# Health Plan Administration Manual for Benefit Coordinators

OPEH&W Health Plan

**2024/25 Plan Year**

# INTRODUCTION

**To: Employer Benefit/Insurance Coordinators**

This handbook contains step-by-step information to assist you in your daily administrative duties of the Health Plan, as well as information on the Health Plan Benefits. You should replace your old Benefit Coordinator Administration Manual with this new one. If you have any questions or needs that should arise, please do not hesitate to contact us and our staff will be happy to assist you. You can also check out our website at www.opehw.com for Health Plan information, documents, forms, and more.

Please note that this handbook is an informational tool for Benefit Coordinators and is superseded by the Health Plans' Benefit Book. The Health Plan reserves the right to make changes to this document as needed. If changes are made, the Health Plan will send you the updated version.

Sincerely,

**OPEH&W Health Plan Administration Office**

**3851 E. Tuxedo Blvd, Suite C**
**Bartlesville, OK 74006**

**800.468.5744**

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# PLAN & VENDOR CONTACT INFORMATION

## OPEH&W Health Plan Administration Office

**Website:** www.opehw.com

**Customer Service:** 800-468-5744

**Health Plan Specialists**

| | | |
|---|---|---|
| Lisa Shaw | Ext. 221 | l.shaw@opehw1.com |
| January Smoot | Ext. 222 | j.smoot@opehw1.com |
| Kristy Curry | Ext. 225 | k.curry@opehw1.com |
| Jennifer Mullally | Ext. 224 | j.mullally@opehw1.com |

**HEART Website for Employers:** www.opehwheart.com/ERLogin
**HEART Website for Employees:** www.opehwheart.com

## Medical & Dental Coverage

**BlueCross BlueShield of Oklahoma**

Customer Service/Health Advocate
Medical: 800-313-5162
Dental: 800-381-9727
MDLive Customer Service: 888-970-4081
MDLive Website: https://members.mdlive.com/bcbsok

## Prescription Drug Coverage

**Express Scripts**

Customer Service/Mail Order: 855-315-2460
Website: www.express-scripts.com
Accredo Specialty Pharmacy: 800-803-2523

## Vision Coverage

**VSP (Vision Service Plan)**

Customer Service: 800-877-7195
Website: www.vsp.com

## Group Life Coverage

**MetLife**

Customer Service: 866-492-6983
Website: www.metlife.com

# WHAT'S NEW FOR THE UPCOMING PLAN YEAR?

## PREMIUM RATES FOR THE 2024-25 PY

### Health Coverage

The Board approved a **5%** premium rate increase to the Diamond & Bronze plans, a **.54%** increase to the Platinum plan, a **1.46%** increase to the Gold plan and a **2.53%** increase to the Silver plan. Please refer to the plan year rate sheet on the next page for a complete list of all rates and coverage tiers.

### Dental Coverage

The Board approved a **5%** premium rate increase to both the Standard and Enhanced Dental plans. Please refer to the plan year rate sheet on the next page for a complete list of all rates and coverage tiers.

### Vision Coverage

The Vision rates will remain the same.

### Group Life Coverage

The Group Life premiums will increase by approximately **8.3%,** while the Additional Life Coverage rates will remain the same. Please refer to the plan year rate sheet on the next page for a complete list of all rates and coverage tiers.

## HEALTH COVERAGE CHANGES FOR THE 2024-25 PY

### Major Medical Surgeries

Certain Major Medical Surgeries will require the use of a Blue Distinction Center in order to be a covered benefit under all health plan options. This applies to scheduled surgeries, not emergency surgeries. However, these surgeries will be covered at a $0 out-of-pocket cost to the member. Out-of-Network coverage is not available. This applies to: **Transplants, Hip & Knee Replacements, Cardiac Surgery & Spinal Surgery**

For a list of applicable procedure codes to which this benefit applies, go to the Health Plan's website at **www.opehw1.com/health_freeMajorMedicalCare.html** and click on the applicable resource link for the type of procedure you're looking for. You can use this same link to search for a Blue Distinction Provider or go directly to the Blue Cross website at **www.bcbsok.com** and log into your Blue Access for members account to do a Provider search.

### Bariatric Surgery

Coverage has been added to all health plan options for Bariatric Surgery, subject to the following requirements:

- Coverage only available to Employees & Spouses, not available to dependent children;
- Individual must have been enrolled in Health Coverage with their employer for the last 2 consecutive years;
- Coverage only available at a Blue Distinction Center provider;
- Coverage only available for Lap Bands & Gastric Sleeves under the following procedure codes:
  - Gastric Sleeve: **43775**
  - Lap Band: **43770, 43771, 43772, 43773, 43774, 43886, 43887, 43888S2083**
- Coverage subject to Deductible and Co-Insurance.

### Platinum Health Plan Changes Only

The deductible and maximum out-of-pocket limits for the Platinum plan only have been decreased, as follows:

| | In-Network | Out-of-Network |
|---|---|---|
| **Individual Deductible:** | $1,750 down to **$1,500** | $3,500 down to **$3,000** |
| **Family Max Deductible:** | $3,500 down to **$3,000** | $7,000 down to **$6,000** |
| **Individual Max Out-of-Pocket:** | $6,000 down to **$5,000** | $12,000 down to **$10,000** |
| **Family Max Out-of-Pocket:** | $12,000 down to **$10,000** | $24,000 down to **$20,000** |

**Preferred Brand Name drug** co-pay changed from "25% up to $80 max" to a flat **$55 co-pay**
**Non-Preferred Brand Name drug** co-pay changed from "40% up to $120 max" to a flat **$70 co-pay**

# All-In-One Rate Sheet:
# 2024/25 Plan Year

Rates Valid from **7/1/2024** through **6/30/2025**

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| | | Health (Medical & Rx) | | | | | Dental | | Vision | |
|---|---|---|---|---|---|---|---|---|---|---|
| | | Diamond Preferred | Platinum | Gold | Silver | Bronze | Enhanced | Standard | Enhanced | Standard |
| Active & Retiree | Member | 743.26 | 668.94 | 639.20 | 616.90 | 594.60 | 47.62 | 42.86 | 7.74 | 6.28 |
| | Child | 355.08 | 319.58 | 305.36 | 294.72 | 284.06 | 25.16 | 22.64 | 7.22 | 5.82 |
| | Children | 578.06 | 520.26 | 497.14 | 479.78 | 462.44 | 40.00 | 36.02 | 7.22 | 5.82 |
| | Spouse | 869.02 | 782.12 | 747.36 | 721.28 | 695.22 | 58.82 | 52.94 | 6.80 | 5.50 |
| | Spouse & Child | 1,224.10 | 1,101.70 | 1,052.72 | 1,016.00 | 979.28 | 83.98 | 75.58 | 18.44 | 14.92 |
| | Spouse & Children | 1,447.08 | 1,302.38 | 1,244.50 | 1,201.06 | 1,157.66 | 98.82 | 88.96 | 18.44 | 14.92 |
| COBRA | Member | 758.12 | 682.32 | 651.98 | 629.24 | 606.50 | 48.58 | 43.72 | 7.90 | 6.40 |
| | Child | 362.20 | 325.96 | 311.48 | 300.62 | 289.74 | 25.66 | 23.10 | 7.36 | 5.94 |
| | Children | 589.62 | 530.66 | 507.08 | 489.38 | 471.70 | 40.80 | 36.74 | 7.36 | 5.94 |
| | Spouse | 886.40 | 797.76 | 762.30 | 735.72 | 709.12 | 60.00 | 54.00 | 6.94 | 5.62 |
| | Spouse & Child | 1,248.60 | 1,123.72 | 1,073.78 | 1,036.34 | 998.86 | 85.66 | 77.10 | 18.80 | 15.22 |
| | Spouse & Children | 1,476.02 | 1,328.42 | 1,269.38 | 1,225.10 | 1,180.82 | 100.80 | 90.74 | 18.80 | 15.22 |
| Group Life | 20,000 | 6.50 | | | | | | | | |
| | 30,000 | 9.75 | | | | | | | | |
| | 40,000 | 13.00 | | | | | | | | |
| | 50,000 | 16.25 | | | | | | | | |

| Additional Life | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | First **$20,000** | 18-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 & Over |
| | With AD&D | 2.00 | 2.60 | 3.40 | 5.20 | 8.40 | 13.40 | 15.40 | 24.80 | 41.60 | 64.20 |
| | Without AD&D | 1.40 | 2.00 | 2.80 | 4.60 | 7.80 | 12.80 | 14.20 | 24.20 | 41.00 | 63.60 |
| | Each Additional **$5,000** | 18-34 | 35-39 | 40-44 | 45-49 | 50-54 | 55-59 | 60-64 | 65-69 | 70-74 | 75 & Over |
| | With AD&D | 0.50 | 0.65 | 0.85 | 1.30 | 2.10 | 3.35 | 3.85 | 6.20 | 10.40 | 16.05 |
| | Without AD&D | 0.35 | 0.50 | 0.70 | 1.15 | 1.95 | 3.20 | 3.70 | 6.05 | 10.25 | 15.90 |

**AD&D** is Accidental Death & Dismemberment Coverage

# PLAN ADMINISTRATION OFFICE

Day-to-Day operations of the OPEH&W Health Plan are performed by the OPEH&W Health Plan's Administration Office. Due to the OPEH&W Health Plan being a public trust, the administration of the OPEH&W Health Plan is contracted to McElroy & Associates. When you call the OPEH&W Health Plan's toll-free phone number this is who you are talking to.

## SERVICES & SUPPORT

The OPEH&W Health Plan's Administration Office prides itself on its professionalism, passion, and expertise, and is the cornerstone for the success of the OPEH&W Health Plan. Below is an overview of our primary responsibilities when it comes to your employer group and its employees:

- Maintain the HEART Admin & Enrollment Platform and the Plan's website
- Provide each employer with the necessary forms or tools with which to enroll or terminate employees, make changes to benefits, contact information or beneficiaries, etc.
- Provide monthly billing reports and a reconciliation of each;
- Collect and process employer and employee premium payments;
- Provide full COBRA and HIPPA administration;
- Provide leadership, group and membership education materials and live presentations;
- Assist with the filing of life insurance claims for employees and dependents;
- Provide employer, employee, and retiree support;
- Generate and provide access to the IRS Forms 1094-C and 1095-C;
- Ensure member data (PHI) is kept secure;
- Work one-on-one with Retirees to ensure they have all the coverage they need;
- Handle any claim issues between members and our vendors (i.e. BlueCross, Express Scripts, etc);
- Creation of Communication Materials

# BENEFIT COORDINATOR
## HEALTH PLAN RESPONSIBILITIES

As the Benefit Coordinator for your employer, you play an important role in the administration of the Health Plan benefits for your employees. Proper administration of the Health Plan is critical, as improper administration can lead to an array of problems, such as employees not having coverage, claims not being paid correctly or even loss of benefits. The contents of this handbook should provide you with the necessary information to administer the Health Plan on a day-to-day basis, however, please keep in mind that the provisions of the Health Plan's Benefit Book ultimately control the Health Plan.

Here is an overview of your responsibilities pertaining to the Health Plan:

- Provide new employees with the appropriate information to enroll themselves in the Health Plan's online enrollment system, HEART, in a timely manner;
- For existing employees that need to make changes, provide them with the appropriate forms make the necessary changes. Submit the forms to the Health Plan in a timely manner;
- Submit Termination Forms to the Health Plan in a timely manner so that we can administer COBRA properly and/or offer Retiree benefits if applicable;
- Notify the Health Plan as soon as possible of employees on FMLA, Workman's Compensation, or any other type of extended leave of absence;
- Notify the Health Plan of deaths (employee or dependent) so that plan products can be cancelled and life claims can be filed, as applicable;
- Prepare and submit monthly premiums, notifying the Health Plan of any changes;
- Secure and protect your employees' private information;
- Maintain all employee records pertaining to eligibility, effective dates, enrollments and terminations;
- Provide IRS Forms 1095-C to your employees/former employees and submit IRS Forms 1094-C and 1095-C to the IRS.

