

2026 Employee Benefits Guide

July 1, 2026 – June 30, 2027

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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!

The City of Claremore values you as employees and public servants. Our goal is to provide the best benefits within the City's financial ability.

2026-2027 Benefit Plan Highlights

Medical – Administered by SisCo Benefits

Dental – Guardian

- DentalGuard Preferred

Vision – Guardian

- VSP Network

Flexible Spending Account (FSA) – Flex Plan Admin

- Health Care FSA or Dependent Care FSA

Medefy

- Telemedicine / Virtual Mental Health
- Care Navigation
- Provider Lookup

Basic Life and AD&D – Guardian

- Company paid life insurance for employees.
- Employee paid life insurance for your spouse and/or child(ren).

Voluntary Life – Guardian

- Employee paid additional life insurance for you, your spouse and/or child(ren).

Voluntary AD&D – Guardian

- Employee paid additional AD&D insurance for you, your spouse and/or child(ren).

Voluntary Supplemental Benefits – Guardian

- Plan Options: Short-term disability, Critical Illness, Accident, Hospital Indemnity
- American Fidelity will no longer be payroll deductible

Employee Assistance Program (EAP) – CommunityCare

- Voluntary self-help available to you and your dependents.

Benefits for You & Your Family

City of Claremore is pleased to announce our 2026-2027 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
- Dental
- Vision
- FSA
- Medefy
- 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, 2026 – June 30, 2027.

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 12, 2026 – May 20, 2026. Open enrollment meetings will be held May 12, 2026 – May 14, 2026.

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 Bswift.

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.

Benefits Cost

Cost of Benefits Coverage			
Coverage	Monthly Cost	Employer Biweekly Cost	Employee Biweekly Cost
Medical Plan – SISCO Benefits			
Employee Only	\$818.89	\$409.45	\$0.00
Employee & Spouse	\$1,534.83	\$624.23	\$143.19
Employee & Child(ren)	\$1,369.56	\$574.65	\$110.13
Family	\$2,256.55	\$861.05	\$267.18
Dental Plan – Guardian			
Employee Only	\$37.22	\$18.61	\$0.00
Employee & Spouse	\$74.44	\$29.89	\$7.33
Employee & Child(ren)	\$95.14	\$36.21	\$11.36
Family	\$136.72	\$48.85	\$19.51
Vision Plan – Guradian VSP Choice Network			
Employee Only	\$10.32	\$0.00	\$5.16
Employee & Spouse	\$19.62	\$0.00	\$9.81
Employee & Child(ren)	\$20.66	\$0.00	\$10.33
Family	\$30.37	\$0.00	\$15.19
Basic Life and AD&D Plan -Guardian			
Employee Only	Employer Paid		
Dependent(s)	\$1.10 monthly per unit		
Supplemental Life and AD&D Plan – Guardian			
Age-banded rates listed on page 15			



Medical Benefits Overview

City of Claremore Health Plan	
Annual Deductible	
Individual	\$2,000
Family	\$4,000
Coinsurance (you pay / plan pays)	20% / 80%
Maximum Out-of-Pocket	
Individual	\$4,000
Family	\$8,000
Physician Office Visit	
Preventive Care	No charge
Primary Care	\$25 copay per visit
Specialty Care	\$50 copay per visit
Mental Health – Counseling	\$25 copay per visit
Chiropractic (20 visit limit)	\$25 copay per visit
Diagnostic Services	
X-ray and Lab Tests	No charge
Complex Radiology (CT/PET scans, MRIs, etc.)	\$200 copay per visit
Sleep Study	\$200 copay
CPAP	\$200 copay then 20% deductible waived
Allergy Testing	\$50 copay
Allergy Shots	20% deductible waived
Urgent Care Facility	\$50 copay per visit
Emergency Room Facility Charges	20% after deductible
Emergency Medical Transportation	20% after deductible
Inpatient Hospital Care	20% after deductible
Outpatient Hospital Care and Services	20% after deductible
Recovery Needs	
Home Health Care / Private Duty Nursing (30 day limit)	20% after deductible
Hospice Services	20% after deductible
Inpatient Rehabilitation (30 day limit)	20% after deductible
Occupational Therapy (20 visit limit)	20% after deductible
Physical Therapy (20 visit limit)	\$50 copay per visit
Durable Medical Equipment (prosthetics, orthotic devices)	20% after deductible

