2022 Employee Benefits Guide

July 1, 2022 – June 30, 2023

The City of Claremore Oklahoma

City of Claremore offers a comprehensive, cost-effective, and competitive benefits package to help protect you and your family. However, it works only if you take control and make thoughtful decisions about your benefits. You need to take an active role in choosing your benefit coverage. This way, you can be sure your benefits support your needs and goals. To help you make your benefit choices, City of Claremore gives you this Benefit Guide booklet. Use this Guide to make your benefit decisions. Then, enroll by your deadline, so you can get the maximum value from these plans and programs for yourself and your family.

Benefit Options At A Glance

Medical & Prescription Drug Plan (administered by BlueCross BlueShield)

- Blue Preferred Network

Dental (administered by BCBS)

- BlueCare PPO Network

Vision (administered by BCBS)

- EyeMed Vision Network

Flexible Spending Account (administered by Benefit Resource Inc.)

- Healthcare and Dependent Care Reimbursement Accounts

Life / AD&D Insurance (administered by Dearborn National)

- Group Basic Life and AD&D
- Optional Life and AD&D

It's time to think about your benefit needs and enroll for the benefits that will meet those needs.

City of Claremore offers a wide range of benefit options and the chance to make new decisions each year!

Getting Ready to Enroll

Review Your Benefits Options

Read this booklet and the other benefits materials thoroughly – they describe City of Claremore's employee benefits program.

Consider Your Choices Carefully and Enroll Within the 31 Day Deadline

- After your enrollment period ends, you cannot change your benefit choices during the year unless you have a qualifying event.

Get Ready to Enroll

It may help to have these items handy:

- Social security numbers and birth dates for yourself and your eligible family members/dependents.
- Information about other benefit coverage or insurance you or your family members may have.
- Beneficiary designation information including date of birth and social security number, so you can properly identify your beneficiaries for your life insurance coverage and retirement plans.

Enrollment Questions? Benefits Questions?

Contact the Benefits Helpline:

1-888-295-7410

Enroll by the Deadline

Complete the 2022 Benefits Online Enrollment by your enrollment deadline.

Be Alert!

- Check your first paycheck after your benefits effective date to confirm that your payroll deductions are correct.
- Report any payroll discrepancies immediately to Human Resources.

This booklet highlights the main features of many of the benefit plans sponsored by City of Claremore. Full details of these benefits are contained in the legal documents governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. City of Claremore reserves the right to change or discontinue the plans at any time. Participation in the plans does not constitute an employment contract. City of Claremore reserves the right to modify, amend, or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974, as amended.

Eligibility

Who is Eligible and When?

As a regular, full-time employee, you become eligible for the benefits program after you satisfy the waiting period.

If you have not enrolled by this date, you will not be eligible to enroll for coverage until the next Annual Open Enrollment.

Dependent Eligibility

In most cases, you may also cover your eligible dependents, including:

- **Your legal spouse or common law spouse**
- **Eligible children under the age 26.**
  - "Children" are defined as: 1) your natural children; 2) stepchildren; 3) legally adopted children; and 4) children under your legal guardianship. If your child is no longer eligible, you must notify Human Resources.
- **Physically or mentally disabled children** of any age who are incapable of self-support. Proof of disability may be requested and disability has to have occurred prior to age 25.

Adding Newborns or Dependent Children:

- **Add within 31 days of birth/adoption.**
- **For a natural child, show birth certificate, affidavit of birth or baptismal certificate.**
- **For an adopted child, show adoption papers.**
- **For a stepchild, show marriage certificate or tax return.**
- **For guardianship of minors, show court papers for guardianship.**

If your child becomes ineligible for coverage, you must notify City of Claremore by contacting the Human Resources department.

Adding Dependents to Your Coverage

To add a new spouse or child to your benefit coverage, you must notify City of Claremore within 31 days of the marriage/birth/adoption/change.