# **AVAILABLE HEALTH** PLAN BENEFITS

The following benefits are available to each employer group. Each employer may choose which benefits they want to offer to their employees and how they want to offer and pay for these benefits. Employers can even choose different benefits for different classes of employees (ie: Full-time, Elected Officials, etc.)

1. **Health* (Bundled package consisting of Medical and Prescription Drug coverage)**
   There are **5** Health Coverage Options to choose from (Diamond, Platinum, Gold, Silver and Bronze). Each employer group can choose which option they will offer to their whole group of employees. Employer's can also offer a base plan, and a buy-up option as well (i.e. Employer pays for the Gold plan, then offers the Diamond plan as a buy-up in which the employee pays the premium difference).

2. **Dental***
   There are **2** Dental coverage options to choose from (Standard and Enhanced). Each employer group can choose which option they will offer to their employees, or each class of employees.

3. **Vision***
   There are **2** vision coverage options to choose from (Standard and Enhanced). Each employer group can choose which option they will offer to their employees, or class of employees.

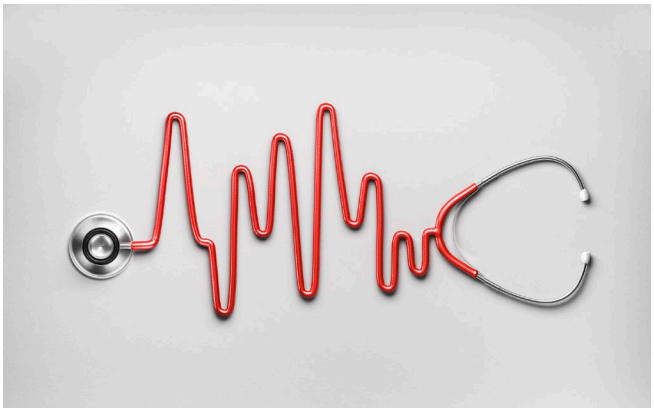
4. **Group Term-Life Insurance***
   There are **4** volumes of Group Life coverage to choose from ($ 20,000, $30,000, $40,000 and $50,000). Each employer group can choose which option they will offer to their employees, or each class of employees.

5. **Additional Life Coverage**
   This is additional life insurance coverage that an employee can elect to enroll in and pay for themselves via payroll deduction.

6. **Ancillary Products:**
   There are some employers that have ancillary products with the Health Plan, like Allstate, 5 Star and FDL (i.e.: Universal Life, Heart/Stroke, Cancer, Critical Illness, Short Term Disability and Accident Plans). Although we are no longer offering these ancillary products, we still administer them for those who still have these products.

Please refer to the Health Plan's Benefit Book's for detailed benefits for each Health Plan Option.

To assign different benefits to different classes of employees, please complete the **Employee Class Form**, which you can find on the Health Plan s website under Forms.



# HEALTH COVERAGE OPTIONS

**2024-2025** Plan Year

July 1st, 2024 through June 30th, 2025

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## FREE MAJOR MEDICAL CARE

MEMBERS PAY **ZERO** OUT-OF-POCKET FOR

**TRANSPLANTS**
**CARDIAC SURGERIES**
**SPINAL SURGERIES**
**HIP & KNEE SURGERIES**
**MATERNITY CARE**
**CANCER CARE**

FROM **BlueDistinction+** PROVIDERS **ONLY**

## MAKING HEALTHY CHEAPER

Free **Cash Rewards** for Members from **Member Rewards**
Free **Primary** & **Pediatric Care Telehealth** from **MDLIVE**
Free **Psychiatry**& **Counseling Care Telehealth** from **MDLIVE**
Free **Medical Equipment** & **Supplies** from **ConnectDME**
Free **Diabetes** & **High Blood Pressure** Programs from **Omada**
Free **High Cholesterol** & **Weight** Programs from **Omada**
Free **Muscle** & **Joint Pain** Programs from **Hinge Health**
Free **Asthma** & **COPD** Programs from **Propeller**
Free **Tobacco** & **Vaping Addiction** Programs from **Pelago**
Free **Opioid Addiction** Programs from **Pelago**
Free **Alcohol Addiction** Programs from **Pelago**
Free **Mental Health** Program from **SilverCloud**
Free **Mental Health** Program from **inMynd**
Free **Mental Health** Program from **LearntoLive**
Free **Women's** & **Family Health** Programs from **Ovia Health**
Free **Health & Wellness** Programs from **Well onTarget**
Free **Weight-Loss** Program from **Wondr Health**
Free **In-Home Sleep Studies** from **ConnectDME**
Free $**500** towards **Dependent Accident Claims**
**50%** **Dependent Deductible Reimbursement**

| | Diamond | Platinum | Gold | Silver | Bronze |
|---|---|---|---|---|---|
| **Medical Coverage** | | | | | |
| Deductible | 1,000 | 1,500 | 3,250 | 2,250 | 4,250 |
| Co-Insurance | 20% | 20% | 20% | 50% | 50% |
| Max Out-of-Pocket | 5,000 | 5,000 | 7,000 | 7,000 | 7,500 |
| Virtual Primary & Pediatric Care from MDLIVE | Free | Free | Free | Free | Free |
| In-Person Primary & Pediatric Care | 25 | 25 | 25 | 25 | 25 |
| Virtual Urgent Care with MDLIVE | Free | Free | Free | Free | Free |
| In-Person Urgent Care | 25 | 25 | 25 | 25 | 25 |
| In-Person Specialist Visits | 50 | 50 | 50 | 50 | 50 |
| Virtual Counseling & Psychiatry from MDLIVE | Free | Free | Free | Free | Free |
| **Prescription Coverage** | | | | | |
| Deductible | 75 | 100 | 100 | 500 | 500 |
| Max Out-of-Pocket | 2,500 | 2,500 | 2,500 | 2,500 | 2,500 |
| Generics | 10 | 10 | 10 | 10 | 50% Max $20 |
| Preferred Brands | 45 | 55 | 25% Max $80 | 25% Max $80 | 30% Max $100 |
| Non-Preferred Brands | 60 | 70 | 40% Max $120 | 40% Max $120 | 50% Max $150 |
| Specialty Generics | 10 | 10 | 10 | 10 | 20% Max $50 |
| Specialty Preferred Brands | 60 | 60 | 60 | 20% Max $80 | 30% Max $80 |
| Specialty Non-Preferred Brands | 100 | 100 | 100 | 40% Max $120 | 50% Max $120 |
| Insulin - Select Preferred Brands | 25 | 25 | 25 | 25 | 25 |
| Acid-Reflux & GERD OTC's | Free | Free | Free | Free | Free |
| Diabetic Generics | 5 | 5 | 5 | 5 | 5 |
| Antihistamine OTC's | 5 | 5 | 5 | 5 | 5 |

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# **ENHANCED** DENTAL COVERAGE

**2024-2025** Plan Year

## **HELP** & **SUPPORT**

VISIT **www.bcbsok.com**
CALL **800.313.5162**

## PLAN YEAR **COVERAGE**

$**2,500 Plan Paid Max**
$**25 Deductible**

## **PREVENTIVE** & **DIAGNOSTIC** SERVICES

**FREE Every 6 Months**
Cleaning, Polishing, Bite-Wing X-Rays & Prophylaxis.

## **BASIC** SERVICES

**15% Co-Insurance**
Fillings, Simple Extractions,
Surgical Removal of Teeth & Root Canals.

## **MAJOR** SERVICES

**40% Co-Insurance**
Implants, Crowns, Full or Partial Dentures,
Bridge Repairs & Occlusal Guards.

## **ORTHODONTICS**

$**1,500 Lifetime Maximum**
**50% Co-Insurance**
For Dependent Children up to Age 26.

## MONTHLY **RATES**

$**47.62** Member
$**25.16** Child
$**40.00** Children
$**58.82** Spouse
$**83.98** Spouse & Child
$**98.82** Spouse & Children

# **STANDARD** DENTAL COVERAGE

**2024-2025** Plan Year

## **HELP** & **SUPPORT**

VISIT **www.bcbsok.com**
CALL **800.313.5162**

## PLAN YEAR **COVERAGE**

$**1,500 Plan Paid Max**
$**50 Deductible**

## **PREVENTIVE** & **DIAGNOSTIC** SERVICES

**FREE Every 6 Months**
Cleaning, Polishing, Bite-Wing X-Rays & Prophylaxis.

## **BASIC** SERVICES

**20% Co-Insurance**
Fillings, Simple Extractions,
Surgical Removal of Teeth & Root Canals.

## **MAJOR** SERVICES

**50% Co-Insurance**
Implants, Crowns, Full or Partial Dentures,
Bridge Repairs & Occlusal Guards.

## **ORTHODONTICS**

$**1,500 Lifetime Maximum**
**50% Co-Insurance**
For Dependent Children up to Age 26.

## MONTHLY **RATES**

$**42.86** Member
$**22.64** Child
$**36.02** Children
$**52.94** Spouse
$**75.58** Spouse & Child
$**88.96** Spouse & Children

# ENHANCED VISION COVERAGE

**2024-2025** Plan Year

## HELP & SUPPORT

VISIT **www.vsp.com**
CALL **800.877.7195**

## USING VISION BENEFITS

**Create an account at www.vsp.com**. Once your plan is effective, review your benefit information.
**Find an eye doctor who's right for you**. With the largest national network of private-practice doctors, plus participating retail chains, **it's easy to find the in-network doctor who's right for you**.
**At your appointment, tell them you have VSP**. There's no ID card.

## EYE EXAM

Every **12 Months**
$**10 Co-Pay** for WellVision Eye Exam
$**39 Co-Pay** for Digital Retinal Scan

## LENSES

Every **12 Months**
**FREE after Deductible** for Single Vision
**FREE after Deductible** for Lined Bi-Focals
**FREE after Deductible** for Lined Tri-Focals
**FREE after Deductible** for Standard Progressives (No-Line)
$**80**-$**90 Co-Pay** for Premium Progressives (No-Line)
$**120**-$**160 Co-Pay** for Custom Progressives (No-Line)
**40**% **Average Discount** for High Index
**40**% **Average Discount** for Polarized
**40**% **Average Discount** for Impact-Resistant

## FRAMES

Every **12 Months**
$**120 Allowance**, or
$**140 Allowance** for Featured Brand Coverage
**20**% **Discount** for Coverage After Allowance

## CONTACT LENSES (Instead of Lenses and/or Frames)

Every **12 Months**
$**120 Allowance**
**Max** $**60 Co-Pay** for Fitting & Evaluation Exam
**FREE** for Medically Necessary Contacts

## HEARING

Every **12 Months**
Up to **60**% **Discount** for TruHearing Digital Hearing Aids
**FREE** Online Hearing Test
**120** Hearing Aid Batteries for $**39**

## OUT-OF-NETWORK

**Up to** $**150** for Eye Exam
**Up to** $**170** for Frames
**Up to** $**150** for Single Vision Lenses
**Up to** $**175** for Bifocal Lenses (Lined & No-Lines)
**Up to** $**100** for Trifocal Lenses (Lined & No-Lines)
**Up to** $**175** for Progressive Lenses
**Up to** $**125** for Lenticular Lenses
**Up to** $**105** for Contacts
**Up to** $**210** for Medically Necessary Contacts