City of Claremore Health Plan

Maternity Services

Office Visits (Primary / Specialist)	\$25 / \$50 copays per visit
Childbirth / Delivery Professional & Facility Services	Up to \$500 copay per pregnancy, then 100% covered

Pharmacy Benefit Coverage (FairosRx)

Retail Pharmacy (30 Day Supply)

Generic (Tier 1)	\$15 copay
Preferred (Tier 2)	\$45 copay
Non-Preferred (Tier 3)	\$95 copay
Preferred Specialty (Tier 4)	\$300 copay

Mail Order Pharmacy (90 Day Supply)

Generic (Tier 1)	\$30 copay
Preferred (Tier 2)	\$90 copay
Non-Preferred (Tier 3)	\$190 copay
Preferred Specialty (Tier 4)	Not covered



Dental Insurance

Benefit Coverage	Guardian	
	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	90 th 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
Maximum Rollover * Enhanced Benefit		
Threshold	\$700	
Rollover Amount	\$350	
In-Network only Rollover Amount	\$500	
Account Limit	\$1250	



Vision Insurance

Benefit Coverage	Guardian VSP Choice Plan	
	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



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 \$680 (in 2026) 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.

1 HEALTH CARE FSAs	
2 DEPENDENT CARE FSAs	

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 2026, the IRS maximum is \$3,400. 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 \$7,500 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 \$7,500 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.

Medefy

How to Access Physician Care

- Your plan participates in the HealthSmart physician-only network (PON)
- Fairos at (833) 464-0290 for providers who participate in the HealthSmart PON, or use the Medefy chat feature

How to Access Physician Care

- You are part of an open network for hospital care
- This means all hospital facilities are eligible to provide services to you and your dependents
- If the front desk has any questions about your insurance that you are unable to answer, advise them to call Fairos at (833) 464-0290. The Fairos phone number can be located on the front of your ID card.

What Happens if I Receive a Balance Bill?

- Call Fairos Benefits at (833) 464-0290 to confirm you have a balance bill.
- Fairos will assign you a personal member Advocate.
- You will know your Fairos Advocate's name and have direct access to them via phone and email.
- Your Advocate will set you up on the Fairos portal so you can track the status of your balance bill.
- Expect frequent updates from your Fairos Advocate at a minimum of every 15 calendar days until it's resolved.

For more information about your benefit plan contact Fairos at (833) 464-0290.

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.



Guardian Basic Life and AD&D (Employer Paid)	
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 26, Infant age birth to 14 days)
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 Guardian if you want more coverage. Your contributions will depend on your age and the amount of coverage you elect.

Guardian Supplemental Life and AD&D (Employee Paid)	
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	\$100,000
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) 40% of employee AD&D amount if covered child(ren)
Age Reduction Schedule	Reduces to 50% at age 70
Your Child(ren)	
Benefit Increments	\$5,000
Benefit Maximum	\$500 (birth to 14 days) \$10,000 (age 14 days to 26 years)
AD&D Benefit	20% of employee AD&D amount if no covered spouse 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

Open Enrollment Guide

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 Guardian.

Accident

Accident Insurance pays you lump sum of benefits after you suffer an accident. This could be more than 40 different circumstances, including: emergency treatment, ambulance, burns, dislocations, fractures, hospital confinement, and surgery.