Important Note: Newborns are NOT automatically added to your medical coverage under City of Claremore's benefit plans. You must notify Human Resources to add the newborn.

Benefit Costs

You can go to Hillcrest, St. Johns, St. Francis, and Bailey

Paying for Your Benefits

City of Claremore pays 100% of the cost of the medical, dental and life insurance benefits for regular, full-time Employees, with coverage available for Employee and Children, Employee and Spouse, or Employee and Family. Your cost is as follows:

Cost of Coverage (Rates Effective 7.1.2022 – 06.30.2023)

Coverage	Cost per Month	City of Claremore Cost per Month	Employee Cost per Pay Period
BlueCross Blue Shield - Blue Preferred PPO Network)			
Employee Only	$504.42	$504.42	$0.00
Employee + Spouse	$1,109.66	$881.68	$113.99
Employee + Child(ren)	$958.37	$787.37	$85.50
Family	$1,563.67	$1,164.67	$199.50
BlueCare Dental PPO Network			
Employee Only	$42.04	$42.04	$0.00
Employee + Spouse	$78.51	$45.95	$16.28
Employee + Child(ren)	$98.80	$47.94	$25.43
Family	$139.53	$52.49	$43.52
BCBS EyeMed Network			
Employee Only	$10.32	$0.00	$5.16
Employee + Spouse	$19.62	$0.00	$9.81
Employee + Child(ren)	$20.65	$0.00	$10.33
Employee + Family	$30.37	$0.00	$15.19
Dearborn National Life/AD&D			
Basic Group Life – Employee	Employer Paid		
Basic Group Life - Dependent	$0.55 per Pay Period		
Optional Life	Age Rated see pages 14-15 for more details.		

Your deductions for medical, dental and vision coverage are made on a pre-tax basis. This reduces your taxable income and saves on federal and social security taxes.

Your deductions for voluntary life and AD&D insurance are made on an after-tax basis. This way, any benefits paid will not be subject to income taxes when received.

2022 Medical Plan Enhancements - Effective 7/1/22

Medical Copay:

- Chiropractor copay reduced to $25
- Physical Therapy change - $50 copay per visit

Allergy Services:

- Allergy Testing – $50 copay for office visit and separate $50 copay for testing
- Allergy Shots – 20% coinsurance, deductible waived.

CPAP Services:

- Sleep Study - $200 copay
- CPAP Machine – 20% coinsurance, deductible waived.

MRI:

- $200 copay for Emergency and Non-Emergency

MEDEFY

I strongly suggest that you download this app, you can see your medical insurance cards, look up doctors, and research invoices.

MediOrbis

medefy + MediOrbis

On-Demand Urgent Care

Connect to an on-call physician from our global provider network for time-sensitive medical needs. MediOrbis On-Demand Urgent Care connects top-tier physicians with patients within 10-minutes or less on average. With MediOrbis, patients can leverage 'new telemedicine' to access the care they need anytime, anywhere.

Patient Conditions

- Allergies
- Athlete's Foot
- Bronchitis
- Heat/Chemical Burns
- Congestion/Cough
- Ear Pain & Infections
- Eye Infections
- Fever
- Fungal Infections
- Flu
- Itchy Skin
- Migraines
- Rashes
- Nausea
- Runny Nose
- Sinus Infections
- Sore Throat
- Upset Stomach
- Urinary Tract Infection
- Vomiting
- Wound Infections
- Notes for school/work
- And more...

Benefits of On Demand Urgent Care

- ✓ Mobile and web compatible, app-enabled
  - No special equipment requirements needed — use any web enabled device.
  - Client portal access with notifications, updates, and discharge notes.
- ✓ Top-tier physicians who are always accessible
  - 24/7 availability
- ✓ Less than 10-minute response time
- ✓ Straightforward and intuitive user experience
- ✓ Integrated video and phone consultations
- ✓ Virtual prescription and other digital tools
- ✓ Time and cost-effective, non-emergent care service

Scan to download the app in the Apple Store or Google Play.