## MONTHLY RATES

$ **7.74** Member
$ **7.22** Child
$ **7.22** Children
$ **6.80** Spouse
$**18.44** Spouse & Child
$**18.44** Spouse & Children

## MATERIALS

Every **12 Months**
$**25 Deductible**

## LENS CUSTOMIZATIONS

**FREE** Polycarbonates for Children
**FREE** Polycarbonates for Adults
**FREE** Transitional (Photochromic)
**FREE** Tinting
**40**% **Average Discount** for Scratch-Resistant
**40**% **Average Discount** for Anti-Reflective Coating
**40**% **Average Discount** for UV Coating
**40**% **Average Discount** for Other Lens Customizations

## EXTRA SAVINGS

**20**% **Discount** for Additional Glasses or Sunglasses
**20**% **Discount** for Blue-Light Filtering Glasses

## LASER VISION SURGERY

**Discounted**

## ESSENTIAL MEDICAL EYE CARE SERVICES

$**20 Co-Pay**

Get so much more than a vision exam. VSP network doctor can diagnose and treat conditions including conjunctivitis, dry eye disease, eye trauma, sudden changes in vision, and more. Covered services include:

**Retinal Screening** for members with diabetes.
**Medical Exams & Services** for diagnosis, treatment, and management of chronic conditions, such as diabetic eye disease, glaucoma, and age-related macular degeneration.
**Treatment for Urgent Conditions** such as eye infections, foreign body and abrasions, eye injuries, and eye or eyelid chemical exposure.
**Medical Tests** for diagnosis and treatment of sudden vision changes, such as eye flashes, floaters, and sudden vision loss.
**Other Vision Medical Services**

# STANDARD VISION COVERAGE

**2024-2025** Plan Year

## HELP & SUPPORT

VISIT **www.vsp.com**
CALL **800.877.7195**

## USING VISION BENEFITS

**Create an account at www.vsp.com**. Once your plan is effective, review your benefit information.
**Find an eye doctor who's right for you**. With the largest national network of private-practice doctors, plus participating retail chains, **it's easy to find the in-network doctor who's right for you**.
**At your appointment, tell them you have VSP**. There's no ID card.

## EYE EXAM

Every **12 Months**
$**10 Co-Pay** for WellVision Eye Exam
$**39 Co-Pay** for Digital Retinal Scan

## LENSES

Every **12 Months**
**FREE after Deductible** for Single Vision
**FREE after Deductible** for Lined Bi-Focals
**FREE after Deductible** for Lined Tri-Focals
**FREE after Deductible** for Standard Progressives (No-Line)
$**80**-$**90 Co-Pay** for Premium Progressives (No-Line)
$**120**-$**160 Co-Pay** for Custom Progressives (No-Line)
**40**% **Average Discount** for High Index
**40**% **Average Discount** for Polarized
**40**% **Average Discount** for Impact-Resistant

## FRAMES

Every **24 Months**
$**120 Allowance**, or
$**140 Allowance** for Featured Brand Coverage
**20**% **Discount** for Coverage After Allowance

## CONTACT LENSES (Instead of Lenses and/or Frames)

Every **12 Months**
$**120 Allowance**
**15**% **Discount** for Fitting & Evaluation Exam
**FREE** for Medically Necessary Contacts

## HEARING

Every **12 Months**
Up to **60**% **Discount** for TruHearing Digital Hearing Aids
**FREE** Online Hearing Test
**120** Hearing Aid Batteries for $**39**

## OUT-OF-NETWORK

**Up to** $**150** for Eye Exam
**Up to** $**170** for Frames
**Up to** $**150** for Single Vision Lenses
**Up to** $**175** for Bifocal Lenses (Lined & No-Lines)
**Up to** $**100** for Trifocal Lenses (Lined & No-Lines)
**Up to** $**175** for Progressive Lenses
**Up to** $**125** for Lenticular Lenses
**Up to** $**105** for Contacts
**Up to** $**210** for Medically Necessary Contacts

## MONTHLY RATES

$ **6.28** Member
$ **5.82** Child
$ **5.82** Children
$ **5.50** Spouse
$**14.92** Spouse & Child
$**14.92** Spouse & Children

## MATERIALS

Every **12 Months**
$**25 Deductible**

## LENS CUSTOMIZATIONS

**FREE** Polycarbonates for Children
**40**% **Average Discount** for Polycarbonates for Adults
**40**% **Average Discount** for Transitional (Photochromic)
**40**% **Average Discount** for Tinting
**40**% **Average Discount** for Scratch-Resistant
**40**% **Average Discount** for Anti-Reflective Coating
**40**% **Average Discount** for UV Coating
**40**% **Average Discount** for Other Lens Customizations

## EXTRA SAVINGS

**20**% **Discount** for Additional Glasses or Sunglasses
**20**% **Discount** for Blue-Light Filtering Glasses

## LASER VISION SURGERY

**Discounted**

## ESSENTIAL MEDICAL EYE CARE SERVICES

$**20 Co-Pay**

Get so much more than a vision exam. VSP network doctor can diagnose and treat conditions including conjunctivitis, dry eye disease, eye trauma, sudden changes in vision, and more. Covered services include:

**Retinal Screening** for members with diabetes.
**Medical Exams & Services** for diagnosis, treatment, and management of chronic conditions, such as diabetic eye disease, glaucoma, and age-related macular degeneration.
**Treatment for Urgent Conditions** such as eye infections, foreign body and abrasions, eye injuries, and eye or eyelid chemical exposure.
**Medical Tests** for diagnosis and treatment of sudden vision changes, such as eye flashes, floaters, and sudden vision loss.
**Other Vision Medical Services**

# **GROUP LIFE** COVERAGE

**2024-2025** Plan Year

## COVERAGE **AMOUNTS** & MONTHLY **RATES**

| EMPOLOYEE | SPOUSE | CHILD | RATE |
|---|---|---|---|
| **20,000** | 5,000 | 2,000 | **6.50** |
| **30,000** | 7,500 | 3,000 | **9.75** |
| **40,000** | 10,000 | 4,000 | **13.00** |
| **50,000** | 12,500 | 5,000 | **16.25** |

## **HELP** & **SUPPORT**

VISIT **www.metlife.com**
CALL **866.492.6983**

MetLife

## **TERM** LIFE

- **Does Not** Build Cash Value
- **24/7 Protection** During Work, Rest, Travel or Play
- **Automatic Enrollment** Guaranteed & Unconditional
- **Coverage Reduces** 50% at Age 70 through 79 and
- **Coverage Reduces** 75% at Age 80+
- **Conversion Available** to Individual Policy at Termination

## **EMPLOYEE** COVERAGE

- **Covered Until** Employee Terminates Employment
- **Accidental Death** Coverage
  - **Doubles Coverage** if Employee Dies from an Accident
- **Dismemberment** Coverage
  - **Loss of a Limb** Coverage
  - **Loss of Use of a Limb** Coverage
  - **Loss of Sight** Coverage
  - **Loss of Hearing** Coverage

## **25% SPOUSE** COVERAGE

- **FREE Coverage** at No Additional Cost
- **Beneficiary Automatically** Designated as the Employee
- **Covered Until** Employee Terminates, or Marriage Ends

## **10% CHILD** COVERAGE

- **Beneficiary Automatically** Designated as the Employee
- **Covered Until** Employee Terminates, or
- **Covered Until** End of Month a Child Turns 26 Years Old

## INCLUDED **SERVICES**

- Last Will & Testament Creation
- Living Will Creation
- Durable Power of Attorney Creation
- Grief Counseling Services
- Estate Resolution Services
- Funeral Planning Services

# **ADDITIONAL** LIFE COVERAGE

## What is Additional Life Coverage? How does it differ from Group-Life?

Additional Life Coverage (also known as Voluntary Term Life or VTL) is extra life insurance that employees can select for themselves and their spouse and dependent children. They pay for this Additional Life Coverage themselves via payroll deduction. The Additional Life Coverage is purchased in addition to the Group Term-Life Coverage (which is a benefit that the Employer typically chooses and pays for).

## Additional Life Coverage for Employees, Spouses and Dependent Children

- **Employee:** Additional Life Coverage starts at **$20,000**, after which it is available in **$5,000** units. The rate is determined by age (see rate table)

- **Spouse:** If an employee selects Additional Life Coverage for themselves, then they can also select Additional Life Coverage for their Spouse, starting at **$20,000**, after which it is available in **$5,000** units. If An employee wants to select Spouse Additional Life Coverage, then the employee Additional Life Coverage must be at least **$40,000**. The Spouse Additional Life Coverage cannot exceed **50%** of the employee's Additional Life Coverage. The Spouse rate is determined by the spouse's age (see rate table).

  **Example:** If an employee selects $50,000 in Additional Life Coverage for himself, then he can get up to $25,000 (50%) for his Spouse.

- **Dependent Children:** If an employee selects Additional Life Coverage for themselves, then they can also select Additional Life Coverage for their Dependent Children. Two Additional Life Coverage amounts are available: **$10,000** at **$2.00** per month or **$20,000** at **$4.00** per month. One premium covers all Dependent Children, regardless of the number of Dependent Children (all eligible dependent children must be listed on the enrollment form in order to be covered).

## When can Employees select Additional Life Coverage & how much can they get?

### A. First Time Offering

Whether this is the first time that your employer group is offering Additional Life Coverage to all of its' Employees, or if you are just offering it to a newly eligible Employee, they can select up to **$150,000** of Additional Life Coverage without having to answer any health questions. However, the maximum amount an Employee can select is **5x (five times)** their annual gross pay, not to exceed **$500,000.** If they select an amount over **$150,000**, they must complete a **Health Questionnaire** and the amount over **$150,000** will be subject to approval. During this time, Employees can also select Spouse or Dependent Child Additional Life Coverage. Spouses are also subject to completing a **Health Questionnaire** if the Additional Life Coverage amount selected is over **$50,000.**

### B. Previously Offered But Did Not Select

If an Employee did not take Additional Life Coverage when initially offered, they may select this coverage during the **Annual Renewal Period**. The maximum amount an Employee can select is **5x (five times)** their annual gross pay, not to exceed **$500,000**. The Employee **must** complete a **Health Questionnaire** regardless of the amount of Additional Life Coverage selected. During this time, Employees can also select Spouse or Dependent Child Additional Life Coverage. Spouses & Dependent Children are also required to complete a **Health Questionnaire** regardless of the amount of Additional Life Coverage selected.

# **ADDITIONAL** LIFE COVERAGE Continued…

### C. Already has Additional Life Coverage, but would like to increase coverage

If an Employee already has Additional Life Coverage, but would like to increase the amount of their Additional Life Coverage, they can do so during the Annual Renewal Period as long as they don't exceed the maximum of **5x (five times)** their annual gross pay (not to exceed **$500,000**). Employees can increase coverage by **$5,000** each year during the Renewal Period without having to complete a **Health Questionnaire**. If they want to increase by more than $5,000, then they will be required to complete a **Health Questionnaire** and MetLife's underwriting department will determine whether or not they qualify for the additional amount requested.

### D. New Employer Groups' Initial Enrollment

If your employer is just joining the OPEH&W Health Plan, any amount of Additional Life Coverage that an employee already has in force will be accepted without the employee needing to complete a Health Questionnaire. **Proof of that coverage will be required.** If an employee does not already have Additional Life Coverage, then the rules in section A above will apply for the initial enrollment. Also, if an Employer Group is joining from the State plan - EGID, and their employees have the $20,000 Healthchoice Basic Life policy at **$4.00** per month, they are eligible to get a **$20,000** Additional Life policy with OPEH&W for **$3.60** per month, or **$4.80** per month if they want to add Accidental Death & Dismemberment.

