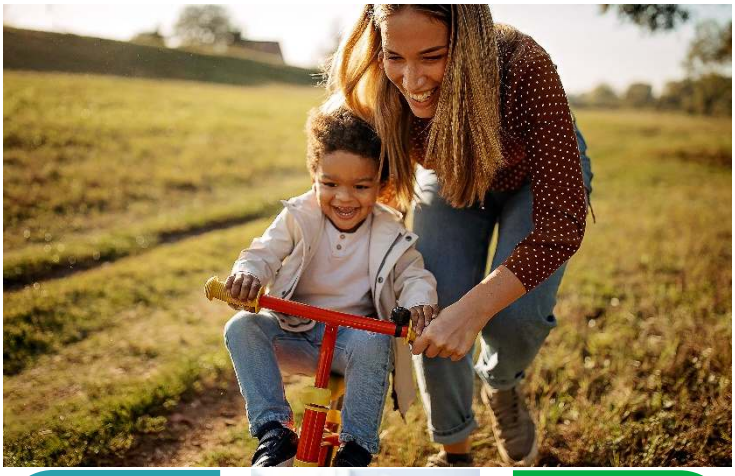


# 2023 Employee Benefits Guide

## July 1, 2023 – June 30, 2024

# Table of Contents



This brochure summarizes the benefit plans that are available to City of Claremore eligible employees and their dependents. Official plan documents, policies and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through the Human Resources Department. Information provided in this brochure is not a guarantee of benefits

# A Message to Our Employees

## The Benefits Open Enrollment Period Is Here!

As healthcare costs continue to rise due to inflation and increased government regulation, the cost to provide healthcare coverage has also increased. Additionally, City of Claremore has seen an increase in the occurrence as well as the severity of claims of healthcare costs. This has been a common scenario across the market as costs increase in an effort to keep pace with healthcare trends. City of Claremore is committed to providing a comprehensive benefits package to its employees for the following year and has no changes to its 2023 offerings.

## 2023 Benefit Plan Highlights

**Medical**

- BlueCross BlueShield of Oklahoma, BluePreferred PPO Network

**Flexible Spending Account (FSA)**

- Benefit Resource, Inc.
- Account Options:
    - Health Care
    - Dependent Care

**Dental**

- BlueCross BlueShield of Oklahoma, BlueCare PPO Network

**Vision**

- Dearborn Life Insurance Company, EyeMed Network

**Basic Life and AD&D**

- Dearborn Life Insurance Company

**Voluntary Life**

- Dearborn Life Insurance Company

**Voluntary AD&D**

- Dearborn Life Insurance Company

**Voluntary Supplemental Benefits**

- American Fidelity
- Plan Options:
    - Accident
    - Cancer
    - Critical Illness
    - Disability
    - Hospital Indemnity
    - Life Insurance

# Benefits for You & Your Family

City of Claremore is pleased to announce our 2023 benefits program, which is designed to help you stay healthy, feel secure, and maintain a work/life balance. Offering a competitive benefits package is just one way we strive to provide our employees with a rewarding workplace. Please read the information provided in this guide carefully. For full details about our plans, please refer to the summary plan descriptions. Listed below are the City of Claremore benefits available during open enrollment:

- Medical
- FSA
- Dental
- Vision
- Basic Life and AD&D
- Voluntary Life
- Voluntary AD&D
- Voluntary Supplemental Benefits

## When is My Coverage Effective?

The effective date for your benefits is July 1, 2023 – June 30, 2024.

## Who is Eligible?

All regular full-time employees and their eligible dependents may participate in the City of Claremore benefits program.

Generally, for the City of Claremore benefits program, dependents are defined as:

- Your legal spouse or common law spouse.
- Dependent “child(ren)” up to age 26. “Child” is defined as the employee’s natural child, stepchild, legally adopted child, and child under your legal guardianship.
- 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.

If your child becomes ineligible for coverage, you must notify City of Claremore’s Human Resources Department.

To add a spouse or child to your benefit coverage, you must notify City of Claremore with 31 days of a qualifying event.

Adding dependents:

- Newborn children – add within 31 days of birth/adoption (newborns are not automatically enrolled)
- Natural children – show birth certificate, affidavit of birth, or baptismal certificate.
- Adopted children – show adoption papers.
- Stepchildren – show marriage certificate or tax return.
- Guardianship of minors – show court papers for guardianship.

## When and How Do I Enroll?

Open enrollment will be conducted May 8, 2023 – May 19, 2023. Open enrollment meetings will be held May 9, 2023 – May 11, 2023.

If you have not enrolled by this date, then you will not be eligible to enroll for coverage until the next Annual Open Enrollment Period. All eligible employees are required to complete the enrollment process, even if you do not wish to make any changes to your benefits. Enrollment elections can be made online through AF Enroll.

## Changing Coverage During the Year

You can change your coverage during the year when you experience a qualified change in status, such as marriage, divorce, birth, adoption, placement for adoption, or loss of coverage. The change must be reported to the Human Resources Department within 31 days of the event. The change must be consistent with the event.

For example, if your dependent child no longer meets eligibility requirements, you can drop coverage only for that dependent.

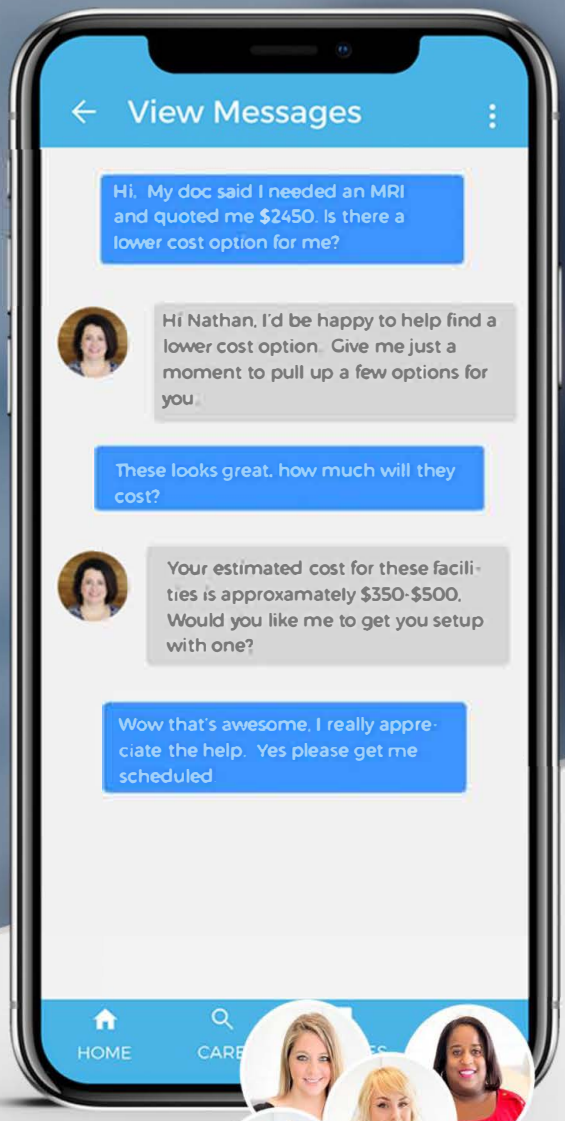
# WE CLAREMORE

medefy + MediOrbis

All your benefits information in one location plus...

## On-Demand Urgent Care

**Need to find high quality, low cost care? Have a benefits question? Don't know where to start? Text your care guide in the app today!**





**Meet your Care Guides!**

## Live Chat with a Healthcare Benefits Guide!

- Answers health benefits questions!
- Helps schedule appointments!
- Saves you money w/ **low cost in-network** care!
- All conversations are 100% confidential.

### Save Money on Healthcare!

We'll identify & schedule the most affordable in-network care for you! MRIs, CTs, surgeries, doctor vists, & more!

### All Your benefit tools!

Digital insurance cards, healthcare spend, wellness incentives, & more - all in one app!

**Search "Medefy" in your app store to get started!**

Available on the App Store | Google Play

# Benefits Cost

| Cost of Benefits Coverage | | | |
|---|---|---|---|
| Coverage | Monthly Cost | Employer Monthly Cost | Employee Biweekly Cost |
| **Medical Plan – BCBS BluePreferred PPO** | | | |
| Employee Only | $533.78 | $533.78 | $0.00 |
| Employee & Spouse | $1,174.25 | $946.27 | $113.99 |
| Employee & Child(ren) | $1,014.16 | $843.16 | $85.50 |
| Family | $1,654.69 | $1,255.69 | $199.50 |
| **Dental Plan – BCBS BlueCare PPO** | | | |
| 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 |
| **Vision Plan – Dearborn EyeMed** | | | |
| 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 |
| Family | $30.37 | $0.00 | $15.19 |
| **Basic Life and AD&D Plan - Dearborn** | | | |
| Employee Only | Employer Paid | | |
| Depedent(s) | $1.10 monthly per unit | | |
| **Supplemental Life and AD&D Plan - Dearborn** | | | |
| Age-banded rates listed on page 20 | | | |