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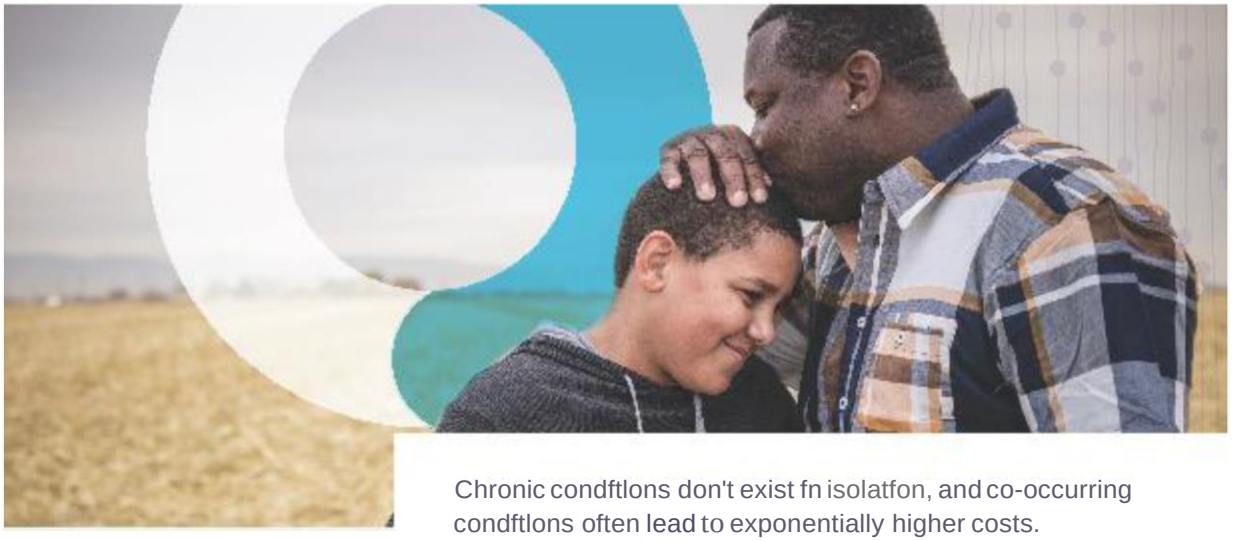
WHOLE.PERSON S0ll1TIOHS

An integrated approach to chronic condition management



Chronic condftlons don't exist fn isolatfon, and co-occurring condftlons often lead to exponentially higher costs.

The Uvongo Whole-Person solutions from Teladoc Health offer Blue Crcssand Blue Shield of Oklahoma members a whole-person virtual care strategy to address chronic conditions.

Our connected de!',ijces and personalized, timely, actionable outreach help people achieve lasting behavior change-imp!Ollinghow they manage conditions such as diabetes, hypertension and mental health challenges.

Uvongo solutions are offered at no cost to members.

Threesolutions, each designed around the needs of a distinct population, deliver meaningful medical cost savings'.

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Medical savinS15= $l80 PPPM
, Hypertension
· DysJipidemia
. Weight Management
, Mental Health

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CARDIOVASCULAR SOWTION
Medical Hvfngs: $76 PPPM
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, Weight Management
, Mental Health

Member benefits

Life.style behavior change
Medication optimization
Individualizedhealth coaching
Provider coordination
Cellular-con nected de!',ijces

Employer benefits

A simple, streamlined enterprise experience
Single implementation for multiple condition needsat no additional cost
Real-time eligibility, claims-based bi !ling, streamlined reporting and outcomes analysis

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The majority of people living with one chronic c.ondition also live with or are at risk for other chronic conditions.1

PEOPLE WITH DIABETES

6%ofadults

95Kweight
!iG'J..hypl"rtension
ll'4a,,sfipidemia
21K ml"nt.ol he,ilth

PEOPLE WITH Pr:ED1ASETES

34% of adults

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19K mental he,ilth

PEOPLE WITH
CARDIOI'ASCU lAR RISK

14% of adults

65%weight
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By rec.ognizing the impact of one condition on overall health and \'\Ell-beng, our Whole·Person solutions drive sustainable clinical outc.omes.