## How do Employees enroll in Additional Life Coverage?

1. **During Initial Enrollment:** If your employer group offers Additional Life Coverage, then the HEART online enrollment system will automatically include the Additional Life Coverage options when an employee goes through the initial enrollment process on HEART, including information on how much Additional Life Coverage they can get and how much it will cost. If a Health Questionnaire is required, then the HEART system will automatically prompt the employee to print the Health Questionnaire to complete and submit to the Plan Administration office.

2. **During the Annual Renewal Period (ARP):** If your employer group offers Additional Life Coverage, then the HEART online enrollment system will automatically include the Additional Life Coverage options when an employee goes through the ARP process on HEART, including information on how much Additional Life Coverage they can get and how much it will cost. If a Health Questionnaire is required, then the HEART system will automatically prompt the employee to print the Health Questionnaire to complete and submit to the Plan Administration office.

3. **Outside of the Annual Renewal Period (ARP):** For Employees wanting to enroll in Additional Life Coverage outside of the ARP (this would include existing Employees who have had a qualifying event), then that Employee should complete a paper Additional Life Coverage Worksheet, along with a paper Employee Enrollment Form. Be sure they have signed and dated the bottom of the Worksheet and have selected the Additional Life Coverage on the Employee Enrollment Form. If a Health Questionnaire is required, you can provide them the paper form to complete (the Health Questionnaire can be printed from the Plan's website, or obtained from the Plan Administration office)

## Submitting a Health Questionnaire

Since the Health Questionnaire (HQ) will contain Private Health Information, advise your employee that they can put the completed HQ in a sealed envelope before handing to you to forward to the Plan Administration office if they want, or they can certainly just forward it to the Plan Administration office themselves. The life insurance carrier will use the HQ to determine the employee and/or spouses' and/or dependents insurability. If the HQ is not received when required, benefits cannot be approved. Any omission of information on the form will cause a delay in processing. The Additional Life Coverage will not be effective until the first of the month following approval of the HQ from the life carrier. Therefore, you should not payroll deduct the premiums until the Health Plan notifies you of the approval.

# **ADDITIONAL** LIFE COVERAGE Continued…

## How much is Additional Life Coverage, and do the rates ever increase?

See the Table below for Additional Life Rates, per $1,000 of Coverage. For example, if an employee is 36 years old and requests $75,000 of coverage, the monthly rate would be **75 x .10 = $7.50**

The life rates are updated each year **during the ARP**, so if an employee has "aged up" to the next age bracket (based on the Rate Table below), their rate will increase. For example, if an employee turned age 40 during the previous Plan Year, then their rate per $1,000 of coverage would go up from **$0.10** to **$0.14**.

| **Additional Life Coverage Rate Table – Age-based cost per $1,000 of Coverage** | | | |
|---|---|---|---|
| Age 34 & Under **$0.07** | Age 35 - 39 **$0.10** | Age 40 - 44 **$0.14** | Age 45 - 49 **$0.23** |
| Age 50 - 54 **$0.39** | Age 55 - 59 **$0.64** | Aged 60 - 64 **$0.74** | Age 65 - 69 **$1.21** |
| Age 70 - 74 **$2.05** | Age 75 & Over **$3.18** | | |

## Accidental Death & Dismemberment Coverage (AD&D)

This is an option available only to Employees (not Spouse or Dependent Children) which provides coverage if the Employee loses a limb, or the loss of the use of a limb, or loss of speech and sight. Additionally, if an Employee were to die in an accident, it would pay double the amount of Additional Life Coverage the Employee had selected. The cost of this coverage is just **$0.03** per **$1,000** of coverage (regardless of age). AD&D must be taken out on the full amount of Additional Life Coverage selected. AD&D is automatically included in the Group Term-Life Coverage .

**Example**: If an employee is age 36, has $75,000 of Additional Life, and wants to add AD&D, then their rate for the AD&D would be **75 x .03 = $2.25**. The $2.25 would be added to the original Additional Life Rate. In the example at the top of this page, the member would pay **$7.50 + $2.25 = $9.75** per month for $75,000 of Additional Life with AD&D coverage.

## Extra Services Included with Additional Life Coverage

- Last Will & Testament Creation
- Living Will Creation
- Durable Power of Attorney Creation
- Grief Counseling Services
- Estate Resolution Services
- Funeral Planning Services

# WHO'S ELIGIBLE FOR HEALTH PLAN BENEFITS?

## A. Employees

1. **Full-time employees:** One who is actively working the employer's required hours to be considered a full-time employee. The Health Plan requires the work week to be not less than 20 hours. If the employer's work week requires more than 20 hours, then the employer's requirement will supersede. The employee cannot be classified as temporary, part-time or seasonal. Employees who have not completed their employers' probationary period are considered temporary employees.

2. **Elected Officials or Board Members:** a person elected by popular vote will be considered an eligible employee during the person's tenure in office.

## B. Spouse & Dependent Children

1. **The employee's spouse,** including common-law*(same or opposite gender);

   *Employees and their common-law spouse must be able to complete and submit the Affidavit of Common-Law Marriage form. The affidavit has to be approved by the Plan Administrator to qualify a common-law spouse as an eligible dependent under the Health Plan. This affidavit can be found under Forms on the OPEH&W website.

2. **The employee's child(ren) under the age of 26,** regardless of student or marital status. If one eligible dependent child is enrolled, then all eligible dependent children must be enrolled, unless the dependent(s) not being enrolled is covered under another health plan or is eligible to use Indian or Military health services.

3. **Children other than the Employees', under the age of 26,** including:
   i. Stepchildren;
   ii. Children adopted by the employee (proof required);
   iii. Children placed for adoption with the employee (proof required);
   iv. Foster Children (proof required);
   v. Children who are not living with the employee, but the eligible employee is court ordered to provide health coverage (copy of court order required);
   vi. Grandchildren who are under the grandparents' legal guardianship and/or whose grandparents can claim them on their taxes as a dependent. (Court order and/or tax return required, plus employee must complete a Dependent Child Other Than Own form.

4. **Dependents with disabilities over the age of 26,** Employee must complete a Dependents with Disabilities form and provide proof of the disability. The child's disability must have begun before the child attained age 26.

5. **Surviving Spouses and/or Dependents,** if a covered employee dies, covered Surviving Spouses/and or Dependent children have 60 days following the employee's death to notify the Health Plan if they wish to continue their coverage (please see the Health Plan's Benefit Book for eligibility rules).

# WHEN DOES COVERAGE BEGIN?

## A. New Employees & their Spouse and/or Dependents

For a newly eligible employee and any spouse or dependents they might enroll, the effective date for coverage will be determined by the employer's selected waiting period. Coverage always begins on the 1st day of the month. The waiting period options are:

1. The first day of the month following the full-time employment date.
2. The first day of the month following 30 days after the full-time employment date.
3. The first day of the month following 60 days after the full-time employment date.

**Example of Option 3:**

| | |
|---|---|
| If the Employment date is: | 7/5/2024 |
| Then 60 days is: | 9/3/2024 |
| Coverage will begin on: | 10/1/2024 |

**Exception:** Elected officials do not have to satisfy any probationary or waiting periods.

**Failure to Enroll:** If a newly eligible employee does not enroll him or herself and/or his or her spouse and/or eligible dependents within **31 days** of first becoming an eligible employee, then that employee cannot enroll in or make changes to any benefits until the next Annual Renewal Period, or if/until the employee has a qualifying event that opens up a Special Enrollment Period.

## B. Existing Employees Who need to Add or Make Changes to their Current Coverage

Due to the Health Plan's Annual Renewal Period rules, changes to coverage of an existing eligible employee can only be made during one of the following periods:

1. Annual Renewal Period (ARP), or
2. Special Enrollment Period (SEP), or
3. Change in Status Disenrollment Period

The effective date of the change depends on the event.

# HEALTH PLAN ENROLLMENT

### Summary of Benefits & Coverage (SBC)

The Affordable Care Act requires that each new employee is provided with a Summary of Benefits & Coverage prior to making decisions on enrolling in the Health Plan. This document is universally known as the **SBC.** It must be provided to each new employee BEFORE they enroll in the Health Plan, not after. This is so that each employee can make informed decisions on their benefit selections and easily compare benefits with other health plans as needed. This form can be found on the Health Plan's website at **www.opehw.com.** Click on Benefits, then Health, then select your groups' Health Coverage Option (i.e.: Diamond, Gold, etc.), then see the Resource Links section for the appropriate **SBC.**

### How to Enroll a New Employee - (HEART)

The Health Plan has an online enrollment system for new employees to enroll in the Health Plan. This system is called HEART, which stands for Health Plan Enrollment, Administration and Resource Tool. All new employees will need to enroll in the Health Plan via the HEART system. **Employees must complete their enrollment in the HEART system within 31 days of their date of hire.**

Following are the steps for employees to enroll on the HEART system and the steps for you as the benefit coordinator:

1. Provide the employee with the web address: **www.opehwheart.com**. Advise the employee to gather the information they might need before they start, for example, the SSN and date of birth for their spouse and/or children, or the name, SSN, date of birth and contact information for their life insurance beneficiary.

2. When the employee logs on to HEART, they will be required to create a username & password. The employee must have an accessible email address to use for the set-up. The online enrollment system will guide them through each step of the enrollment process. However, if a new employee has been in the HEART system before (ie: through previous employment/rehire), the employee or employer will need to contact the Plan Administration Office so that an email invitation can be sent to the employee to re-enroll.

3. During the enrollment process, they will be given the opportunity to view, print and/or save various Health Plan documents that contain important information for the employee, such as the Summary of Benefits & Coverage, the Coverage Highlights and the Health Plan's Privacy Notice. Also, videos are available to watch that explain the various benefits of the Plan. If they need to stop at any time during the enrollment process, they can save their progress, log-out and finish at a later time.

4. As the Benefit Coordinator, you will be able to log-in to the HEART system as an Employer Representative to see which employees are currently enrolling in the Health Plan and where they are in the process. For employees that haven't completed the process, you can send a friendly reminder to that employee via email through the HEART system. The HEART web address for the Employer Representative is:
   **https://www.opehwheart.com/ERlogin.aspx**

5. Once an employee has finished the enrollment process, you will receive an email notification from HEART. As the Benefit Coordinator, you will be required to complete the employer verification process before the enrollment can be completed by the Health Plan. From your Employer Login screen, click on the Enrollments box. You should see a list of employees. You will know an enrollment has been completed and is ready to be verified by you if the status field says **Confirmed**. Simply click the Verify check box after you verify the following items are correct:
   a. That the individual is actually an employee of your organization; and
   b. That the following items are accurate: employment date, benefit start date, annual pay and employee class. If you find anything that is incorrect, please let the Plan Administration office know.

6. Once you have verified an enrollment, you can view and print a report of the employee's selected coverage's to help you update your payroll system.

# COVERAGE CHANGES & POST-ENROLLMENT

## Coverage Changes for Existing Employees

The online enrollment system, HEART, is only used for new employee enrollments and the Annual Renewal Period (ARP). For changes to existing employees' coverage (outside of the ARP), paper forms are still required. See the section titled Other Enrollment & Disenrollment Periods for when and how the paper forms should be used.

**Note: Anytime an existing employee makes a change in coverage (outside of ARP), a new Enrollment form must be submitted to the Health Plan.**

Send completed enrollment/change forms to your designated Health Plan Specialist via fax or mail, or you can request a secure email link to which you can upload your document. Original documents are not required.

