

2016-2017

EMPLOYEE BENEFIT GUIDE

MUNICIPAL BUILDING

The City of
Stillwater
OKLAHOMA.

STILL PIONEERING

Contents

Enrollment Information.....	1
When you can enroll.....	1
Changes to Enrollment.....	2
Resources and Contacts.....	3
Medical and Prescription Drugs.....	4
Dental.....	5 & 6
Vision.....	7
Supplemental Life	7
Employee Contributions.....	8
AFLAC.....	8

The City of Stillwater takes pride in offering a benefit program that provides flexibility for the diverse and changing needs of our employees. The City offers employees and their family members a full range of benefits. You choose the option that best meets your needs. This brochure provides a summary of your benefit options and is designed to help you make choices and enroll for coverage. Please take time to review the enclosed information carefully. We are available to answer any questions you may have during the enrollment period.

Enrollment Information

Who may enroll:

All active, full-time employees and their eligible dependents may participate in The City of Stillwater's benefits program.

Eligible dependents include:

- Your spouse
- Your married or unmarried child of any age who is medically certified as disabled and dependent upon you for support and maintenance
- Your child under the age of 26:
 - May be married or unmarried
 - Does not need to be enrolled as a student
 - May have a separate residence from you
 - May be employed

Employees should carefully review the dependents they are covering on medical, dental and/or vision insurance. During Annual Enrollment, employees should drop coverage for anyone who does not meet the criteria listed for an eligible dependent.

When you can enroll:

Eligible employees may enroll at the following times:

- As a full-time new hire, you may enroll within 30 days of hire in the City of Stillwater's benefit plans.
- During annual open enrollment. (Typically first week in June)
- Within 30 days of a qualified change in family status as defined by the IRS-see Changes to Enrollment. (see page 2).

Enrollment Information

Changes to Enrollment during plan year:

Changes to your insurance plans during the year are only accepted in the case of a qualified change of status. You have 30 days from the date of a qualifying change of status event to notify Human Resources and change your insurance selections. If you don't make your changes during the 30-day status-change period, your changes cannot be made until the next open enrollment period in June. Financial hardship, changes related to another plan's open enrollment, and provider network changes are not considered qualifying events.

A qualified change in family status includes:

- An eligible dependent loses other insurance coverage or becomes eligible for other insurance.
- A change in employment status moving from one benefit eligibility category to another. (i.e. ineligibility to eligibility or vice versa, part-time to full-time employment)
- The employee gets married.
- The employee has a birth, adoption or placement for adoption.
- A dependent age out of a plan.
- The employee gets divorced.
- A dependent loses student status. (Vision and Dental Plans)

If you experience one of these events change forms must be completed within 30 days of the event. You will be advised if supporting documentation is needed.

Effective dates:

- Medical/Rx: the change will be effective on the date of the qualifying event.
- Vision/Dental: the change will be effective on the first day of the month following the qualifying event.

Please review the list below completely. It is up to the employee to ensure that all forms are requested, completed, and returned within the deadline.

Medical/Rx Coverage (26th b-day)

Dental Coverage (26th b-day)

Vision Coverage (19th and 25th)

Supplemental Life Coverage (19th and 25th)



Note:

Remember that enrollment for a new spouse or newborn child is not automatic. If you experience a change in status you have 30 days to update your coverage. Please contact Human Resources immediately to complete the appropriate election forms as needed. If you do not update your coverage within 30 days from the status change, you must wait until the next open enrollment period to update your coverage.

Resources and Contacts

Below is a list of insurance carrier contacts should you require assistance with your benefit questions following open enrollment.

