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u>, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u>.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. <u>Network preventive care</u> and <u>diagnostic tests</u> are covered before you meet your <u>deductible</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u>. See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>Blue Select: \$5,000 Individual / \$10,000 Family Blue Preferred: \$6,000 Individual / \$12,000 Family <u>Out-of-Network</u>: \$8,000 Individual / \$14,000 Family</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p><u>Premiums</u>, <u>balanced-billed charges</u>, <u>preauthorization</u> penalties, and healthcare this <u>plan</u> doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>
<p>Will you pay less if you use a network provider?</p>	<p>Yes. See www.bcbsook.com or call 1-800-672-2378 for a list of <u>Network providers</u></p>	<p>This <u>plan</u> uses a <u>provider network</u>. You will pay less if you use a <u>provider</u> in the <u>plan's network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p>
<p>Do you need a referral to see a specialist?</p>	<p>No.</p>	<p>You can see the <u>specialist</u> you choose without a <u>referral</u>.</p>



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay			Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
		Blue Select Provider (You will pay the least)	Blue Preferred Provider	Blue Preferred Provider		
	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Specialist visit	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you visit a health care provider's office or clinic	Preventive care/screening/immunization	No Charge; <u>deductible</u> does not apply	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	30% <u>coinsurance</u>	Annual mammography screening and childhood immunizations are covered at No Charge <u>Out-of-Network</u> . You may have to pay for services that aren't <u>preventive</u> . Ask your provider if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
	Diagnostic test (x-ray, blood work)	No Charge; <u>deductible</u> does not apply	No Charge; <u>deductible</u> does not apply	50% <u>coinsurance</u>	50% <u>coinsurance</u>	No Charge if billed with office visit.
If you have a test	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Generic drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	40% <u>coinsurance</u>	Up to 30 day supply retail. Up to 90 day supply of maintenance drugs. Up to 90 day supply mail.
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.bcbsok.com/member/prescriptiondrugs.html	Preferred brand drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	40% <u>coinsurance</u>	<u>Specialty drugs</u> should be obtained from Prime Specialty Pharmacy; 20% penalty if any other vendor is used. Limited to 30 day supply. Mail order is not covered.
	Non-preferred brand drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Specialty drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	40% <u>coinsurance</u>	

* For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/s9uy4x1egndmtpwhtk7zzqd6s1kd8qi>.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Select Provider (You will pay the least)	BluePreferred Provider	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	50% coinsurance	Elective abortion is not covered.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	50% coinsurance	None
	Emergency room care	20% coinsurance	20% coinsurance	20% coinsurance	None
If you need immediate medical attention	Emergency medical transportation	20% coinsurance	20% coinsurance	20% coinsurance	None
	Urgent care	20% coinsurance	40% coinsurance	50% coinsurance	None
	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	50% coinsurance	Preauthorization required; or \$500 penalty <u>Out-of-Network</u> .
If you have a hospital stay	Physician/surgeon fees	20% coinsurance	40% coinsurance	50% coinsurance	None
	Outpatient services	20% coinsurance	40% coinsurance	50% coinsurance	Preauthorization required for certain services.
	Inpatient services	20% coinsurance	40% coinsurance	50% coinsurance	Preauthorization required; or \$500 penalty <u>Out-of-Network</u> .
If you need mental health, behavioral health, or substance abuse services	Office visits	20% coinsurance	40% coinsurance	50% coinsurance	Cost sharing does not apply for preventive services. Depending on the type of services, a copayment, coinsurance, or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	50% coinsurance	
	Childbirth/delivery facility services	20% coinsurance	40% coinsurance	50% coinsurance	Preauthorization required; or \$500 penalty <u>Out-of-Network</u> .

* For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/s9uy4x1egndmtpwhtk7zzqd6s1kd8qi>.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Select Provider (You will pay the least)	Blue Preferred Provider	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	60 visit limit per benefit period. <u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	Outpatient: 40 visit limit per benefit period combined for physical, speech, and occupational therapies. Inpatient: 30 day limit per benefit period. <u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
	<u>Habilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	60 day limit per benefit period. <u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Medically necessary</u> rental or purchase at the <u>plan's</u> discretion.
	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	Not Covered	None

* For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/s9uy4x1egndmtpwhitk7zzqd6s1kd8qi>.

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Dental care (Adult)
- Infertility treatment
- Bariatric surgery
- Elective abortion (unless the life of the mother is endangered)
- Long-term care
- Cosmetic surgery
- Hearing aids (limited coverage for children)
- Non-emergency care when traveling outside the U.S.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care
- Routine eye care (Adult)
- Weight loss programs (Naturally Slim only)
- Private-duty nursing
- Routine foot care (only for diabetic members)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the [plan](http://www.dol.gov/ebsa/healthreform) at 1-800-672-2378, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the [explanation](#) of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Oklahoma at 1-800-672-2378 or visit www.bcbsok.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Oklahoma Insurance Department at 1-800-522-0071 or visit www.ok.gov/oid/Consumers/Consumer_Assistance/.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-672-2378.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-672-2378.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-672-2378.

Navajo (Dine): Dine'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-672-2378.

_____ To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$3,000
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,800

In this example, Peg would pay:

<u>Cost sharing</u>	
<u>Deductibles</u>	\$3,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$1,800
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,860

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$3,000
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$7,400

In this example, Joe would pay:

<u>Cost sharing</u>	
<u>Deductibles</u>	\$3,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$800
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$3,860

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$3,000
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$1,900

In this example, Mia would pay:

<u>Cost sharing</u>	
<u>Deductibles</u>	\$1,900
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

The plan would be responsible for the other costs of these EXAMPLE covered services.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>



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Important Questions	Answers	Why This Matters:
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Are there services covered before you meet your deductible?	Yes. <u>Network preventive care</u> is covered before you meet your <u>deductible</u> .	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u> . See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the out-of-pocket limit for this plan?	Blue Select: \$5,000 Individual / \$10,000 Family Blue Preferred: \$6,000 Individual / \$12,000 Family <u>Out-of-Network</u> : \$8,000 Individual / \$14,000 Family	The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u> , they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	<u>Premiums</u> , <u>balanced-billed charges</u> , <u>preauthorization</u> penalties, and healthcare this <u>plan</u> doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.bcbsook.com or call 1-800-672-2378 for a list of <u>Network providers</u>	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Select Provider (You will pay the least)	Blue Preferred Provider	Out-of-Network Provider (You will pay the most)	
	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Specialist visit	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you visit a health care provider's office or clinic	Preventive care/screening/immunization	No Charge; <u>deductible</u> does not apply	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Annual mammography screening and childhood immunizations are covered at No Charge <u>Out-of-Network</u> . You may have to pay for services that aren't <u>preventive</u> . Ask your provider if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.bcbsok.com/member/prescriptiondrug.html	Generic drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Up to 30 day supply retail. Up to 90 day supply of maintenance drugs. Up to 90 day supply mail. <u>Specialty drugs</u> should be obtained from Prime Specialty Pharmacy; 20% penalty if any other vendor is used. Limited to 30 day supply. Mail order is not covered.
	Preferred brand drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Non-preferred brand drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Specialty drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	

* For more information about limitations and exceptions, see the plan or policy document at

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Select Provider (You will pay the least)	Blue Preferred Provider	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	Elective abortion is not covered.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	<u>Urgent care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
If you have a hospital stay	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Outpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required for certain services.
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
If you are pregnant	Office visits	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for preventive services. Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .

* For more information about limitations and exceptions, see the plan or policy document at

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Blue Select Provider (You will pay the least)	Blue Preferred Provider	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	60 visit limit per benefit period. <u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	Outpatient: 40 visit limit per benefit period combined for physical, speech, and occupational therapies. Inpatient: 30 day limit per benefit period. <u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
	<u>Habilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	60 day limit per benefit period. <u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Medically necessary</u> rental or purchase at the <u>plan's</u> discretion.
	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	Not Covered	None
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Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Dental care (Adult)
- Infertility treatment
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Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$3,000
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
 Childbirth/Delivery Professional Services
 Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,800

In this example, Peg would pay:

<u>Cost sharing</u>	
<u>Deductibles</u>	\$3,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$1,900
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,960

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$3,000
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$7,400

In this example, Joe would pay:

<u>Cost sharing</u>	
<u>Deductibles</u>	\$3,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$800
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$3,860

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$3,000
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$1,900

In this example, Mia would pay:

<u>Cost sharing</u>	
<u>Deductibles</u>	\$1,900
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

The plan would be responsible for the other costs of these EXAMPLE covered services.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-672-2378 or at <https://policy-srv.box.com/s/dqrqirjh1c2i2bwpt2u0z6dijf6tbq>.

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf or call 1-800-672-2378 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>Tulsa Blue (Hillcrest & Utica Park Clinics): \$3,000 Individual / \$6,000 Family Blue Preferred: \$3,000 Individual / \$6,000 Family <u>Out-of-Network</u>: \$4,500 Individual / \$9,000 Family</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u>, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u>.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. <u>Network preventive care</u> is covered before you meet your <u>deductible</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u>. See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>Tulsa Blue: \$5,000 Individual / \$10,000 Family Blue Preferred: \$6,000 Individual / \$12,000 Family <u>Out-of-Network</u>: \$8,000 Individual / \$14,000 Family</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p><u>Premiums</u>, <u>balanced-billed charges</u>, <u>preauthorization</u> penalties, and healthcare this <u>plan</u> doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>
<p>Will you pay less if you use a network provider?</p>	<p>Yes. See www.bcbsook.com or call 1-800-672-2378 for a list of <u>Network providers</u></p>	<p>This <u>plan</u> uses a <u>provider network</u>. You will pay less if you use a <u>provider</u> in the <u>plan's network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p>
<p>Do you need a referral to see a specialist?</p>	<p>No.</p>	<p>You can see the <u>specialist</u> you choose without a <u>referral</u>.</p>



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tulsa Blue Provider (You will pay the least)	Blue Preferred Provider	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Specialist visit	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Preventive care/screening/immunization	No Charge; <u>deductible</u> does not apply	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Annual mammography screening and childhood immunizations are covered at No Charge <u>Out-of-Network</u> . You may have to pay for services that aren't <u>preventive</u> . Ask your provider if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
If you need drugs to treat your illness or condition More information about <u>prescription drug coverage</u> is available at www.bcbsok.com/member/prescriptiondrug.html	Generic drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Up to 30 day supply retail. Up to 90 day supply of maintenance drugs. Up to 90 day supply mail. <u>Specialty drugs</u> should be obtained from Prime Specialty Pharmacy; 20% penalty if any other vendor is used. Limited to 30 day supply. Mail order is not covered.
	Preferred brand drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Non-preferred brand drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	
	Specialty drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	

* For more information about limitations and exceptions, see the plan or policy document at <https://policy-srv.box.com/s/dqrqrjrh1c1c2i2bwpt2u0z6dijf6tbq>.

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tulsa Blue Provider (You will pay the least)	Blue Preferred Provider	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	Elective abortion is not covered.
	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	<u>Emergency room care</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
If you need immediate medical attention	<u>Emergency medical transportation</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	20% <u>coinsurance</u>	None
	<u>Urgent care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Facility fee (e.g., hospital room)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
If you have a hospital stay	Physician/surgeon fees	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None
	Outpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required for certain services.
	Inpatient services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
If you are pregnant	Office visits	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Cost sharing</u> does not apply for preventive services. Depending on the type of services, a <u>copayment</u> , <u>coinsurance</u> , or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	
	Childbirth/delivery facility services	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .

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Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,800

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Limits or exclusions	\$60
The total Peg would pay is	\$4,960

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$3,000
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$7,400

In this example, Joe would pay:

<u>Cost sharing</u>	
<u>Deductibles</u>	\$3,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$800
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$3,860

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$3,000
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$1,900

In this example, Mia would pay:

<u>Cost sharing</u>	
<u>Deductibles</u>	\$1,900
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

The plan would be responsible for the other costs of these EXAMPLE covered services.

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator
300 E. Randolph St.
35th Floor
Chicago, Illinois 60601

Phone: 855-664-7270 (voicemail)
TTY/TDD: 855-661-6965
Fax: 855-661-6960
Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>



The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, call 1-800-672-2378 or at <https://policy-srv.box.com/s/ernxqs75e8odw9wal0rpf4mq91m4bqnw>.

For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf or call 1-800-672-2378 to request a copy.

Important Questions	Answers	Why This Matters:
<p>What is the overall deductible?</p>	<p>Tulsa Blue (Hilcrest & Utica Park Clinics): \$3,000 Individual / \$6,000 Family Blue Preferred: \$3,000 Individual / \$6,000 Family <u>Out-of-Network</u>: \$4,500 Individual / \$9,000 Family</p>	<p>Generally, you must pay all of the costs from providers up to the deductible amount before this <u>plan</u> begins to pay. If you have other family members on the <u>plan</u>, each family member must meet their own individual <u>deductible</u> until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family <u>deductible</u>.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. <u>Network preventive care</u> and <u>diagnostic tests</u> are covered before you meet your <u>deductible</u>.</p>	<p>This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost sharing</u> and before you meet your <u>deductible</u>. See a list of covered <u>preventive services</u> at www.healthcare.gov/coverage/preventive-care-benefits/.</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>Tulsa Blue: \$5,000 Individual / \$10,000 Family Blue Preferred: \$6,000 Individual / \$12,000 Family <u>Out-of-Network</u>: \$8,000 Individual / \$14,000 Family</p>	<p>The <u>out-of-pocket limit</u> is the most you could pay in a year for covered services. If you have other family members in this <u>plan</u>, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p><u>Premiums</u>, <u>balanced-billed charges</u>, <u>preauthorization</u> penalties, and healthcare this <u>plan</u> doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u>.</p>
<p>Will you pay less if you use a network provider?</p>	<p>Yes. See www.bcbsook.com or call 1-800-672-2378 for a list of <u>Network providers</u></p>	<p>This <u>plan</u> uses a <u>provider network</u>. You will pay less if you use a <u>provider</u> in the <u>plan's network</u>. You will pay the most if you use an <u>out-of-network provider</u>, and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's charge</u> and what your <u>plan</u> pays (<u>balance billing</u>). Be aware, your <u>network provider</u> might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your <u>provider</u> before you get services.</p>
<p>Do you need a referral to see a specialist?</p>	<p>No.</p>	<p>You can see the <u>specialist</u> you choose without a <u>referral</u>.</p>



All **copayment** and **coinsurance** costs shown in this chart are after your **deductible** has been met, if a **deductible** applies.