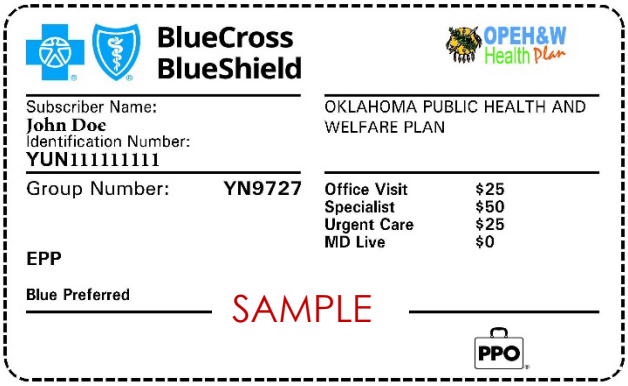
| | | | | |
|---|---|---|---|---|
| **FAX to Lisa:** | 888-624-7628 | or | **Mail to:** | OPEH&W Health Plan |
| **FAX to January:** | 888-866-1899 | | | 3851 E. Tuxedo Blvd, Suite C |
| **FAX to Kristy:** | 888-860-3449 | | | Bartlesville, OK 74006 |
| **FAX to Jennifer:** | 844-626-1329 | | | |

## Post-Enrollment Documents

Once the Health Plan Administration Office has received a completed new employee enrollment from HEART, the following items (as applicable) will be mailed to the employee, typically within 7 to 10 days:

- COBRA General Notice (Initial Notice of their COBRA Rights)
- BlueCross BlueShield identification cards (there are separate cards for medical and dental). ID cards will only have the Employee's name on them and not any enrolled dependents names.
- Express Scripts Pharmacy identification card
- There is **no ID card for the VSP** vision plan. The member simply provides his/her social security number to VSP provider and the provider will handle the rest. Spouses and dependents also use the member's SSN.

Be sure to inform the employee that they will be receiving these documents in the mail, as applicable. If the employee needs their ID numbers in order to use their benefits prior to receiving their ID card in the mail, please have them contact the Plan Administration office for assistance with a Temporary ID Card.



# HEART ENROLLMENT CHECKLIST

## Enrollment Checklist for Benefit Coordinators

- ✓ Provide the new employee with the Summary of Benefits & Coverage.
- ✓ Advise employee to enroll online using the online enrollment system - HEART, and give them the website address: https://www.opehwheart.com. They must enroll within 31 days of hire.
- ✓ The HEART system will send you periodic reminders each week to log-in to the HEART system as the Employer Representative and check to see who has started and/or completed the enrollment process.
- ✓ Send reminders to employees, as necessary, to complete the enrollment process.
- ✓ Once an employee has completed the enrollment process, you will need to verify the enrollment information. Log-in to the HEART system as the Employer Representative, then click on Enrollments, then select the employee you are ready to verify. If all the listed information is correct, then click "Verify".
- ✓ If anything is incorrect, please contact the Health Plan Administration office for assistance.
- ✓ Once you have verified an enrollment, you can view and print a report of the employee's selected coverage's to help you update your payroll system as necessary. Please note that the Health Plan will NOT receive the enrollment until you have "Verified" it.

# ANNUAL RENEWAL PERIOD (ARP)

## What is the Annual Renewal Period?

The Annual Renewal Period (ARP) is a specified period of time available once a year when eligible employees have the opportunity to review their current benefits and then make changes to their benefits and/or their spouse and dependent child(ren)s benefits if needed. Unless a Special Enrollment event or a Change in Status event occurs during the plan year, the ARP is the only time that employees can make benefit changes.

## When is the ARP?

The ARP is from **April 1st to May 31st** of each year. Any changes made during this period will become effective **July 1st**, the start of the new plan year.

## What kind of benefit changes can Employees make during the ARP?

Eligible Employees can:

- Add or Cancel their own Medical/Rx, Dental or Vision coverage;
- Add or Cancel Spouse and/or Dependent Medical/Rx, Dental or Vision coverage;
- Add or Cancel any available voluntary, employee paid benefits for themselves or their spouse and dependents (i.e. Additional Life Coverage);
- Update contact information, life insurance beneficiaries or update PHI authorizations.

## How do Employees make benefit changes or other changes during ARP?

The Annual Renewal Period (ARP) is completed online using the HEART website at **www.opehwheart.com**. Beginning on April 1st, each employee can log-in to HEART with their own username and password, and HEART will guide them through the ARP Process. If they don't already have a HEART account, they can create one at this time. Also, if an employee needs help with ARP or perhaps doesn't have access to a computer in order to complete their ARP, the Benefit Coordinator can also access the Employee's ARP through their Employer Representative log-in and do it for them.

Employees can log back in to HEART as many times as needed to make changes until ARP ends on May 31st.

## What if an Employee does not complete their ARP enrollment?

If they don't complete the ARP enrollment by May 31st, then whatever coverage they have in force will remain the same for the new plan year. They will have to wait until the next ARP to enroll or make coverage changes, unless they become eligible for a Special Enrollment Period or Change in Status Disenrollment period during the plan year.

Please note that changes to Personal Information, Private Health Information (PHI) Authorizations or Beneficiary Information can be done anytime throughout the year. To make any of these changes, the forms can be printed from the Plan's website, or requested from the Plan's Administration office.

# OTHER ENROLLMENT & DISENROLLMENT PERIODS

## Can Employees make any changes to their coverage outside of the Annual Renewal Period (ARP)?

Yes, but only if that employee experiences a special event that opens up a Special Enrollment Period for them to enroll in coverage, or a Change in Status Disenrollment Period for them to disenroll from coverage.

## What is a Special Enrollment Period (SEP)?

Normally, employees can only add, change or terminate coverage during the Annual Renewal Period. However, if an employee experiences a qualifying special event during the plan year (outside of the ARP), this opens up a Special Enrollment Period (SEP) for that employee. During the SEP, individuals who previously declined coverage are allowed to enroll without having to wait until the next Annual Renewal Period. The Following are considered special events:

1. **Loss of other coverage for the Employee, Spouse or Dependent Child;**
2. **The Employee has a new dependent by birth, marriage, adoption or placement for adoption;**
3. **Court-Ordered Dependent Coverage; and**
4. **Loss of Medicaid or CHIP coverage as a result of loss of eligibility or new eligibility for Group Health Plan premium assistance subsidy under Medicaid or CHIP.**

A Special Enrollment event must be reported to you or the Health Plan Administration office within **31 days** of the event, unless stated otherwise in the Benefit Book (the loss of Medicaid or CHIP coverage or becoming eligible for Group Health Plan Premium Assistance subsidy under Medicaid or CHIP allows 60 days for notification). If the event is not reported within the appropriate time frame, then the Employee will have to wait until the Health Plan's next Annual Renewal Period to enroll.

## How to Enroll Outside of the ARP

If an employee meets the criteria to change their coverage outside of the Annual Renewal Period, then have them complete a paper **Employee Enrollment Form,** as this cannot be done on the HEART enrollment platform.

## What is a Change in Status Disenrollment Period?

A Change in Status is an occurrence that dramatically changes the health insurance needs for the Employee or eligible Dependents. If a Change in Status occurs, it allows the Employee to cancel coverage (disenroll) to accommodate significant changes without waiting until the Health Plan's next Annual Renewal Period, but only if the change is necessary or appropriate as a result of the event giving rise to the Change in Status.

However, an employee can voluntarily cancel coverage at any time ONLY if they are NOT participating in their Employers Section 125 Plan. But if they are participating in the Section 125 plan (when premiums are deducted pre-tax), they can only make changes to that election during the Annual Renewal Period or if they have a life qualifying event. See the next page for examples of these types of events.

# OTHER ENROLLMENT & DISENROLLMENT PERIODS continued…….

Following are some examples of Change of Status events that would give an employee that participates in their Employer's Section 125 Plan an opportunity to cancel or decrease coverage for themselves and/or their dependents:

a. **Change in legal marital status**, including marriage, divorce, death of a spouse, legal separation or annulment;

b. **Change in the number of Dependent children**, including birth, adoption, placement for adoption, or death of a Dependent;

c. **Change in employment status of Employee**, including a change in the individual's eligibility for an employee benefit plan or reduction in hours;

d. **Change in spouse or child's employment status** (e.g. Spouse changes jobs and is eligible for coverage with their new employer);

e. **Dependent ceases to satisfy the eligibility requirements** (e.g. Dependent child turns age 26);

f. **Change in coverage of spouse or Dependent child(ren)** under another employer plan;

g. **Medicare or Medicaid Entitlement;** (**Note:** if an employee becomes eligible for Medicare while still working and covered under the group health plan, they can opt out of Medicare Part B if they want to and then they will have special enrollment opportunity to enroll in Part B when they retire, without being assessed a late enrollment penalty.

h. **Significant increase in the cost of an Employee benefit package during a Plan Year,** or, the coverage under a benefit package is significantly curtailed;

i. **Change in residence** of the Employee, spouse or Dependent child(ren).

## What is the deadline to make changes under a Change in Status Disenrollment Period?

A Change in Status must be reported to you or the Health Plan Administration Office within **31 days** of the event, unless stated otherwise in the Benefit Book. If it is not, then the employee will have to wait until the Health Plan's next Annual Renewal Period to cancel coverage, unless they DON'T participate in the Section 125 Cafeteria Plan.

For additional information on election changes one can make under a Section 125 Cafeteria Plan, see your Section 125 Summary Plan Description, if applicable.

If an employee meets the criteria to change their coverage outside of the Annual Renewal Period, then have them complete a paper **Employee Enrollment Form**.

## Effective Dates for SEP Enrollments or Change in Status Disenrollments

In most cases, the effective date for changes will be the **1st** of the month following the event, with the exception of the following:

- For the birth of a child, the effective date is the date the child is born;
- For Adoption or placement for adoption of a child, the effective date is the date the child is adopted or placed with the employee for the purpose of adoption.

# OTHER ENROLLMENT & DISENROLLMENT PERIODS continued……

## Documentation Requirements for Special Enrollment Period and Change in Status Events

If you have an Employee that meets the criteria for a Special Enrollment Period or a Change in Status Disenrollment and they request to make changes to their coverage due to that event, they must provide the Health Plan with the appropriate documentation as proof of that event before such changes can be made.

**Examples of documentation required:**

1. **Marital status change – copy of marriage certificate, last page of annulment, separation or divorce decree.**
2. **Birth of a child – copy of birth certificate.**
3. **Adoption/Legal guardianship – copy of document showing adoption/legal guardianship.**
4. **Loss of other coverage – copy of Certificate of Coverage showing date coverage ended.**
5. **Acquiring new coverage – Proof of new coverage showing effective date.**
6. **Court-ordered child support – copy of the court order with date and court signature.**
7. **All Others – call the Health Plan Administration office at 1-800-468-5744 to find out the requirements for a special event.**

If the documentation (proof) is not provided to the Health Plan within **31 days** of the requested coverage change date, then the coverage change will not be allowed and the employee will have to wait until the next Annual Renewal Period to make that change.

# **HEALTH PLAN** TERMINATIONS

## Employees - Termination Notice

When an employee terminates employment or is no longer able to meet the eligibility requirements, their Health Plan coverage must be terminated. **If any of the following events occur**, **the employer must submit a Termination Notice to the Health Plan within 30 days, however, the Health Plan prefers notice as soon as possible**:

- **Voluntary Termination**
- **Involuntary Termination**
- **Death of Employee**
- **Retirement (The Health Plan prefers 60 days' notice for Retirees*)**
- **Reduction of Hours (layoff, strike, approved leave of absence)**
- **Temporary Layoff**
- **Family Medical Leave (FMLA) exhausted**
- **Leave of Absence / Workers Compensation**
- **Voluntary Waiver of the Plans Benefits**


The Benefit Coordinator should complete a Termination Notice for the employee and forward it to the Health Plan Administration office as soon as possible. **If** the Administration office **does not** receive a Termination Notice within **30 days** from the loss of coverage date, per Federal COBRA Law, then the individual becomes ineligible for COBRA. In most cases, coverage ends the last day of the month in which the event occurs.