Coverage Type	Vendor	Contact Information
Medical Insurance	Blue Cross and Blue Shield of Oklahoma	Customer Service 1-800-672-2567 www.bcbsok.com Group Number: YNS018
Medical Provider Network	BlueChoice PPO	Provider Locator 1-800-810-2583 www.bcbsok.com/find-a-doctor-or-hospital
Prescription (on medical ID card)	Express Scripts	Customer Service 1-800-282-2881 www.express-scripts.com Group Number: J38A
Dental (no ID card necessary)	Delta Dental of Oklahoma	Customer Service 1-800-522-0188 www.deltadentalok.org Group Number: 8242
Dental Provider Network	Basic Delta Dental PPO Buy-up Delta Dental PPO – Plus Premier	Provider Locator 1-800-990-7337 www.deltadental.com/DentistSearch/DentistSearchController.ccl
Vision (no ID card necessary)	VSP	Customer Service 1-800-877-7195 www.vsp.com Provider Locator www.vsp.com/find-eye-doctors.html?id=guest&WT.ac=fad-guest
Life Insurance	Aetna	Customer Service 1-800-872-3862 www.aetna.com
Aflac Products	Aflac	Kelly Jones 1-918-794-4872 Kelly_jones@us.aflac.com www.aflac.com
Employee Assistance Program	Aetna Resources For Living <i>Local service provider available upon request</i>	Customer Service 1-877-327-5832 www.mylifevalues.com USERNAME: EAP4LIFE PASSWORD: EAP4LIFE
Flexible Spending Accounts	Take Care Wage Works	Customer Service 1-800-950-0105 www.takecarewageworks.com
401k	Oklahoma Municipal Retirement Fund (OMRF)	Plan Advisor Chris Whatley 1-888-394-6673 ext. 103 www.okmrf.org

City of Stillwater Benefits on the Web:

You can access benefits information from work by visiting the HUB;
http://hub.stw.local/hr/benefits_and_resources/employee_benefits/index.php

Medical and Prescription Drugs

A few major points include:

- The BlueCross BlueShield network will continue for both plan options.
- Dependents can be covered until their 26th birthday regardless of marital or student status.
- Wellness/Preventive will be covered at 100% in network. No annual max.

Please note that employee premium cost information is listed on page 8. Below is a brief summary of the benefits of the plan options. Please refer to the Plan booklet for more details at www.BCBSOK.com.

Plan Features	Plan A	Plan B
Deductible -Individual -Family	\$500 \$1,500	\$250 \$750
Co-Insurance -In Network -Out of Network	80/20 <i>Plan pays /Employee Pays</i> 60/40 <i>Plan pays /Employee Pays</i>	90/10 <i>Plan pays /Employee Pays</i> 70/30 <i>Plan pays /Employee Pays</i>
Out of Pocket Maximum <i>Deductible included</i> -Individual -Family	\$2,500 \$7,500	\$1,150 \$3,450
Office Visit Copay -In Network -Out of Network	\$25 Deductible, 40%	\$20 Deductible, 30%
Emergency Room Copay <i>ER services are then subject to deductible and co-insurance</i>	\$150	\$100
Wellness/Preventive -In Network -Out of Network	100% Deductible, 40%	100% Deductible, 30%
In-Patient Copay <i>In-patient services are then subject to deductible and co-insurance</i>	\$100	No Copay
Out-Patient Surgical Copay <i>Out-patient services are then subject to deductible and co-insurance</i>	\$100	No Copay
Prescription Drugs - Out of Pocket Maximum -Generic -Brand Formulary -Brand Non-Formulary -Specialty	\$4,100 Individual/ \$5,700 Family \$8 \$20 \$35 \$100	\$5,450 Individual/ \$9,750 Family \$7 \$15 \$30 \$30

Tips Prescription Drugs:

Use generic and over the counter drugs when available:

The best way to save on prescriptions is to use generic or over the counter medications as opposed to brand name drugs. When you use generic medications, you will pay the lowest copay. Generic drugs must use the same active ingredients as the brand name version of the drug. A generic drug must also meet the same quality and safety standards set by the FDA.