DIABETES

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5.5%

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DEPRESSION

53%

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For more information, contact your BlueCross and 8 lue Shleld of Oklahoma account representative today.

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Medical Plan Summary

Your medical plan is
Blue Preferred by BCBS

Base Medical Plan Summary

City of Claremore offers a Blue Preferred Network PPO medical plan for employees and dependents with BlueCross BlueShield of Oklahoma. The Blue Preferred Network PPO plan allows you the freedom to choose either a network or out of network provider each time you need care. Care received from in-network providers is paid at higher benefit level. If you choose to receive care from a non-network provider, medical benefits are lower.

BlueCross BlueShield	Blue Preferred	Out-of-Network
Annual Deductible Individual Family	 $2,000 $4,000	 $5,000 $10,000
Annual Out-of-Pocket Max **Individual** **Family**	 $4,000 $8,000	 $10,000 $20,000
Coinsurance ***(Unless otherwise noted)***	80%	60%
Physicians' Office Visit **Primary Care** **Specialist** **Mental Health – Counseling** **Chiropractor – 20 visit limit**	 $25 $50 $50 $25	 40% AD 40% AD 40% AD 40% AD
Allergy Shots **Allergy Testing**	20% (Ded Waived) $50 OV $50 Testing	40% AD
Preventive Care Services	No Charge	30% of allowed amount
Urgent Care	$50	30% AD
Emergency Room Visit	20% AD	20% AD
Inpatient Hospital Care	20% AD	$500, then 40% AD
Outpatient Care / Hospital Services	20% AD	40% AD

Your Employee Assistance Program is provided by Community Care and plays a key role in helping you, your coworkers and family members cope with emotional, physical, or any other problems that may be affecting your personal well-being and your job performance.

Medical Plan Summary

Base Medical Plan Summary (Continued)

BlueCross BlueShield	Blue Preferred	Out-of-Network
Lab, X-Ray and Diagnostics Outpatient Lab Testing Outpatient Radiology **CT, PET, MRI, etc.**	No charge if included with OV $200 Copay	30% AD 30% AD
Occupational	20% AD Up to 20 annual visits	40% of allowed amount AD Up to 20 annual visits
Physical Therapy	$50 per visit	
Maternity Services	$500 Copay per pregnancy	40% of allowed amount AD
Durable Medical Equipment, Prosthetics, and Orthotic Devices	20% AD	40% of allowed amount AD
Sleep Study **CPAP**	$200 Copay 20% (Ded Waived)	40% of allowed amount AD
Emergency Medical Transportation	20%	20%
Home Health Care / Private Duty Nursing	20% AD 60 visits per benefit period	40% of allowed amount AD 60 visits per benefit period
Hospice	20% AD	$300, then 40% of allowed amount AD
Inpatient Rehabilitation	20% AD 60 visits per benefit period	$500, then 40% of allowed amount AD 60 visits per benefit period

Prescription Drug Benefits

Prescription Drug Coverage

Prescription drug benefits are provided by BlueCross BlueShield through the medical plan.

Retail Prescription Program

The retail prescription program utilizes a network of participating pharmacies; most large national pharmacy chains are in-network.

Retail (30-day supply) Generic Preferred Brand Non-Preferred Brand Specialty	**$15** **$45*** **$95*** **$300***	
Mail Service (90-day supply) Generic Preferred Brand Non-Preferred Brand	**$30** **$90** **$190**	Serviced by Express Scripts

***When a generic is available, members will be responsible for paying the copay plus the cost difference between the brand and generic equivalent. This cost difference is not covered and will not count towards the member's annual out-of-pocket.**

CVS is not a participating pharmacy

Dental Plan Summary

City of Claremore offers a dental plan administered by BCBS to help save you money. The benefit percentage payable for covered services is highest if you select a BlueCare PPO provider.