Common Medical Event	Services You May Need	What You Will Pay			Out-of-Network Provider (You will pay the most)	Limitations, Exceptions, & Other Important Information
		Tulsa Blue Provider (You will pay the least)	BluePreferred Provider	Out-of-Network Provider (You will pay the most)		
	Primary care visit to treat an injury or illness	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None	
	Specialist visit	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None	
If you visit a health care provider's office or clinic	Preventive care/screening/immunization	No Charge; <u>deductible</u> does not apply	No Charge; <u>deductible</u> does not apply	30% <u>coinsurance</u>	Annual mammography screening and childhood immunizations are covered at No Charge <u>Out-of-Network</u> . You may have to pay for services that aren't <u>preventive</u> . Ask your provider if the services needed are <u>preventive</u> . Then check what your <u>plan</u> will pay for.	
	Diagnostic test (x-ray, blood work)	No Charge; <u>deductible</u> does not apply	No Charge; <u>deductible</u> does not apply	50% <u>coinsurance</u>	No Charge if billed with office visit.	
If you have a test	Imaging (CT/PET scans, MRIs)	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	None	
	Generic drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	Up to 30 day supply retail. Up to 90 day supply of maintenance drugs. Up to 90 day supply mail. <u>Specialty drugs</u> should be obtained from Prime Specialty Pharmacy; 20% penalty if any other vendor is used. Limited to 30 day supply. Mail order is not covered.	
Preferred brand drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>			
Non-preferred brand drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>			
Specialty drugs	20% <u>coinsurance</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>			

* For more information about limitations and exceptions, see the plan or policy document at

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tulsa Blue Provider (You will pay the least)	BluePreferred Provider	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% coinsurance	40% coinsurance	50% coinsurance	Elective abortion is not covered.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	50% coinsurance	None
	Emergency room care	20% coinsurance	20% coinsurance	20% coinsurance	None
If you need immediate medical attention	Emergency medical transportation	20% coinsurance	20% coinsurance	20% coinsurance	None
	Urgent care	20% coinsurance	40% coinsurance	50% coinsurance	None
	Facility fee (e.g., hospital room)	20% coinsurance	40% coinsurance	50% coinsurance	Preauthorization required; or \$500 penalty <u>Out-of-Network</u> .
If you have a hospital stay	Physician/surgeon fees	20% coinsurance	40% coinsurance	50% coinsurance	None
	Outpatient services	20% coinsurance	40% coinsurance	50% coinsurance	Preauthorization required for certain services.
	Inpatient services	20% coinsurance	40% coinsurance	50% coinsurance	Preauthorization required; or \$500 penalty <u>Out-of-Network</u> .
If you are pregnant	Office visits	20% coinsurance	40% coinsurance	50% coinsurance	Cost sharing does not apply for preventive services. Depending on the type of services, a copayment, coinsurance, or deductible may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound.)
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	50% coinsurance	
	Childbirth/delivery facility services	20% coinsurance	40% coinsurance	50% coinsurance	Preauthorization required; or \$500 penalty <u>Out-of-Network</u> .

* For more information about limitations and exceptions, see the [plan](#) or policy document at

Common Medical Event	Services You May Need	What You Will Pay			Limitations, Exceptions, & Other Important Information
		Tulsa Blue Provider (You will pay the least)	BluePreferred Provider	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	60 visit limit per benefit period. <u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
	<u>Rehabilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	Outpatient: 40 visit limit per benefit period combined for physical, speech, and occupational therapies. Inpatient: 30 day limit per benefit period. <u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
	<u>Habilitation services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	60 day limit per benefit period. <u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
	<u>Durable medical equipment</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Medically necessary</u> rental or purchase at the <u>plan's</u> discretion.
	<u>Hospice services</u>	20% <u>coinsurance</u>	40% <u>coinsurance</u>	50% <u>coinsurance</u>	<u>Preauthorization</u> required; or \$500 penalty <u>Out-of-Network</u> .
If your child needs dental or eye care	Children's eye exam	Not Covered	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	Not Covered	None
	Children's dental check-up	Not Covered	Not Covered	Not Covered	None

* For more information about limitations and exceptions, see the plan or policy document at

Excluded Services & Other Covered Services:

Services Your Plan Generally Does NOT Cover (Check your policy or plan document for more information and a list of any other excluded services.)

- Acupuncture
- Dental care (Adult)
- Infertility treatment
- Bariatric surgery
- Elective abortion (unless the life of the mother is endangered)
- Long-term care
- Cosmetic surgery
- Hearing aids (limited coverage for children)
- Non-emergency care when traveling outside the U.S.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document.)

- Chiropractic care
- Routine eye care (Adult)
- Weight loss programs (Naturally Slim only)
- Private-duty nursing
- Routine foot care (only for diabetic members)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: the [plan](http://www.dol.gov/ebsa/healthreform) at 1-800-672-2378, U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, or Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.ccio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the [explanation](#) of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact: Blue Cross and Blue Shield of Oklahoma at 1-800-672-2378 or visit www.bcbsok.com, or contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or visit www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your [appeal](#). Contact the Oklahoma Insurance Department at 1-800-522-0071 or visit www.ok.gov/oid/Consumers/Consumer_Assistance/.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-672-2378.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-672-2378.

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-800-672-2378.

Navajo (Dine): Dine'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-672-2378.

_____ To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this plan might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your providers charge, and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and excluded services under the plan. Use this information to compare the portion of costs you might pay under different health plans. Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

- The plan's overall deductible \$3,000
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost \$12,800

In this example, Peg would pay:

<u>Cost sharing</u>	
<u>Deductibles</u>	\$3,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$1,800
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$4,860

Managing Joe's type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

- The plan's overall deductible \$3,000
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Primary care physician office visits (*including disease education*)
Diagnostic tests (*blood work*)
Prescription drugs
Durable medical equipment (*glucose meter*)

Total Example Cost \$7,400

In this example, Joe would pay:

<u>Cost sharing</u>	
<u>Deductibles</u>	\$3,000
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$800
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$3,860

Mia's Simple Fracture

(in-network emergency room visit and follow up care)

- The plan's overall deductible \$3,000
- Specialist coinsurance 20%
- Hospital (facility) coinsurance 20%
- Other coinsurance 20%

This EXAMPLE event includes services like:

Emergency room care (*including medical supplies*)
Diagnostic test (*x-ray*)
Durable medical equipment (*crutches*)
Rehabilitation services (*physical therapy*)

Total Example Cost \$1,900

In this example, Mia would pay:

<u>Cost sharing</u>	
<u>Deductibles</u>	\$1,900
<u>Copayments</u>	\$0
<u>Coinsurance</u>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

The plan would be responsible for the other costs of these EXAMPLE covered services.

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Room 509F, HHH Building 1019
Washington, DC 20201

Phone: 800-368-1019
TTY/TDD: 800-537-7697
Complaint Portal: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>
Complaint Forms: <http://www.hhs.gov/ocr/office/file/index.html>

Locations & Hours:

15th Street

(x-ray available)
1810 E. 15th Street, Tulsa, OK
Monday - Friday
8:00am - 5:00pm*

Aspen

1749 N Aspen, Broken Arrow, OK
Monday - Friday
8:00am - 5:00pm*

Bixby

12800 S Memorial, Bixby, OK
Monday, Wednesday, Friday
8:00am - 12:00pm
Tuesday, Thursday
1:00pm - 5:00pm

Muskogee

3300 Chandler Rd, Muskogee, OK
Monday - Thursday
8:00am - 5:00pm*
Friday 8:00am - 12:00pm

Owasso

8751 N 117th E Ave, Owasso, OK
Monday, Friday
8:00am - 12:00pm
Tuesday, Wednesday
8:00am - 5:00pm*
Thursday 1:00pm - 5:00pm

Yale

(x-ray available)
7153 S Yale, Tulsa, OK
Monday - Friday
8:00am - 5:00pm*

Coming Soon

Downtown Tulsa Clinic

*Closed from 12:00pm - 1:00pm for lunch

To schedule an
appointment:

patients.careatc.com or
800.993.8244



Did You Know?



Medical Clinic

WHAT THE CareATC MEDICAL CLINIC CAN DO FOR YOU

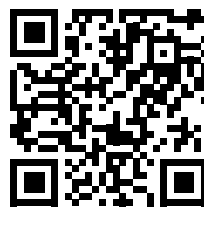
Types of Visits:

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



3 Ways to Schedule an Appointment

- 1. Call**
800.993.8244
- 2. Go online**
Visit patients.careatc.com to login to your account. You can schedule an appointment online and also view your medical records!
- 3. Mobile App**
Download the CareATC app. Login to your account to schedule an appointment. Also view your medical records!
Download Today



Other Services:

- ✓ On-Site X-rays (at certain locations)
- ✓ No-Cost Generic Medications (those carried in clinics)
- ✓ Most Laboratory Testing

*Need login information? Call 800.993.8244

NO-COST GENERIC MEDICATIONS

A CareATC physician can prescribe the following medications at **no cost** to you. Schedule your appointment today and get established with a CareATC physician.

Log in at patients.careatc.com or call **800.993.8244** or download the **CareATC App!**

ALLERGY:	HYPERTENSION:	ANTI-INFLAMMATORY/PAIN:
Cetirizine 10 mg	Amlodipine 5mg, 10mg	Acetaminophen 325mg
Fexofenadine 180 mg	Aspirin 81 mg	Ibuprofen 800mg
Diphenhydramine 25 mg	Carvedilol 12.5mg	Meloxicam 7.5mg, 15mg
Fluticasone 50mcg	Clonidine 0.1 mg	Naproxen 500mg
Lortadine 10mg	Hydrochlorothiazide 12.5mg, 25mg	Cyclobenzaprine 10mg
CHOLESTEROL:	Lisinopril 10mg, 20mg, 40mg	ANTACIDS:
Atorvastatin Calcium 20mg, 40mg	Losartan Potassium 50mg	Omeprazole 20mg, 40mg
Fish Oil 1000mg	Metoprolol Tartrate 50mg, 100mg	Ranitidine 150mg
Gemfibrozil 600 mg	ANTIBIOTIC:	PULMONARY:
Lovastatin 20mg, 40mg	Amoxicillin 250mg	Albuterol Sulfate 0.083%
Simvastatin 20mg, 40mg	Amoxicillin 500mg	Ventolin 90mcg
ANTIDEPRESSANT:	Azithromycin 200mg	THYROID:
Bupropion SR 150mg	Azithromycin 250mg, 500mg	Levothyroxine 50, 75, 100, & 150mcg
Fluoxetine 20mg	Cephalexin 500mg	ANTIEMETIC:
Paroxetine 20mg, 40mg	Ciprofloxacin 500mg	Promethazine 25mg
Sertraline 50mg, 100mg	Metronidazole 500mg	Ondansetron 8mg
Escitalopram 10mg, 20mg	Mupirocin 2%	Meclizine 25mg
Trazodone 50mg, 100mg	Ofloxacin 0.3%	MISCELLANEOUS:
ANTIVIRAL:	Sulfameth/trimeth DS 800mg/160mg	Vit D 50000
Acyclovir 200mg, 400mg	Triple Antibiotic Ointment	ANTIFUNGAL:
STEROID:	DIABETES:	Fluconazole 150mg
Prednisone 10mg, 20mg	Glipizide 5mg, 10mg	
Triamcinolone 0.1%	Metformin 500mg, 1000mg	

*Medication list subject to change without notice due to manufacturer availability.



Delta Dental Program Highlights

For Employees of **CITY OF TULSA**
Delta Dental PPO – Plus Premier – **Low Option** • January 2017

Your Program Highlights provides a brief description of the most important features of your group's dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma's Customer Service Department at **405-607-2100 (OKC Metro)** or **800-522-0188 (Toll Free)**.

Dental benefits for participants and covered dependents are payable for eligible dental treatment not otherwise limited or excluded, and shall be paid in accordance with the benefit provisions of your plan, as follows:

Percent Payable for Covered and Allowable Dental Services	
Class I: Diagnostic and Preventive Services	100%
Class II: Basic Services such as amalgam and composite fillings	80%
Class III: Major Services such as crowns, dentures and implants	N/A
Class IV: Orthodontic Services	N/A

Deductible and Maximum Amounts	
Annual Maximum Benefit and Deductible Accumulation Period	January 1 - December 31
Annual Deductible Per Person – applies to N/A	\$0
Annual Maximum Benefit Per Person – applies to Classes I and II combined	\$750**

**Benefits paid by the plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your Annual Maximum Benefit Per Person for Classes I, II and III combined services.

Endodontics, Periodontics and Oral Surgery are covered benefits under Class II Services.

Eligible dependent children can be covered to age twenty-six (26).

The information contained herein is not intended as a Summary Plan Description nor is it designed to serve as Evidence of Coverage for this program. Some benefits are subject to limitations such as age of patient, frequency of procedure, exclusions, etc.

Your dental benefits program allows payment for eligible services performed by any properly licensed dentist. However, maximum savings and lower out-of-pocket expenses are achieved when treatment is provided by a Delta Dental participating dentist. ***Below is an illustration of a typical 100/80/50/50 plan, assuming annual deductible has been satisfied.***

Delta Dental PPO participating dentist		Delta Dental Premier participating dentist		Out-of-Network dentist	
Dentist Charge	\$100	Dentist Charge	\$100	Dentist Charge	\$100
PPO Maximum Allowable	\$70	Premier Maximum Allowable	\$85	Prevailing Fee	\$75
Plan pays 80% of PPO Allowable	\$56	Plan pays 80% of Premier Allowable	\$68	Plan pays 80% of Prevailing Fee	\$60
You pay 20% of PPO Allowable	\$14	You pay 20% of Premier Allowable	\$17	You pay Balance of the dentist charge	\$40

How to use your dental program:

Call the dental office of your choice and make an appointment. During your first appointment be sure to provide your dentist with the following information:

- Your Group name
- Your Group number
- The employee’s social security or member ID number

Your dental program allows you to:

- Change dentists and visit a specialist of your choice at any time without preapproval
- Select a different dentist for each member of your family
- Receive dental care anywhere in the world

Find a Delta Dental participating dentist:

Two-thirds of the nation’s practicing dentists are Delta Dental participating dentists. To find a participating dentist, refer to our National Dentist Directory at www.DeltaDentalOK.org or call Delta Dental’s Customer Service Department at 405-607-2100 (OKC Metro) or 800-522-0188 (Toll Free).

Benefit Payment Procedure

Delta Dental pays participating dentists directly. You are responsible for any co-insurance percentages, deductible amounts, charges for non-covered services and amounts in excess of your annual maximum benefit. A Delta Dental participating dentist cannot charge you for amounts payable by Delta Dental. If you obtain treatment from a nonparticipating dentist, you may have to pay the entire bill in advance. Delta Dental will directly reimburse you, or any other participant or beneficiary, if required by law, up to your plan’s maximum allowable amount.