- 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 40 circumstances Covered – fractures, lacerations, physical therapy and more

Guardian Accident (Employee Paid)		
Coverage	Monthly Cost	Biweekly Cost
Cost of Benefits Coverage		
Employee Only	\$21.26	\$10.63
Employee & Spouse	\$27.98	\$13.99
Employee & Child(ren)	\$29.09	\$14.55
Family	\$35.81	\$17.91

Critical Illness

Critical illness insurance provides financial support following the diagnosis of a covered critical illness. The lump sum benefit is paid to you, so you can focus more on recovery, less on expenses

- Coverage Options – choose a lump sum benefit of \$10,000 to \$30,000 in \$10,000 increments.
- Covered Health Conditions – heart attack, stroke, paralysis, major organ failure, end stage renal failure, and more
- Screening Benefit – annual benefit for covered health screenings
- Recurrent Diagnosis – upon 2nd occurrence of certain illnesses, benefit % may vary

Guardian Critical Illness (Employee Paid)						
Employee & Spouse Biweekly Cost						
Benefit	<30	30-39	40-49	50-59	60-69	70+
\$10,000	\$2.60	\$4.25	\$8.30	\$16.65	\$28.75	\$48.85
\$20,000	\$5.20	\$8.50	\$16.60	\$33.30	\$57.50	\$97.70
\$30,000	\$7.80	\$12.75	\$24.90	\$49.95	\$86.25	\$146.55



Hospital Indemnity

Hospital Indemnity insurance can cover some of the cost associated with a hospital stay, letting you focus on recovery. While medical insurance covers hospital bills, it may not cover all the costs associated with a hospital stay.

Guardian Hospital Indemnity (Employee Paid)	
Biweekly Cost	
Employee	\$6.16
Employee & Spouse	\$16.50
Employee & Child(ren)	\$12.00
Family	\$22.33
Benefits	
Hospital/ICU Admission	\$1,000/\$2,000, limited to 2 admission(s) per insured
Hospital/ICU Confinement	\$200/\$400 per day, limited to 30day(s) per insured
Hospital Short Stay	\$200 per day, limited to 1 day per insured
Newborn Nursery Care	\$100 per day. Limited to 1 day
Newborn Increased Admission/Confinement	25% increase to a newborn benefit
Child Organized Sport	25% increase to child benefits
Treatment Covered	Sickness & Injury
Pre-Existing Conditions Limitation	3 months prior, 12 months after



Short-Term Disability

Disability Insurance covers part of your income if you're diagnosed with a serious illness or experience an injury that prevents you from doing your job.

Guardian Short-Term Disability (Employee Paid)

Benefits

Weekly Benefit	60% to \$1,000
Maximum Payment Period	\$12 weeks
Benefits Begin Accident/Sickness	15 th day
Pre-Existing Conditions	3 months look back; 12 months after full limitation

Rates per \$10 of Weekly Indemnity

Age	25-29	30-39	40-44	45-49	50-54	55-59	60+
Rate	\$0.180	\$0.225	\$0.270	\$0.292	\$0.427	\$0.540	\$0.697

Election Cost Per Age Bracket (Samples)

	25-29	30-39	40-44	45-49	50-54	55-59	60+
\$30,000 Annual Salary \$346 Weekly Benefit	\$3.11	\$3.89	\$4.67	\$5.05	\$7.39	\$9.34	\$12.06
\$50,000 Annual Salary \$577 Weekly Benefit	\$5.19	\$6.49	\$7.79	\$8.42	\$12.32	\$15.58	\$20.11
\$70,000 Annual Salary \$808 Weekly Benefit	\$7.27	\$9.09	\$10.91	\$11.80	\$17.25	\$21.82	\$28.16
\$90,000 Annual Salary \$1,000 Weekly Benefit	\$9.00	\$11.25	\$13.50	\$14.60	\$21.35	\$27.00	\$34.85





2026-2027 Open Enrollment



Open Enrollment Dates

✓ May 12, - May 20, 2026

Open Enrollment is your **once-a-year** opportunity to enroll in or make changes to your benefits for the upcoming plan year. After this window closes, changes can only be made if you experience a Qualifying Life Event (such as marriage, birth, or loss of coverage).