# Medical Benefits Overview

| Benefit Coverage | BlueCross BlueShield of Oklahoma BluePreferred PPO Plan Group # 275396 | |
|---|---|---|
| | In-Network Benefits | Out-of-Network Benefits |
| **Annual Deductible** | | |
| Individual | $2,000 | $5,000 |
| Family | $4,000 | $10,000 |
| Coinsurance (you pay / plan pays) | 20% / 80% | 40% / 60% |
| **Maximum Out-of-Pocket** | | |
| Individual | $4,000 | $10,000 |
| Family | $8,000 | $20,000 |
| **Physician Office Visit** | | |
| Preventive Care | No charge | 30% after deductible |
| Primary Care | $25 copay per visit | 30% after deductible |
| Specialty Care | $50 copay per visit | 30% after deductible |
| Mental Health – Counseling | $25 copay per visit | 30% after deductible |
| Chiropractic (20 visit limit) | $25 copay per visit | 30% after deductible |
| **Diagnostic Services** | | |
| X-ray and Lab Tests | No charge | No charge |
| Complex Radiology (CT/PET scans, MRIs, etc.) | $200 copay per visit | 30% after deductible |
| Sleep Study | $200 copay | 30% after deductible |
| CPAP | $200 copay then 20% deductible waived | 40% after deductible |
| Allergy Testing | $50 copay | 30% after deductible |
| Allery Shots | 20% deductible waived | 30% after deductible |
| Urgent Care Facility | $50 copay per visit | 30% after deductible |
| Emergency Room Facility Charges | 20% after deductible | 20% after deductible |
| Emergency Medical Transportation | 20% after deductible | 20% after deductible |
| Inpatient Hospital Care | 20% after deductible | 40% after deductible |
| Outpatient Hospital Care and Services | 20% after deductible | 40% after deductible |
| **Recovery Needs** | | |
| Home Health Care / Private Duty Nursing (30 day limit) | 20% after deductible | 40% after deductible |
| Hospice Services | 20% after deductible | 40% after deductible |
| Inpatient Rehabilitation (30 day limit) | 20% after deductible | 40% after deductible |
| Occupational Therapy (20 visit limit) | 20% after deductible | 40% after deductible |
| Physical Therapy (20 visit limit) | $50 copay per visit | 40% after deductible |

| Benefit Coverage | BlueCross BlueShield of Oklahoma BluePreferred PPO Plan Group # 275396 | |
|---|---|---|
| | In-Network Benefits | Out-of-Network Benefits |
| Durable Medical Equipment (prosthetics, orthotic devices) | 20% after deductible | 40% after deductible |
| **Maternity Services** | | |
| Office Visits (Primary / Specialist) | $25 / $50 copays per visit | 30% after deductible |
| Childbirth / Delivery Professional & Facility Services | Up to $500 copay per pregnancy, then 100% covered | 40% after deductible |

| Pharmacy Benefit Coverage | | |
|---|---|---|
| **Retail Pharmacy (30 Day Supply)** | | |
| | In-Network Benefits | Out-of-Network Benefits |
| Generic (Tier 1) | $15 copay | $15 copay |
| Preferred (Tier 2) | $45 copay | $45 copay |
| Non-Preferred (Tier 3) | $95 copay | $95 copay |
| Preferred Specialty (Tier 4) | $300 copay | $300 copay |
| **Mail Order Pharmacy (90 Day Supply)** | | |
| | In-Network Benefits | Out-of-Network Benefits |
| Generic (Tier 1) | $30 copay | Not covered |
| Preferred (Tier 2) | $90 copay | Not covered |
| Non-Preferred (Tier 3) | $190 copay | Not covered |
| Preferred Specialty (Tier 4) | Not covered | Not covered |

CVS is not a participating pharmacy.

BlueCross BlueShield of Oklahoma

# 24/7 Nurseline

## Nurses available anytime you need them.

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline*.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- Asthma
- Dizziness or severe headaches
- Cuts or burns
- Back pain
- High fever
- Sore throat
- Diabetes
- A baby's nonstop crying
- And much more

Plus when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

So, put the 24/7 Nurseline phone number in your contacts today, because health happens 24/7.

**Call 800-581-0407 to reach the 24/7 Nurseline and talk to a nurse. Hours of Operation: Anytime**

*24/7 Nurseline is not available to HMO members. For medical emergencies, call 911.
This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.



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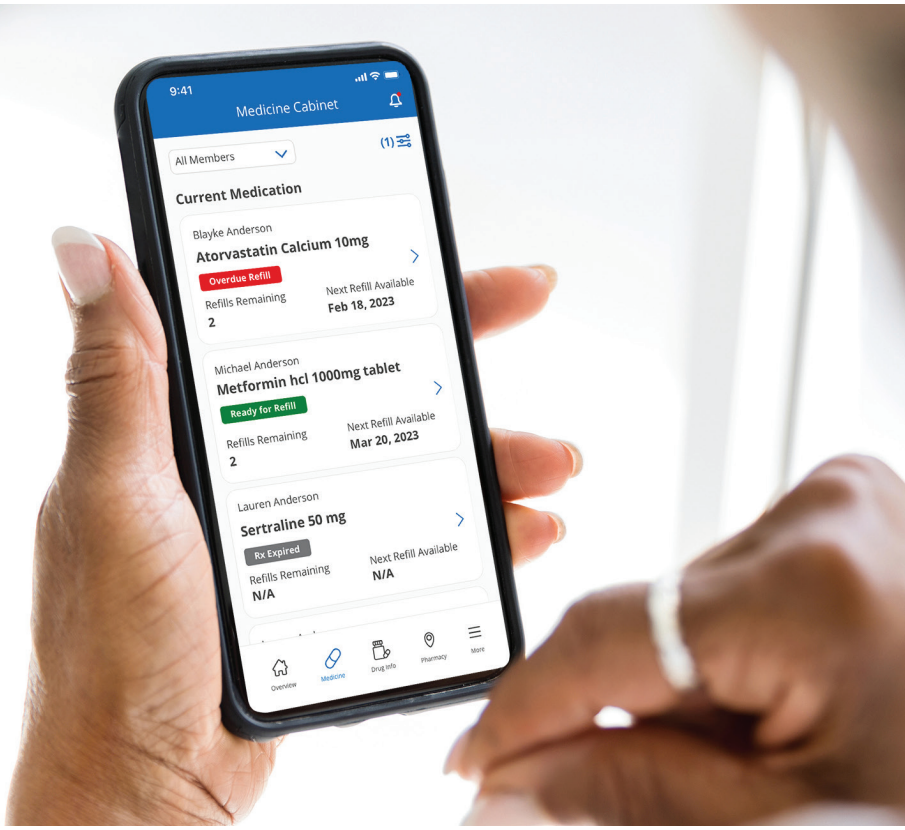
BlueCross BlueShield of Oklahoma

# Your Virtual Medicine Cabinet Is Here




## Save On Prescriptions With Just A few Clicks

MyBlueRxOK is a personalized pharmacy app for Blue Cross and Blue Shield of Oklahoma (BCBSOK) members. We're making it easy to understand and manage prescription drugs and out-of-pocket costs for yourself and your family.

### How it works

This app puts your prescription drug information in your hands with features that allow you to:

- Compare drug costs at different pharmacies
- Find available lower-cost drug options
- Manage prescription drug care for your family*
- Access information about your prescription drugs, including medication details, claims history, coverage, pre-approvals and refills
- Get reminders when it's time to refill your prescription
- Search for and contact in-network pharmacies

**Scan a QR code to download the free app.**
Use your Blue Access for Members℠ login, or create a new account to get started.

MyBlueRxOK (iOS)

Download on the App Store

MyBlueRxOK (Android)

GET IT ON Google Play

* Who are listed as dependents on your BCBSOK plan. Adult children (age 18-26) and other dependents can download the app and create their own account.

Not all features are available for all plans



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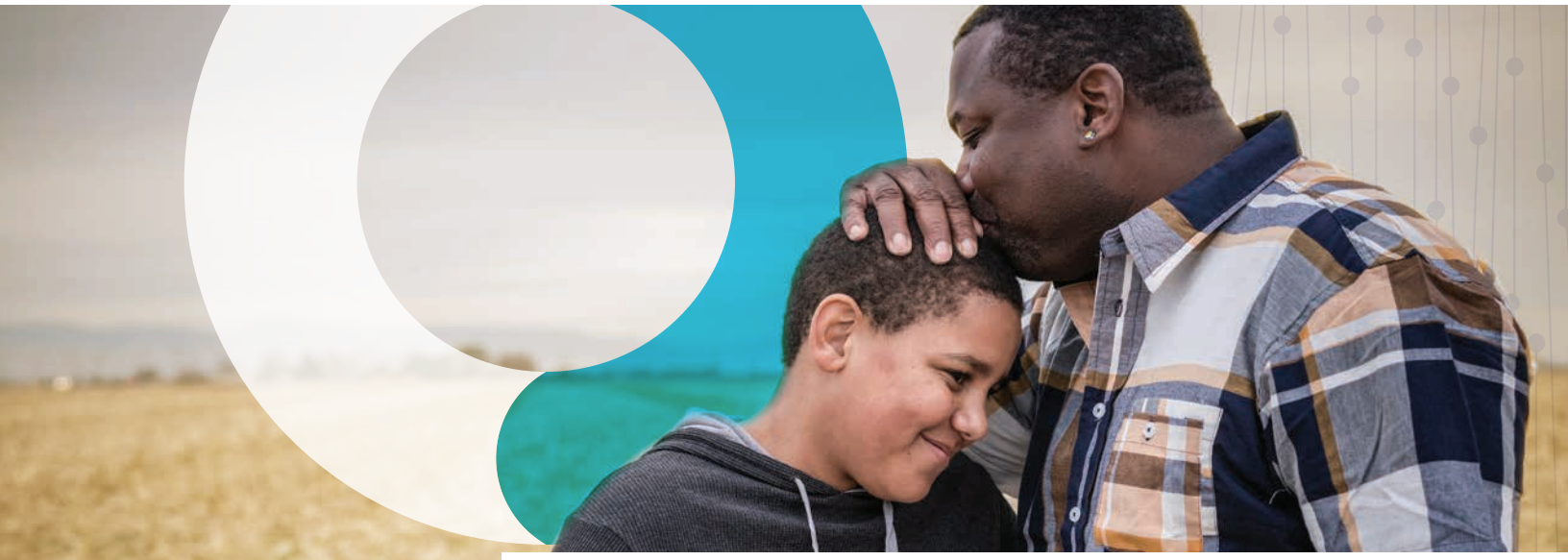
Livongo®

CHRONIC CONDITION SOLUTIONS

# An integrated approach to managing multiple chronic conditions



Three solutions, each designed around the needs of a distinct population, deliver meaningful medical cost savings[1].