The advantage of predetermination

If you are scheduled for dental treatment that will cost more than \$250, your dentist can request a predetermination of benefits by Delta Dental to determine if the proposed treatment is covered under your program, approximately how much the service will cost and your estimated share of the cost.

Filing your claim

A Delta Dental participating dentist will file your claim at no charge. If necessary, a printable claim form may be obtained on our website at www.DeltaDentalOK.org. Completed claim forms should be submitted to the address below:

Delta Dental of Oklahoma - Claims Processing Center
P.O. Box 548809
Oklahoma City, OK 73154-8809

Delta Dental Program Highlights

For Employees of **CITY OF TULSA**

Delta Dental PPO – Plus Premier – **Middle Option** • January 2017

Your Program Highlights provides a brief description of the most important features of your group's dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma's Customer Service Department at **405-607-2100 (OKC Metro)** or **800-522-0188 (Toll Free)**.

Dental benefits for participants and covered dependents are payable for eligible dental treatment not otherwise limited or excluded, and shall be paid in accordance with the benefit provisions of your plan, as follows:

Percent Payable for Covered and Allowable Dental Services

Class I: Diagnostic and Preventive Services	100%
Class II: Basic Services such as amalgam and composite fillings	80%
Class III: Major Services such as crowns, dentures and implants	50%
Class IV: Orthodontic Services	N/A

Deductible and Maximum Amounts

Annual Maximum Benefit and Deductible Accumulation Period	January 1 - December 31
Annual Deductible Per Person – applies to Classes II and III	\$25*
Annual Maximum Benefit Per Person – applies to Classes I, II and III combined	\$1,000**

*Family Deductible not to exceed 3 times the Annual Deductible Per Person.

**Benefits paid by the plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your Annual Maximum Benefit Per Person for Classes I, II and III combined services.

Endodontics, Periodontics and Oral Surgery are covered benefits under Class II Services.

Eligible dependent children can be covered to age twenty-six (26).

The information contained herein is not intended as a Summary Plan Description nor is it designed to serve as Evidence of Coverage for this program. Some benefits are subject to limitations such as age of patient, frequency of procedure, exclusions, etc.

Your dental benefits program allows payment for eligible services performed by any properly licensed dentist. However, maximum savings and lower out-of-pocket expenses are achieved when treatment is provided by a Delta Dental participating dentist. *Below is an illustration of a typical 100/80/50/50 plan, assuming annual deductible has been satisfied.*

Delta Dental PPO participating dentist		Delta Dental Premier participating dentist		Out-of-Network dentist	
Dentist Charge	\$100	Dentist Charge	\$100	Dentist Charge	\$100
PPO Maximum Allowable	\$70	Premier Maximum Allowable	\$85	Prevailing Fee	\$75
Plan pays 80% of PPO Allowable	\$56	Plan pays 80% of Premier Allowable	\$68	Plan pays 80% of Prevailing Fee	\$60
You pay 20% of PPO Allowable	\$14	You pay 20% of Premier Allowable	\$17	You pay Balance of the dentist charge	\$40

How to use your dental program:

Call the dental office of your choice and make an appointment. During your first appointment be sure to provide your dentist with the following information:

- Your Group name
- Your Group number
- The employee's social security or member ID number

Your dental program allows you to:

- Change dentists and visit a specialist of your choice at any time without preapproval
- Select a different dentist for each member of your family
- Receive dental care anywhere in the world

Find a Delta Dental participating dentist:

Two-thirds of the nation's practicing dentists are Delta Dental participating dentists. To find a participating dentist, refer to our National Dentist Directory at www.DeltaDentalOK.org or call Delta Dental's Customer Service Department at 405-607-2100 (OKC Metro) or 800-522-0188 (Toll Free).

Benefit Payment Procedure

Delta Dental pays participating dentists directly. You are responsible for any co-insurance percentages, deductible amounts, charges for non-covered services and amounts in excess of your annual maximum benefit. A Delta Dental participating dentist cannot charge you for amounts payable by Delta Dental. If you obtain treatment from a nonparticipating dentist, you may have to pay the entire bill in advance. Delta Dental will directly reimburse you, or any other participant or beneficiary, if required by law, up to your plan's maximum allowable amount.

The advantage of predetermination

If you are scheduled for dental treatment that will cost more than \$250, your dentist can request a predetermination of benefits by Delta Dental to determine if the proposed treatment is covered under your program, approximately how much the service will cost and your estimated share of the cost.

Filing your claim

A Delta Dental participating dentist will file your claim at no charge. If necessary, a printable claim form may be obtained on our website at www.DeltaDentalOK.org. Completed claim forms should be submitted to the address below:

Delta Dental of Oklahoma - Claims Processing Center
P.O. Box 548809
Oklahoma City, OK 73154-8809

Delta Dental Program Highlights

For Employees of **CITY OF TULSA**
Delta Dental PPO – Plus Premier – **High Option** • January 2017

Your Program Highlights provides a brief description of the most important features of your group's dental benefits program. If you have more specific questions regarding your benefits, please contact Delta Dental of Oklahoma's Customer Service Department at **405-607-2100 (OKC Metro)** or **800-522-0188 (Toll Free)**.

Dental benefits for participants and covered dependents are payable for eligible dental treatment not otherwise limited or excluded, and shall be paid in accordance with the benefit provisions of your plan, as follows:

Percent Payable for Covered and Allowable Dental Services

Class I: Diagnostic and Preventive Services	100%
Class II: Basic Services such as amalgam and composite fillings	90%
Class III: Major Services such as crowns, dentures and implants	60%
Class IV: Orthodontic Services are available to the eligible employee and eligible dependents	50%

Deductible and Maximum Amounts

Annual Maximum Benefit and Deductible Accumulation Period	January 1 - December 31
Annual Deductible Per Person – applies to Classes II and III	\$50*
Annual Maximum Benefit Per Person – applies to Classes I, II and III combined	\$2,500**
Lifetime Maximum Benefit Payment Per Person – applies to Class IV only	\$2,000

*Family Deductible not to exceed 3 times the Annual Deductible Per Person.

**Benefits paid by the plan for covered oral evaluations and routine prophylaxis (cleanings) will not reduce your Annual Maximum Benefit Per Person for Classes I, II and III combined services.

Endodontics, Periodontics and Oral Surgery are covered benefits under Class II Services.

Eligible dependent children can be covered to age twenty-six (26).

The information contained herein is not intended as a Summary Plan Description nor is it designed to serve as Evidence of Coverage for this program. Some benefits are subject to limitations such as age of patient, frequency of procedure, exclusions, etc.

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Delta Dental of Oklahoma - Claims Processing Center
P.O. Box 548809
Oklahoma City, OK 73154-8809

Telephone & Office Consultations

MetLaw provides you with telephone and office consultations for an unlimited number of matters with the attorney of your choice. During the consultation, the attorney will review the law, discuss your rights and responsibilities, explore your options and recommend a course of action.

Legal Representation

Estate Planning

- Simple Wills
- Complex Wills
- Revocable Trusts
- Irrevocable Trusts
- Powers of Attorney (healthcare, financial, childcare)
- Healthcare Proxies
- Living Wills
- Codicils

Money Matters

- Personal Bankruptcy/Wage Earner Plan
- Debt Collection Defense
- Foreclosure Defense
- Repossession Defense
- Garnishment Defense
- Identity Theft Defense
- Tax Collection Defense
- Negotiations with Creditors
- Tax Audit Representation (Municipal, State, Federal)

Real Estate Matters

- Sale, Purchase or Refinancing of primary, second or vacation home
- Home Equity Loans for primary, second or vacation home
- Eviction & Tenant Problems (for tenant)
- Security Deposit Assistance (for tenant)
- Boundary or Title Disputes
- Property Tax Assessments
- Zoning Applications

Elder Law Matters

- Consultation & Document Review for issues related to your parents:
- Medicare
 - Medicaid
 - Prescription Plans
 - Nursing Home Agreements
 - Leases
 - Notes
 - Deeds
 - Wills
 - Powers of Attorney

Family Law

- Adoption & Legitimization
- Guardianship
- Conservatorship
- Name Change
- Prenuptial Agreement
- Protection from Domestic Violence

Traffic Offenses*

- Defense of Traffic Tickets (excludes DUI)
- Driving Privileges Restoration (includes License Suspension due to DUI)

Document Preparation

- Affidavits
- Deeds
- Demand Letters
- Mortgages
- Promissory Notes
- Review of Any Personal Legal Document

Immigration Assistance

- Advice & Consultation
- Review of Immigration Documents
- Preparation of Affidavits
- Preparation of Powers of Attorney

Juvenile Matters

- Juvenile Court Defense (includes Criminal Matters)
- Parental Responsibility Matters

Consumer Protection

- Disputes over Consumer Goods & Services
- Small Claims Assistance

Defense of Civil Lawsuits

- Civil Litigation Defense
- Incompetency Defense
- Administrative Hearings
- School Hearings
- Pet Liabilities

Personal Property Protection

- Consultation & Document Review for personal property issues
- Assistance for disputes over goods & services

For More Information:

Visit info.legalplans.com and enter access code GETLAW or call our Client Service Center at 800-821-6400 (Monday – Friday, 8 am to 7 pm EST/EDT).

\$24.00 per month

covers employee, spouse and dependents

The cost is automatically deducted from your paycheck.

Additional Plan Features

Reduced Fees

Network attorneys provide representation for personal injury, probate & estate administration matters at reduced fees.

Family Matters™**

Available for an additional fee. Separate plan for parents of participants for estate planning documents.

E-Services

Attorney Locator; Law Firm E-Panel®; Free, downloadable legal documents; Life Guide; Links to financial planning, insurance & work/life matters resources

Smart. Simple. Affordable.®

Hyatt Legal Plans

A MetLife Company



Group Legal Plans and Family Matters are provided by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, Ohio. In certain states, group legal plans and Family Matters are provided through insurance coverage underwritten by Metropolitan Property and Casualty Company and Affiliates, Warwick, Rhode Island. Please contact Hyatt Legal Plans for complete details on covered services including trials. No service, including advice and consultations, will be provided for: 1) employment-related matters, including company or statutory benefits; 2) matters involving the company, MetLife and affiliates, and Plan Attorneys; 3) matters in which there is a conflict of interest between the employee and spouse or dependents in which case services are excluded for the spouse and dependents; 4) appeals and class actions; 5) farm matters, business or investment matters, matters involving property held for investment or rental, or issues when the Participant is the landlord; 6) patent, trademark and copyright matters; 7) costs or fines; 8) frivolous or unethical matters; 9) matters for which an attorney-client relationship exists prior to the Participant becoming eligible for plan benefits. For all other personal legal matters, an advice and consultation benefit is provided. Additional representation is also included for certain matters listed above under Legal Representation. *Not available in all states. **For Family Matters, different terms and exclusions apply. L0316460711[exp0517][All States][DC,PR]

Enroll in LifeLock Identity Theft Protection



WHAT IS IDENTITY THEFT

Thieves pretend to be you to take over or open new accounts, file fake tax returns, rent or buy properties, or do other criminal things in your name.



HOW LIFELOCK WORKS

LifeLock protection alerts you to suspicious activity* and helps fix ID theft issues with dedicated US-based specialists. We'll spend up to \$1M to help make things right.†



WHY LIFELOCK

Free credit monitoring services alone aren't enough. DIY identity monitoring isn't realistic. Your bank only monitors transactions on existing accounts. These are just a few reasons to choose LifeLock Identity Theft Protection.

QUESTIONS TO CONSIDER

- **Do I really need to worry about identity theft?**
Yes. Identity theft is America's fastest growing crime.¹ Simply put, it's when someone uses your personal information for their gain and your loss.
- **Why is restoring my identity so difficult?**
Proving that 'you are you' can be time-consuming and expensive. Filing paperwork, disputes, and insurance claims can take weeks, months and even years. LifeLock's team of specialists will work with you to help clear your name, retain lawyers and other experts if needed, and pay court fees.
- **Doesn't my bank's credit card service have me covered?**
Your bank monitors transactions on your existing account. They may not see accounts opened using your identity at another bank – or an application for a student loan, welfare check, or cellular plan in another state either.
- **Can't I just wait for identity theft before getting LifeLock® protection?**
Your identity is exposed every day. If your personal information is stolen, it may show up on the dark web months before you're notified of a data breach. Plus, thieves may wait years before using your personal info.

No one can prevent all identity theft.

* LifeLock does not monitor all transactions at all businesses.

¹ Fastest alerts require member's current email address. Phone alerts made during normal local business hours. Whitehouse.gov, (2016), 'FACT SHEET: Cybersecurity National Action Plan', (accessed March 29, 2016)

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When a threat is detected, LifeLock notifies members by phone, text or email.[§]

See reverse for more information and rates.



The relevant, employee benefit

CHOOSE THE LIFELOCK SERVICE THAT'S RIGHT FOR YOU.

LIFELOCK BENEFIT ELITE (only available as a payroll deducted employee benefit) includes searching over a trillion data points every day for potential threats to your identity and to financial assets – your 401(k) and investment accounts.[†]

Also includes scanning for misuse of your Social Security number, change of address and court records scanning for use of your identity to commit crimes.

LIFELOCK ULTIMATE PLUS™ service provides some peace of mind knowing you have LifeLock's most comprehensive identity theft protection available. Enhanced services include bank account application and takeover alerts, online credit reports and credit scores.[‡]

LIFELOCK JUNIOR® (if dependents under age 18 are enrolled) protection helps safeguard your child's Social Security number and good name with proactive identity theft protection designed specifically for children.^{††}

HOW TO ENROLL:

Enroll through your employee benefits program.

You will receive a welcome email on your benefit effective date with instructions on how to take full advantage of your LifeLock membership!