 **Benefit Counselors Available!**

888-329-8141

Monday-Friday 8am - 5pm CST

Connect with a Benefits Counselor by phone to learn about your employer-sponsored benefits and receive assistance with your Bswift login and enrollment process.

Steps to Enroll:

1

REGISTER & LOGIN

Go to: Go to your Bswift Benefits Portal
Click Login or First Time User

First Time Users: Select First Time User and follow the prompts to create your username and password using your personal information.

Returning Users: Log in using your existing username and password.
Use Forgot Password if you need to reset your credentials.
For login assistance, contact your Benefits Support Center.

2

ENROLLMENT STEPS

Update employee & dependent info (DOB & SSN may be required)
Review benefit options & costs
Select plans → Save & Continue
Declining coverage? Select "Decline Coverage"

3

FORMS & INFO

- Add beneficiaries if required
- Enter PCP information
- Complete requested forms or documents
- Review required notices

4

REVIEW & CONFIRM

Review benefit elections & costs
Confirm dependent information
Sign & Submit enrollment
Print or save confirmation

5

ONGOING ACCESS

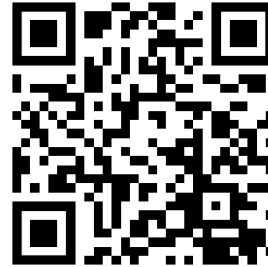
- View benefits anytime
- Update personal information
- Access forms & documents
- Report qualifying life events

Welcome to Your Benefits Enrollment!

STEP 1: Log In

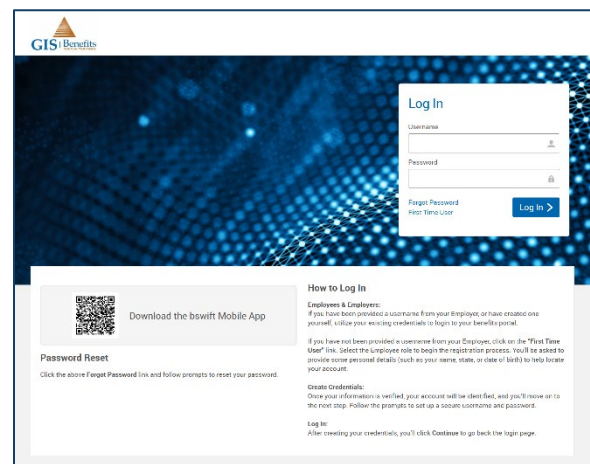
Enter the following URL into your web browser or scan the QR Code:

<https://gisbenefits.bswift.com>



New users: To access the site for the first time, please access the “First Time User” link to locate your account and create your username and password.

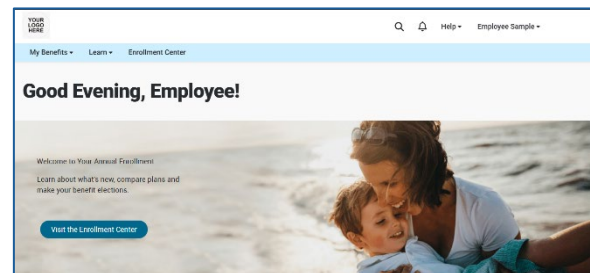
Returning users: Log in to the bswift portal with the username and password you’ve previously selected.



STEP 2: Click Into the Enrollment Banner

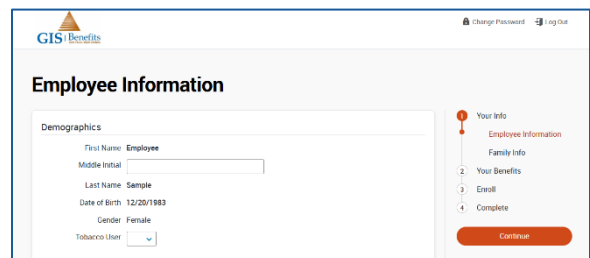
Once you’re logged in, you’ll land on your bswift homepage. Look for the enrollment banner, situated directly below your navigation bar.