**DIABETES MANAGEMENT PLUS**

**Medical savings: $180 PPPM**

- Hypertension
- Dyslipidemia
- Weight Management
- Mental Health

**HYPERTENSION MANAGEMENT PLUS**

**Medical savings: $76 PPPM**

- Dyslipidemia
- Weight Management
- Mental Health

**PREDIABETES MANAGEMENT PLUS**

**Medical savings: $76 PPPM**

- Hypertension
- Dyslipidemia
- Weight Management
- Mental Health

## Chronic conditions don't exist in isolation, and co-occurring conditions often lead to exponentially higher costs.

The Livongo Chronic Condition Management Plus solution from Teladoc Health offers Blue Cross and Blue Shield of Oklahoma members a complete virtual care strategy to address chronic conditions.

Our connected devices and personalized, timely, actionable outreach help people achieve lasting behavior change—improving how they manage conditions such as diabetes, hypertension and mental health challenges.

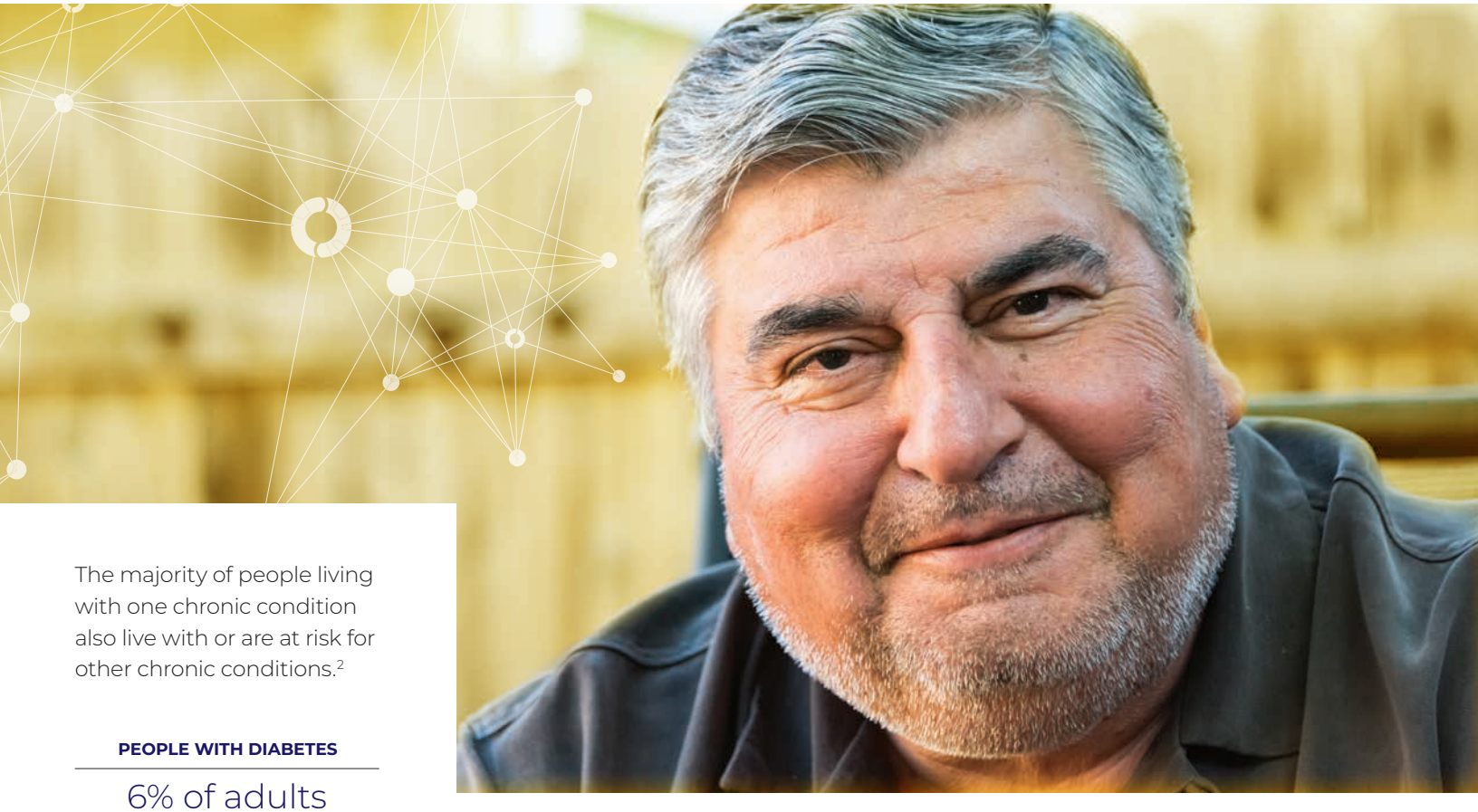
**Livongo solutions are offered at no cost to members.**

## Member benefits

- Lifestyle behavior change
- Medication optimization
- Individualized health coaching
- Provider coordination
- Cellular-connected devices

## Employer benefits

- A simple, streamlined enterprise experience
- Single implementation for multiple condition needs at no additional cost
- Real-time eligibility, claims-based billing, streamlined reporting and outcomes analysis



The majority of people living with one chronic condition also live with or are at risk for other chronic conditions.[2]

**PEOPLE WITH DIABETES**

## 6% of adults

- 85% weight
- 56% hypertension
- 33% dyslipidemia
- 21% mental health

**PEOPLE WITH HYPERTENSION RISK**

## 14% of adults

- 65% weight
- 33% dyslipidemia
- 22% mental health

**PEOPLE WITH PREDIABETES**

## 34% of adults

- 38% hypertension
- 33% dyslipidemia
- 18% mental health

By recognizing the impact of one condition on overall health and well-being, our Chronic Condition Management Plus solution drives sustainable clinical outcomes.

**DIABETES**

## 0.8pt

**AVERAGE HbA1c REDUCTION[3]**

**HYPERTENSION**

## 10mmHg

**AVERAGE SYSTOLIC BLOOD PRESSURE REDUCTION[3]**

**WEIGHT MANAGEMENT**

## 5.5%

**YEAR 1 AVERAGE WEIGHT LOSS[3]**

**DEPRESSION**

## 55%

**PATIENTS WITH MEASURED CLINICAL IMPROVEMENT ON AVERAGE[3]**

For more information, contact your Blue Cross and Blue Shield of Oklahoma account representative today.

[1]Average per member per month medical saving ROI from Livongo data on file (DS-4266).
[2]Livongo data on file for diabetes, hypertension and mental health prevalence (DS-4266). Note: mental health prevalence is based on medical claims. The 2017 National Survey on Drug Use and Health found that prevalence of mental health conditions was 25% for clinical conditions and an additional 35% for sub-clinical conditions. Overweight and dyslipidemia prevalence from Kaiser Family Foundation 2018 and 2017 State Health Facts, respectively. Overweight prevalence for people with diabetes from CDC.
[3]Livongo data from 2019 S1 for diabetes, hypertension, and depression. Weight management from Livongo data on file (DS-3547).

**LEARN MORE:** Engage@Livongo.com

Livongo is part of Teladoc Health. Teladoc Health is transforming the healthcare experience and empowering people everywhere to live healthier lives. Recognized as the world leader in whole-person virtual care, Teladoc Health leverages more than a decade of expertise and data-driven insights to meet the growing virtual care needs of consumers and healthcare professionals.

Livongo®

# Flexible Spending Account (FSA)

## What is a Flexible Spending Account?

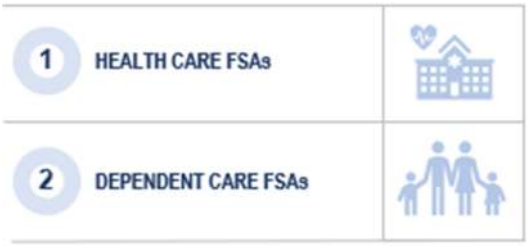
A Flexible Spending Account (FSA) is a special type of account you (and sometimes your employer) put money into to pay for certain out-of-pocket health care expenses. Your contributions to this account are not taxed, so you will save the amount that would have been paid in taxes on this money. Your FSA is administered by Benefit Resource, Inc.

### "Use it or Lose it" Rule

FSAs are subject to a "use or lose" rule, as required by the IRS. This means that the money in the account must be spent by the end of the plan year and can't be carried over to the next year. When choosing your contribution for the year, you should be careful to choose an amount that is enough to cover expected expenses, but not so much that you may forfeit it if you don't incur enough eligible expenses over the course of the year.

Some plans may have a grace period or carry-over. A grace period, which can be up to two and a half months past the plan year, allows you to submit any qualified medical expenses incurred during the grace period using money left in the account. If your plan ended 12/31 and had a two-and-a-half-month grace period, you would have until 3/15 to spend the money in your FSA.

If your plan has a carry-over provision, you may carry over up to $610 (in 2023) of unused funds to next year. Plans can't have both a grace period and a carry-over. Check with your HR or FSA vendor to see if your plan has either of these provisions.




There are two different types of FSAs: health care FSAs and dependent care FSAs. You can have both types of accounts at the same time and contribute to both. The money in the two types of the accounts are separate and money in one account cannot be used for reimbursement of the other type of expense.

## Health FSAs

Health care FSAs may only be used to reimburse qualified medical expenses. A list of what is considered a qualified expense is available in IRS Publication 502.

### How much can I contribute to my health FSA?

The IRS sets a maximum contribution for the year. For 2023, the IRS maximum is $3,050. Your plan may have a lower contribution maximum. FSA funds are available up front, at the beginning of the plan year, even if you haven't fully funded the account yet. You cannot change your contribution amount outside open enrollment unless you experience a qualifying life event.