SPECIAL BENEFIT PRICING - MONTHLY RATES		LifeLock Benefit Elite	LifeLock Ultimate Plus™
	Employee Only [18 and over]	\$8.49	\$25.49
	Employee + Spouse/Domestic Partner	\$16.98	\$50.98
	Employee + Children**	\$14.86	\$36.11
	Employee + Family**	\$23.36	\$61.61

SERVICE FEATURES	LifeLock Benefit Elite	LifeLock Ultimate Plus™
LifeLock Identity Alert® System [†]	✓	✓
Lost Wallet Protection	✓	✓
Address Change Verification	✓	✓
Black Market Website Surveillance	✓	✓
LifeLock Privacy Monitor™ Tool	✓	✓
Reduced Pre-Approved Credit Card Offers	✓	✓
Live Member Service Support	✓	✓
Identity Restoration Support	✓	✓
Fictitious Identity Monitoring	✓	✓
Court Records Scanning	✓	✓
Data Breach Notifications	✓	✓
Investment Account Activity Alerts [†]	✓	✓
\$1 Million Service Guarantee [†]	✓	✓
Credit Card, Checking & Savings with Account Activity Alerts [†]		✓
Online Annual Credit Report		✓
Online Annual Credit Score		✓
Checking and Savings Account Application Alerts [†]		✓
Bank Account Takeover Alerts [†]		✓
Credit Inquiry Alerts [†]		✓
Online Annual Tri-Bureau Credit Reports & Scores		✓
Monthly Credit Score Tracking		✓
File-Sharing Network Searches		✓
Sex Offender Registry Reports		✓
Priority Live Member Service Support		✓

No one can prevent all identity theft. [†] LifeLock does not monitor all transactions at all businesses.

^{*} Must agree to the terms and conditions at LifeLock.com/terms.

^{**} Children under the age of 18 will receive a product designed specifically for minors, LifeLock Junior service. Enrollment in LifeLock service is limited to employees and their eligible dependents.

^{††} LifeLock Junior™ membership is available as an added membership to an adult LifeLock plan.

[†] Service Guarantee benefits for State of New York members are provided under a Master Insurance Policy issued by State National Insurance Company. Benefits for all other members are provided under a Master Insurance Policy underwritten by United Specialty Insurance Company. Under the Service Guarantee LifeLock will spend up to \$1 million to hire experts to help your recovery. Please see the policy for terms, conditions and exclusions at LifeLock.com/legal.

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City of Tulsa Disability Plan Benefits

Explore the coverage that helps you protect your income and your lifestyle.

What is the difference between Short Term and Long Term Disability insurance?

Short Term Disability (STD) insurance can help you replace a portion of your income during the initial weeks of a Disability and pays a weekly benefit.

Long Term Disability (LTD) insurance helps replace a portion of your income for an extended period of time and pays a monthly benefit.

Eligibility Requirements

Short Term Disability:

All active full-time employees working at least 30 hours per week are eligible to participate.

Long Term Disability:

All active full-time employees working at least 30 hours per week are eligible to participate.

How is “Disability” defined under the Plan?

Generally, you are considered disabled and eligible for short term and long term benefits if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of treatment and for STD you are unable to earn more than 80% of your predisability earnings at your own occupation and for LTD you are unable to earn more than 80% of your predisability earnings at your own occupation for any employer in your local economy.

Following the Own Occupation period for LTD, you are considered disabled if, due to sickness, pregnancy or accidental injury, you are receiving appropriate care and treatment and complying with the requirements of treatment and you are unable to earn 60% of your predisability earnings at any gainful occupation for which you are reasonably qualified taking into account your training, education and experience. For a complete description of this and other requirements that must be met, refer to the Certificate of Insurance provided by your Employer or contact your MetLife benefits administrator with any questions.

What is the benefit amount?

Short Term Disability:

The Short Term Disability benefit replaces a portion of your predisability earnings, less the income that was actually paid to you during the same Disability from other sources¹ (e.g., state disability benefits, no-fault auto laws, sick pay, etc.).

You may choose one of the following options:

High Option: The Benefit amount is 60% of your predisability weekly earnings subject to the plan's maximum weekly benefit of \$1,250; or

Medium Option: The Benefit amount is 50% of your predisability weekly earnings, subject to the plan's maximum weekly benefit of \$1,000; or

Low Option: The Benefit amount is 40% of your predisability weekly earnings, subject to the plan's maximum weekly benefit of \$750.

Long Term Disability:

The Long Term Disability benefit replaces a portion of your predisability monthly earnings, less other income you may receive from other sources¹ during the same Disability (e.g., Social Security, Workers' Compensation, vacation pay, etc.).

You may choose one of the following options:

High Option: The Benefit amount is 60% of your predisability monthly earnings, subject to the plan's maximum monthly benefit of \$10,000; or

Medium Option: The Benefit amount is 50% of your predisability monthly earnings, subject to the plan's maximum monthly benefit of \$10,000; or

Low Option: The Benefit amount is 40% of your predisability monthly earnings, subject to the plan's maximum monthly benefit of \$10,000.

What is the maximum monthly benefit?

The amount of the Long Term Disability benefit may not exceed the maximum monthly benefit established under the plan, regardless of your annual salary amount. The maximum under this core plan is \$10,000.

High Option: If your salary exceeds \$16,667, your LTD benefit will be limited to this \$10,000 maximum.

Medium Option: If your salary exceeds \$20,000, your LTD benefit will be limited to this \$10,000 maximum.

Low Option: If your salary exceeds \$25,000, your LTD benefit will be limited to this \$10,000 maximum.

When do benefits begin and how long do they continue?**Short Term Disability:**

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. The elimination periods are/is as follows:

For Injury: 7 days.

For Sickness (includes pregnancy): 7 days.

Benefits continue for as long as you are disabled up to a maximum duration of 26 weeks of Disability.

Long Term Disability:

Benefits begin after the end of the elimination period. The elimination period begins on the day you become disabled and is the length of time you must wait while being disabled before you are eligible to receive a benefit. Your elimination period for Long Term Disability is 180 days.

Your plan's maximum benefit period and any specific limitations are described in the Certificate of Insurance provided by your Employer.

Additional Disability Plan Benefits:**Coverage with Your Best Interests in Mind...**

When you are ill or injured for a long time, MetLife believes you need more than a supplement to your income. That's why we offer return-to-work services and financial incentives and assistance in obtaining Social Security Disability Benefits to help you get the maximum benefits from your coverage. (Please note – this assistance is only offered if you are approved for LTD benefits).

Services to Help You Get Back to Work Can Include:

Nurse Consultant or Case Manager Services:

Specialists who personally contact you, your physician and your employer to coordinate an early return-to-work plan when appropriate.

Vocational Analysis:

Help with identifying job requirements and determining how your skills can be applied to a new or modified job with your employer.

Job Modifications/Accommodations:

Adjustments (e.g., redesign of work station tools) that enable you to return to work.

Retraining:

Development programs to help you return to your previous job or educate you for a new one.

Financial Incentives:

Allow you to receive Disability benefits or partial benefits while attempting to return to work.

The Services of Social Security Experts:

Once you are approved for Disability benefits, MetLife can help you obtain Social Security Disability benefits. Our experts can guide you through the initial application and appeals processes and may also help you access assistance from attorneys or vendors to pursue Social Security benefits.

Answers to Some Important Questions...

Q. Can I still receive benefits if I return to work part time?

A. Yes. As long as you are disabled and meet the terms of your Disability plan, you may qualify for adjusted Disability benefits.

Your plan offers financial and Rehabilitation incentives designed to help you to return to work when appropriate, even on a part-time basis when you participate in an approved Rehabilitation Program. While disabled, you may receive up to 100% of your predisability earnings when combining benefits, Rehabilitation Incentives, other income sources such as Social Security Disability Benefits and state disability benefits, and part-time earnings. (Please note – the Social Security Disability Benefit assistance is only offered if you are approved for LTD benefits).

Under Short Term Disability coverage and Long Term Disability coverage you can get a 10% increase in your weekly benefit with the Rehabilitation Incentive.

If you work or participate in a rehabilitation program while disabled, following the 4th weekly benefit payment, the Family Care Incentive provides reimbursement up to \$100 per week for eligible expenses, such as child care.

You may be eligible for the Moving Expense Incentive if you incur expenses in order to move to a new residence recommended as part of the Rehabilitation Program. Expenses must be approved in advance.

Q. Are there any exclusions for pre-existing conditions?

A. Yes. Your plan may not cover a sickness or accidental injury that arose in the months prior to your participation in the plan. A complete description of the pre-existing condition exclusion is included in the Certificate of Insurance provided by your Employer or contact your MetLife benefits administrator with any questions.

Q. Are there any exclusions to my coverage?

A. Yes. Under *Short Term Disability*, your plan does not cover any Disability which results from or is caused or contributed to by:

- Elective treatment or procedures, such as cosmetic surgery, sex-change surgery, reversal of sterilization, liposuction, visual correction surgery, in-vitro fertilization, embryo transfer procedure, artificial insemination or other specific procedures.

However, pregnancies and complications from any of these procedures will be treated as a sickness.

Under *Short Term and Long Term Disability* coverage, your plan does not cover any Disability which results from or is caused or contributed to by:

- War, whether declared or undeclared, or act of war, insurrection, rebellion or terrorist act;
- Active participation in a riot;
- Intentionally self-inflicted injury or attempted suicide;
- Commission of or attempt to commit a felony.

Q. Are there any limitations to my coverage?

A. For Long Term Disability, limited benefits apply for specific conditions:

[If you are disabled due to alcohol, drug or substance abuse or addiction, we will limit your disability benefits to one occurrence for a lifetime maximum of Disability for 24 months. During Your Disability, we require you to participate in an alcohol, drug or substance abuse or addiction recovery program recommended by a physician.

Benefits will end at the earliest of

- The date you receive 24 months of disability benefit payments;
- The date you cease or refuse to participate in the recovery program referred above; or
- The date you complete such recovery program.

If you are disabled due to mental or nervous disorders or diseases, neuromuscular, musculoskeletal or soft tissue disorder, fibromyalgia, chronic fatigue syndrome and related conditions or self-reported conditions, we will limit your Disability benefits to a per occurrence period limit equal to the lesser of:

- 24 months; or
- The Maximum Benefit Period.

Your Disability benefits will be limited as stated above for mental or nervous disorder or disease except for:

- schizophrenia;
- neurocognitive disorders; or
- bi-polar 1 disorder.

Other limitations or exclusions to your coverage may apply. Please review your Certificate of Insurance provided by your Employer for specific details or contact your benefits administrator with any questions.

The "Plan Benefits" provides only a brief overview of the LTD and STD plans. A more complete description of the benefits provisions, conditions, limitations, and exclusions will be included in the Certificate of Insurance. If any discrepancies exist between this information and the legal plan documents, the legal plan documents will govern.

Long Term Disability ("LTD") and Short Term Disability ("STD") coverages are provided under a group insurance policy (Form GPNP99) issued to your employer by MetLife. This LTD and STD coverages terminate when your employment ceases, when you cease to be an eligible employee, when your LTD and STD contributions cease (if applicable) or upon termination of the group contract by your employer. Like most group insurance policies, MetLife's group policies contain certain exclusions, elimination periods, reductions, limitations and terms for keeping them in force. State variations may apply.

1 Under certain circumstances, MetLife may estimate the amount of income you may receive from other sources.

City of Tulsa Plan Benefits

Explore the coverage that makes it easy to give yourself and your loved ones more security today...and in the future

Basic Term Life and Accidental Death and Dismemberment (AD & D) Insurance

Your employer provides you with Basic Term Life and Accidental Death and Dismemberment insurance coverage in the amount of 2 times your base annual earnings up to a maximum of \$500,000.

Supplemental Term Life Insurance Coverage Options

For You	Increments of \$25,000 to a maximum of the lesser of 5 times your basic annual earnings or \$500,000
For Your Spouse	\$5,000 to \$100,000 in \$5,000 increments
For Your Dependent Children*	Child 15 days to 6 months: \$1,000 Child 6 months to 26 years: May elect an amount of \$1,000, or \$2,000, or \$4,000, or \$5,000 or \$10,000

*Child(ren)'s Eligibility: Dependent children ages from 15 days to 26 years old are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

Monthly Costs* for Supplemental Term Life Insurance

You have the option to purchase Supplemental Term Life Insurance. Listed below are your monthly rates (based on your age as of your last birthday) as well as those for your spouse (based on your birthday). Rates to cover your child(ren) are also shown.

Age	Monthly Cost Per \$1,000 of Employee Coverage	Monthly Cost Per \$1,000 of Spouse Coverage
Under 30	\$0.060	\$0.060
30 – 34	\$0.080	\$0.080
35 – 39	\$0.090	\$0.090
40 – 44	\$0.103	\$0.103
45 – 49	\$0.154	\$0.154
50 – 54	\$0.248	\$0.248
55 – 59	\$0.487	\$0.487
60 – 64	\$0.684	\$0.684
65 – 69	\$1.270	\$1.270
70 +	\$2.069	\$2.069
Cost for your Child(ren)[†]	\$0.205	

† Covers all eligible children

*Note: rates are subject to the policy's right to change premium rates, and the employer's right to change employee contributions.

Use the table below to calculate your premium based on the amount of life insurance you will need.

Example: \$100,000 Supplemental Life Coverage

1. Enter the rate from the table (example age 36)	\$0.090	\$ _____
2. Enter the amount of insurance in thousands of dollars (Example: for \$100,000 of coverage enter \$100)	100	_____
3. Monthly premium (1) x (2)	\$9.00	\$ _____

Repeat the three easy steps above to determine the cost for each coverage selected.

Once Enrolled, You have Access to MetLife AdvantagesSM – For Support, Planning, and Protection when you need it most.

Comfort and guidance for challenging times

Grief Counseling¹

To help you, your dependents and beneficiaries cope with loss

Your MetLife employer-paid life insurance plan offers you, your dependents, and your beneficiaries access to grief counseling¹ sessions and related concierge services to help cope with a loss – at no extra cost. Grief counseling services provide valuable, confidential and professional support during a difficult time to help address personal and funeral planning needs. At your time of need, you and your dependents have 24/7 access to a work/life counselor. You simply call a dedicated 24/7 toll-free number to speak with a licensed professional experienced in helping individuals who have suffered a loss. Sessions can either take place in-person, because meeting face-to-face may provide a more personalized experience if you so desire, or by phone. You can have up to five face-to-face grief counseling sessions per event to discuss any situation you perceive as a major loss, including but not limited to death of a loved one, divorce, receiving a serious medical diagnosis or critical illness, or losing a pet.¹ Call 1-855-609-9989 or log on to <https://griefcounseling.harrisrothenberg.net/default.aspx> (Username: metlifeassist; Password: support).

Total Control Account^{®4}

For immediate access to death proceeds

The Total Control Account[®] (TCA) settlement option provides your loved ones with a safe and convenient way to manage the proceeds of a life or accidental death and dismemberment claim payments of \$5,000 or more, backed by the financial strength and claims paying ability of Metropolitan Life Insurance Company. TCA death claim payments relieve beneficiaries of the need to make immediate decisions about what to do with a lump-sum check and enable them to have the flexibility to access funds as needed while earning a guaranteed minimum interest rate on the proceeds as they assess their financial situations. Call 1-800-638-7283 for more information about options available to you.