When you choose a BlueCare PPO network dentist, you will receive services at discounted rates. Plus, the network dentist agrees to accept BCBS's contracted fees – so you won't receive any surprise charges above reasonable and customary rates. **To find a BCBS Dentist, go to: www.bcbsok.com**

If you choose a Non-BCBS Dentist, you will be charged at the dentist's usual fees which are generally higher than BCBS's negotiated fees. The dentist may also balance bill you for the difference between their usual fee and the amount paid by BCBS.

	BlueCare PPO Plan	
Benefit Summary	PPO	OUT
Calendar Year Deductible Individual Family	$50 $150	$50 $150
Deductible Waived for:	Preventive	Preventive
Maximum Annual Benefit*	$1,500	$1,500
Diagnostic & Preventive Services	100%	100%
Basic Services Perio, Endo & Oral Surgery	100%	80%
Major Services Crowns, Implants, etc.	60%	50%
Ortho – Children Only **$1500 Lifetime Maximum**	50%	50%
Claim Payment Basis	Negotiated Fee Schedule	90thPercentile

Any payment towards a cleaning/exam will not reduce the annual maximum benefit.

Vision Plan Summary

City of Claremore offers a vision PPO plan administered by BCBS and using the EyeMed Vision network. The vision PPO plan allows you the freedom to choose either a network or out-of-network provider.

When you choose an EyeMed Vision network provider, you will receive services at discounted rates. Plus, the network provider agrees to accept BCBS's contracted fees – so you won't receive any surprise charges above reasonable and customary rates. To find an EyeMed Provider, go to: www.eyemedvisioncare.com/bcbsokvis

	EyeMed Vision Provider	Out-of-Network
Copays		
Exam	$10	
Materials	$10	
Frequency		
Exam	12 Months	
Lens	12 Months	
Frames	12 Months	
Exam	$10 Copay	Plan pays up to $30
Lenses		Plan pays up to:
Single Vision	$10 Copay	$25
Bifocal	$10 Copay	$40
Trifocal	$10 Copay	$55
Lenticular	$10 Copay	$55
Contact Lenses (in lieu of complete set of glasses)		Plan pays up to:
Medically Necessary	$10 Copay	$210
Elective	Plan pays up to $150	$120
Frames	Plan pays up to $150 retail + 15% off balance	Plan pays up to $75

FSAs

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) let you save taxes on the money you spend for out-of-pocket health care or dependent care expenses. The FSAs are administered by BRI.

If you enroll, you choose an annual amount you want to contribute. Your contributions are taken from each paycheck throughout the year and deposited in your account. Since this money is taken out of your check before you pay taxes, you pay less taxes.

There are two types of FSAs: the Health Care Account and the Dependent Care Account. You can choose to participate in only one of the accounts, both of the accounts or neither one.

To be eligible, you must incur the expenses during the plan year (July 1, 2022 – June 30, 2023).

The elections you make to the health care and dependent care FSAs will remain in effect until June 30, 2023. You cannot change or stop your deductions during the year unless you have a qualified event.

The IRS now allows you to rollover $550 of your unused FSA funds to use for the following plan year.

Health Care Account
The Health Care Account is used to pay for eligible out-of-pocket expenses, such as:
- Deductibles and copays for medical and dental
- Retail and mail-order prescription copays
- Any IRS deductible expense not covered by a health plan

Annual Contribution Amount
The maximum amount you can contribute to this account is $2,850.

