2015 Employee Benefit Options Presentation

Plan Year Jan. 1 through Dec. 31, 2015

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Topics

• Eligibility
• Deadlines for Forms
• Confirmation Statements
• Resources
• 2015 Plan Changes
• Insurance Plans Information
• HealthChoice Life Insurance Plan
ELIGIBILITY
Eligible Employees

An education employee must be:
- Currently employed, eligible for Teachers Retirement System, and working at least four hours a day or 20 hours a week

A local government employee must be:
- Currently employed, regularly scheduled to work 1,000 hours or more per year, and cannot be listed as a temporary or seasonal employee
Eligible Dependents

Eligible dependents include:

- Your legal or common-law spouse
- Your children or stepchildren
- Other unmarried dependent children up to age 26

Refer to the *Administrative Rules* on the EGID website for a complete listing of eligible dependents.
Eligibility Guidelines

- If you insure one dependent, all eligible dependents must be insured
  - Dependents with other group insurance can be excluded
- You can also exclude dependents who do not reside with you, are married or are not financially dependent on you for support
- A spouse can be excluded by signing the *Spouse Exclusion Certification* statement
- You must have group health insurance to be eligible for dental and/or life insurance
Midyear Qualifying Events

Certain qualifying events allow you to make a midyear change, examples include:

• Marriage
• Divorce
• Adoption
• Death
• Childbirth*
• Gain or loss of other group insurance

*Must be added the first of the month of birth
DEADLINES
## Deadlines

<table>
<thead>
<tr>
<th>Form</th>
<th>Date Due</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Option Period Enrollment/Change Form</strong></td>
<td>Your Insurance Coordinator will provide the due date</td>
</tr>
<tr>
<td><strong>Insurance Enrollment Form</strong></td>
<td>Return to your Insurance Coordinator within <em>30 days</em></td>
</tr>
<tr>
<td><strong>Insurance Change Form</strong></td>
<td>Return to your Insurance Coordinator within <em>30 days</em> of a qualifying event</td>
</tr>
<tr>
<td><strong>HealthChoice High and Basic Plans Tobacco-Free Attestation for Plan Year 2015</strong></td>
<td><strong>Nov. 14</strong> - Must be completed as part of the Option Period enrollment process</td>
</tr>
</tbody>
</table>
CONFIRMATION STATEMENTS
Confirmation Statements

- EGID mails you a Confirmation Statement (CS) when you enroll or make changes to coverage
- Check your CS carefully
- If your CS is incorrect, contact your Insurance Coordinator immediately
- If you do not make changes during Option Period, you will not receive a CS
RESOURCES
The Employee Benefit Options Guide

• Guide is available on the EGID website at www.sib.ok.gov or www.healthchoiceok.com
  — Online to have a guide mailed
  — Contact EGID Member Services
• Premiums
• Overview of all the plans available
• Plan website addresses and customer service contact information
Additional Resources

• Your Insurance Coordinator
  — Employer contributions
  — Deadlines
  — Benefits available

• EGID Member Services
2015 PLAN CHANGES
HealthChoice Plan Changes

HealthChoice Basic Plan
• Deductible is being increased to $1,000 for individual and $1,500 for family
• Calendar year out-of-pocket maximum is being decreased

HealthChoice Basic Alternative Plan
• Deductible is being increased to $1,250 for individual and $1,750 for family
• Calendar year out-of-pocket maximum is being decreased
HealthChoice Plan Changes

HealthChoice High Deductible Health Plan

• Formerly known as the HealthChoice S-Account Plan
• For use with a health savings account
• Premiums are being reduced from the 2014 rates
HMO Plan Changes

CommunityCare HMO

• No longer available in the Oklahoma City area
Other Plan Changes

There are no other core plan changes for 2015
The following is a brief overview of benefits. More detailed information, such as out-of-pocket maximums and copays for specific services, is listed in the *Employee Benefit Options Guide*. 
• HealthChoice High
• HealthChoice High Alternative
• HealthChoice Basic
• HealthChoice Basic Alternative
• HealthChoice High Deductible Health Plan (HDHP)
• HealthChoice USA
HealthChoice High Plan