Travel Assistance⁵

A travel assistance benefit is available when you enroll in MetLife's AD&D coverage.

Travel assistance services, offered on your AD&D coverage, offers you and your family access to emergency services while you travel, plus the advantage of concierge assistance for personal and work-related travel and entertainment requests. This service provides you and your dependents with medical,

legal, transportation and financial assistance 24 hours a day, 365 days a year when you are more than 100 miles away from home. You also have access to Mobile Assist Service to provide you information to help avoid expensive mobile telephone charges and help effectively use overseas options. Mobile Assist Service also offers a detailed guide that includes essential applications and resources and connects employees to their concierge services. Identity Theft Solutions is also available to help educate you on identity theft prevention and provide assistance in the event you are a victim of identity theft. Please visit the AXA website for more information.

<http://webcorp.axa-assistance.com>

Login: axa

Password: [travelassist](#)

Professional and in-person resources when it matters

Face-to-Face Will Preparation Service⁶

To help ensure your decisions are carried out

When you enroll for supplemental term life coverage, you will automatically receive access to Will Preparation Services at no extra cost to you. Both you and your spouse will have unlimited in-person or telephone access to one of Hyatt Legal Plans's nationwide network of 13,500 participating attorneys for preparation of or updating a will, living will or power of attorney.* When you use a participating plan attorney, there will be no charge for the services.* Like life insurance, a carefully prepared will (simple or complex), living will and power of attorney are important.

- A will lets you define your most important decisions, such as who will care for your children or inherit your property.
- A living will ensures your wishes are carried out and protects your loved ones from having to make very difficult and personal medical decisions by themselves. Also called an "advanced directive," it is a document authorized by statutes in all states that allows you to provide written instructions regarding use of extraordinary life-support measures and to appoint someone as your proxy or representative to make decisions on maintaining extraordinary life-support if you should become incapacitated and unable to communicate your wishes.
- Powers of attorney allow you to plan ahead by designating someone you know and trust to act on your behalf in the event of unexpected occurrences or if you become incapacitated

Call 1-800-821-6400 and a Client Service Representative will assist you.

* You also have the flexibility of using an attorney who is not participating in the Hyatt Legal Plans network and being reimbursed for covered services according to a set fee schedule. In that case you will be responsible for any attorney's fees that exceed the reimbursed amount.

Face-to-Face Estate Resolution Services^{SM6} (ERS)

Personal service and compassion assistance to help probate your and your spouse's estates.

MetLife Estate Resolution ServicesSM provides probate services in person or over the phone to the representative (executor or administrator) of the deceased employee's estate and the estate of the employee's spouse. Estate Resolution Services include preparation of documents and representation at court proceedings needed to transfer the probate assets from the estate to the heirs and completion of correspondence necessary to transfer non-probate assets. ERS covers participating plan attorneys' fees for telephone and face-to-face consultations or for the administrator or executor to discuss general questions about the probate process.

WillsCenter.com⁷

Self-service online legal document preparation

Employees and spouses have access to WillsCenter.com, an online document service to prepare and update a will, living will, power of attorney or HIPAA authorization form in a secure 24/7 environment at no additional cost. This service is available with all life coverages. Log on to www.willscenter.com to register as a new user.

Funeral Planning Services⁸

Provides beneficiaries a resource that outlines your final wishes

Funeral Planning Services include valuable benefits that span the entire loss spectrum, from planning for a loss to support following a loss and help finding closure. These services are designed to simplify the process for your family & beneficiaries and make it easier to organize an event that will honor a loved one's life.

Funeral Planning Services include assistance:

- locating funeral homes in your area
- obtaining funeral cost estimates from providers in your area and comparing cost information, services offered and funeral planning options
- identifying other service providers such as florists, caterers and hotels
- locating back-up care for children or elderly
- locating cemetery options, including information on monument types (marker, stone, etc.)
- identifying monument and headstone vendors where marker or stone gets created
- locating Social Security and Veterans Affairs offices

Start planning by downloading a copy of the online Funeral Planning Guide at www.metlife.com/funeralguide

MetLife Infinity^{®9}

MetLife Infinity is a resource that can help you create a digital legacy for your beneficiaries, estate administrators and others who play important roles in your major life events. It is available to anyone regardless of your affiliation with MetLife. MetLife Infinity offers a unique way to capture and securely store your important documents, audio files, photos, and videos. Items you can store using Infinity include deeds, wills and executor instructions and financial and life stage planning documents. Once you've captured your digital legacy, Infinity allows you to designate individuals to receive your collection electronically in the event of your death or at another time you indicate. To access Infinity, visit <https://metlifeinfinity.com> to register and learn more.

Range of solutions for continuing workplace coverage

Portability

So you can keep your coverage even if you leave your current employer

Should you leave City of Tulsa for any reason, and your Basic and Supplemental Term Life and Personal and Supplemental Accidental Death and Dismemberment insurance under this plan terminates, you will have an opportunity to continue group term coverage ("portability") under a different policy, subject to plan design and state availability. Rates will be based on the experience of the ported group and MetLife will bill you directly. Rates may be higher than your current rates. To take advantage of this feature, you must have coverage of at least \$10,000 up to a maximum of \$2,000,000.

Generally, there is no minimum time for you to be covered by the plan before you can take advantage of the portability feature. Please see your plan administrator or certificate for specific details.

Please note that if you experience an event that makes you eligible for portable coverage, please call a MetLife representative at 1-888-252-3607 or contact your plan administrator for more information.

Transition Solutions²

Assistance identifying solutions for your financial situations

Transition Solutions is a service designed to help provide assistance in making financial decisions based on the major events in your life including changes in employment or your benefits status or your retirement. Contact your employer or plan administrator for more information. Call 1-877-275-6387 to get in touch with a MassMutual Transition Solutions Specialist.

Additional Features

This insurance offering from your employer and MetLife comes with additional features that can provide assistance to you and your family.

Accelerated Benefits Option¹⁰

For access to funds during a difficult time

If you become terminally ill and are diagnosed with 12 months or less to live, you have the option to receive up to 80% of your life insurance proceeds. This can go a long way towards helping your family meet medical and other expenses at a difficult time. Amounts not accelerated will continue under your employer's plan for as long as you remain eligible per the certificate requirements and the group policy remains in effect.

The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable tax treatment under Section 101(g) of the Internal Revenue Code (26 U.S.C. Sec 101(g)).¹⁰

Accelerated Benefits Option is not the same as long term care insurance (LTC). LTC provides nursing home care, home-health care, personal or adult day care for individuals above age 65 or with chronic or disabling conditions that require constant supervision.

The Accelerated Benefits Option is also available to spouses insured under Dependent Life insurance plans. This option is not available for dependent child coverage.

Conversion

For protection after your coverage terminates

You can generally convert your group term life insurance benefits to an individual whole life insurance policy if your coverage terminates in whole or in part due to your retirement, termination of employment, or change in employee class. Conversion is available on all group life insurance coverages. Please note that conversion is **not** available on AD&D coverage. If you experience an event that makes you eligible to convert your coverage, please call 1-877-275-6387 to begin the conversion process. Please contact your plan administrator for more information.

Waiver of Premiums for Total Disability (Continued Protection)

Offering continued coverage when you need it most

If you become Totally Disabled, you may qualify to continue certain insurance. You may also be eligible for waiver of your supplemental and dependent term life and supplemental and dependent AD&D insurance premium until you reach age 65, die, or recover from your disability, whichever is sooner.

Total Disability or Totally Disabled means you are unable to do your job and any other job for which you are fit by education, training or experience due to injury or sickness. The Total Disability must begin before age 60, and your waiver will begin after you have satisfied a 9-month waiting period of continuous disability. The

waiver of premium will end when you turn age 65, die, or recover. Please note that this benefit is only available after you have participated in the supplemental term life plan for one year and it is not available on dependent coverage. This one-year requirement applies to new participants in the plan.

Extended Death Benefit

Provides death benefit coverage

With this feature, you'll have death benefit protection without premium payment for your basic term life coverage for a period of up to one year following termination of employment if you are Totally Disabled on the date your employment terminates. If you were covered under the plan for less than one year, coverage will be extended for the length of time you were covered.

What's Not Covered?

Like most insurance plans, this plan has exclusions. Supplemental and Dependent Life Insurance does not provide payment of benefits for death caused by suicide within the first two years (one year for group policies issued in Missouri, North Dakota and Colorado) of the effective date of the certificate or an increase in coverage. This exclusionary period is one year for residents of Missouri and North Dakota. If the group policy was issued in Massachusetts, the suicide exclusion does not apply to dependent life coverage. The suicide exclusion does not apply to residents of Washington, or to individuals covered under a group policy issued in Washington.

Accidental Death & Dismemberment (AD&D) coverage complements your Basic and Supplemental Life coverage insurance and helps protect you 24 hours a day, 365 days a year.

Accidental Death & Dismemberment Coverage Options

This valuable coverage benefits beyond your disability or life insurance for losses due to covered accidents — including while commuting, traveling by public or private transportation and during business trips. MetLife's AD&D insurance pays you benefits if you suffer a covered accident that results in paralysis or the loss of a limb, speech, hearing or sight, or brain damage or coma. If you suffer a covered fatal accident, benefits will be paid to your beneficiary.

Supplemental AD&D Coverage Amounts for You

Your Supplemental AD&D amount is equal to your Supplemental Term Life amount.

Supplemental AD&D Coverage Amounts for Spouse and Child(ren)

You can choose to cover your dependent spouse and child(ren) with AD&D coverage. Your dependents will be eligible for coverage amounts equal to their amounts of Dependent Term Life coverage.

*Child(ren)'s Eligibility: Dependent children ages from birth to 26 years old are eligible for coverage. In TX, regardless of student status, child(ren) are covered until age 25.

Monthly Cost for Accidental Death & Dismemberment (AD&D) Insurance

Supplemental Coverage	Monthly Cost Per \$1,000 of Coverage
Employee	\$0.026
Dependent Spouse	\$0.026
Dependent Child	\$0.041

Covered Losses

This AD&D insurance pays benefits for covered losses that are the result of an accidental injury or loss of life. The full amount of AD&D coverage you select is called the "Full Amount" and is equal to the benefit payable for the loss of life. Benefits for other losses are payable as a predetermined percentage of the Full Amount, and will be listed in your coverage in a table of Covered Losses. Such losses include loss of limbs, sight, speech and hearing, various forms of paralysis, brain damage and coma. The maximum amount payable for all Covered Losses sustained in any one accident is capped at 100% of the Full Amount.

Standard Additional Benefits Include

Some of the standard additional benefits included in your coverage that may increase the amounts payable to you and/or defray additional expenses that result from accidental injury or loss of life are:

- Seat Belt
- Common Carrier

What Is Not Covered?

Accidental Death & Dismemberment insurance does not include payment for any loss which is caused by or contributed to by: physical or mental illness, diagnosis of or treatment of the illness; an infection, unless caused by an external wound accidentally sustained, or from food poisoning; suicide or attempted suicide; injuring oneself on purpose; the voluntary intake or use by any means of any drug, medication or sedative, unless taken as prescribed by a doctor or an over-the-counter drug taken as directed; voluntary intake of alcohol in combination with any drug, medication or sedative; war, whether declared or undeclared, or act of war, insurrection, rebellion or active participation in a riot; committing or trying to commit a felony; any poison, fumes or gas, voluntarily taken, administered or absorbed; service in the armed forces of any country or international authority, except the United States National Guard; operating, learning to operate, or serving as a member of a crew of an aircraft; while in any aircraft for the purpose of descent from such aircraft while in flight (except for self-preservation); or operating a vehicle or device while intoxicated as defined by the laws of the jurisdiction in which the accident occurs.

Additional Coverage Information

How To Apply*

Complete your enrollment during the enrollment period! Be sure to indicate your Beneficiary.

Act Now During the Enrollment Period.

Note: Even if you wish to keep your existing level of coverage, you must complete an online enrollment.

*All applications are subject to review and approval by Metropolitan Life Insurance Company. Based on the plan design and the amount of coverage requested, a Statement of Health may need to be submitted to complete your application.

For Employee Coverage

Enrollment in this Supplemental Term Life insurance plan is available without providing medical information as long as:

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had in the last year , or
- You are requesting to increase existing coverage by one increment, and the total amount of coverage does not exceed \$150,000 for the first time.

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- You are enrolling for coverage equal to/less than \$150,000.

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form.

For Dependent Coverage

You must be covered in order to obtain coverage for your spouse and child(ren).

Your spouse and dependent children do not need to provide medical information as long as:

For Annual Enrollment

- The enrollment takes place prior to the enrollment deadline, and
- You are continuing the coverage you had for your spouse and child(ren) in the last year

For New Hires

- The enrollment takes place within 31 days from the date you become eligible for benefits, and
- You are enrolling for spouse coverage equal to/less than \$50,000.

If you do not meet all of the conditions stated above, you will need to provide additional medical information by completing a Statement of Health form.

About Your Coverage Effective Date

You must be Actively at Work on the date your coverage becomes effective. Your coverage must be in effect

in order for your spouse's and eligible children's coverage to take effect. In addition, your spouse and eligible child(ren) must not be home or hospital confined or receiving or applying to receive disability benefits from any source when their coverage becomes effective.

If Actively at Work requirements are met, coverage will become effective on the first of the month following the receipt of your completed application for all requests that do not require additional medical information. A request for Your amount that requires additional medical information and is not approved by the date listed above will not be effective until the later of the date that notice is received that MetLife has approved the coverage or increase if you meet Actively at Work requirements on that date, or the date that Actively at Work requirements are met after MetLife has approved the coverage or increase. The coverage for your spouse and eligible child(ren) will take effect on the date they are no longer confined, receiving or applying for disability benefits from any source or hospitalized.

Who Can Be A Designated Beneficiary?

You can select any beneficiary(ies) other than your employer for your Basic and Supplemental coverages, and you may change your beneficiary(ies) at any time. You can also designate more than one beneficiary. You are the beneficiary for your Dependent coverage.

1 Grief Counseling and Funeral Planning services are provided through an agreement with Harris, Rothenberg International (HRI), Inc. HRI is not an affiliate of MetLife, and the services HRI provides are separate and apart from the insurance provided by MetLife. HRI has a nationwide network of over 35,000 counselors. Counselors have master's or doctoral degrees and are licensed professionals. Subject to state regulatory approval, not approved in all states. The grief counseling program does not provide support for issues such as domestic issues, parenting issues, or marital/ relationship issues (other than a finalized divorce). For such issues, members should inquire with their human resources departments about available company resources. This program is available to a insureds, their dependents and beneficiaries, who must have received a serious medical diagnosis or suffered a loss that has occurred, meaning, the diagnosis or loss must have taken place prior to accessing the grief counseling program. Events that may result in a loss are not covered under this program unless and until such loss has occurred.