### How do I use my health FSA?

First, note that FSAs can only be used for expenses that have already been incurred—you can't use them for future or anticipated expenses. After paying for the qualified products or services, you will submit a claim to the FSA through your employer. The claim needs to include proof of the medical expense and a statement that it has not been covered by your costs. For more detailed information about how to use your specific FSA, reach out to your HR or FSA vendor.

**What is considered a qualified medical expense?**

• Deductibles and copays for your medical plan (not premiums)

• Prescription medicine

• Over-the-counter medicine

• Some medical equipment like crutches, or diagnostic devices like blood sugar test kits

*See IRS publication 502 for more detailed information on what is covered.*

## Dependent Care FSAs

Dependent Care FSAs may be used to reimburse expenses for the care of a qualifying individual to enable you (and your spouse) to work or actively look for work. It is also sometimes called a Dependent Care Assistance Program (DCAP). Common eligible expenses include:

- Day care or after school care for a child under age 13
- Elder care for dependent parents
- Summer day camps for a child under age 13
- Care for a disabled spouse or dependent incapable of self-care.

**How much can I contribute to my Dependent Care FSA?**

Generally, the maximum amount that may be contributed to the Dependent Care FSA is $5,000 and determined on a calendar year basis. Lower limits may apply if the employee is married and filing separately or when the spouse earns less than $5,000 per year or is a full-time student.

Amounts contributed to the Dependent Care FSA are subject to the “use or lose” rule. This means any unused contributions remaining at the end of the plan year are lost, unless the plan includes a grace period (which provides up to 2.5 months to access unused contributions following the end of the plan year). Review your plan documents to understand whether a grace period is available.

**How do I use my Dependent Care FSA?**

The Dependent Care FSA may only be used for eligible expenses that have been provided and the services were rendered during the plan year. You can’t seek reimbursement for future or anticipated expenses. For example, a claim for dependent care services for the month of June cannot be reimbursed until June has ended.

After paying for the eligible services, you will submit a claim to the Dependent Care FSA through your administrator. You will need to substantiate the claim, which will include the provider, date of service and the amount. Unlike the Health FSA, only amounts actually contributed to the dependent care FSA are available for reimbursement.

You cannot be reimbursed for expenses which for which you claim the dependent care tax credit.

*See IRS Publication 503, Child and Dependent Care Expenses* for more information on eligible expenses.

# Dental Insurance

| Benefit Coverage | BlueCross BlueShield of Oklahoma<br>BlueCare PPO Plan<br>Group # 237834 | |
|---|---|---|
| | In-Network Benefits | Out-of-Network Benefits |
| **Annual Deductible** | | |
| Individual | $50 | $50 |
| Family | $150 | $150 |
| Waived for Preventive Care? | Yes | Yes |
| Waived for Orthodontia? | Yes | Yes |
| Three Month Carryover? | Yes | Yes |
| **Annual Maximum** | | |
| Per Person / Family | $1,500 | $1,500 |
| Preventive | 100% | 100% |
| Basic | 100% | 80% |
| Major | 60% | 50% |
| Claim Payment Basis | Neogtiated Fee Schedule | 90th Percentile |
| **Orthodontia** | | |
| Benefit Percentage | 50% | 50% |
| Adults (and Covered Full-Time Students, if Eligible) | Not covered | Not covered |
| Dependent Child(ren) | Covered up to age 26 | Covered up to age 26 |
| Lifetime Maximum | $1,500 | $1,500 |

BlueCross BlueShield of Oklahoma

# VIRTUAL DENTAL VISITS 24/7

Powered by TELEDENTISTRY.com Your Dentist, Anytime Anywhere®

**At Blue Cross and Blue Shield of Oklahoma (BCBSOK), we know how important access to dental care is to you and your family. Now if an urgent dental issue occurs after hours or when your own dentist is unavailable, you can schedule a virtual dental visit, powered by Teledentistry.com.**

## Virtual dental visits are an option with your current BlueCare Dental PPO℠ plan. You and your covered dependents can use these visits when you:

- Have an urgent dental issue and can't see your dentist
- Need access to a dentist after business hours
- Want to consult a dentist without leaving home, or while traveling

## What can a virtual dentist do for you?

- Address tooth pain due to things like cavities, gum disease, impacted wisdom teeth
- Assess trauma, such as a chipped tooth
- Prescribe appropriate medications*

## How does it work?

Simply call 1-866-256-2054 and provide some required information. You will be connected to a dentist via video conference within 10-15 minutes and the average consult only takes 3-5 minutes!**

## Is it covered?

Yes, the virtual visit will be paid the same as if you were visiting your dentist office for the same service. If you need follow-up care and don't have a regular dentist, Teledentistry.com can help you find a dentist. If you follow up with your regular dentist, they can send them a report regarding the virtual visit.

## Call 1-866-256-2054 to connect with a dentist for your virtual visit.

*No opioids or narcotics

**Average times from Teledentistry.com

Virtual visits may not be available on all plans.



612592.0821

# Vision Insurance

| Benefit Coverage | Dearborn Life Insurance Company<br>EyeMed Vision Plan<br>Group # F022633 | |
|---|---|---|
| | In-Network Benefits | Out-of-Network Benefits |
| **Copays** | | |
| Routine Exams (Annual) | $10 copay | Up to $30 |
| Materials (Lenses and Frames) | $10 copay | Reimbursement schedule |
| **Benefit Frequencies** | | |
| Exams | 12 months | |
| Lenses | 12 months | |
| Frames | 12 months | |
| Contacts | 12 months | |
| **Lenses** | | |
| Single | $10 copay | Up to $25 |
| Bifocal | $10 copay | Up to $40 |
| Trifocal | $10 copay | Up to $55 |
| Lenticular | $10 copay | Up to $55 |
| **Frames** | | |
| Frames | $0 copay, up to $150 allowance | Up to $75 |
| **Contacts** | | |
| Medically Necessary | $0 copay, paid in full | Up to $210 |
| Elective (Conventional and Disposable) | $0 copay, up to $150 allowance | Up to $120 |

# Life and AD&D Insurance

City of Claremore provides Basic Life and AD&D benefits to eligible employees. The Life insurance benefit will be paid to your designated beneficiary in the event of death while covered under the plan. The AD&D benefit will be paid in the event of a loss of life or limb by accident while covered under the plan.

| Dearborn Life Insurance Company<br>Basic Life and AD&D)<br>Group # F022633 | |
|---|---|
| **You Employee (Company Paid)** | |
| Benefit Maximum | $25,000 |
| Guaranteed Issue | $25,000 |
| AD&D Benefit | $25,000 |
| Age Reduction Schedule | Reduces to 50% at age 70 |
| **Your Spouse or Domestic Partner (Employee Paid)** | |
| Benefit Maximum | $5,000 not to exceed 50% of employee benefit amount |
| **Your Child(ren) (Employee Paid)** | |
| Benefit Maximum | $2,000 (Birth to age 21, or age 30+ if full-time student) |
| **Waiver of Premium** | |
| Elimination Period | 6 months |
| Benefit Duration | Age 65 |
| Eligibility | Employee is totally disabled prior to age 60 |
| **Accelerated Death Benefit (ADB)** | |
| Benefit Amount | 75% of employee benefit amount |
| Eligibility | Employee has been examined and diagnosed by a doctor as having a medically determined condition that is expected to result in death within 12 months of this claim benefit being received by the carrier |
| **Other Benefits** | |
| Portable? | Yes, both employees and spouses / domestic partners. |
| Convertible? | Yes |

# Voluntary Life and AD&D Insurance

In addition to the employer paid Basic Life and AD&D coverage, you have the option to purchase additional voluntary life insurance to cover any gaps in your existing coverage that may be a result of age reduction schedules, cost of living, existing financial obligations, etc. Your election, however, could be subject to medical questions and evidence of insurability.

You may purchase additional Life insurance and AD&D insurance with Dearborn Life Insurance Company if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

| Dearborn Life Insurance Company<br>Supplemental Life and AD&D (Employee Paid)<br>Group # F022633 | |
|---|---|
| **You Employee** | |
| Benefit Increments | $10,000 |
| Guaranteed Issue | $100,000 |
| Benefit Maximum | $200,000 |
| AD&D Benefit | $10,000 to $200,000 in increments of $10,000 |
| Age Reduction Schedule | Reduces to 50% at age 70 |
| **Your Spouse or Domestic Partner** | |
| Benefit Increments | $5,000 |
| Guaranteed Issue | $50,000 |
| Benefit Maximum | $50,000 not to exceed 100% of employee benefit amount |
| AD&D Benefit | 60% of employee AD&D amount if no covered child(ren)<br>40% of employee AD&D amount if covered child(ren) |
| Age Reduction Schedule | Reduces to 50% at age 70 |
| **Your Child(ren)** | |
| Benefit Increments | $1,000 |
| Benefit Maximum | $1,000 (birth to 6 months)<br>$10,000 (age 6 months to 21 years, or 30+ years if full-time student) |
| AD&D Benefit | 20% of employee AD&D amount if no covered spouse<br>10% of employee AD&D amount if covered spouse |
| **Waiver of Premium** | |
| Elimination Period | 6 months |
| Benefit Duration | Age 65 |
| Eligibility | Employee is totally disabled prior to age 60 |
| **Accelerated Death Benefit (ADB)** | |
| Benefit Amount | 75% of employee benefit amount |
| Eligibility | Employee has been examined and diagnosed by a doctor as having a medically determined condition that is expected to result in death within 12 months of this claim benefit being received by the carrier |
| **Other Benefits** | |
| Portable? | Yes, both employees and spouses / domestic partners. |
| Convertible? | Yes |

| Employee Monthly Rates Per $1,000 | |
|---|---|
| **Supplemental Life Plan** | |
| Employee / Spouse Age | Rate |
| Under 30 | $0.10 |
| 30-34 | $0.12 |
| 35-39 | $0.15 |
| 40-44 | $0.18 |
| 45-49 | $0.32 |
| 50-54 | $0.49 |
| 55-59 | $1.13 |
| 60-64 | $1.16 |
| 65-69 | $1.44 |
| 70-74 | $5.09 |
| 75-99 | $5.74 |
| Child(ren) | $0.10 |
| **Supplemental AD&D Plan** | |
| Individual (employee only) | $0.03 |
| Family (employee, spouse, child(ren)) | $0.04 |

# Voluntary Supplemental Benefits

You may purchase additional voluntary benefits to help you cover out-of-pocket costs for unexpected medical events. These benefits are available through American Fidelity. More information, including pricing, can be found at **americanfidelity.com** or by meeting with an American Fidelity benefits counselor.