Filing Claims for Reimbursement
As you and your dependents incur eligible expenses, there are two methods to file for reimbursement:

Claim Form Method
- Pay your provider up front
- Complete the claim form and send it
- Reimbursement is sent to you in the mail or through direct deposit to your bank account

Streamline Method
- Use your FSA debit card.
- Claims are automatically filed for you when you seek services

Dependent Care Account

The Dependent Care Account can reimburse your eligible day care expenses for a dependent who lives with you, and who is under age 13 (or disabled and any age). You must claim this person as a dependent on your income tax return.

What Is Covered?
You may be reimbursed only for care that enables you to work or look for work on a full-time basis. You can't be reimbursed for care provided by your spouse, your child under age 19, or someone you claim as a dependent.

Annual Contribution Amount
The maximum amount you can contribute to the Dependent Care Account is $5,000 ($2,500 if you are married and file separate tax returns).

Filing Claims for Reimbursement
When you file a Dependent Care Account claim, you are only reimbursed up to the amount in your account at the time you file your claim. For instance, if you have incurred $300 in expenses, but you have only $200 in your account, you will be reimbursed only $200.

FSA or Tax Credit?
A child-care tax credit is available on your federal income tax return. Expenses you pay through the Dependent Care Account reduce the tax credit you may claim. If you earn less than $25,000, you may benefit more by using the tax credit. Ask a tax advisor which is better for you.

Dependent Care Account Worksheet	
Weekly Cost of Care	$
Number of Weeks your Dependents Receive Care	X
Annual Total*	=

**Divide your total estimated annual expenses by your applicable pay periods remaining in the plan year.*

For a more complete list of eligible FSA expenses, go to: www.irs.gov and search for "Publication 502"

FSAs

Health Care Account Worksheet

Use the worksheet below to estimate your annual out-of-pocket medical/dental/vision/hearing expenses.

Eligible Health Care Expenses	Estimated Annual Amount
Copays (doctor visits, prescriptions, etc.)	$
Deductibles	$
Out-of-Pocket Hospital Expenses	$
Out-of-Pocket Physician Expenses (lab work)	$
Out-of-Pocket Dental Expenses	$
Out-of-Pocket Vision Expenses	$
Out-of-Pocket Chiropractic Expenses	$
Out-of-Pocket Mental Health Care Expenses	$
Out-of-Pocket Prescription Drug Expenses	$
Out-of-Pocket Substance Abuse Care Expenses	$
Out-of-Pocket Physical Therapy Expenses	$
Other Health Care Expenses	$
Total*	$

**Divide your total estimated annual expenses by your applicable pay periods remaining in the plan year.*

FSA deposits are taken from each paycheck. Remember that your pay is reduced each paycheck to fund your contribution amount.

Life and AD&D

Basic Life and Accidental Death and Dismemberment

City of Claremore provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance, through Dearborn National and pays the cost of this benefit. Contact Human Resources to update your beneficiary.

Optional Life and Accidental Death and Dismemberment

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions.

Basic Life and Accidental Death and Dismemberment – Company Paid	
Basic Life and AD&D	$25,000
Age Reduction Schedule	50% at age 70
Basic Dependent Life – Employee Paid	
Dependent Life Spouse Benefit Child(ren) Benefit	 $5,000 $2,000
Optional Life – Employee Paid	
Employee Life Guarantee Issue Age Reduction Schedule	 $10,000 to $200,000 in $10,000 increments $100,000 50% at age 70
Spouse Life Guarantee Issue	 $5,000 to $50,000 in $5,000 increments $50,000
Child(ren) Life Dependent Age Limit Guarantee Issue	 $1,000 increments to $10,000 Birth to 6 months: $1,000 6 months to age 21, 30 if FTS $10,000
Optional Accidental Death and Dismemberment – Employee Paid	
Employee or Family AD&D	Multiples of $10,000 to $200,000 Maximum

Beneficiary Designation

When you enroll, you MUST designate your life insurance beneficiary. Benefits will be paid to your beneficiary if you die.