## Spouse & Dependents - Termination Notice

When a dependent is no longer able to meet the eligibility requirements, their coverage must be terminated. **If any of the following events occur**, **the employer has 30 days from the date of the event to submit a Termination Notice to the Plan**:

- **Death of a dependent**
- **Divorce or legal separation**
- **Dependent who is no longer a legal dependent**
- **Dependent who has reached the age of 26 (and not permanently disabled)**

The Benefit Coordinator should complete a Termination Notice for the dependent and forward it to the Health Plan Administration office as soon as possible. **If** the Administration office **does not** receive a Termination Notice within **30 days** from the loss of coverage date, per Federal COBRA Law, then the individual becomes ineligible or COBRA. In most cases, coverage ends the last day of the month in which the event occurs.

**Note:** Submitting a Termination Notice for a dependent requires the name and address for he dependent (not the employee) in case we need to send COBRA Continuation forms to that termed dependent.

**Termination forms can be faxed to your designated Health Plan Specialist, or emailed via secure email to protect PHI.**

# EMPLOYEES NOT ACTIVELY WORKING

## How Long Can Employees Continue Their Coverage When They Are Still Employed, But Not Actively Working?

Full-Time Employment is a condition that deems an employee eligible for coverage under the Health Plan. Cessation of active work will terminate their eligible status. **However,** if the cessation of work is due to any of the reasons below, then the employee is eligible to continue their benefits for a specified period of time, pending premiums are paid. After the below specified period of time is exhausted, the coverage will terminate the last day of that month.

1. **Temporary Layoff -** Employees can continue coverage under the Health Plan during this period for up to **3 months**.

2. **Approved Leave of Absence -** Employees can continue coverage under the Health Plan during this period for up to **3 months**. **Exception** - Education Employees can continue coverage under the Health Plan during this period for up to **24 months**.

3. **Disability** (which prevents an employee from engaging in any occupation for compensation, profit, or gain)- Employees can continue coverage under the Health Plan during this period for up to **3 months** from the date of original Disability.

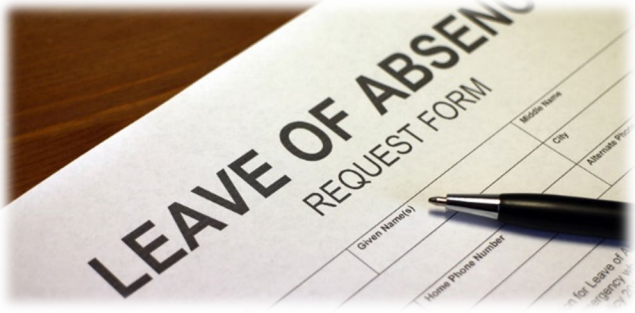
4. **Workers Compensation Injury or Illness** - Employees can continue coverage under the Health Plan during this period for up to **12 months** from the date of injury or illness.

5. **Approved Family and Medical Leave (FMLA) -** Employees can continue coverage under the Health Plan during this period, but the time period that they can keep the coverage depends on which type of FMLA they are on. Please refer to current Federal FMLA law to make this determination, as it could be a maximum of **12 weeks** in some cases, and up to **26 weeks** in others.

Employers **MUST notify** the Health Plan **when an employee ceases to be actively working**, as the countdown of the allowed coverage continuation time will need to begin.

Once the allowed period ends, the **Employer must submit** to the Health Plan Administration Office a **Termination Notice**. If applicable, the Health Plan will then offer the Employee COBRA.

**IMPORTANT NOTE:** It seems to be a common practice for employees to **donate** their available sick and/or vacation time to a fellow employee who is not actively working due to one of the above reasons. If this happens, please know that the time periods above still apply. For example, if a person's last day worked is March 13th, their countdown of allowed continuation time on the Health Plan would begin on March 14th. The time that other employees might donate does not increase their allowed continuation time. If fellow employees donate, for example, a total of 1 month of their time, it does **NOT** mean that the countdown would then start a month later on April 14th. It would still begin on March 14th. This is very important when it comes to Federal Laws like COBRA, as well as eligibility for life insurance.



# **RETIREE** BENEFITS

## Notice of Retirement

**It is very important that the Employer submit a Termination Notice to the Health Plan as soon as they know that an eligible employee is planning to retire.** It is preferred that a Termination Notice be submitted at least **60 days** before the employees' retirement date so as to allow the Health Plan enough time to send the appropriate paperwork to the employee, to receive it back from the employee, and for the Health Plan Administration office to make applicable changes and/or send forms to the appropriate Medicare product vendors if applicable.

### IMPORTANT NOTE

**If a retiree is eligible for Medicare, it is even more crucial that the Health Plan Administration Office receives notice of retirement 60 days prior to the employee's retirement date to ensure they have time to get enrolled in the Medicare products that they need by their retirement date. If they don't already have Medicare Part A & Part B, they will need to contact Social Security to get that enrollment process started for their Retirement date. If notice of retirement is not received by the Plan Administration Office within enough time to allow for Medicare and Medicare Product enrollment, the new retiree will have to take COBRA coverage until their Medicare/Medicare product enrollment is complete, which will cost them quite a bit more.**

## Who's eligible for Retiree Health Benefits?

**Employees**
Members of the Health Plan will be considered eligible for retiree coverage for **30** days following their employment end date, if during the period immediately prior to their retirement, either:

1. The sum of the member's age plus their years of service (calculated from their employment start date) with the Participating Government Agency equals at least the number **80** on the date they retire (their employment end date); or

2. The individual is **vested** with one of the following:

   - Oklahoma Teachers Retirement System (OTRS)
   - Oklahoma Public Employees Retirement System (OPERS)
   - Oklahoma Law Enforcement Retirement System (OLERS)
   - Oklahoma Municipal Retirement Fund (OkMRF)
   - Other such Oklahoma Retirement Systems


**Spouse & Dependents**
If an employee had a spouse or dependent covered on the Health Plan at the time of retirement, then they can also continue their coverage under the employee's retiree status.

## What happens after you notify the Health Plan of a future Retiree?

After verifying that an employee is eligible to continue coverage as a Retiree, the Plan Administration office will mail the Retiree an enrollment packet to their home. It will contain everything they need to enroll in medical, prescription, dental, vision, life and group Medicare products. The only thing they will need to do on their own is get themselves enrolled in Medicare Part A & Part B if they are eligible and if they don't already have it. Retiree Coverage must be elected within **30 days** of their retirement date.

# **RETIREE** BENEFITS continued....

## How long can a Retiree continue coverage?

The retired employee and their spouse/dependents can continue retiree coverage through the Health Plan, as long as they remain eligible, premiums are paid and the employer from which they retired or vested continues to participate in the Plan. If the employer terminates its' participation in the Health Plan, the retiree and dependents must follow the employer to their new insurance carrier.

## What coverage is available to Retirees?

The Retiree and any spouse or dependents may not take more coverage than what they had through the Health Plan at the time of the employee's retirement. For example, if an employee did not have vision coverage the day before retirement, then they are not eligible to add it when they retire. On that same note, if an employee is eligible for a particular coverage line and they don't elect to continue that coverage at the time of retirement, they are not allowed to add it at a later time.

Below are the coverage options available to retirees, spouses and dependents. When our office mails them the enrollment packet, we will send the appropriate forms based on their Medicare eligibility. We will work one-on-one with the Retiree, typically over the phone, and answer any questions and help them choose the options that work best for them.

If a Retiree is eligible for the Medicare products, but the Spouse isn't, then the spouse and/or dependents can continue on the regular under age 65 Medical while the Retiree goes on the Medicare Products.

### A. Medical Coverage

**Under age 65 (pre-Medicare) Retirees and Dependents -** Retirees may continue the same health coverage that they had as an active employee, or choose from any health coverage option that is equal to or lesser than what they had as an active employee. Medical is bundled with Prescription drug coverage. They will continue to use the same ID card, unless they change to a different health coverage option (ie: Diamond to Platinum). If a retiree under the age of 65 is eligible for Medicare due to Disability, then they can either stay on the group health coverage or they can choose to go on the Medicare products listed below.

**65 Years of Age or Older (or under 65 and on Medicare) -** When Retiree's turn **65** and become entitled to Medicare, they are no longer eligible to keep the Health Plan's medical coverage. Instead, the Health Plan offers 2 types of Medicare plans. The first option is a BlueCross BlueShield Group Medicare Advantage Open Access PPO Plan, which covers all the benefits of Medicare Parts A & B, plus it includes Part D Prescription Drug coverage. This plan takes the place of Original Medicare. The second option is a BlueCross and BlueShield Medicare Supplement, which pays second to Medicare. The Supplement can be bundled with a Medicare Part D Prescription Drug plan as mentioned below.

### B. Prescription Drug Coverage

**Under 65 years of age -** Retirees may continue the exact same prescription drug coverage that they had as an active employee. This is bundled with the Medical Coverage, so the Retiree must elect Medical Coverage in order to get the Prescription Drug Coverage. They will continue to use the same ID card, unless they change to a different health coverage option.

**65 Years of Age or Older (or under 65 and on Medicare) -** When Retiree's turn **65** and become entitled to Medicare, they are no longer eligible to keep the Health Plan's Prescription Drug coverage. Instead, the Health Plan offers 2 types of Medicare plans. A retiree can either get Drug coverage through the BlueCross BlueShield Group Medicare Advantage Open Access PPO Plan, which covers all the benefits of Medicare Parts A & B, plus it includes Part D Prescription Drug coverage. Or, if the retiree chooses to stay on Original Medicare with a Medicare Supplement, then they would need to enroll in a Stand-Alone Medicare Part D Prescription Drug plan. We will assist with finding them the plan that best fits their needs.

# **RETIREE** BENEFITS continued....

## C. Dental Coverage

**All ages** - Retirees may continue the exact same Dental coverage that they had as an active employee, or choose from a dental coverage option that is equal to or lesser than what they had as an active employee. Dental is not bundled with Medical, so they can choose to continue Dental without Medical, or Medical without Dental.

## D. Vision Coverage

**All ages -** Retirees may continue the exact same Vision coverage that they had as an active employee. There are no ID cards with the vision plan.

## E. Life Insurance

**All ages** - Retirees can choose from 4 different Group Term-Life Insurance amounts: **$5,000, $10,000, $15,000 or $20,000**. The Life Insurance is guaranteed issue (which means the retiree does not have to complete a health questionnaire and be subject to underwriting approval). The retiree's chosen beneficiary will receive the full amount of coverage elected, as there is no age reduction under the retiree group life policy.

Retirees have the option of including life coverage for their spouse for **50%** of the amount the retiree selects, for an additional premium. The spouse does not have to participate in the Health Plan's health coverage in order to be eligible for this coverage. If the spouse life coverage is selected, and in the event of the retiree spouse's death, the retiree will receive a life benefit equal to **50%** of the retirees' selected life coverage amount. The spouse life coverage is only valid while the Retiree is still living.

## Medical Subsidy from Retirement Program

If the employee participates in an Oklahoma Public Entity Retirement Program (like OPERS or OTRS) and they are vested when they retire, then that employee is most likely eligible to receive a subsidy from their Retirement Program to offset the cost of their Medical Insurance (it cannot be applied to dental, vision or life premiums) if they continue their Medical coverage through their employer group. The Health Plan will collect the eligible amount (Typically **$105** for OPERS and **$101 - $105** for OTRS) from the Retirement Program, thereby only charging the retiree the amount of their premiums less their subsidy. The Retiree needs to check with their Retirement Program to make sure they are eligible for this subsidy.