2 Delivering the Promise, retirewise and Transition Solutions are part of PlanSmart®, a financial well-being program. The MassMutual financial professionals involved in the PlanSmart program were affiliated with MetLife until July 2016, when MMLIC acquired MSI Financial Services, Inc. MetLife continues to administer the PlanSmart program, but has arranged with MassMutual to have these specially-trained financial professionals offer financial education and provide personal guidance to employees and former employees of firms providing PlanSmart through MetLife.

4 The TCA is not insured by the Federal Deposit Insurance Corporation or any government agency. The assets backing TCAs are maintained in MetLife's general account and are subject to claims of MetLife's creditors. MetLife bears the investment risk of the assets backing TCAs, and expects to receive a profit. Regardless of the investment experience of such assets, the interest credited to TCAs will never fall below the guaranteed minimum rate. Guarantees are subject to the financial strength and claims paying ability of MetLife.

5 Travel Assistance and Identity Theft Solutions services are administered by AXA Assistance USA, Inc. Certain benefits provided under the Travel Assistance program are underwritten by Certain Underwriters at Lloyd's London (not incorporated) through Lloyd's Illinois, Inc. Neither AXA Assistance USA Inc. nor the Lloyd's entities are affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife.

6 Will Preparation and MetLife Estate Resolution Services are offered by Hyatt Legal Plans, Inc., Cleveland, Ohio, a MetLife company. In certain states, legal services benefits are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and affiliates, Warwick, Rhode Island. For New York situated cases, the Will Preparation service is an expanded offering that includes office consultations and telephone advice for certain other legal matters beyond Will Preparation. Tax Planning and preparation of Living Trusts are not covered by the Will Preparation Service. Certain services are not covered by Estate Resolution Services, including matters in which there is a conflict of interest between the executor and any beneficiary or heir and the estate; any disputes with the group policyholder, MetLife and/or any of its affiliates; any disputes involving statutory benefits; will contests or litigation outside probate court; appeals; court costs, filing fees, recording fees, transcripts, witness fees, expenses to a third party, judgments or fines; and frivolous or unethical matters.

7 WillsCenter.com is a document service provided by SmartLegalForms, Inc., an affiliate of Epoq Group, Ltd. SmartLegalForms, Inc. is not affiliated with MetLife and the WillsCenter.com service is separate and apart from any insurance or service provided by MetLife. The WillsCenter.com service does not provide access to an attorney, does not provide legal advice, and may not be suitable for your specific needs. Please consult with your financial, legal, and tax advisors for advice with respect to such matters.

8. Funeral Planning Service. MetLife neither captures nor stores any of the preferences or personal information you enter in the Funeral Planning Services. MetLife is not responsible for retention or communication to any third party of the contents of your Funeral Planning Services. MetLife suggests printing the completed service information and saving it in a secure place with your other important personal information and documentation. This Planning service is provided to you for informational purposes only and does not intend to cover all aspects of your specific circumstances. MetLife nor any of its affiliates, employees or representatives provide specific tax or legal advice. Please consult an attorney regarding your own personal situation.

9 MetLife Infinity is offered by MetLife Corporate Services, Inc., an affiliate of Metropolitan Life Insurance Company.

10 The Accelerated Benefits Option is subject to state availability and regulation. The accelerated life insurance benefits offered under your certificate are intended to qualify for favorable federal tax treatment. If the accelerated benefits qualify for favorable tax treatment, the benefits will be excludable from your income and not subject to federal taxation.

This information was written as a supplement to the marketing of life insurance products. Tax laws relating to accelerated benefits are complex and limitations may apply. You are advised to consult with and rely on an independent tax advisor about your own particular circumstances.

Receipt of accelerated benefits may affect your eligibility, or that of your spouse or your family, for public assistance programs such as medical assistance (Medicaid), Temporary Assistance to Needy Families (TANF), Supplementary Social Security Income (SSI) and drug assistance programs. You are advised to consult with social service agencies concerning the effect that receipt of accelerated benefits will have on public assistance eligibility for you, your spouse or your family.

This summary provides an overview of your plan's benefits. These benefits are subject to the terms and conditions of the contract between MetLife and City of Tulsa and are subject to each state's laws and availability. Specific details regarding these provisions can be found in the booklet certificate.

Life and AD&D coverages are provided under a group insurance policy (Policy Form GPNP99) issued to your employer by MetLife. Life and AD&D coverages under your employer's plan terminate when your employment ceases when your Life and AD&D contributions cease, or upon termination of the group contract. Dependent Life coverage will terminate when a dependent no longer qualifies as a dependent. Should your life insurance coverage terminate for reasons other than non-payment of premium, you may convert it to a MetLife individual permanent policy without providing medical evidence of insurability.

L0816474325[exp1017][All States][DC,GU,MP,PR,VI] Metropolitan Life Insurance Company, New York, NY

Group Vision Benefits Overview

Summary of the benefits provided under this plan.



Option 1

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in-network.
- Choose from a large network of ophthalmologists, optometrists and opticians from private practices to retailers like Costco[®] Optical and Visionworks.
- Take advantage of our service agreement with Walmart and Sam's Club—they check your eligibility and process claims even though they are out-of-network.

In-network value added features:

Additional lens enhancements:¹
Average 20-25% savings on all other lens enhancements.

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.

Laser vision correction:²
Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

We're here to help

Find a Vision provider at www.metlife.com/vision

Download a claim form at www.metlife.com/mybenefits

For general questions go to www.metlife.com/mybenefits or call 1-855-MET-EYE1 (1-855-638-3931)

In-network benefits

There are no claims for you to file when you go to an in-network vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

	Frequency
Eye exam	Once every 12 months
<ul style="list-style-type: none">• Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a \$5 copay.• Retinal imaging:¹ Up to a \$39 copay on a routine retinal screening performed by a private practice.	
Frame	Once every 12 months
<ul style="list-style-type: none">• Allowance: \$150 after \$10 eyewear copay.• Costco: \$85 allowance after \$10 eyewear copay. <p>You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco.¹</p>	
Standard corrective lenses	Once every 12 months
<ul style="list-style-type: none">• Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$10 eyewear copay.	
Standard lens enhancements¹	Once every 12 months
<ul style="list-style-type: none">• Polycarbonate (child up to age 18) and Ultraviolet(UV): Covered in full after \$10 eyewear copay.• Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits.	
Contact lenses¹ (instead of eye glasses)	Once every 12 months
<ul style="list-style-type: none">• Contact fitting and evaluation:¹ Covered in full with a maximum copay of \$60.• Elective lenses: \$150 allowance.• Necessary lenses: Covered in full after \$10 eyewear copay.	

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

• Eye exam: up to \$45	• Single vision lenses: up to \$30	• Lined trifocal lenses: up to \$65
• Frames: up to \$70	• Lined bifocal lenses: up to \$50	• Progressive lenses: up to \$50
• Contact lenses:	• Lenticular lenses: up to \$100	
- Elective up to \$105		
- Necessary up to \$210		

Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments

SERVICES AND EYEWEAR

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.

- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
-
- Plano lenses (lenses with refractive correction of less than ± 0.50 diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

TREATMENTS

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

MEDICATIONS

- Prescription and non-prescription medications.

¹ All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm your availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

M150A-5/10

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

L0616469686[exp0817][All States]

Metropolitan Life Insurance Company, New York, NY

ADF# V1129.16

Group Vision Benefits Overview

Summary of the benefits provided under this plan.



Option 2

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in-network.
- Choose from a large network of ophthalmologists, optometrists and opticians from private practices to retailers like Costco[®] Optical and Visionworks.
- Take advantage of our service agreement with Walmart and Sam's Club—they check your eligibility and process claims even though they are out-of-network.

In-network value added features:

Additional lens enhancements:¹
Average 20-25% savings on all other lens enhancements.

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.

Laser vision correction:²
Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

We're here to help

Find a Vision provider at www.metlife.com/vision

Download a claim form at www.metlife.com/mybenefits

For general questions go to www.metlife.com/mybenefits or call 1-855-MET-EYE1 (1-855-638-3931)

In-network benefits

There are no claims for you to file when you go to an in-network vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

	Frequency
Eye exam	Once every 12 months
<ul style="list-style-type: none">• Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a \$10 copay.• Retinal imaging:¹ Up to a \$39 copay on a routine retinal screening performed by a private practice.	
Frame	Once every 12 months
<ul style="list-style-type: none">• Allowance: \$130 after \$25 eyewear copay• Costco: \$70 allowance after \$25 eyewear copay <p>You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco.¹</p>	
Standard corrective lenses	Once every 12 months
<ul style="list-style-type: none">• Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$25 eyewear copay.	
Standard lens enhancements¹	Once every 12 months
<ul style="list-style-type: none">• Polycarbonate (child up to age 18) and Ultraviolet(UV) coating: Covered in full after \$25 eyewear copay.• Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits.	
Contact lenses¹ (instead of eye glasses)	Once every 12 months
<ul style="list-style-type: none">• Contact fitting and evaluation:¹ Covered in full with a maximum copay of \$60.• Elective lenses: \$130 allowance.• Necessary lenses: Covered in full after \$25 eyewear copay.	

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

• Eye exam: up to \$45	• Single vision lenses: up to \$30	• Lined trifocal lenses: up to \$65
• Frames: up to \$70	• Lined bifocal lenses: up to \$50	• Progressive lenses: up to \$50
• Contact lenses:	• Lenticular lenses: up to \$100	
- Elective up to \$105		
- Necessary up to \$210		

Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments

SERVICES AND EYEWEAR

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.

- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
-
- Plano lenses (lenses with refractive correction of less than ± 0.50 diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

TREATMENTS

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

MEDICATIONS

- Prescription and non-prescription medications.

¹ All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm your availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

M130A-10/25

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

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Metropolitan Life Insurance Company, New York, NY

ADF# V1129.16

Group Vision Benefits Overview

Summary of the benefits provided under this plan.



Option 3

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in-network.
- Choose from a large network of ophthalmologists, optometrists and opticians from private practices to retailers like Costco[®] Optical and Visionworks.
- Take advantage of our service agreement with Walmart and Sam's Club—they check your eligibility and process claims even though they are out-of-network.

In-network value added features:

Additional lens enhancements:¹
Average 20-25% savings on all other lens enhancements.

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.

Laser vision correction:²
Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

We're here to help

Find a Vision provider at www.metlife.com/vision

Download a claim form at www.metlife.com/mybenefits

For general questions go to www.metlife.com/mybenefits or call 1-855-MET-EYE1 (1-855-638-3931)

In-network benefits

There are no claims for you to file when you go to an in-network vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

	Frequency
Eye exam	Once every 12 months
<ul style="list-style-type: none">• Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a \$10 copay.• Retinal imaging:¹ Up to a \$39 copay on a routine retinal screening performed by a private practice.	
Frame	Once every 24 months
<ul style="list-style-type: none">• Allowance: \$130 after \$25 eyewear copay• Costco: \$70 allowance after \$25 eyewear copay <p>You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco.¹</p>	
Standard corrective lenses	Once every 12 months
<ul style="list-style-type: none">• Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$25 eyewear copay.	
Standard lens enhancements¹	Once every 12 months
<ul style="list-style-type: none">• Polycarbonate (child up to age 18) and Ultraviolet(UV): Covered in full after \$25 eyewear copay.• Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits.	
Contact lenses¹ (instead of eye glasses)	Once every 12 months
<ul style="list-style-type: none">• Contact fitting and evaluation:¹ Covered in full with a maximum copay of \$60.• Elective lenses: \$130 allowance.• Necessary lenses: Covered in full after \$25 eyewear copay.	

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

• Eye exam: up to \$45	• Single vision lenses: up to \$30	• Lined trifocal lenses: up to \$65
• Frames: up to \$70	• Lined bifocal lenses: up to \$50	• Progressive lenses: up to \$50
• Contact lenses:	• Lenticular lenses: up to \$100	
- Elective up to \$105		
- Necessary up to \$210		

Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments

SERVICES AND EYEWEAR

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.

- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
-
- Plano lenses (lenses with refractive correction of less than ± 0.50 diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

TREATMENTS

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

MEDICATIONS

- Prescription and non-prescription medications.

¹ All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm your availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

M130D-10/25

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Metropolitan Life Insurance Company, New York, NY

ADF# V1129.16

Group Vision Benefits Overview

Summary of the benefits provided under this plan.



Option 4

With your Vision Preferred Provider Organization Plan, you can:

- Go to any licensed vision specialist and receive coverage. Just remember your benefit dollars go further when you stay in-network.
- Choose from a large network of ophthalmologists, optometrists and opticians from private practices to retailers like Costco[®] Optical and Visionworks.
- Take advantage of our service agreement with Walmart and Sam's Club—they check your eligibility and process claims even though they are out-of-network.

In-network value added features:

Additional lens enhancements:¹
Average 20-25% savings on all other lens enhancements.

Savings on glasses and sunglasses: Get 20% savings on additional pairs of prescription glasses and non-prescription sunglasses, including lens enhancements. At times, other promotional offers may also be available.

Laser vision correction:²
Savings averaging 15% off the regular price or 5% off a promotional offer for laser surgery including PRK, LASIK and Custom LASIK. This offer is only available at MetLife participating locations.

We're here to help

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Download a claim form at www.metlife.com/mybenefits

For general questions go to www.metlife.com/mybenefits or call 1-855-MET-EYE1 (1-855-638-3931)

In-network benefits

There are no claims for you to file when you go to an in-network vision specialist. Simply pay your copay and, if applicable, any amount over your allowance at the time of service.

	Frequency
Eye exam	Once every 12 months
<ul style="list-style-type: none">• Eye health exam, dilation, prescription and refraction for glasses: Covered in full after a \$20 copay.• Retinal imaging:¹ Up to a \$39 copay on a routine retinal screening performed by a private practice.	
Frame	Once every 24 months
<ul style="list-style-type: none">• Allowance: \$100 after \$20 eyewear copay• Costco: \$55 allowance after \$20 eyewear copay <p>You will receive an additional 20% savings on the amount that you pay over your allowance. This offer is available from all participating locations except Costco.¹</p>	
Standard corrective lenses	Once every 12 months
<ul style="list-style-type: none">• Single vision, lined bifocal, lined trifocal, lenticular: Covered in full after \$20 eyewear copay.	
Standard lens enhancements¹	Once every 12 months
<ul style="list-style-type: none">• Polycarbonate (child up to age 18) and Ultraviolet(UV) coating: Covered in full after \$20 eyewear copay.• Progressive, Polycarbonate (adult), Photochromic, Anti-reflective and Scratch-resistant coatings and Tints: Your cost will be limited to a copay that MetLife has negotiated for you. These copays can be viewed after enrollment at www.metlife.com/mybenefits.	
Contact lenses¹ (instead of eye glasses)	Once every 12 months
<ul style="list-style-type: none">• Contact fitting and evaluation:¹ Covered in full with a maximum copay of \$60.• Elective lenses: \$100 allowance.• Necessary lenses: Covered in full after \$20 eyewear copay.	

