



2023-2024 Benefits Guide

November 1, 2023 - October 31, 2024



THE CITY OF
TAHLEQUAH
OKLAHOMA



WELCOME Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Your children who are your natural children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following your date of hire.

If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective November 1, 2023 - October 31, 2024

Choose Carefully!

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse or child
- You lose coverage under your spouse's plan
- You gain access to state coverage under Medicaid or CHIP

Making Changes

To make changes to your benefit elections, you must contact Human Resources within 30 days of the qualified life event (including newborns).

Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

Required Information—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Medical Plans

City of Tahlequah is proud to offer you medical coverage through Blue Cross & Blue Shield of Oklahoma.

Network	Blue Cross Blue Shield MOBAP0083
	Blue Advantage ¹
Overall Limits	
Deductible - Individual	\$1,000
Deductible - Family	\$3,000
Out-of-Pocket Maximum - Individual	\$3,000
Out-of-Pocket Maximum - Family	\$9,000
Services	
Physician Office Visit Copay	\$20
Specialist Office Visit Copay	\$20
Preventative Care	No charge
Lab and X-Ray	No charge
Imaging (CT, MRI, PET scans)	20% after ded
Inpatient Hospitalization	\$750 + 20% after ded
Outpatient Surgery	20% after ded
Emergency Room	\$100 + 20% after ded
Urgent Care	\$50
Durable Medical Equipment	20% after ded
Prescription Drugs	
Rx Deductible	None
Retail - 30/31-day supply	30-day supply
Preferred Generic	No charge / \$10
Non-Preferred Generic	\$10 / \$20
Preferred Brand	\$35 / \$55
Non-Preferred Brand	\$75 / \$95
Mail Order - up to 100-day supply	90-day supply
Preferred Generic	No charge
Non-Preferred Generic	\$30
Preferred Brand	\$105
Non-Preferred Brand	\$225
Specialty - 30/31-day supply	30-day supply
Preferred Specialty	\$150
Non-Preferred Specialty	\$250

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Dental Plan

City of Tahlequah is proud to offer you a dental plan.

Key Dental Benefits	Blue Cross Blue Shield DONHM14
	In-Network ¹
Deductible (per calendar year)	
Individual / Family	\$50 / \$150
Benefit Maximum (per calendar year; Preventive, Basic, and Major Services combined)	
Per Individual	\$1,500
Covered Services	
Preventive Services	100%
Basic Services	80%
Major Services	50%
Orthodontia	Not Covered

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Life and AD&D

Life Insurance provides your named beneficiary(ies) with a benefit in the event of your death. **Accidental Death and Dismemberment (AD&D) Insurance** provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

Basic Life/AD&D (Company-paid)

This benefit is provided at **NO COST** to you.

Benefit Amount	\$10,000
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Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage for yourself and your eligible family members.

	Benefit Option	Guaranteed Issue ¹
Employee	\$10,000 increments; up to \$500,000	\$150,000
Spouse	\$5,000 increments; up to \$150,000 (not to exceed 50% of your supplemental life coverage)	\$25,000
Child(ren)	15 days - 6 months \$100 6 months and up \$10,000	\$10,000

Aflac

Accident protection, AFLAC PLUS Rider, Hospital protection, Cancer protection, Critical Care protection, Short-Term Disability, Long-Term Disability

If you are interested in any of these, please contact:

Dianna L. Yingst | (918) 625-5799 | Dianna_yingst@us.aflac.com

Vision Plan

City of Tahlequah is proud to offer you a vision plan through VSP.

Key Vision Benefits	In-Network
Exam (once every 12 months)	\$20 copay
Materials Copay	\$20 copay
Lenses (once every 12 months)	
Single Vision	Included in prescription glasses
Lined Bifocal	
Lined Trifocal	
Lenticular	
Frames (once every 12 months)	Covered up to \$130
Elective Contact Lenses (once every 12 months; in lieu of glasses)	Covered up to \$130
Necessary Contact Lenses (once every 12 months; in lieu of glasses)	Covered in full

Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Employer-Paid Short-Term Disability

Provided at NO COST to you through BCBS of Oklahoma.

Benefit Percentage	60%
Weekly Benefit Maximum	\$1,000
When Benefits Begin	After 14th day of disability
Maximum Benefit Duration	24 weeks

NEW - Employer-Paid Long-Term Disability

Provided at NO COST to you through BCBS of Oklahoma.

Benefit Percentage	60%
Monthly Benefit Maximum	\$5,000
When Benefits Begin	After 180th day of disability
Maximum Benefit Duration	Social Security Retirement Age
Lookback Period	3/12

Retiree Medical and Dental Coverage

Employees who retire and receive a continuing benefit pursuant to the provision of OPERS, OPPRS, or FPRS may choose to continue their medical and dental coverage. Please contact Human Resources for details.

Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your paycheck, most deductions are deducted before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Blue Cross Blue Shield	(800) 942-5837	www.bcbsok.com
Dental	Blue Cross Blue Shield	(800) 942-5837	www.bcbsok.com
Vision	Vision Service Plan (VSP)	(877) 877-7195	www.vsp.com
Life/AD&D	Blue Cross Blue Shield	(800) 942-5837	www.bcbsok.com
Group STD/LTD	Blue Cross Blue Shield	(800) 942-5837	www.bcbsok.com
Voluntary Benefits	Aflac—Dianna L. Yingst	(918) 625-5799	Dianna_yingst@us.aflac.com

Questions?

If you have additional questions, you may contact:

M'lynn Pape
(918) 525-4703
mpape@tahlequah.gov

Claims Assistance
HUB International
(833) 604-1439
HUBMid-America.EBClaims@hubinternational.com

Employee Benefits

Claims Assistance

For escalated assistance with medical, dental, vision, life, and disability claims

- Preauthorizations Guidance
- Escalated / denied claim issues
- Obtaining medical carrier case management when needed
- Obtaining carrier forms and documents
- Prescription issues
- Appeals
- General benefit questions

Contact

Medical and Pharmacy Claims / General Questions:

HUBMid-America.EBClaims@hubinternational.com
Phone: (833) 604-1439
Fax: (405) 594-6174



DISCLAIMER: The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