## Accident

Limited benefit accident only insurance may help manage out-of-pocket expenses to treat injuries resulting from a covered accident. This plan pays benefits directly to you, helping you cover any unplanned medical expenses.

- 24-hour Coverage – on and off the job coverage
- Accidental Injuries – twisted ankles, burns, bee stings, spider bites and more
- Wellness / Screening Benefit – annual benefit for being proactive
- Over 25 Treatments Covered – fractures, lacerations, physical therapy and more

## Cancer

Limited benefit cancer insurance is designed to help ease the financial pressures of cancer treatment, so you can focus on recovery. Benefit payments are made directly to you, helping you pay for expenses like copayments, inpatient stays, and house and care payments.

- More than 25 Benefits – chemotherapy, radiation, surgery and more
- Diagnostic and Prevention – annual benefit for a covered diagnostic test or screening
- Transportation and Lodging Expenses – helps pay for qualified transportation and boarding
- Coverage Options – you, your spouse and children under age 26

## Critical Illness

Limited benefit critical illness insurance pays a lump-sum benefit upon diagnosis of certain covered life-altering illnesses. The policy can help with expenses not covered by your major medical insurance, allowing you to use the funds towards house payments, lost income or groceries.

- Coverage Options – choose the coverage amount that suits your needs
- Covered Health Conditions – heart attack, stroke, paralysis, major organ failure and end stage renal failure
- Screening Benefit – annual benefit for covered health screenings
- Recurrent Diagnosis – upon 2nd occurrence of certain illnesses, benefit pays 50% of the amount previously paid

## Disability

Disability income insurance can help protect your finances by providing a percentage of your gross monthly earnings to help pay for expenses if you are unable to work due to a covered disability.

- Salary Protection – help protect your income for you and your loved ones
- Return-to-Work Benefit – partial benefit for part-time work
- Coverage Options – benefit amount and elimination periods that meet your needs
- Employee Assistance Program – life coaching, legal assistance and more

## Hospital Indemnity

Limited benefit hospital indemnity insurance is designed to help pay for out-of-pocket expenses, likes an inpatient stay, while also providing tax benefits and potential savings from a Health Savings Account (HSA).

- Routine Screening Benefit – take care of yourself and get rewarded
- Hospital Benefit – help pay for your stay
- Critical Illness Benefit – financial protection for high-dollar illnesses
- Accident Benefit – prepare for the unexpected

## Life

Life insurance may help ensure your family is financially protected in the event of a loss and may help provide peace of mind knowing it can help take care of your family after you/re gone. Plus, you own the policy, so you can take it with you to a different job or into retirement.

- Coverage Options – select Term Life, Whole Life, or both, whatever fits your needs
- 3 Health Questions* – no required medical exams; minimal health questions
- Immediate Coverage – no waiting periods; death benefit coverage begins at the time of application
- Riders Available – plans include additional benefits to enhance your coverage at an additional cost

**Issuance of the policy will depend on the answer to these questions.*

# Travel Resource Services™

## Your Ticket to Safe and Worry-Free Travel

Our Travel Resource Services provider, Assist America, offers around-the-clock emergency and information services that can help you access emergency assistance when you are traveling 100 or more miles away from home.

### Medical Emergency Assistance

- Medical referral
- Medical monitoring
- Emergency medical evacuation
- Foreign hospital admission assistance
- Medical repatriation
- Prescription assistance

### Travel Emergency Assistance

- Compassionate visit
- Care of minor children
- Evacuation transport for family members
- Return of mortal remains
- Other services include:
  - Return of vehicle
  - Legal & interpreter referrals
  - Pre-trip information

## Download the Mobile App!

Access a wide range of global emergency assistance services from your phone by downloading the FREE Assist America Mobile App. Enter your Assist America Reference Number to set up the App: **01-AA-TRS-12201**

**Tap for Help**
One-touch call to Assist America's 24/7 Operations Center

**Voice Over Internet Protocols (VoIP)**
Avoid international phone charges by calling Assist America using a Wi-Fi connection

**Pre-Trip Information**
Access detailed country-specific information to prepare your trip

**Embassy & U.S. Pharmacy Locator**
Locate the nearest embassy/consulate of 23 countries and pharmacies near you (U.S. pharmacies only)

**Travel Alerts**
Receive alerts on urgent global situations that may impact travel

**Travel Status Indicator**
A GPS feature letting you know when you are eligible for services

**Mobile ID Card**
Your Assist America ID card is conveniently stored within the app

**Available in 7 languages**
The app is available in English, Spanish, Arabic, Mandarin, Thai, Bahasa, and French

## How to Activate Services

If you are traveling more than 100 miles away from home, or in a foreign country, and require assistance, contact Assist America's 24/7 Operations Center:

Your Assist America Reference Number is: **01-AA-TRS-12201**

TAP FOR HELP
On the Mobile App

**800-872-1414**
(Toll Free within the U.S.)
+1-609-986-1234
(outside the U.S.)

medservices@assistamerica.com

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148.

## Medical Emergency Assistance

**Medical Referral:**
Assist America's 24/7 Operations Center is staffed by trained, multilingual assistance personnel who can make immediate recommendations for any emergency situation.

**Medical Monitoring:**
Assist America maintains regular communication with members, their families and attending medical staff, closely monitoring the quality and course of treatment.

**Emergency Medical Evacuation:**
If a member becomes ill or injured where an adequate medical facility is not available, Assist America will arrange to transport the member under medical supervision, if required, to the nearest medical facility capable of providing the required care.

**Foreign Hospital Admission Assistance:**
Assist America fosters prompt hospital admission by validating the member's health insurance or advancing funds as needed to the hospital.

**Medical Repatriation:**
When the member has been stabilized to the satisfaction of Assist America's consulting physicians and the attending physician, and is medically cleared for travel, we will arrange and pay for transportation via commercial carrier back home or to a rehabilitation facility with medical supervision, if required.

**Prescription Assistance:**
When a prescription is lost or left behind, Assist America works with the prescribing physician and a local pharmacy to replace the member's medicine.

## Travel Emergency Assistance

**Compassionate Visit:**
Assist America will arrange and pay for a family member or a friend to join a member who is traveling alone and is expected to be hospitalized for more than seven days.

**Care of Minor Children:**
If an injured member has minor children left unattended, Assist America will pay for them to return home to a family member or will arrange childcare locally or at home.

**Evacuation Transport for Family Members:**
If a member is evacuated, Assist America will arrange and pay for either the return of the immediate family members (spouse, children, parents) home or the transportation to the location where the member is evacuated.

**Return of Mortal Remains:**
In the event that a member passes away, Assist America will arrange and pay for the required documents, preparation of the remains and transport to a funeral home near the member's place of residence.

**Other services include:**
- Return of vehicle
- Legal & interpreter referrals
- Emergency cash & bail bond coordination
- Pre-trip information

### Conditions and Exclusions

All travel transportation services must be arranged by Assist America. Claims for reimbursement will not be accepted under the Assist America Global Emergency Assistance program. Assist America is not medical insurance. Medical bills are the responsibility of the member or the health insurance as applicable.

Upon verification of your eligibility, Assist America will arrange and pay for the following services:
- Emergency Medical Evacuation and Medical Repatriation: $150,000 Combined Single Limit
- Repatriation of Mortal Remains: Up to $15,000
- Care of Minor Children: Up to $5,000
- Return of Vehicle: Up to $2,500
- Compassionate Visit: Up to $5,000

Assist America will not provide services in the following instances:
- Suicide or attempted suicide; intentionally self-inflicted injuries;
- The transfer from one medical facility to another of similar capabilities which provides the same level of care.
- Occurrence of mild lesions, simple injuries such as sprains, simple fractures or mild sickness which can be treated by local doctors that do not prevent the continuation of travel.
- Participation in any war, invasion, acts of foreign enemies, hostilities between nations (whether declared or not) or civil war, rebellion, revolution, and insurrection, military or usurped power;
- Participation in any military maneuver or training exercise;
- Traveling against the advice of a physician;
- Traveling for the purpose of obtaining medical treatment;
- Traveling in any country in which the U.S. State Department issued travel restrictions prior to such travel.
- Piloting or learning to pilot or acting as a member of the crew of any aircraft;
- Mental or emotional disorders, unless hospitalized;
- Being under the influence of drugs or intoxicants unless prescribed by a physician;
- Commission or the attempt to commit a criminal act;
- Participation as a professional in athletics or underwater activities;
- Participating in bodily contact sports; skydiving; hang gliding; parachuting; mountaineering; any race; bungee cord jumping; speed contests; spelunking or caving, heli-skiing, extreme skiing;
- Dental treatment except as a result of accidental injury to sound, natural teeth;
- Any non-emergency treatment or surgery, routine physical examinations, hearing aids, eyeglasses or contact lenses;
- Pregnancy and childbirth (except for complications of pregnancy prior to the 28th week of the pregnancy).
- Curtailment or delayed return for other than covered reasons;
- Services not shown as covered; trips exceeding 90 days in length from primary legal residence..