Out-of-network reimbursement

You pay for services and then submit a claim for reimbursement. The same benefit frequencies for **in-network benefits** apply. Once you enroll, visit www.metlife.com/mybenefits for detailed out-of-network benefits information.

• Eye exam: up to \$45	• Single vision lenses: up to \$30	• Lined trifocal lenses: up to \$65
• Frames: up to \$55	• Lined bifocal lenses: up to \$50	• Progressive lenses: up to \$50
• Contact lenses:	• Lenticular lenses: up to \$100	
- Elective up to \$80		
- Necessary up to \$210		

Exclusions and Limitations of Benefits

This plan does not cover the following services, materials and treatments

SERVICES AND EYEWEAR

- Services and/or materials not specifically included in the Vision Plan Benefits Overview (Schedule of Benefits).
- Any portion of a charge above the Maximum Benefit Allowance or reimbursement indicated in the Schedule of Benefits.
- Any eye examination or corrective eyewear required as a condition of employment.
- Services and supplies received by you or your dependent before the Vision Insurance starts.
- Missed appointments.
- Services or materials resulting from or in the course of a Covered Person's regular occupation for pay or profit for which the Covered Person is entitled to benefits under any Worker's Compensation Law, Employer's Liability Law or similar law. You must promptly claim and notify the Company of all such benefits.
- Local, state, and/or federal taxes, except where MetLife is required by law to pay.
- Services or materials received as a result of disease, defect, or injury due to war or an act of war (declared or undeclared), taking part in a riot or insurrection, or committing or attempting to commit a felony.
- Services and materials obtained while outside the United States, except for emergency vision care.

- Services, procedures, or materials for which a charge would not have been made in the absence of insurance.
- Services: (a) for which the employer of the person receiving such services is not required to pay; or (b) received at a facility maintained by the Employer, labor union, mutual benefit association, or VA hospital.
-
- Plano lenses (lenses with refractive correction of less than ± 0.50 diopter).
- Two pairs of glasses instead of bifocals.
- Replacement of lenses, frames and/or contact lenses, furnished under this Plan which are lost, stolen, or damaged, except at the normal intervals when Plan Benefits are otherwise available.
- Contact lens insurance policies and service agreements.
- Refitting of contact lenses after the initial (90 day) fitting period.
- Contact lens modification, polishing, and cleaning.

TREATMENTS

- Orthoptics or vision training and any associated supplemental testing.
- Medical and surgical treatment of the eye(s).

MEDICATIONS

- Prescription and non-prescription medications.

¹ All lens enhancements are available at participating private practices. Maximum copays and pricing are subject to change without notice. Please check with your provider for details and copays applicable to your lens choice. Please contact your local Costco to confirm your availability of lens enhancements and pricing prior to receiving services. Additional discounts may not be available in certain states.

² Custom LASIK coverage only available using wavefront technology with the microkeratome surgical device. Other LASIK procedures may be performed at an additional cost to the member. Additional savings on laser vision care is only available at participating locations.

Important: If you or your family members are covered by more than one health care plan, you may not be able to collect benefits from both plans. Each plan may require you to follow its rules or use specific doctors and hospitals, and it may be impossible to comply with both plans at the same time. Before you enroll in this plan, read all of the rules very carefully and compare them with the rules of any other plan that covers you or your family.

M100D-20/20

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Vision Service Plan (VSP), Rancho Cordova, CA. VSP is not affiliated with Metropolitan Life Insurance Company or its affiliates. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

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Metropolitan Life Insurance Company, New York, NY

ADF# V1129.16

MetLife Hospital Indemnity Insurance Plan Summary

HOSPITAL INDEMNITY INSURANCE BENEFITS

With MetLife, you'll have a choice of two comprehensive plans which provide payments in addition to any other insurance payments you may receive. Here are just some of the covered benefits/services, when an accident or illness puts you in the hospital.¹

Benefit Type ²	Low Plan MetLife Hospital Indemnity Insurance Pays YOU	High Plan MetLife Hospital Indemnity Insurance Pays YOU
Hospital Coverage (Accident)		
Admission - Non-ICU - ICU must occur within 180 days after the accident	\$500 per accident \$1,000 per accident	\$1,000 per accident \$2,000 per accident
Confinement must occur within 180 days after the accident	\$100 a day (non-ICU) for up to 365 days \$200 a day (ICU) for up to 30 days	\$200 a day (non-ICU) for up to 365 days \$400 a day (ICU) for up to 30 days
Inpatient Rehab stay must occur immediately following hospital confinement and occur within 365 days of accident	\$100 a day, up to 15 days per accident and 30 days per calendar year	\$200 a day, up to 15 days per accident and 30 days per calendar year
Hospital Coverage (Sickness)³		
Admission - Non-ICU - ICU Payable 1x per calendar year	\$500 \$1,000	\$1,000 \$2,000
Confinement Paid per sickness	\$100 a day (non-ICU) for up to 365 days \$200 a day (ICU) for up to 30 days	\$200 a day (non-ICU) for up to 365 days \$400 a day (ICU) for up to 30 days
Other Benefits		
Lodging ⁴ benefit provided for a companion accompanying a covered insured while hospitalized	\$100 per night up to 30 night per calendar year	\$200 per night up to 30 nights per calendar year
Health Screening (Wellness) ⁵ benefit provided if the covered insured takes one of the covered screening/prevention tests Payable 1x per calendar year	\$50	\$100

BENEFIT PAYMENT EXAMPLE

Susan wakes up in the middle of the night experiencing chest pain. An ambulance takes her to the emergency room (ER) at a local hospital. Upon arrival, the ER doctor examines Susan and advises that she requires immediate admission to the Intensive Care Unit for further evaluation and treatment. After 1 day in the Intensive Care Unit, Susan moves to a standard room and spends 2 additional days recovering in the hospital. Susan was released to her primary care physician for follow-up treatment and observation. Her primary doctor is now keeping a close watch over Susan's overall health. Depending on her health insurance, Susan's out-of-pocket costs could run into hundreds of dollars to cover expenses like insurance co-payments and deductibles. MetLife Group Hospital Indemnity Insurance payments can be used to help cover these unexpected costs or to cover other expenses.

Covered Benefit ²	Benefit Amount ⁶
Admission - Intensive Care Unit Coverage (Sickness)	\$2,000
Confinement for 1 day- Intensive Care Unit Coverage (Sickness)	\$400
Confinement for 2 days – Hospital Coverage (Sickness)	\$400
Benefits paid by MetLife Group Hospital Indemnity Insurance	\$2,800

QUESTIONS & ANSWERS

Who is eligible to enroll for this Hospital Indemnity coverage?

You are eligible to enroll yourself and your eligible family members¹. You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

How do I pay for my Hospital Indemnity coverage?

Premiums will be conveniently paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

What happens if my employment status changes? Can I take my coverage with me?

Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Who do I call for assistance?

Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST. Individuals with a TTY may call 1-800-855-2880.

¹ Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See your Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

² Covered services/treatments must be the result of an accident or sickness as defined in the group policy/certificate. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

³ There is a preexisting condition exclusion for Hospital Sickness benefits in all states. See your Disclosure Statement or Outline of Coverage/Disclosure Document for more details.

⁴ The lodging benefit is not available in all states. It provides a benefit for a companion accompanying a covered insured while hospitalized, provided that lodging is at least 50 miles from the insured's primary residence.

⁵ The Health Screening Benefit is not available in all states.

⁶ Benefit amount is based on a sample MetLife plan design. Plan design and plan benefits may vary.

⁷ Coverage is guaranteed provided (1) the employee is actively at work and (2) dependents to be covered are not subject to medical restrictions as set forth in the Certificate. Some states require the insured to have medical coverage. Additional restrictions apply to dependents serving in the armed forces or living overseas.

METLIFE'S HOSPITAL INDEMNITY INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There is a preexisting condition exclusion for hospital sickness benefits. There are benefit reductions that begin at age 65. Like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or GPNP12-HI or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York. In certain states, availability of MetLife's Group Hospital Indemnity Insurance is pending regulatory approval.

Talk to a anytime

Teladoc® gives you 24/7/365 access to U.S. board-certified doctors through the convenience of phone or video consults. It's an affordable alternative to costly urgent care and ER visits when you need care now.

WHEN CAN I USE TELADOC?

Teladoc does not replace your primary care physician. It is a convenient and affordable option for quality care.

- When you need care now
- If you're considering the ER or urgent care center for a non-emergency issue
- On vacation, on a business trip, or away from home
- For short-term prescription refills

GET THE CARE YOU NEED

Teladoc doctors can treat many medical conditions, including:

- Cold & flu symptoms
- Allergies
- Bronchitis
- Urinary tract infection
- Respiratory infection
- Sinus problems
- And more!

MEET OUR DOCTORS

Teladoc is simply a new way to access qualified doctors. All Teladoc doctors:

- Are practicing PCPs, pediatricians, and family medicine physicians
- Average 15 years experience
- Are U.S. board-certified and licensed in your state
- Are credentialed every three years, meeting NCQA standards

With your consent, Teladoc is happy to provide information about your Teladoc consult to your primary care physician.

Talk to a doctor anytime for Free

 Teladoc.com

 Facebook.com/Teladoc

 1-800-Teladoc

 Teladoc.com/mobile



Compass Accident Insurance

A limited benefit policy

Enrollment at a Glance

Affordable insurance that can help you pay for the out-of-pocket costs you may experience after an accident.

For the employees of City of Tulsa

ReliaStar Life Insurance Company, a member of the Voya® family of companies.

PLAN | INVEST | PROTECT

VOYA
FINANCIAL

What is Accident Insurance?

Accident Insurance pays you benefits for specific injuries and events resulting from a covered accident while off-job. The amount paid depends on the type of injury and care received. You have the option to elect Accident Insurance to meet your needs. Accident Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

You may qualify to receive benefits for items listed below, as long as they are the result of a covered accident. See the certificate of insurance and any riders for specific details.

- Accident hospital care
- Follow-up care
- Common Injuries
- Emergency care benefits

Other features of Accident Insurance include:

- **Guaranteed Issue:** No medical questions or tests required for coverage.
- **Flexible:** You can use the benefit money for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** Should you leave your current employer or retire, you can take your coverage with you.

How can Accident Insurance help?

Below are a few examples of how your Accident Insurance benefits could be used:

- Medical expenses, such as deductibles and copays
- Home healthcare costs
- Lost income due to lost time at work
- Everyday expenses like utilities and groceries

Who is eligible for Accident Insurance?

- **You**—all active employees, excluding Police and Fire, working 30 hours per week.
- **Your spouse***— under age 70. Coverage is available only if employee coverage is elected.
- **Your child(ren)**— to age 26. Coverage is available only if employee coverage is elected.

*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

What accident benefits are available?

The following list includes the benefits provided by Accident Insurance. The benefit amounts paid depend on the type of injury and care received. You may be required to seek care for your injury within a set amount of time. Note that there may be some variation by state. For a list of standard exclusions and limitations, go to the end of this document. For a complete description of your available benefits, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

Event	Benefit
Accident hospital care	
Surgery open abdominal, thoracic	\$1,200
Surgery exploratory or without repair	\$120
Blood, plasma, platelets	\$360
Hospital admission	\$1,000
Hospital confinement per day up to 365	\$250
Critical care unit confinement per day, up to 15 days	\$500

ReliaStar Life Insurance Company, a member of the Voya® family of companies.

Rehabilitation facility confinement per day for 90 days	\$150
Coma duration of 14 or more days	\$6,000
Transportation per trip, up to 3 per accident	\$360
Lodging per day, up to 30 days	\$120
Follow-up care	
Medical equipment	\$120
Physical therapy per treatment, up to 6	\$30
Prosthetic device (one)	\$600
Prosthetic device (two or more)	\$1,200
Common injuries	
Burns second degree, at least 36% of the body	\$900
Burns 3rd degree, at least 9 but less than 35 square inches of the body	\$1,800
Burns 3rd degree, 35 or more square inches of the body	\$12,000
Skin Grafts	25% of the burn benefit
Emergency dental work while hospital confined	\$180 crown, \$60 extraction
Eye Injury removal of foreign object	\$60
Eye Injury surgery	\$240
Torn Knee Cartilage surgery with no repair or if cartilage is shaved	\$120
Torn Knee Cartilage surgical repair	\$600
Laceration ¹ treated no sutures	\$30
Laceration ¹ sutures up to 2"	\$60
Laceration ¹ sutures 2" – 6"	\$240
Laceration ¹ sutures over 6"	\$480
Ruptured Disk surgical repair	\$480
Tendon/Ligament/Rotator Cuff One, surgical repair	\$480
Tendon/Ligament/Rotator Cuff Two or more, surgical repair	\$720
Tendon/Ligament/Rotator Cuff Exploratory Arthroscopic Surgery with no repair	\$120
Concussion	\$120
Paralysis quadriplegia	\$12,000
Paralysis paraplegia	\$6,000
Dislocations	
	Closed/open reduction²
Hip joint	\$2,400/\$4,800
Knee	\$1,200/\$2,400
Ankle or foot bone(s) Other than toes	\$960/\$1,920
Shoulder	\$360/\$720
Elbow	\$360/\$720
Wrist	\$360/\$720
Finger/toe	\$120/\$240
Hand bone(s) Other than fingers	\$360/\$720
Lower jaw	\$360/\$720
Collarbone	\$360/\$720
Partial dislocations	25% of the closed reduction amount

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Fractures	Closed/open reduction ³
Hip	\$1,800/\$3,600
Leg	\$960/\$1,920
Ankle	\$360/\$720
Kneecap	\$360/\$720
Foot Excluding toes, heel	\$360/\$720
Upper arm	\$420/\$840
Forearm, Hand, Wrist Except fingers	\$360/\$720
Finger, Toe	\$60/\$120
Vertebral body	\$960/\$1,920
Vertebral processes	\$360/\$720
Pelvis Except coccyx	\$960/\$1,920
Coccyx	\$240/\$480
Bones of face Except nose	\$420/\$840
Nose	\$120/\$240
Upper jaw	\$420/\$840
Lower jaw	\$360/\$720
Collarbone	\$360/\$720
Rib or ribs	\$300/\$600
Skull – simple Except bones of face	\$1,200/\$2,400
Skull – depressed Except bones of face	\$3,000/\$6,000
Sternum	\$360/\$720
Shoulder blade	\$360/\$720
Chip fractures	25% of the closed reduction amount
Emergency care benefits	
Ground ambulance	\$120
Air ambulance	\$600
Emergency room treatment	\$180
Initial doctor visit	\$60
Follow-up doctor visit	\$60

¹ Laceration benefits are a total of all lacerations per accident.