Look for the “Visit the Enrollment Center” button to begin enrolling in your benefits.



STEP 3: Verify Your Information & Your Dependents’ Information

Your first task will be to verify your information and your family information.



Tip! Keep in mind that any fields with a * are required fields. You will need to complete these fields in order to move on to the next step of the enrollment!

STEP 4: Enroll!

When you arrive on your benefits enrollment page, you may notice that some benefit tiles are **GREEN** and some are **GRAY**.

GREEN tiles represent:

Benefits that you've already enrolled in. If you are not changing your coverage, no action is needed.

OR

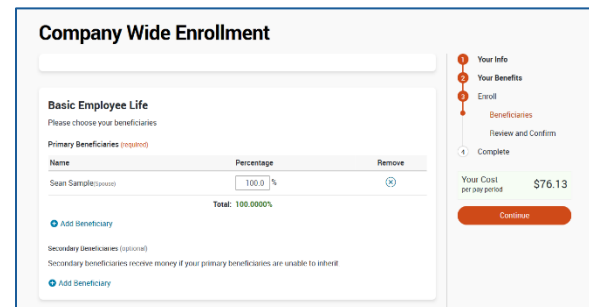
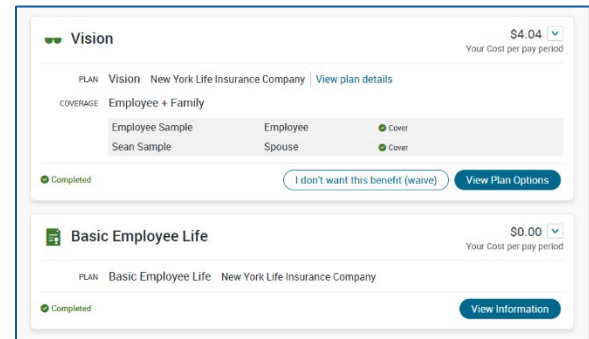
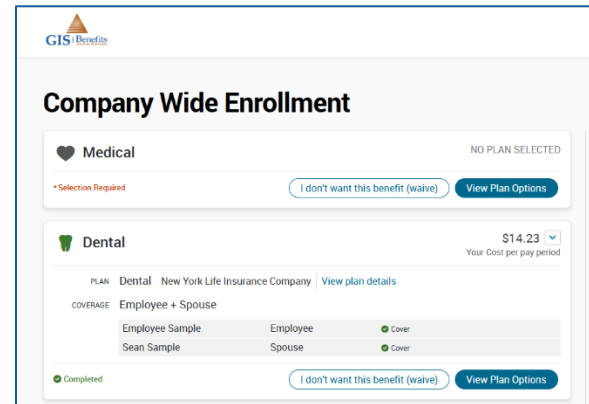
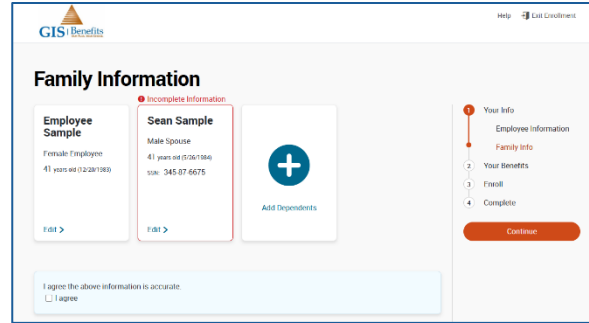
Benefits you are automatically enrolled in by your employer. No action is needed but reviewing the benefit may be helpful for your own education!