The services described above currently are available in every country of the world. Due to political and other situations in certain areas of the world, Assist America may not be able to respond in the usual manner. Assist America also reserves the right to suspend, curtail or limit its services in any area in the event of rebellion, riot, military uprising, war, terrorism, labor disturbance, strikes, nuclear accidents, Acts of God or refusal of authorities to permit Assist America to fully provide services.

Assist America is not responsible and cannot be held liable for any malpractice performed by a local physician or attorney who is not an employee of Assist America; or for any loss or damage to your vehicle during the return of vehicle; or for any loss or damage to any personal belongings.



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BlueCross BlueShield of Oklahoma

Blue365®
Because health is a big deal®

# Blue365

## A Discount Program for You

Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Oklahoma (BCBSOK) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at **blue365deals.com/bcbsok**, weekly "Featured Deals" will be emailed to you. These deals offer special savings for a short period of time.

### Below are some of the ongoing deals offered through Blue365.

**EyeMed® | Davis Vision®**

You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

**TruHearing® | Belton™ | Start Hearing**

You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

**Dental Solutions℠**

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

**Jenny Craig® | Sun Basket | Nutrisystem®**

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

**See all the Blue365 deals and learn more at blue365deals.com/bcbsok.**

## Fitbit®

You can customize your workout routine with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You'll get a 20% discount on Fitbit devices plus free shipping.

## Reebok | SKECHERS®

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get 30% off plus free shipping for your online orders.

## InVite® Health

InVite Health offers quality vitamins and supplements, educational resources and a team of health care experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements and a free Midnight Bright Black Coconut Charcoal Tooth Polish with a $25 purchase.

## Livekick

Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 30% off a monthly plan on any Live Online Personal Training.

## eMindful

Get up to a 50% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

**For more great deals or to learn more about Blue365, visit blue365deals.com/bcbsok.**

The relationship between these vendors and Blue Cross and Blue Shield of Oklahoma (BCBSOK) is that of independent contractors. BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

* Dental Solutions requires a $9.95 signup and $6 monthly fee.

Blue365 is a discount program only for BCBSOK members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSOK does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSOK reserves the right to stop or change this program at any time without notice.

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BlueCross BlueShield of Oklahoma

Well onTarget®

# Blue Points℠ — Rewards for Healthy Living

Well onTarget understands how hard it can be to maintain a healthy lifestyle. Sometimes, you may need a little motivation. That's why we offer the Blue Points[1] program. This program may help you get on track — and stay on track — to reach your wellness goals.

With the Blue Points program, you will be able to earn points for regularly participating in many different healthy activities. You can redeem these points in the online shopping mall, which provides a wide variety of merchandise.

Created with your needs in mind, the Blue Points program has many convenient, user-friendly, personalized and flexible features:

### EARN POINTS INSTANTLY

The program gives you points immediately, so you can start using them right away.[2]

### GET EXTRA POINTS

Don't have enough points yet for that reward you really want? No problem! You can apply the points you have and use a credit card to pay the remaining balance.

### EASILY MANAGE YOUR POINTS

The interactive Well onTarget portal, available at wellontarget.com, uses the latest user-friendly technology. This makes it easy to find out how many points are available for you to earn. You can also track the total number of points you've earned year-to-date. All of your points information will appear on one screen.

## CHOOSE FROM A LARGE SELECTION OF REWARDS

Redeem your points in our expanded online shopping mall. Reward categories include apparel, books, health and personal care, jewelry, electronics, music and sporting goods. And be sure to check out the "Rewards on Sale" section, where you'll find discounted electronics, games, luggage and other merchandise.[3]

## PARTICIPATE IN ACTIVITIES THAT MATCH YOUR GOALS

Look how quickly your Blue Points can add up! Here are some sample activities you can complete to earn Blue Points:

| ACTIVITIES | POTENTIAL BLUE POINTS AMOUNTS |
|---|---|
| Completing the Health Assessment every six months[4] | 2,500 points every six months |
| Complete a Self-management Program | 1,000 points per quarter |
| Tracking your progress toward your goals in the Well onTarget Member Wellness Portal | 10 points, up to a maximum of 70 points per week |
| Enrolling in the Fitness Program | 2,500 points |
| Adding weekly Fitness Program center visits to your routine | Up to 300 points each week |
| Completing any Self-management Program Milestone Assessment | Up to 250 points per month |
| Connecting a compatible fitness device or app to the portal | 2,675 points |
| Tracking progress using a synced fitness device or app | 55 points per day |

[1] Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

[2] This does not apply to points you earn for completing Fitness Program activities.

[3] Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

[4] Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

The Fitness Program is provided by Tivity Health®, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.



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Log on to **wellontarget.com** today to find all the interactive tools and resources you need to start racking up Blue Points. Keep yourself motivated to earn more points by heading over to the online shopping mall and checking out all the rewards you can earn for adopting — and continuing — healthy habits.

BlueCross BlueShield of Oklahoma

# Go Ahead. Make Your Day!

## Use Your Health and Wellness Programs to Help You Live Better

Taking one, small, first step can set you on a path to better health throughout your life. Whether you need support for a specific health issue or you're looking to boost your overall wellbeing, you'll have help along the way. Here are a few things you can do with the tools included with your Blue Cross and Blue Shield of Oklahoma plan:

- Improve your mental health with digital programs for stress, depression, panic, resiliency and more
- Get help to manage your pre-diabetes, diabetes, high blood pressure or joint and spine pain
- Join a weight-loss program
- Download apps for support with fertility, pregnancy and parenting issues
- Talk with a nurse, any time, day or night
- Complete online programs to help reach your wellness goals
- Earn rewards for healthy activities
- Access a nationwide network of fitness centers*

**Learn more about your health and wellness programs:**

1. Go to bcbsok.com.
2. Register for Blue Access for Members℠.
3. Click the Wellness tab.

These programs do not replace the care of a doctor. Talk to your doctor about any health questions or concerns.

* Fees apply. Individuals must be at least 18 years old to purchase a membership. The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness centers. The Prime Network is made up of independently owned and operated fitness centers.



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# Important Legal Notices Affecting Your Health Plan Coverage

## THE WOMEN'S HEALTH CANCER RIGHTS ACT OF 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, the following deductibles and coinsurance apply: BCBSOK Medical BluePreferred PPO Plan: $2,000 individual / $4,000 family deductibles; 80% coinsurance

## NEWBORNS ACT DISCLOSURE - FEDERAL

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

## NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 31 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption.

Further, if you decline enrollment for yourself or eligible dependents (including your spouse) while Medicaid coverage or coverage under a State CHIP program is in effect, you may be able to enroll yourself and your dependents in this plan if:

- coverage is lost under Medicaid or a State CHIP program; or
- you or your dependents become eligible for a premium assistance subsidy from the State.

In either case, you must request enrollment within 60 days from the loss of coverage or the date you become eligible for premium assistance.

To request special enrollment or obtain more information, contact the person listed at the end of this summary.

# MICHELLE'S LAW DISCLOSURE

### MICHELLE'S LAW DISCLOSURE

Under the ACA, dependent children are covered by the group health plan until age 26. City of Claremore group health plan extends dependent coverage beyond the ACA requirements, to age 26, so long as the child is covered as a student. If your child has extended coverage as a student but loses their student status because they take a medically necessary leave of absence from school your child may continue to be covered under the plan for up to one year from the beginning of the leave of absence. This is available if, immediately before the first day of the leave of absence, your child was (1) covered under the plan and (2) enrolled as a student at a post-secondary educational institution (includes colleges and universities).

To obtain more information, contact person listed at the end of this summary.

# STATEMENT OF ERISA RIGHTS

As a participant in the Plan you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). ERISA provides that all participants shall be entitled to:

### Receive Information about Your Plan and Benefits

- Examine, without charge, at the Plan Administrator's office and at other specified locations, the Plan and Plan documents, including the insurance contract and copies of all documents filed by the Plan with the U.S. Department of Labor, if any, such as annual reports and Plan descriptions.
- Obtain copies of the Plan documents and other Plan information upon written request to the Plan Administrator. The Plan Administrator may make a reasonable charge for the copies.
- Receive a summary of the Plan's annual financial report, if required to be furnished under ERISA. The Plan Administrator is required by law to furnish each participant with a copy of this summary annual report, if any.

### Continue Group Health Plan Coverage

If applicable, you may continue health care coverage for yourself, spouse or dependents if there is a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review the summary plan description and the documents governing the Plan for the rules on COBRA continuation of coverage rights.

### Prudent Actions by Plan Fiduciaries

In addition to creating rights for participants, ERISA imposes duties upon the people who are responsible for operation of the Plan. These people, called "fiduciaries" of the Plan, have a duty to operate the Plan prudently and in the interest of you and other Plan participants.
No one, including the Company or any other person, may fire you or discriminate against you in any way to prevent you from obtaining welfare benefits or exercising your rights under ERISA.

### Enforce your Rights

If your claim for a welfare benefit is denied in whole or in part, you must receive a written explanation of the reason for the denial. You have a right to have the Plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce these rights. For instance, if you request materials from the Plan Administrator and do not receive them within 30 days, you may file suit in federal court. In such a case, the court may require the Plan Administrator to provide the materials and pay you up to $110 per day, until you receive the materials, unless the materials were not sent due to reasons beyond the control of the Plan Administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, and you have exhausted the available claims procedures under the Plan, you may file suit in a state or federal court. If it should happen that Plan fiduciaries misuse the Plan's money, or if you are discriminated against for asserting

your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose (for example, if the court finds your claim is frivolous) the court may order you to pay these costs and fees.