## Payment of Retiree Premiums

The Health plan offers bank draft for payment of monthly premiums, on either the **5th** or the **15th** of each month, or the retiree can mail in their monthly payment by check or money order if they wish. However, the Health Plan does not mail out monthly invoices, so they will need to remember to pay on time. Premiums are due by the **1st** of each month, with a 30-day grace period. We are not able to have premiums taken out of their retirement check

# Retiree Premium Rates - 2024/25 Plan Year

Rates valid from 7/1/24 through 6/30/2025

| | Under Age 65 Medical & Presciption | | | | | | Dental (any age) | | Vision (any age) | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Diamond Preferred | Platinum | Gold | Silver | Bronze | Diamond Choice | Enhanced | Standard | Enhanced | Standard |
| Member* | 743.26 | 668.94 | 639.20 | 616.90 | 594.60 | 757.30 | 47.62 | 42.86 | 7.74 | 6.28 |
| Child | 355.08 | 319.58 | 305.36 | 294.72 | 284.06 | 361.78 | 25.16 | 22.64 | 7.22 | 5.82 |
| Children | 578.06 | 520.26 | 497.14 | 479.78 | 462.44 | 588.94 | 40.00 | 36.02 | 7.22 | 5.82 |
| Spouse | 869.02 | 782.12 | 747.36 | 721.28 | 695.22 | 885.40 | 58.82 | 52.94 | 6.80 | 5.50 |
| Spouse & Child | 1,224.10 | 1,101.70 | 1,052.72 | 1,016.00 | 979.28 | 1,247.18 | 83.98 | 75.58 | 18.44 | 14.92 |
| Spouse & Children | 1,447.08 | 1,302.38 | 1,244.50 | 1,201.06 | 1,157.66 | 1,474.34 | 98.82 | 88.96 | 18.44 | 14.92 |

## Retiree Member Term-Life Insurance

Coverage available with or without a 50% policy for a spouse. Retiree Term Life does not have a termination age or date and does not reduce as you age, nor does it hold any cash value.

| Retiree Term Life Insurance Premium Rates | | | |
|---|---|---|---|
| **Volume** | **Retiree Only** | **Includes 50% Spouse Coverage** | |
| $5,000 | $17.70 | $22.70 | ($2,500 for spouse) |
| $10,000 | $35.40 | $45.40 | ($5,000 for spouse) |
| $15,000 | $53.10 | $68.10 | ($7,500 for spouse) |
| $20,000 | $70.80 | $90.80 | ($10,000 for spouse) |

**Medicare Eligible Members (age 65 and older, or under age 65 and on Medicare due to disability). The plan offers 2 different Medicare plan types to choose from:**

1. **BlueCross BueShield Medicare Advantage Open Access PPO plan - Monthly Premium $142.70***. This is a group plan and the premium rate is the same for every eligible member, regardless of age. This includes medical and prescription drug coverage.

2. **BlueCross BlueShield Individual Medicare Supplement Plan**, along with a stand-alone Medicare Part D Prescription Drug plan (if needed). Please refer to the enclosed BlueCross BlueShield Outline of Medicare Supplement Coverage, in which you will find premium rates* and benefits. Rates vary by age, gender and tobacco use. Your Part D drug plan premium will be determined after a review is completed to find you the most cost-effective plan.

* **If you qualify for a subsidy from your Retirement system (ie. OPERS or OTRS), then you would subtract the subsidy amount from the Health premium above or from your Medicare Plan premium if you are age 65 or older (or under age 65 and on Medicare due to disability).**

# **COBRA** ADMINISTRATION

## What is COBRA?

**COBRA** was created under the **C**onsolidated **O**mnibus **B**udget **R**econciliation **A**ct of 1985. This law requires group health plans to offer temporary continuation of coverage to covered employees, former employees, spouses, former spouses and dependent children when group health coverage is lost due to a qualifying event (see the Health Plan's Benefit Book for a list of qualifying events).

COBRA Continuation coverage can last up to **18** months if the loss of coverage is due to end of employment or reduction of the Employee's hours of employment.

If the loss of coverage is due to the Employee's death, divorce or legal separation, the Employee becoming entitled to Medicare benefits or a Dependent child ceasing to be a Dependent under the terms of the Health Plan, coverage may be continued for up to a total of **36** months.

## What does the Employer need to Provide to the Health Plan?

The Health Plan Administration office administers the COBRA on behalf of the employer. Therefore, it is very important that we receive a **Termination Notice** as soon as possible, but no later than **30 days** after the loss of coverage date, so that we may send out the COBRA notices within the time the law mandates. If the Termination Notice is not submitted to the Plan Administration office within **30 days** of the loss of coverage date, then COBRA will become unavailable to that employee, which therefore could become a liability risk for the employer.

## How does the Employee, Spouse or Dependent Elect COBRA and how do they pay for it?

Upon receipt of the Termination Notice from the Employer, the Health Plan Administration office will mail to the eligible person a COBRA Continuation Notice, COBRA Election Form and a Certificate of Creditable Coverage. This is done within **14** days of receipt of the Termination Notice, or within **14** days of the last day of coverage.

If the eligible person wants to continue their coverage, they will need to complete the COBRA Election form, then mail the Election Form to the Health Plan Administration office within **60** days of the date the Election Form was mailed to them. The eligible person then has **45** days from the date the Health Plan receives their Election Form to make their first COBRA premium payment, however, the Health Plan will not reactivate benefits until the**1st** payment is received.

COBRA payments are made directly to the Health Plan by the COBRA Participant. If payment is more than **30** days late, the COBRA coverage will be cancelled.

# **HIPPA** ADMINISTRATION

## What is HIPAA?

HIPAA is the abbreviation for the **H**ealth **I**nsurance **P**ortability and **A**ccountability **A**ct of 1996, part of which is the Privacy Rule. It is a federally mandated set of guidelines to protect the security of health information.


## What is PHI?

PHI is the abbreviation for 'Protected Health Information'. PHI is information relating to a patient's past, present or future health or condition, the provision of health care, or payment for the provision of health care. Protected health information includes, but is not limited to:

- Patients Name
- Service Date
- Claim Information
- Psychiatric Notes
- Social Security Number
- Diagnosis Information
- Premium Details
- Sexually Transmitted Disease Status

## The Health Plan takes the following steps to protect your employees PHI:

- Document Shredding, Imaging, and Security
- Qualification and Logging of Telephone Conversations
- Authorizations of release of PHI to third parties
- Reporting of disclosures of PHI
- Logging and ensuring the execution of confidential communications
- Other forms of security

## How does this impact you?

- Your employer must designate whom in your employer group is authorized to talk to the Health Plan about your employees' PHI.
- This authorization must include the Benefit Coordinator. It must also include any other personnel, such as county shop secretaries who routinely call on behalf of your employees.
- This designation must be submitted in writing.

## How does this impact your employees?

- The employee must submit an authorization to our office in order for us to talk to others, including a spouse and dependent child, about the employee's coverage, premiums or claims.
- When the employee calls the Health Plan, they will be asked to verify their own identity by correctly telling us their social security number, birth date or other identifying information.

## What you should do to protect your employees PHI.

- Shred unneeded paperwork containing PHI.
- Secure paperwork containing PHI in locked filing cabinets.
- Document all transfers of PHI outside normal business processes.
- Do not disclose PHI to any unauthorized entity or individual.

# MONTHLY BILLING & **GROUP PREMIUMS**

## Monthly Billing

Your assigned Health Plan Specialist will email or fax to you your monthly billing, which will include a reconciliation of the previous month in case of any balance due or credit forward. The billing will typically be sent to you around the middle of the month.

Review the billing reports to ensure that all your employees are listed for that month and with the correct coverage and premiums. If an employee is not listed or is listed and shouldn't be, it could mean that the Health Plan did not receive an Enrollment Form or Termination Notice. Please call or email your Health Plan Specialist to see if the appropriate forms were received.

## Premiums

Premiums are due by the **10th** of the following month. For example, May premiums are due on June 10th.

If payment is not received within **30 days** of the due date, the Health Plan has the right to cancel or suspend the payment of benefits.

For payment by check, lease make your check payable to OPEH&W and mail to the following address:

**OPEH&W**
**3851 Tuxedo Blvd, Suite C**
**Bartlesville, OK 74006**

The Health Plan does offer payment via **ACH** as well. For more information, please contact your Health Plan Specialist.

Please note that premiums cannot be prorated by the day. If an employee works, for example, just 2 days Of the month and then he/she terminates, then that whole months' premiums will be due and the employees' benefits will continue through the last day of the month. If you cannot collect premiums from your terminated employee for the whole month, then coverage will be terminated back to the 1st of the month due to non-payment of premiums.

# IRS FORMS **1094-C** AND **1095-C**

The IRS requires Employers to report information to the IRS and to employees about individuals who have minimum essential coverage under an employer group plan. These informational forms, the 1094-C (Employer) and 1095-C (Employee), are used to report to the federal government that an employer has offered health insurance coverage, which meets the Affordable Care Act's Minimum Essential Coverage and Affordability requirements. Failure to properly offer Affordable Minimum Essential Coverage to eligible employees will subject an employer to a monetary penalty per employee. While the Health Plan's coverage meets the requirements of Minimum Essential Coverage, the Affordability requirement is determined by comparing the Employee's contribution amount for individual coverage with their annual pay. This varies greatly between Employer Groups and individual Employees.

While it is no longer required that employees attach a copy of the 1095-C to their tax return, it is a good idea for them to retain it for their personal records.

These forms must be generated and sent to the IRS by the IRS deadline each year. The OPEH&W Health Plan is designated an Applicable Large Entity (ALE), therefore all participating employer groups must file these forms, even if less than 50 employees. Because of the Health Plan's Applicable Large Entity status, the Affordable Care Act's *safe harbor* to avoid these regulations do not apply.

For more information on these forms, go to **www.irs.gov/form1094c** and **www.irs.gov/form1095c**.

Although the Health Plan is not responsible for providing these forms to your employees or to the IRS, the Health Plan's Administration Office will provide the administrative oversight and production of these forms for our participating employer groups.

**DOWNLOADING AND PRINTING COPIES OF THE 1094-C AND 1095-c**
Both the 1094-C and 1095-C can be printed and/or downloaded from the online HEART system via your Employer login at **www.opehwheart.com/ERLogin.aspx**

You'll need to download and print the 1095-C forms to provide to your employees. Just select the "Generate 1094 & 1095-C report" box, click "Select All Members", then run the 1095-C reports. See IRS guidelines for the deadline for providing this form to your employees/former employees/retirees/COBRA.

## RECENT CHANGES

Beginning in 2024, almost all employers will need to file their Affordable Care Act (ACA) forms electronically. Previously, employers were required to file electronically only if they were filing 250 or more of a specific form, such as the Form 1095-C. Now, employers must file their ACA forms electronically if they are required to file at least 10 "Information Returns" during the calendar year.

**Counting the Number of "Information Returns"**
As noted above, the numeric threshold has changed from 250 to 10. But more importantly, employers now must count all their "Information Returns." For these purposes, an "Information Return" includes at least the Form 1094 series, Form 1095-B, Form 1095-C, Form W-2, and the Form 1099 series. (Note: The term "Information Returns" also includes several forms that will not apply to most employers: Form 1042-S, Form 1097-BTC, Form 1098, Form 1098-C, Form 1098-E, Form 1098-Q, Form 1098-T, Form 3921, Form 3922, Form 5498 series, Form 8027, and Form W-2G.)