Benefits in **GRAY** are required enrollment items. You must review to elect or waive; no action means no coverage!

STEP 5: Beneficiaries Checkpoint

A beneficiary is a person or organization that is designated to receive any benefits that may be due from insurance carriers after death. Some plans will only ask for one beneficiary, but some may ask you to choose a primary and a secondary (or contingent) beneficiary.

You are usually required to designate a primary beneficiary or beneficiaries. Follow your employer's instructions to learn what information they need.



STEP 6: Review & Confirm

The last step of your enrollment will be to review all of the elections and changes you've made to your benefits for the upcoming plan year.

Once you've reviewed your elections, you will confirm that you agree to all elections. Keep in mind, you can still make changes to your elections until your enrollment deadline.

Revisiting Your Benefit Information

When you complete your enrollment, you will have the option to view and print your confirmation statement.

Don't forget! You can log in to your bswift benefits portal anytime throughout the year to view your benefits information.

Initiating a Life Event

A big change in your life, like getting married, having a baby, or losing health coverage can make you eligible for a special enrollment period. This special enrollment allows you to update your current coverage while you go through the regular open enrollment process.

Once you're logged in, look for the "Birth, Marriage, or other Life Event" link situated in the Common Actions section.

Review and Confirm

Please Review All of Your Selections

Once you have completed your review, click the "Complete Enrollment" button at the right side of the page:

Your Total Cost **\$74.63**
Per Pay Period

Medical

Waived

Edit Selection

1 Your Info
2 Your Benefits
3 Enroll
4 Beneficiaries
5 Review and Confirm
6 Complete

Complete Enrollment

Critical Illness (Hybrid)

Your cost per pay period: **\$10.88**

Critical Illness, New York, is the Insurance Company

Coverage Amount: **\$15,000**

Cost details (per pay period)

Your Cost (per pay): **\$10.88**

Your Cost (per year):

Who will be covered on this plan

Name	Relationship	Coverage
Employee Sample	Employee	Cover
Sam Sample	Spouse	Cover

Edit Selection

Once You've Reviewed All Your Selections:

I hereby acknowledge: I have read the statements contained herein, or they have been read to me, and the statements are true and complete to the best of my knowledge; I understand any misrepresentation or omission contained herein may be used to reduce or deny claim or void the contract if such misrepresentation or omission affects acceptance of the risk; I hereby enroll for benefits for which I am presently eligible, or for which I may become eligible, under my employer's group contract(s); If any deductions are required for this coverage, I authorize such deductions from my earnings and I understand that any premiums will be automatically deducted from my paycheck on a pre-tax basis (before tax dollars) unless I submit a declination election. I reserve the right to revoke this deduction authorization at any time upon written notice.

I agree, and I'm finished with my enrollment

1 Your Info
2 Your Benefits
3 Enroll
4 Beneficiaries
5 Review and Confirm
6 Complete

Complete Enrollment

Benefit Summary

Your Confirmation Statement is an overview of your new benefits and costs for your review and records. Please review your statement and verify that your elections are correct.

View Detailed Summary of Your Benefits

Confirmation Statement

Total Cost Per Pay Period: **\$XX.XX** Show Data

Viewing benefits as of date: 08/11/2025

My Benefits

Benefit	Effective Date	Your Cost	Benefit	Effective Date	Your Cost	Benefit	Effective Date	Your Cost
Dental	August 01, 2025	\$XX.XX	Vision	August 01, 2025	\$XX.XX	Basic Employee Life		\$XX.XX

View Dental Plan Details

View Vision Plan Details

View Basic Employee Life Plan Details

Good Evening, Employee!

Welcome to Your Annual Enrollment

Learn about what's new, compare plans and make your benefit elections.

Visit the Enrollment Center

Common Actions

- Update Communication Preferences
- Update My Profile
- Update Beneficiary
- Birth, Marriage, or other Life Event
- View Current Benefits



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Care Guides ensure you get the most out of your healthcare benefits while saving time and money. Whether you're trying to understand your coverage, seeking care, or managing expenses, the Medefy App is your personal all-in-one solution.