### Assistance with your Questions

If you have any questions about your Plan, this statement, or your rights under ERISA, you should contact the nearest office of the Employee Benefits and Security Administration, U.S. Department of Labor, listed in your telephone directory or the Division of Technical Assistance and Inquiries, Employee Benefits and Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210.

# CONTACT INFORMATION

## CONTACT INFORMATION

Questions regarding any of this information can be directed to:
Ashley Hickman
104 Muskogee
Claremore, OK 74017
918-341-1325
ahickman@claremorecity.com

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. **PLEASE REVIEW IT CAREFULLY.**

# Your Information. Your Rights. Our Responsibilities.

*Recipients of the notice are encouraged to read the entire notice. Contact information for questions or complaints is available at the end of the notice.*

## Your Rights

You have the right to:

- Get a copy of your health and claims records
- Correct your health and claims records
- Request confidential communication
- Ask us to limit the information we share
- Get a list of those with whom we've shared your information
- Get a copy of this privacy notice
- Choose someone to act for you
- File a complaint if you believe your privacy rights have been violated

## Your Choices

You have some choices in the way that we use and share information as we:

- Answer coverage questions from your family and friends
- Provide disaster relief
- Market our services and sell your information

## Our Uses and Disclosures

We may use and share your information as we:

- Help manage the health care treatment you receive
- Run our organization
- Pay for your health services
- Administer your health plan
- Help with public health and safety issues
- Do research
- Comply with the law
- Respond to organ and tissue donation requests and work with a medical examiner or funeral director
- Address workers' compensation, law enforcement, and other government requests
- Respond to lawsuits and legal actions

## Your Rights

**When it comes to your health information, you have certain rights.** This section explains your rights and some of our responsibilities to help you.

**Get a copy of health and claims records**

- You can ask to see or get a copy of your health and claims records and other health information we have about you. Ask us how to do this.
- We will provide a copy or a summary of your health and claims records, usually within 30 days of your request. We may charge a reasonable, cost-based fee.

**Ask us to correct health and claims records**

- You can ask us to correct your health and claims records if you think they are incorrect or incomplete. Ask us how to do this.
- We may say “no” to your request, but we’ll tell you why in writing, usually within 60 days.

**Request confidential communications**

- You can ask us to contact you in a specific way (for example, home or office phone) or to send mail to a different address.
- We will consider all reasonable requests, and must say “yes” if you tell us you would be in danger if we do not.

**Ask us to limit what we use or share**

- You can ask us not to use or share certain health information for treatment, payment, or our operations.
- We are not required to agree to your request.

**Get a list of those with whom we’ve shared information**

- You can ask for a list (accounting) of the times we’ve shared your health information for up to six years prior to the date you ask, who we shared it with, and why.
- We will include all the disclosures except for those about treatment, payment, and health care operations, and certain other disclosures (such as any you asked us to make). We’ll provide one accounting a year for free but will charge a reasonable, cost-based fee if you ask for another one within 12 months.

**Get a copy of this privacy notice**

You can ask for a paper copy of this notice at any time, even if you have agreed to receive the notice electronically. We will provide you with a paper copy promptly.

**Choose someone to act for you**

- If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information.
- We will make sure the person has this authority and can act for you before we take any action.

**File a complaint if you feel your rights are violated**

- You can complain if you feel we have violated your rights by contacting us using the information at the end of this notice.
- You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting **www.hhs.gov/ocr/privacy/hipaa/complaints/.**
- We will not retaliate against you for filing a complaint.

## Your Choices

**For certain health information, you can tell us your choices about what we share.** If you have a clear preference for how we share your information in the situations described below, talk to us. Tell us what you want us to do, and we will follow your instructions.

In these cases, you have both the right and choice to tell us to:

- Share information with your family, close friends, or others involved in payment for your care
- Share information in a disaster relief situation

*If you are not able to tell us your preference, for example if you are unconscious, we may go ahead and share your information if we believe it is in your best interest. We may also share your information when needed to lessen a serious and imminent threat to health or safety.*

- In these cases we never share your information unless you give us written permission:

Marketing purposes

Sale of your information

## Our Uses and Disclosures

**How do we typically use or share your health information?**

We typically use or share your health information in the following ways.

**Help manage the health care treatment you receive**

We can use your health information and share it with professionals who are treating you.

*Example: A doctor sends us information about your diagnosis and treatment plan so we can arrange additional services.*

**Pay for your health services**

We can use and disclose your health information as we pay for your health services.

*Example: We share information about you with your dental plan to coordinate payment for your dental work.*

**Administer your plan**

We may disclose your health information to your health plan sponsor for plan administration.

*Example: Your company contracts with us to provide a health plan, and we provide your company with certain statistics to explain the premiums we charge.*

**Run our organization**

- We can use and disclose your information to run our organization and contact you when necessary.
- We are not allowed to use genetic information to decide whether we will give you coverage and the price of that coverage. This does not apply to long term care plans.

*Example: We use health information about you to develop better services for you.*

**How else can we use or share your health information?**
We are allowed or required to share your information in other ways – usually in ways that contribute to the public good, such as public health and research. We have to meet many conditions in the law before we can share your information for these purposes. For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/index.html.

**Help with public health and safety issues**
We can share health information about you for certain situations such as:

- Preventing disease
- Helping with product recalls
- Reporting adverse reactions to medications
- Reporting suspected abuse, neglect, or domestic violence
- Preventing or reducing a serious threat to anyone's health or safety

**Do research**
We can use or share your information for health research.

**Comply with the law**
We will share information about you if state or federal laws require it, including with the Department of Health and Human Services if it wants to see that we're complying with federal privacy law.

**Respond to organ and tissue donation requests and work with a medical examiner or funeral director**

- We can share health information about you with organ procurement organizations.
- We can share health information with a coroner, medical examiner, or funeral director when an individual dies.

**Address workers' compensation, law enforcement, and other government requests**
We can use or share health information about you:

- For workers' compensation claims
- For law enforcement purposes or with a law enforcement official
- With health oversight agencies for activities authorized by law
- For special government functions such as military, national security, and presidential protective services

**Respond to lawsuits and legal actions**
We can share health information about you in response to a court or administrative order, or in response to a subpoena.

**Our Responsibilities**

- We are required by law to maintain the privacy and security of your protected health information.
- We will let you know promptly if a breach occurs that may have compromised the privacy or security of your information.
- We must follow the duties and privacy practices described in this notice and give you a copy of it.

- We will not use or share your information other than as described here unless you tell us we can in writing. If you tell us we can, you may change your mind at any time. Let us know in writing if you change your mind.

For more information see: www.hhs.gov/ocr/privacy/hipaa/understanding/consumers/noticepp.html.

## Changes to the Terms of this Notice

We can change the terms of this notice, and the changes will apply to all information we have about you. The new notice will be available upon request, on our web site (if applicable), and we will mail a copy to you.

## Other Instructions for Notice

- Effective date: 07/01/2023
- City of Claremore
  Ashley Hickman – HR Director
  ahickman@claremorecity.com
  918-341-1325

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

If you are receiving this electronically, you are responsible for providing a copy of this notice to any Medicare Part D-eligible dependents who are covered under the group health plan.

## Important Notice from City of Claremore About Your Prescription Drug Coverage and Medicare

**Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Claremore and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.**

**There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:**

1. **Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.**

2. **City of Claremore has determined that the prescription drug coverage offered by the Medical BluePreferred PPO Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.**

When Can You Join A Medicare Drug Plan?
You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

## What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Claremore coverage will not be affected.

If you do decide to join a Medicare drug plan and drop your current City of Claremore coverage, be aware that you and your dependents will be able to get this coverage back.

## When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Claremore and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

## For More Information About This Notice Or Your Current Prescription Drug Coverage…

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Claremore changes. You also may request a copy of this notice at any time.



According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0990. The time required to complete this information collection is estimated to average 8 hours per response initially, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

OMB 0938-0990

MODEL INDIVIDUAL CREDITABLE COVERAGE DISCLOSURE NOTICE LANGUAGE
FOR USE ON OR AFTER APRIL 1, 2011

## For More Information About Your Options Under Medicare Prescription Drug Coverage…

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

**Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).**

| | |
|---|---|
| Date: | 07/01/2023 |
| Name of Entity/Sender: | City of Claremore |
| Contact--Position/Office: | Ashley Hickman – HR Director |
| Address: | 104 Muskogee, Claremore, OK 74017 |
| Phone Number: | 918-341-1325 |

**CMS Form 10182-CC** **Updated April 1, 2011**

## Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit **www.healthcare.gov**.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at **www.askebsa.dol.gov** or call **1-866-444-EBSA (3272)**.