Use the mail-order prescription drug benefit for maintenance medications:

As an Express Scripts member you will receive discounts when you purchase maintenance medications through the mail-order pharmacy. In addition, your medication will be delivered to your home.

Dental

As an eligible member, you have the following dental options from which to select: Delta Dental PPO-Plus Premier, Delta Dental PPO and Delta Dental PPO-Plus Premier Federally Compliant.

The amounts shown on page 8 reflect the employee portion of dental premiums. The City continues to contribute toward coverage levels Delta Dental PPO & Delta Dental PPO-Plus Premier.

For more detailed plan coverage see plan summary. Dependents are eligible for dental coverage until age 26 on the Delta Dental PPO & Delta Dental PPO-Plus Premier.. For more information please also visit the Delta Dental Website at www.DeltaDentalOK.org/client/stillwater/

Basic Delta Dental PPO (Annual maximum benefit & deductible accumulation period Jan. 1 – Dec. 31)

BENEFIT PLAN	Basic
Diagnostic & Preventive-Class I	100%
Basic Services such as amalgam & composite fillings-Class II	50/50 Plan pays /Employee Pays
Major Services such as crowns, dentures and implants-Class III	50/50 Plan pays /Employee Pays
Orthodontic Services-Class IV	Not Covered
Deductible: <i>Applies Classes II & III Only</i>	\$100 Per Person \$300 Per Family
Maximum Benefit Payment:	\$1,000 Per Person Per Benefit Year for Class I, II and III combined services.

Buy-up Delta Dental PPO – Plus Premier (Annual maximum benefit & deductible accumulation period Jan. 1 – Dec. 31)

BENEFIT PLAN	Buy-Up
Diagnostic & Preventive-Class I	100%
Basic Services such as amalgam & composite fillings-Class II	80/20 Plan pays /Employee Pays
Major Services such as crowns, dentures and implants-Class III	50/50 Plan pays /Employee Pays
Orthodontic Services-Class IV	Not Covered
Deductible: <i>Applies Classes II & III Only</i>	\$50 Per Person \$150 Per Family
Maximum Benefit Payment:	\$1,200 Per Person Per Benefit Year for Class I, II and III combined services.

For the 2016-2017 plan year, Delta Dental has a Federally Compliant Plan is designed to meet ACA Pediatric Dental Essential Health Benefit standards.

***Individuals are eligible for coverage to age 19 only.**

Delta Dental PPO-Plus Premier Federally Compliant plan

(Annual maximum benefit & deductible accumulation period Jan. 1 – Dec. 31)

BENEFIT PLAN	Co-Insurance –Low Option
Diagnostic & Preventive	0% \$100 Annual Deductible applies
Basic Services	40% \$100 Annual Deductible applies
Major Services	50% \$100 Annual Deductible applies
Medically Necessary Orthodontic Services*	50% No Deductible
Deductible:	\$100 Per Person
Maximum Benefit Payment:	1 Person to age 19 \$350 2 or more covered persons to age 19 \$700

- Benefits are based on the State Children’s Health Insurance Program (SCHIP) guidelines. Special processing policies, limitations and exclusions will apply for medically necessary procedures.
- Deductibles and Co-Insurance will apply to Maximum Out-of-Pocket.
- Maximum Out-of-Pocket does **not** apply to out-of-network services.

***Medically Necessary-** Orthodontic treatment and/or services are only covered with orthognathic surgery cases or certain designated syndromes or genetic disorders such as a cleft palate. Benefits are only allowed for medically necessary orthodontic services to help correct severe handicapped malocclusions caused by cranio-facial orthopedic deformities involving teeth.

Coverage Type	Monthly Rates-Low Option
1 Covered Person to age 19	\$18.80
2 Covered Persons to age 19	\$37.60
3 or more Covered Persons to age 19	\$56.40

Vision

Vision coverage is offered through Vision Service Plan (VSP). The chart to the right is a brief summary of the vision benefits.