- $30 copay for primary care office visits
- $50 copay for specialist office visits
- Annual deductible $500 for individual
- Annual deductible $1,500 for family
- After deductible, you pay 20% of Allowed Charges
HealthChoice  High Alternative

Benefits are the same as the High Plan except:
• Annual deductible $750 for individual
• Annual deductible $2,250 for family
• After deductible, you pay 20% of Allowed Charges
HealthChoice Basic

- Office visit copays do not apply
- Plan pays first $500
- You pay next $1,000 as deductible
- Family deductible is $1,500
- You pay 50% of Allowed Charges
HealthChoice  Basic Alternative

• Office visit copays do not apply
• Plan pays first $250
• You pay next $1,250 as deductible
• Family deductible is $1,750
• You pay 50% of Allowed Charges
• For members who live and work outside of Oklahoma and Arkansas for more than 90 consecutive days
• Benefits are the same as the HealthChoice High Plan
• Members have access to the nationwide ChoiceCare provider network
High Deductible Health Plan (HDHP)

• Designed to be used with a health savings account (HSA)
• Combined medical and pharmacy deductible of $1,500 for individual and $3,000 for family*

After entire deductible is met:
• $30 copay for primary care office visits
• $50 copay for specialist office visit
• You pay 20% of Allowed Charges

*Individual deductible does not apply if two or more family members are covered.
Network Pharmacy Benefits

- Prescriptions can be filled at HealthChoice Network Pharmacies
- Benefits are the same for all Plans
  - HDHP members must meet the Plan deductible before benefits are paid
- Generic mandate
  - You are responsible for the cost difference if choosing a brand-name if a generic is available
Network Pharmacy Benefits

When purchasing up to a 30-day supply:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>Up to $10</td>
</tr>
<tr>
<td>Preferred brand-name</td>
<td>Up to $45</td>
</tr>
<tr>
<td>Non-Preferred brand-name</td>
<td>Up to $75</td>
</tr>
</tbody>
</table>
Network Pharmacy Benefits

When purchasing up to a 90-day supply:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>Up to $25</td>
</tr>
<tr>
<td>Preferred brand-name</td>
<td>Up to $90</td>
</tr>
<tr>
<td>Non-Preferred brand-name</td>
<td>Up to $150</td>
</tr>
</tbody>
</table>

Some medications have quantity/and or dosage limits
• Specialty medications (up to a 30-day supply) must be purchased through Accredo Health
• Certain prescription tobacco cessation medications available for a $0 copay
• Search for Network pharmacies and Preferred drugs at www.sib.ok.gov or www.healthchoiceok.com
HMO Plans

• You must live or work within the HMO’s ZIP code service area
• Copay system for services and supplies
• Primary care physician (PCP) is required
• You enroll in a plan, not with a provider
• $35 PCP office visit copay
• $50 specialist office visit copay
• $750 copay for hospital/mental health or substance use disorder admission
• $50 copay for after-hours urgent care
• $200 copay each emergency room visit
Pharmacy Benefits

- 30-day supply per copay
- Some medications have quantity limits

<table>
<thead>
<tr>
<th>Drug</th>
<th>Copay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Select generics</td>
<td>$0</td>
</tr>
<tr>
<td>Formulary generics</td>
<td>Up to $10</td>
</tr>
<tr>
<td>Formulary brand-name</td>
<td>Up to $40</td>
</tr>
<tr>
<td>All other medications</td>
<td>Up to $60</td>
</tr>
</tbody>
</table>
• $25 PCP office visit copay
• $50 specialist office visit copay
• $25 copay for after-hours urgent care PCP; $50 for specialist
• $250 copay for free-standing outpatient facility or $750 copay for a hospital facility
Pharmacy Benefits