Optional Life and AD&D

Employee/Spouse Optional Life Monthly Rates per $1,000			
Age	**Rate**	**Age**	**Rate**
Under 30	$0.10	60-64	$1.16
30-34	$0.12	65-69	$1.44
35-39	$0.15	70-74	$5.09
40-44	$0.18	75-79	$5.74
45-49	$0.32	80-84	$5.74
50-54	$0.49	85-99	$5.74
55-59	$1.13		

Child(ren) Optional Life Monthly Rate
$.10 monthly per thousand for voluntary Life

Optional Accidental Death & Dismemberment Monthly Rates per $1,000
Employee: $0.03 Family: $0.04

Figure your monthly premium:

$_____ ÷ $1,000 x $_____ = $_____

benefit amount | age rate | premium

Example:
$100,000 / $1,000 * $0.18 = $18.00

American Fidelity

Supplemental Insurance can help you and your family offset additional expenses that your health insurance will not cover in the event of an accident or sickness. With an American Fidelity policy, you can help ensure that your family will be protected and have extra money when you need it the most.

The following supplemental benefits are available through American Fidelity:

Accident:
Is a voluntary insurance coverage that pays both lump sum and daily hospital benefits to covered insurers for injuries received as a result of a covered accident. You can cover your spouse, dependent children, or all of your family. An accident is defined as any malady that is not an illness. This policy can help cover doctor visit and hospitalization costs, pay specific cash benefits for injuries, provide extra accidental life insurance and can help with physical therapy, crutches and more.

Cancer:
Is the number one cause of bankruptcy in the United States. 1 in 2 men will suffer from Cancer, and 1 in 3 women will suffer from Cancer. American Fidelity's Cancer plan can help pay some of the direct and indirect costs related to cancer diagnosis and treatment. Benefits helps with the costs associated with treatment such as travel expenses, chemo therapy, hospitalization, screening benefits and much more. This is a comprehensive plan with most benefits having NO lifetime maximum.

Critical Illness:
Pays a lump sum benefit to the insured in the event of one of the following: Heart attack, stroke, major organ failure, end stage renal (kidney) failure and 25% of face amount for Coronary Artery Bypass Graft Surgery.

Short Term and Long Term Disability:
Protects your paycheck if you become disabled due to an accident or sickness. Disability plans can cover your paycheck for up to 60% of your monthly income.

Hospital GAP Plan Insurance:
A Plan designed to provide a low-cost benefit to help pay for out-of-pocket expenses while receiving inpatient or outpatient services. This plan provides benefits for diagnostic testing and outpatient surgery, emergency room sickness or accident, and inpatient confinements.

Life Insurance:
Will be paid to the beneficiary of your choice in the event of your death. American Fidelity offers Universal Life and Whole Life policies, which can be designed to fit your budget.

An American Fidelity benefit counselor can give you a quote on any of the benefits listed above.

Contact Information

The following list of contacts, telephone numbers, and website addresses may be helpful throughout the plan year.

COVERAGE	ADMINISTRATOR	PHONE/ WEBSITE
Human Resources	City of Claremore	918-341-1325 x102 or x101
Benefits Helpline	PremierConsulting Partners	1-888-295-7410 helpdesk@premier-consultingpartners.com
Medical Plan	BlueCross BlueShield	1-888-466-5359 www.bcbsok.com
Employee Assistance Program	Community Care	918-594-5232 www.ccok.com
Dental Plan	BCBS	1-888-466-5359 www.bcbsok.com
Vision Plan	BCBS/EyeMed	1-855-856-4402 www.eyemedvisioncare.com/bcbsokvis
Life Insurance	Dearborn National	1-800-348-4512 www.dearbornnational.com
Flexible Spending Accounts	Flex Plan Administrators	918-524-6350 https://www.flexplanadmin.com/
Accident & CI	American Fidelity	1-800-450-3506 www.americanfidelity.com