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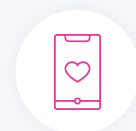
EXPERT BENEFITS NAVIGATION

Medefy breaks down your health coverage details and discovers cost-efficient, top-tier specialists in your area. Your path to better health starts here.



DIRECT ACCESS TO GUIDES

Our Care Guides are your go-to resource. Enjoy fast, free, and confidential text-based support for finding care, understanding benefits, and resolving billing matters.



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SISCO CONNECT

MEMBER PORTAL QUICK START GUIDE

MEMBER PORTAL ACCESS INSTRUCTIONS

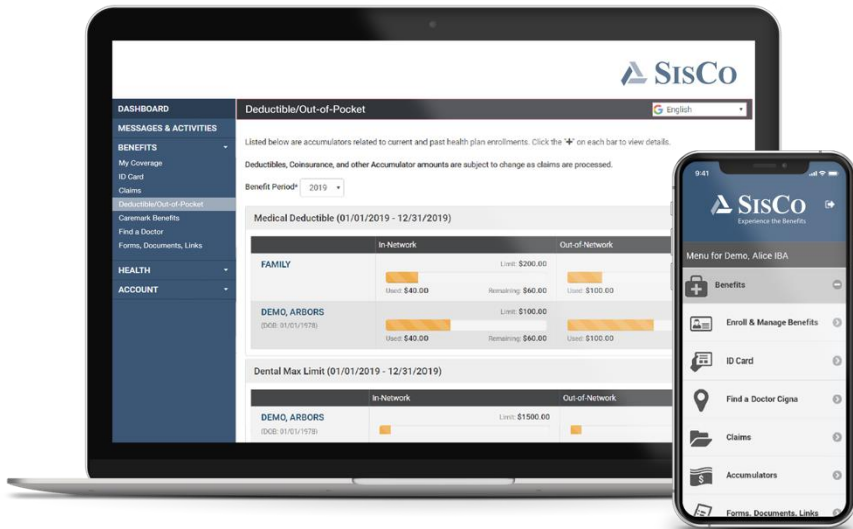
REGISTRATION

1. Visit your Member Portal at <https://siscoconnect.com> or download the SISCO Connect mobile app.
2. In the upper right corner of the Member Portal home screen, click **Register Now**.
3. Fill out the Registration Form and click **Submit**. Your **ID Number** is printed on your ID Card.

LOGGING IN

Once you've registered for the Member Portal, use your username and password to log in.

For plan questions and technical support, contact SISCO at **800.457.4726** or sisco.service@siscobenefits.com.



ACCESS ANYTIME, ANYWHERE

Download the Sisco Connect mobile app to access the same great health plan and wellness features as your Member Portal. Look for it in the Apple App Store and Google Play Store.

Contacts

Have Questions? Need Help?

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 Administrator	SisCo Benefits	833-464-0290
Dental PPO	Guardian Life Insurance Company	800-541-7846
Vision	Vision Service Plan (VSP) Guardian Life Insurance Company	800-877-7195 www.vsp.com
FSA	Flex Plan Administrators	918-524-6350 flexplanadmin.com
Health Plan Navigation	Medefy	Download the app on the Apple App Store or Google Play
Life and AD&D	Guardian Life Insurance Company	800-525-4542 Group_life_claims@glic.com
Voluntary Life	Guardian Life Insurance Company	800-525-4542 Group_life_claims@glic.com
Voluntary AD&D	Guardian Life Insurance Company	800-525-4542 Group_life_claims@glic.com
Voluntary Supplemental Benefits	Guardian Life Insurance Company	800-525-4542 Group_life_claims@glic.com
Employee Assistance Program (EAP)	CommunityCare EAP	800-221-3976 ccok.com/eap





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