- 30-day supply per copay
- Some medications have quantity limits

<table>
<thead>
<tr>
<th>Drug</th>
<th>Copay</th>
</tr>
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<tbody>
<tr>
<td>Select generics</td>
<td>$4</td>
</tr>
<tr>
<td>Formulary generics</td>
<td>Up to $10</td>
</tr>
<tr>
<td>Formulary brand-name</td>
<td>Up to $50</td>
</tr>
<tr>
<td>All other medications</td>
<td>Up to $75</td>
</tr>
</tbody>
</table>
Dental Plans
Dental Plans Available

- Assurant Freedom Preferred
- Assurant Heritage Plus with SBA (Prepaid)
- Assurant Heritage Secure (Prepaid)
- CIGNA Dental Care Plan (Prepaid)
- Delta Dental PPO
- Delta Dental PPO Plus Premier
- Delta Dental PPO – Choice
- HealthChoice Dental
Dental Benefits

All dental plans have the same core benefits which are divided into four different classes of care:

- Preventive Care includes cleanings, bitewing x-rays and routine oral exams
- Basic Care includes fillings, extractions, root canals, endodontics and periodontics
Dental Benefits

- Major Care includes dentures, bridgework, crowns and implants
- Orthodontic Care* is covered for members under age 19 and members age 19 or older with temporomandibular joint dysfunction (unless otherwise noted)

Assurant Freedom Preferred has a 12-month waiting period for orthodontic care; waived if proof of continuous dental insurance is provided. HealthChoice has a 12-month waiting period for orthodontic care.
Freedom Preferred

- Preventive Care is covered at 100%
- A $25 deductible applies to Basic and Major Care

After the deductible:
- You pay 15% for Basic Care
- You pay 40% for Major Care
- You pay 40% for Orthodontic Care
  - Under age 19; lifetime maximum benefit $2,000
- $2,000 maximum annual benefit for all other services
Heritage Secure

- No deductible or annual maximum with general dentist
- You must select a primary care dentist for each covered person
- Preventive Care is covered at 100%
- Copay schedule applies to other services
- Orthodontic Care for children and adults
Heritage Plus with SBA

• No deductible or annual maximum with general dentist
• You must select a primary care dentist for each covered person
• Preventive Care is covered at 100%
• Copay schedule applies to other services
• Orthodontic Care for children and adults
• The Special Benefit Amendment provides an additional discount for network specialists
• No deductible or maximum annual benefit
• You must select a primary care dentist for each covered person
• After a $5 copay, routine cleanings, x-rays and evaluations are covered at 100%
• Copay schedule applies to other services, including specialist care
• Orthodontic Care for children and adults
PPO

- Preventive Care is covered at 100%
- A $25 deductible applies to Basic and Major Care

After the deductible, you pay:
- 15% for Basic Care
- 40% for Major Care
- 40% for Orthodontic Care
  - Available for children and adults
  - Lifetime maximum benefit $2,000
- $2,500 maximum annual benefit for all other services
A $50 combined deductible applies to Diagnostic, Preventive, Basic and Major Care.

After the deductible, you pay:
- 0% for Preventive Care
- 30% for Basic Care
- 50% for Major Care
- 40% for Orthodontic Care
  - Available for children and adults
  - Lifetime maximum benefit $2,000
- $3,000 maximum annual benefit for all other services
PPO - Choice

- You must select a primary care dentist for each covered person
- No deductible for Preventive or Basic Care
- $100 deductible for Major Care
- Copay schedule for all other services
- Orthodontic Care for Children and adults
  - You pay in excess of $50 a month
  - Lifetime maximum benefit $1,800
- $2,000 maximum annual benefit
When using a Network Provider

- Preventive Care is covered at 100%
- A $25 deductible applies to Basic and Major Care

After the deductible, you pay:

- 15% for Basic Care
- 40% for Major Care
- 50% for Orthodontic Care
  - No lifetime maximum
  - A 12-month waiting period applies
- $2,500 maximum annual benefit for all other services
Vision Plans
Vision Plans Overview

• Each vision plan has its own provider network
• All plans cover eyeglasses and/or contact lenses
• For specific benefit questions, contact the vision plan directly
• The toll-free numbers and website addresses are listed in the Employee Benefit Options Guide
• $10 copay for an annual eye exam
• $25 copay for lenses and frames
  — One pair per year
• Discounts are available for other vision services and lens options
• Contact lenses are available instead of glasses
  — $130 allowance
• Discount for laser surgery, such as LASIK
• There are no copays or limits on the number of eye exams
• Lenses and frames are sold at wholesale cost
• There is no limit on the number of pairs of glasses
• Benefits available for contact lenses
• Discount through nJoy for laser surgery
• $10 copay for eye exams
• $25 copay for lenses and frames
  — One pair per year; up to $125
• Contact lenses – available instead of glasses
  — $25 copay/standard fitting, then plan pays 100%
  — $50 copay/specialty fitting, then plan pays up to $50
• Discounts available for other services and options, including laser surgery
• $10 copay for eye exams
  — One per year
• $25 copay for lenses and frames
  — One pair per year
• Lens UV coating and tints covered in full
• Contact lenses are available instead of glasses
• Discounts available for other services and options, including laser surgery
• $15 copay for eye exams
  — One per year
• $15 copay for lenses and frames
  — One pair per year
• Several lens options covered at $0 copay
• Contact lenses are available instead of glasses
• Discounts available for other services and options, including laser surgery
• $10 copay for eye exams
  — One per year
• $25 copay for lenses and frames
  — One pair per year
• Contact lenses are available instead of glasses
• No copay for contact lens exam
• Discounts available for other services and options, including laser surgery
LIFE INSURANCE PLAN
Employee Life

- Basic and Supplemental Life for You
- Basic Life – First $20,000 of coverage
- Supplemental Life – All additional coverage
- Up to $500,000 of Supplemental Life coverage available with an approved Life Insurance Application
- Basic Life and first $20,000 of Supplemental Life include Accidental Death and Dismemberment (AD&D) benefits
During initial enrollment only:

- **Guaranteed Issue** – You can enroll in two times your annual salary, rounded up to the next $20,000 without a *Life Insurance Application*
- Any amounts above **Guaranteed Issue**; an approved *Life Insurance Application* is required
During Option Period:

• An approved *Life Insurance Application* is required to add any life insurance
• You can enroll in Basic and Supplemental Life
• You are responsible for returning the application before Nov. 14, 2014
• You can decrease life coverage currently in effect
• Review your beneficiary designations
You must be enrolled in Basic Life coverage to be eligible to cover eligible dependents in Dependent Life.

<table>
<thead>
<tr>
<th>Premier Option</th>
<th>Standard Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
<td>Spouse</td>
</tr>
<tr>
<td>$20,000</td>
<td>$10,000</td>
</tr>
<tr>
<td>Child</td>
<td>Child</td>
</tr>
<tr>
<td>$10,000</td>
<td>$5,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spouse</td>
</tr>
<tr>
<td>$6,000</td>
</tr>
<tr>
<td>Child</td>
</tr>
<tr>
<td>$3,000</td>
</tr>
</tbody>
</table>

Children are covered up to age 26
Dependent Life does not include AD&D benefits
Reminders

- Option Period is the only time you can make changes to coverage without a qualifying event
- HealthChoice High and Basic Plans require a completed tobacco-free Attestation
- You must have group health insurance to enroll in dental or life coverage
Reminders

• If excluding your spouse, your spouse must sign the *Spouse Exclusion Certification*
• Return signed and dated forms to your Insurance Coordinator by the set deadline
• Notify your Insurance Coordinator if you have a change of address
Thank you