Detailed benefit summaries are available. Dependents are eligible for coverage until age 19; full-time students until age 25.

The amounts shown on page 8 reflect employee premiums for vision.

To locate a participating provider, go to www.vsp.com or call 800-877-7195.

Vision Plan	In-Network
WellVision Exam <i>Once every 12 months</i>	\$20 copay
Prescription Glasses	\$20 copay
Lenses	Single vision, lined bifocal and lined trifocal lenses. Polycarbonate lenses for dependent children.
<i>Once every 12 months</i>	
Frames	\$130 allowance for frame of your choice. 20% off amount over your allowance.
<i>Once every 24 months</i>	
Contact Lenses <i>Once every 12 months in lieu of glasses</i>	\$130 allowance for contacts and the contact lens exam (fitting and evaluation).

Life Insurance

Life insurance is offered through Aetna.

The City provides each eligible employee with a \$25,000 Life and AD& D policy at no cost to the employee.

If you are requesting an increase in coverage you must also complete an Evidence of Insurability form.

Please note that the birthday rule may change you or your spouse to a higher premium category. Birthdays are calculated as of July 1 of each year.

Employee: You may elect coverage in increments of \$25,000 to a maximum of \$150,000.

Spouse: 50% of employee's combined coverage in increments of \$5,000 to a maximum of \$75,000.

Child(ren): \$2,500, \$5,000, \$7,500 or \$10,000 coverage choices.

Employee Life Semi-monthly Cost		Spouse Life Semi-monthly Cost		Child Life Semi-Monthly Cost	
Age	Rate / \$25,000 Coverage	Age	Rate / \$5,000 Coverage		
Less than 30	\$1.50	Less than 30	\$0.30	\$2,500	\$0.15
30 - 34	\$1.75	30 - 34	\$0.35	\$5,000	\$0.30
35 - 39	\$2.13	35 - 39	\$0.43	\$7,500	\$0.45
40 - 44	\$3.13	40 - 44	\$0.63	\$10,000	\$0.60
45 - 49	\$4.50	45 - 49	\$0.90		
50 - 54	\$7.00	50 - 54	\$1.40		
55 - 59	\$10.75	55 - 59	\$2.15		
60 - 64	\$14.25	60 - 64	\$2.85		
65-69	\$24.75	65-69	\$4.95		
70-74	\$40.13	70-74	\$8.03		
75+	\$56.13	75+	\$11.23		

Employee Contributions

Your semi-monthly premiums effective July 1, 2016 are below. Semi-monthly premiums are taken the first two pay dates of each month.

Medical/RX	Plan A	Plan B
Employee Only	\$24.68	\$64.89
Employee + Spouse	\$58.33	\$153.40
Employee + Child(ren)	\$46.83	\$123.15
Employee + Family	\$78.41	\$206.20
Dental	Basic Plan	Buy-up Plan
Employee Only	\$0	\$13.76
Employee + One	\$14.20	\$34.89
Employee + Family	\$30.06	\$65.18
Vision		
Employee Only	\$3.91	
Employee + One	\$5.67	
Employee + Family	\$10.16	

Aflac Products

Aflac representatives are available to discuss the following products which are available through payroll deduction.

- Accident Indemnity
- Short-Term Disability
- Aflac Cancer Care
- Critical Care and Recovery

Informational folders containing premiums and detailed benefits of the plans offered are available.

Please contact an Aflac rep with any questions you may have.

Aflac Representatives

Kelly Jones Office: (918)794-4872 Cell: (918)855-1072

Christy Hayes Cell: (918)645-5905

Note: This Employee Benefits flier is only intended to highlight some of the major benefit provisions of the benefit program and should not be relied upon as a complete detailed representation of the benefit plans. Please refer to the plan's certificates or Summary Plan Descriptions for further detail. Should this newsletter differ from the certificates and/or Summary Plan Descriptions, the certificates and/or Summary Plan Descriptions will prevail.