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**If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2023. Contact your State for more information on eligibility –**

| ALABAMA – Medicaid | ALASKA – Medicaid |
|---|---|
| Website: http://myalhipp.com/<br>Phone: 1-855-692-5447 | The AK Health Insurance Premium Payment Program<br>Website: http://myakhipp.com/<br>Phone: 1-866-251-4861<br>Email: CustomerService@MyAKHIPP.com<br>Medicaid Eligibility:<br>https://health.alaska.gov/dpa/Pages/default.aspx |
| **ARKANSAS – Medicaid** | **CALIFORNIA – Medicaid** |
| Website: http://myarhipp.com/<br>Phone: 1-855-MyARHIPP (855-692-7447) | Website:<br>Health Insurance Premium Payment (HIPP) Program<br>http://dhcs.ca.gov/hipp<br>Phone: 916-445-8322<br>Fax: 916-440-5676<br>Email: hipp@dhcs.ca.gov |
| **COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)** | **FLORIDA – Medicaid** |

| | |
|---|---|
| Health First Colorado Website:<br>https://www.healthfirstcolorado.com/<br>Health First Colorado Member Contact Center:<br>1-800-221-3943/ State Relay 711<br>CHP+: https://hcpf.colorado.gov/child-health-plan-plus<br>CHP+ Customer Service: 1-800-359-1991/ State Relay 711<br>Health Insurance Buy-In Program<br>(HIBI): https://www.mycohibi.com/<br>HIBI Customer Service: 1-855-692-6442 | Website:<br>https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html<br>Phone: 1-877-357-3268 |

| GEORGIA – Medicaid | INDIANA – Medicaid |
|---|---|
| GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp<br>Phone: 678-564-1162, Press 1<br>GA CHIPRA Website:<br>https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra<br>Phone: (678) 564-1162, Press 2 | Healthy Indiana Plan for low-income adults 19-64<br>Website: http://www.in.gov/fssa/hip/<br>Phone: 1-877-438-4479<br>All other Medicaid<br>Website: https://www.in.gov/medicaid/<br>Phone 1-800-457-4584 |
| **IOWA – Medicaid and CHIP (Hawki)** | **KANSAS – Medicaid** |
| Medicaid Website:<br>https://dhs.iowa.gov/ime/members<br>Medicaid Phone: 1-800-338-8366<br>Hawki Website:<br>http://dhs.iowa.gov/Hawki<br>Hawki Phone: 1-800-257-8563<br>HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp<br>HIPP Phone: 1-888-346-9562 | Website: https://www.kancare.ks.gov/<br>Phone: 1-800-792-4884<br>HIPP Phone: 1-800-766-9012 |
| **KENTUCKY – Medicaid** | **LOUISIANA – Medicaid** |
| Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website:<br>https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx<br>Phone: 1-855-459-6328<br>Email: KIHIPP.PROGRAM@ky.gov<br>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx<br>Phone: 1-877-524-4718<br>Kentucky Medicaid Website: https://chfs.ky.gov | Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp<br>Phone: 1-888-342-6207 (Medicaid hotline) or<br>1-855-618-5488 (LaHIPP) |
| **MAINE – Medicaid** | **MASSACHUSETTS – Medicaid and CHIP** |
| Enrollment Website:<br>https://www.mymaineconnection.gov/benefits/s/?language=en_US<br>Phone: 1-800-442-6003<br>TTY: Maine relay 711<br>Private Health Insurance Premium Webpage:<br>https://www.maine.gov/dhhs/ofi/applications-forms<br>Phone: 1-800-977-6740<br>TTY: Maine relay 711 | Website: https://www.mass.gov/masshealth/pa<br>Phone: 1-800-862-4840<br>TTY: (617) 886-8102 |

| MINNESOTA – Medicaid | MISSOURI – Medicaid |
|---|---|
| Website:<br>https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp<br>Phone: 1-800-657-3739 | Website:<br>http://www.dss.mo.gov/mhd/participants/pages/hipp.htm<br>Phone: 573-751-2005 |
| **MONTANA – Medicaid** | **NEBRASKA – Medicaid** |
| Website:<br>http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP<br>Phone: 1-800-694-3084<br>Email: HHSHIPPProgram@mt.gov | Website: http://www.ACCESSNebraska.ne.gov<br>Phone: 1-855-632-7633<br>Lincoln: 402-473-7000<br>Omaha: 402-595-1178 |

| NEVADA – Medicaid | NEW HAMPSHIRE – Medicaid |
|---|---|
| Medicaid Website: http://dhcfp.nv.gov<br>Medicaid Phone: 1-800-992-0900 | Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program<br>Phone: 603-271-5218<br>Toll free number for the HIPP program: 1-800-852-3345, ext. 5218 |
| **NEW JERSEY – Medicaid and CHIP** | **NEW YORK – Medicaid** |
| Medicaid Website:<br>http://www.state.nj.us/humanservices/dmahs/clients/medicaid/<br>Medicaid Phone: 609-631-2392<br>CHIP Website: http://www.njfamilycare.org/index.html<br>CHIP Phone: 1-800-701-0710 | Website: https://www.health.ny.gov/health_care/medicaid/<br>Phone: 1-800-541-2831 |
| **NORTH CAROLINA – Medicaid** | **NORTH DAKOTA – Medicaid** |
| Website: https://medicaid.ncdhhs.gov/<br>Phone: 919-855-4100 | Website:<br>http://www.nd.gov/dhs/services/medicalserv/medicaid/<br>Phone: 1-844-854-4825 |
| **OKLAHOMA – Medicaid and CHIP** | **OREGON – Medicaid** |
| Website: http://www.insureoklahoma.org<br>Phone: 1-888-365-3742 | Website: http://healthcare.oregon.gov/Pages/index.aspx<br>http://www.oregonhealthcare.gov/index-es.html<br>Phone: 1-800-699-9075 |
| **PENNSYLVANIA – Medicaid and CHIP** | **RHODE ISLAND – Medicaid and CHIP** |
| Website:<br>https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx<br>Phone: 1-800-692-7462<br>CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov)<br>CHIP Phone: 1-800-986-KIDS (5437) | Website: http://www.eohhs.ri.gov/<br>Phone: 1-855-697-4347, or<br>401-462-0311 (Direct RIte Share Line) |
| **SOUTH CAROLINA – Medicaid** | **SOUTH DAKOTA - Medicaid** |
| Website: https://www.scdhhs.gov<br>Phone: 1-888-549-0820 | Website: http://dss.sd.gov<br>Phone: 1-888-828-0059 |
| **TEXAS – Medicaid** | **UTAH – Medicaid and CHIP** |
| Website: http://gethipptexas.com/<br>Phone: 1-800-440-0493 | Medicaid Website: https://medicaid.utah.gov/<br>CHIP Website: http://health.utah.gov/chip<br>Phone: 1-877-543-7669 |

| | |
|---|---|
| **VERMONT– Medicaid** | **VIRGINIA – Medicaid and CHIP** |
| Website: Health Insurance Premium Payment (HIPP) Program \| Department of Vermont Health Access<br>Phone: 1-800-250-8427 | Website: https://www.coverva.org/en/famis-select<br>https://www.coverva.org/en/hipp<br>Medicaid/CHIP Phone: 1-800-432-5924 |
| **WASHINGTON – Medicaid** | **WEST VIRGINIA – Medicaid and CHIP** |
| Website: https://www.hca.wa.gov/<br>Phone: 1-800-562-3022 | Website: https://dhhr.wv.gov/bms/<br>http://mywvhipp.com/<br>Medicaid Phone: 304-558-1700<br>CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447) |
| **WISCONSIN – Medicaid and CHIP** | **WYOMING – Medicaid** |
| Website:<br>https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm<br>Phone: 1-800-362-3002 | Website:<br>https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/<br>Phone: 1-800-251-1269 |

To see if any other states have added a premium assistance program since January 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
**www.dol.gov/agencies/ebsa**
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
**www.cms.hhs.gov**
1-877-267-2323, Menu Option 4, Ext. 61565

## Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

# New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMBNo.1210-0149
(expires 6-30-2023)

## PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment based health coverage offered by your employer.

### What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one–stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

### Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

### Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost–sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.1

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer–offered coverage. Also, this employer contribution –as well as your employee contribution to employer–offered coverage– is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after–tax basis.

### How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

1 An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

# PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

| | | |
|---|---|---|
| 3. Employer name<br>City of Claremore | 4. Employer Identification Number (EIN)<br>73-6005143 | |
| 5. Employer address<br>104 Muskogee | 6. Employer phone number<br>918-341-1325 | |
| 7. City<br>Claremore | 8. State<br>OK | 9. ZIP code<br>74017 |
| 10. Who can we contact about employee health coverage at this job?<br>Ashley Hickman | | |
| 11. Phone number (if different from above)<br>N/A | 12. Email address<br>ahickman@claremorecity.com | |

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - [x] All employees. Eligible employees are:
    All employees
  - [ ] Some employees. Eligible employees are:
- With respect to dependents:
  - [x] We do offer coverage. Eligible dependents are:
    All lawful dependents including spouses, domestic partners and children up to age 26
  - [ ] We do not offer coverage.

[x] If checked, this coverage meets the minimum value standard*, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid–year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.

* An employer – sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36 B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)

# Contacts

## Have Questions? Need Help?

City of Claremore is excited to offer access to the USI Benefit Resource Center (BRC), which is designed to provide you with a responsive, consistent, hands-on approach to benefit inquiries. Benefit Specialists are available to research and solve elevated claims, unresolved eligibility problems, and any other benefit issues with which you might need assistance. The Benefit Specialists are experienced professionals and their primary responsibility is to assist you.

The Specialists in the Benefit Resource Center are available at or via e-mail at . If you need assistance outside of regular business hours, please leave a message and one of the Benefit Specialists will promptly return your call or e-mail message by the end of the following business day.

Additional information regarding benefit plans can be found on Medefy. Please contact Human Resources to complete any changes to your benefits that are not related to your initial or annual enrollment.

## Carrier Customer Service

| BENEFITS PLAN | CARRIER | CONTACT INFO |
|---|---|---|
| Human Resources | City of Claremore | 918-341-1325 x102 or x101 |
| Medical PPO | BCBS of Oklahoma | 888-466-5359<br>bcbsok.com |
| FSA | Benefit Resource, Inc. | 800-339-7493<br>britulsa.com |
| Dental PPO | BCBS of Oklahoma | 888-381-9727<br>bcbsok.com |
| Vision EyeMed | Dearborn Life Insurance Company | 855-856-4402<br>eyemedvisioncare.com/bcbsok |
| Life and AD&D | Dearborn Life Insurance Company | 800-348-4512<br>dearbornnational.com |
| Voluntary Life | Dearborn Life Insurance Company | 800-348-4512<br>dearbornnational.com |
| Voluntary AD&D | Dearborn Life Insurance Company | 800-348-4512<br>dearbornnational.com |
| Voluntary Supplemental Benefits | American Fidelity | 800-450-3506<br>americanfidelity.com |

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