² Closed Reduction of Dislocation = Non-surgical reduction of a completely separated joint. Open Reduction of Dislocation = Surgical reduction of a completely separated joint.

³ Closed Reduction of Fracture = Non-surgical. Open Reduction of Fracture = Surgical.

What does my Accident Insurance include?

The benefits listed below are included with your accident coverage. For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

- **Spouse Accident Insurance:** If you have coverage for yourself, you may enroll your spouse, as long as your spouse is under age 70 and is not covered under the Policy as an Employee.
 - Your spouse will receive the same base coverage as you.
 - Guaranteed Issue: No medical questions or tests required for coverage.

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- **Children’s Accident Insurance:** As long as you have accident coverage on yourself, your natural child(ren), stepchild(ren), adopted child(ren) or child(ren) for whom you are a legal guardian are eligible to be covered under your employer’s plan, up to the age of 26.
 - Your child(ren) will receive the same base coverage as you.
 - Guaranteed Issue: No medical questions or tests required for coverage.
 - One premium amount covers all of your eligible children.
 - If both you and your spouse are covered under the policy as an employee, then only one, but not both, may cover the same child(ren) under this benefit. If the parent who is covering the child(ren) stops being insured as an employee then the other parent may apply for children’s coverage.
- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test. You may only receive a benefit once per year, even if you complete multiple health screening tests.
 - Examples of health screening tests include but are not limited to: Pap test, serum cholesterol test for HDL and LDL levels, mammography, colonoscopy, and stress test on bicycle or treadmill.
 - The annual benefit is \$100 for completing a health screening test.
 - If your spouse and/or children are/is covered for Accident Insurance, they are also covered by the Wellness Benefit. Your spouse’s benefit amount is also \$100. The benefit for child coverage is 50% with an annual maximum of \$200 for children’s benefits.
- **Consecutive Wellness Benefit:** This allows you to receive a one-time increase in your Wellness Benefit for receiving a health screening test in the second and subsequent years.
 - If your spouse and children are covered for Accident Insurance, they are also covered by this benefit.

How much does Accident Insurance cost?

Monthly Rates			
Employee	Employee & Spouse	Employee & Children	Family
\$8.13	\$14.22	\$16.00	\$22.09

Exclusions and Limitations

Exclusions in the Certificate, Spouse Accident Insurance and Children’s Accident Insurance Benefit are listed below. (These may vary by state.) Benefits are not payable for any loss caused in whole or directly by any of the following*:

- Participation or attempt to participate in a felony or illegal activity.
- An accident while the covered person is operating a motorized vehicle while intoxicated. Intoxication means the covered person’s blood alcohol content meets or exceeds the legal presumption of intoxication under the laws of the state where the accident occurred.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.
- Riding in or driving any motor-driven vehicle in a race, stunt show or speed test.
- Operating, or training to operate, or service as a crew member of, or jumping, parachuting or falling from, any aircraft or hot air balloon, including those which are not motor-driven. Flying as a fare-paying passenger is not excluded.

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- Engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting, kite surfing or any similar activities.
- Practicing for, or participating in, any semiprofessional or professional competitive athletic contests for which any type of compensation or remuneration is received.
- Any sickness or declining process caused by a sickness.
- Work for pay, profit or gain, if the employer elects to exclude work-related sicknesses or accidents under the policy.

*See the certificate of insurance and riders for a complete list of available benefits, along with applicable provisions, exclusions and limitations.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Accident Insurance is underwritten by ReliaStar Life Insurance Company, a member of the Voya® family of companies. Policy Form #RL-ACC2-POL-12; Certificate Form #RL-ACC2-CERT-12; and Rider Forms: Spouse Accident Rider Form #RL-ACC2-SPR-12, Children's Accident Rider Form #RL-ACC2-CHR-12 and Wellness Benefit Rider Form #RL-ACC2-WELL-12. Form numbers, provisions and availability may vary by state.

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PLAN | INVEST | PROTECT





Compass Critical Illness Insurance

A limited benefit policy

Enrollment at a Glance

An affordable way to help protect against the financial stress of a serious illness.

For the employees of City of Tulsa

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What is Critical Illness Insurance?

Critical Illness Insurance pays a lump-sum benefit if you are diagnosed with a covered illness or condition. You have the option to elect Critical Illness Insurance to meet your needs. Critical Illness Insurance is a limited benefit policy. It is not health insurance and does not satisfy the requirement of minimum essential coverage under the Affordable Care Act.

Features of Critical Illness Insurance include:

- **Guaranteed Issue:** No medical questions or tests required for coverage.
- **Flexible:** You can use the benefit money for any purpose you like.
- **Payroll deductions:** Premiums are paid through convenient payroll deductions.
- **Portable:** Should you leave your current employer or retire, you can take your coverage with you.

For what critical illnesses and conditions are benefits available?

Critical Illness Insurance provides a benefit for the following illnesses and conditions. Covered illnesses/conditions are broken out into groups called "modules". Benefits are paid at 100% of the Maximum Critical Illness Benefit amount unless otherwise stated. For a complete description of your benefits, along with applicable provisions, conditions on benefit determination, exclusions and limitations, see your certificate of insurance and any riders.

Base Module

- Heart attack
- Stroke
- Coronary artery bypass (25%)
- Coma
- Major organ failure
- Permanent paralysis
- End stage renal (kidney) failure

Cancer Module

- Cancer
- Skin cancer (10%)
- Carcinoma in situ (25%)

How can Critical Illness Insurance help?

Below are a few examples of how your Critical Illness Insurance benefit could be used (coverage amounts may vary):

- Medical expenses, such as deductibles and copays
- Child care
- Home healthcare costs
- Mortgage payment/rent and home maintenance

Who is eligible for Critical Illness Insurance?

- **You**—all active employees, excluding Police and Fire, working 30 hours per week.
- **Your spouse***— under age 70. Coverage is available only if employee coverage is elected.
- **Your child(ren)**— to age 26. Coverage is available only if employee coverage is elected.

*The use of "spouse" in this document means a person insured as a spouse as described in the certificate of insurance or rider. This may include domestic partners or civil union partners as defined by the group policy. Please contact your employer for more information.

What Maximum Critical Illness Benefit am I eligible for?

- For you
 - You have the opportunity to purchase a Maximum Critical Illness Benefit of \$5,000 - \$30,000 in \$5,000 increments.
- For your spouse
 - You have the opportunity to purchase a Maximum Critical Illness Benefit of \$5,000 - \$15,000 in \$5,000 increments for your spouse.
- For your children
 - You have the opportunity to purchase a Maximum Critical Illness Benefit of \$5,000 or \$10,000 for each covered child.

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How many times can I receive the Maximum Critical Illness Benefit?

Usually you are only able to receive the Maximum Critical Illness Benefit once for each covered condition. Your plan includes the Recurrence Benefit, which provides a one-time restoration of 100% of the maximum benefit amount in order to pay a second benefit for the same covered condition. It's important to note that in order for the second occurrence of the illness to be covered, it must occur after 12 consecutive months without the occurrence of any covered critical illness named in your certificate, including the illness from the first benefit payment.

If you have reached the benefit limit by receiving the maximum benefit for each covered condition, you may choose to end your coverage; however, if you have coverage for your spouse and/or child(ren), you must continue your coverage in order to keep their coverage active. Please see your certificate of coverage for details.

What does my Critical Illness Insurance include?

The benefits listed below are included with your critical illness coverage. There may be some variation by state. For a list of standard exclusions and limitations, please refer to the end of this document. For a complete description of your available benefits, along with applicable provisions, exclusions and limitations, see your certificate of insurance and any riders.

- **Spouse Critical Illness Insurance:** If you have coverage for yourself, you may enroll your spouse, as long as your spouse is under age 70 and is not covered under the Policy as an employee.
 - Your spouse will receive coverage for the same covered conditions as you.
 - Your spouse will be able to receive a benefit the same number of times as you, as outlined above.
 - Guaranteed issue: No medical questions or tests required for coverage.

- **Children's Critical Illness Insurance:** As long as you have critical illness coverage on yourself, your natural child(ren), stepchild(ren), adopted child(ren) or child(ren) for whom you are a legal guardian are eligible to be covered under your employer's plan, up to the age of 26.
 - Your children are covered for the same covered conditions as you are with the exception of carcinoma in situ and coronary artery bypass; however, actual benefit amounts may vary.
 - Your child(ren) will be able to receive a benefit the same number of times as you, as outlined above.
 - One premium amount covers all of your eligible children.
 - Guaranteed issue: No medical questions or tests required for coverage.
 - If both you and your spouse are covered under the policy as an employee, then only one, but not both, may cover the same child(ren) under this benefit. If the parent who is covering the child(ren) stops being insured as an employee then the other parent may apply for children's coverage.

- **Wellness Benefit:** This provides an annual benefit payment if you complete a health screening test. You may only receive a benefit once per year, even if you complete multiple health screening tests.
 - Examples of health screening tests include but are not limited to: Pap test, serum cholesterol test for HDL and LDL levels, mammography, colonoscopy, and stress test on bicycle or treadmill.
 - The annual benefit is \$100 for completing a health screening test.
 - If your spouse and children are covered for Critical Illness Insurance, they are also covered by the Wellness Benefit. Your spouse's benefit amount is also \$100. The benefit for child coverage is 50% of your coverage with an annual maximum of \$200 for children's benefits.

- **Consecutive Wellness Benefit:** This allows you to receive a one-time increase in your Wellness Benefit for receiving a health screening test in the second and subsequent years.
 - If your spouse and children are covered for Critical Illness Insurance, they are also covered by this benefit.

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How much does Critical Illness Insurance cost?

See the chart below for the premium amounts.

Rates shown are guaranteed until January 1, 2020.

Employee Coverage: Monthly Rates

Non-Tobacco User						
Attained Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Under 30	\$4.35	\$5.90	\$7.45	\$9.00	\$10.55	\$12.10
30-39	\$4.60	\$6.40	\$8.20	\$10.00	\$11.80	\$13.60
40-49	\$6.70	\$10.60	\$14.50	\$18.40	\$22.30	\$26.20
50-59	\$11.45	\$20.10	\$28.75	\$37.40	\$46.05	\$54.70
60-64	\$15.90	\$29.00	\$42.10	\$55.20	\$68.30	\$81.40
65-69	\$19.40	\$36.00	\$52.60	\$69.20	\$85.80	\$102.40
70+	\$24.75	\$46.70	\$68.65	\$90.60	\$112.55	\$134.50

Tobacco User						
Attained Age	\$5,000	\$10,000	\$15,000	\$20,000	\$25,000	\$30,000
Under 30	\$5.05	\$7.30	\$9.55	\$11.80	\$14.05	\$16.30
30-39	\$5.60	\$8.40	\$11.20	\$14.00	\$16.80	\$19.60
40-49	\$9.05	\$15.30	\$21.55	\$27.80	\$34.05	\$40.30
50-59	\$17.10	\$31.40	\$45.70	\$60.00	\$74.30	\$88.60
60-64	\$25.25	\$47.70	\$70.15	\$92.60	\$115.05	\$137.50
65-69	\$28.90	\$55.00	\$81.10	\$107.20	\$133.30	\$159.40
70+	\$36.90	\$71.00	\$105.10	\$139.20	\$173.30	\$207.40

Spouse Coverage: Monthly Rates

Non-Tobacco User				Tobacco User			
Attained Age	\$5,000	\$10,000	\$15,000	Attained Age	\$5,000	\$10,000	\$15,000
Under 30	\$4.15	\$5.50	\$6.85	Under 30	\$4.75	\$6.70	\$8.65
30-39	\$4.55	\$6.30	\$8.05	30-39	\$5.55	\$8.30	\$11.05
40-49	\$6.80	\$10.80	\$14.80	40-49	\$9.25	\$15.70	\$22.15
50-59	\$10.95	\$19.10	\$27.25	50-59	\$16.30	\$29.80	\$43.30
60-64	\$14.75	\$26.70	\$38.65	60-64	\$23.15	\$43.50	\$63.85
65-69	\$17.20	\$31.60	\$46.00	65-69	\$25.15	\$47.50	\$69.85
70+	\$23.60	\$44.40	\$65.20	70+	\$34.90	\$67.00	\$99.10

Children Coverage: Monthly Rates

Coverage Amount	Rate
\$5,000	\$1.05
\$10,000	\$2.10

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Exclusions and Limitations

Benefits are not payable for any critical illness caused in whole or directly by any of the following*:

- Participation or attempt to participate in a felony or illegal activity.
- Suicide, attempted suicide or any intentionally self-inflicted injury, while sane or insane.
- War or any act of war, whether declared or undeclared, other than acts of terrorism.
- Loss that occurs while on full-time active duty as a member of the armed forces of any nation. We will refund, upon written notice of such service, any premium which has been accepted for any period not covered as a result of this exclusion.
- Alcoholism, drug abuse, or misuse of alcohol or taking of drugs, other than under the direction of a doctor.

Benefits reduce 50% for the employee and/or covered spouse on the policy anniversary following the 70th birthday, however, premiums do not reduce as a result of this benefit change.

*See the certificate of insurance and any riders for a complete list of available benefits, along with applicable provisions, exclusions and limitations.

This is a summary of benefits only. A complete description of benefits, limitations, exclusions and termination of coverage will be provided in the certificate of insurance and riders. All coverage is subject to the terms and conditions of the group policy. If there is any discrepancy between this document and the group policy documents, the policy documents will govern. To keep coverage in force, premiums are payable up to the date of coverage termination. Critical Illness Insurance is underwritten by ReliaStar Life Insurance Company, a member of the Voya[®] family of companies. Policy Form #RL-CI3-POL-12; Certificate Form #RL-CI3-CERT-12; and Rider Forms: Spouse Critical Illness Rider Form #RL-CI3-SPR-12, Children's Critical Illness Rider Form #RL-CI3-CHR-12, Wellness Benefit Rider Form #RL-CI3-WELL-12 and Recurrence Rider Form #RL-CI3-REC-12 Form numbers, provisions and availability may vary by state.

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