**Electronic Reporting Via the Affordable Care Act Information Returns System**
The IRS has established the Affordable Care Act Information Returns System (the AIR System) for online filing of ACA forms. An individual filing ACA forms electronically on behalf of the employer must obtain an https://www.ID.me account and apply for a Transmitter Control Code.

The deadline for electronically filing ACA forms is March 31st (see IRS website for any changes to that deadline). We encourage employers newly subject to electronic reporting in 2024 to gain access to the AIR System as soon as possible. Additional information about the AIR System is available at **https://www.IRS.gov/AIR**

# IRS FORMS **1094-C** AND **1095-C** cont...

**Where to Get the Electronic Forms Data**
The OPEH&W Health Plan will provide the electronic forms data for 1094-C and 1095-C. Once downloaded from your HEART employer login, and before it is uploaded to the AIR System, groups will need to make some minor edits to the data, so that it includes the employer's unique Transmitter Control Code (TCC #).

**Corrected ACA Forms**
If an employer must file a corrected ACA form, the employer should file the corrected form in the same manner that it filed the original ACA form. In other words, if an original form is required to be filed electronically, any corrected form corresponding to the original form must be filed electronically; if an original form is permitted to be filed on paper and is filed on paper, any corrected form corresponding to the original form must be filed on paper.

**What Happens Next**
If you do not already have an **ID.me** user account, create one for your organization, and apply for a **Transmitter Control Code**.

**Additional Instructions will be emailed to you each year by your Health Plan Specialist, as this is a new change and we do not yet have all the information at the time this book was written.**

# **HEALTH PLAN** FORMS

All of the Health Plan forms that you will need for yourself and/or your employees are listed below. These forms are available on the OPEH&W website at **www.opehw1.com** (under *Forms*), or, they can also be emailed to you upon request.

1. **Plan Termination Notice**
   This form should be used by the Benefit Coordinator to notify the Health Plan of employee, spouse or dependent terminations, or cessation of active work.

2. **Name or Address Change Form**
   For employees to use at any time to notify the Health Plan of name or address changes.

3. **Life Beneficiary Change Form**
   For employees to use at any time to change or add a beneficiary for their Group Life Coverage and/or their Additional Life Coverage. A beneficiary is one who would receive the life insurance benefit if the employee should decease. Multiple beneficiaries can be listed (both primary and secondary).

4. **PHI Release Authorization Form**
   For employees to use at any time to change or update the person(s) to whom they want the Health Plan to release **P**rotected **H**ealth **I**nformation.

5. **Dependents Other Than Own Form**
   For employees to use when enrolling a dependent that is not their own, but for which they are legally responsible and can supply the Health Plan with supporting documentation of such. This form should accompany the Employee Enrollment Form, or sent to the plan separately after enrolling online.

6. **Dependents with Disabilities Form**
   For employees to use when enrolling an eligible disabled dependent that is over the Health Plan's dependent child age limit of 26. This form should accompany the Employee Enrollment Form, or sent to the plan separately after enrolling online.

7. **Claim Forms for Medical, Dental and Vision**
   Manual claim forms are available for each of these coverage lines. These forms can be used for out-of-network claims, as well as for claims where a particular provider either doesn't take insurance or they don't file insurance claims. In these cases, the member will need to obtain a claim form for either themselves or the provider to submit to the appropriate vendor for reimbursement or payment.

8. **Prescription Drug Mail Order Form**
   For Employees to use to set-up mail order service through Express Scripts Pharmacy

9. **Common-Law Marriage Affidavit**
   Employees and their common-law spouse must be able to complete and submit the Affidavit of Common-Law Marriage form. The affidavit has to be approved by the Plan Administrator to qualify a common-law spouse as an eligible dependent under the Health Plan.

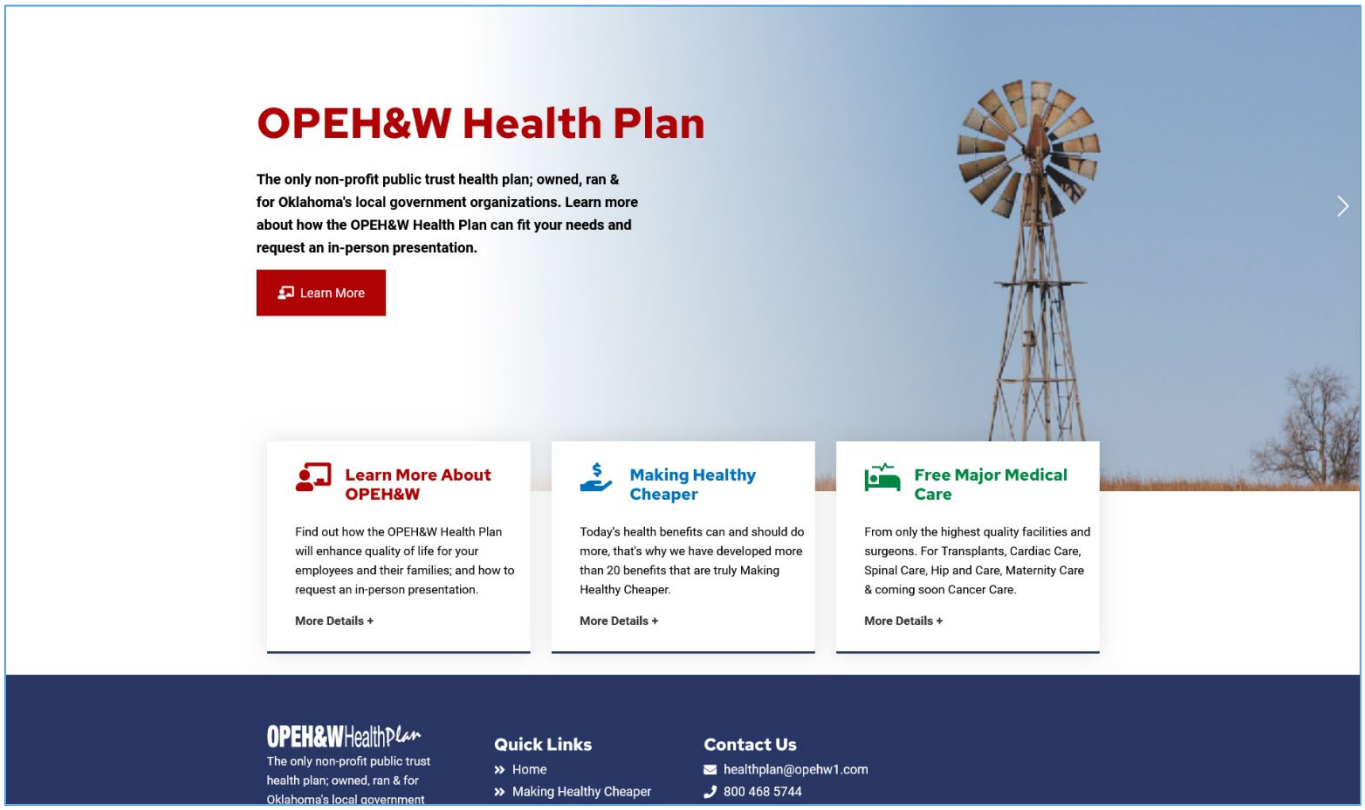
10. **Employee Class Form**
    To be used by employers to define what benefits each type of employee can enroll in (full time, elected officials, all employees, etc)

11. **Dependent Deductible Reimbursement Form**
    If a covered dependent child meets more than 50% of their in-network plan year deductible during the Plan year, the member is eligible to apply for a reimbursement for the amount they paid out- of-pocket between 50% and 100% of the in-network plan year deductible.

12. **Dependent Accident Reimbursement Form**
    If a covered dependent child receives covered services in an emergency room, urgent care facility or minor emergency center for an accidental injury, the Plan will pay for the first $500 of the member's out-of-pocket costs for that claim, or, if their out-of-pockets costs for that claim are less than $500, the lesser amount.

# THE HEALTH PLANS' **WEBSITE:**

# WWW.OPEHW1.COM




## What can you find on the Health Plan's Website?

- Learn about the OPEH&W Health Plan - why, when and how it was formed
- Find information about all the Plan's benefits, including the Plan's detailed Benefit Books for each health plan option (Diamond, Platinum, Gold, Silver, Bronze), Coverage Highlights, Summary of Benefits & Coverage (SBC) and educational videos on each benefit type (medical, prescription, dental, vision, life)
- Access to all the Health Plans' "Making Healthy Cheaper" Benefits
- Premium Rates
- Links to Provider Searches (doctors, hospitals, dentists, pharmacies, eye doctors)
- Employees can access the HEART enrollment platform (click HEART Platform.
- Benefit Coordinators can access the HEART Employer Representative platform (select Benefit Coordinators from the drop down, then click "Heart – Group Login"
- Find the most up-to-date version of this Benefit Coordinator Administration Manual
- Link to **MDLIVE** Virtual Health Care (Primary, Pediatric, Psychiatry & Counseling)

# **BOARD OF** TRUSTEES

## About the Board


The OPEH&W Health Plan is controlled by a Board of Trustees, comprised by a representative for each participating employer group. There is an Executive Voting Board of **15** individuals. The OPEH&W Health Plan's Board of Trustees meets a minimum of **4** times a year under the Open Meeting Act.

The OPEH&W Health Plan's Board of Trustees is responsible for setting premium rates and benefits, making financial decisions, entering into contracts with vendors and approving new groups joining the OPEH&W Health Plan. The day-to-day Administrative Services of the OPEH&W Health Plan are performed by McElroy & Associates Inc.

## Board Members

Every participating employer group must nominate an elected official or member of management to be their representative to the OPEH&W Health Plan's Board of Trustees.

## Meeting Location

Meetings of the OPEH&W Health Plan's Board of Trustee are held at the following location:

- **Location**: Association of County Commissioners of Oklahoma (ACCO)
- **Address:** 429 NE 50th, Oklahoma City, OK
- **Phone:** 405.962.1920
- **Time:** 10am

For quarterly meeting dates, please see the Health Plan's website or contact the Plan's Administration Office.

## Meeting Materials

Materials for OPEH&W Health Plan Board of Trustees Meetings will be available to download from the Health Plan's website approximately 7-days before each meeting date.

# MAKING HEALTHY CHEAPER

The OPEH&W Health Plan knows that medical plan designs today must be more dynamic. The old-fashioned medical plan designs available elsewhere are no longer fit for purpose. Today's medical plan designs must go further and make healthy cheaper, by improving quality of life, balancing affordability with rich benefits, prioritizing access to the highest quality providers and encouraging healthy proactive behaviors.

With a proven **30+** year track record, the OPEH&W Health Plan is a trusted healthcare benefits home for local government organizations in Oklahoma, and renowned as a progressive innovator. Its already saving its members huge amounts and making healthy cheaper, by automatically packaging all its medical plan designs with the following impressive and growing list of innovative enhancements.

FREE **Transplants**
FREE **Cancer Care**
FREE **Spine Surgeries**
FREE **Cardiac Surgeries**
FREE **Hip & Knee Surgeries**
FREE **Maternity Care**
FREE **Cash Rewards for Members** from **Member Rewards**
FREE **Primary & Pediatric Virtual Care** from **MDLIVE**
FREE **Psychiatry & Counseling Virtual Care** from **MDLIVE**
FREE **Medical Equipment & Supplies** from **ConnectDME**
FREE **Muscle & Joint Pain** Programs from **Hinge Health**
FREE **Diabetes** Program from **Omada**
FREE **Hypertension** Program from **Omada**
FREE **Cholesterol** Program from **Omada**
FREE **Weight Management** Program from **Omada**
FREE **Asthma & COPD** Programs from **Propeller**
FREE **Tobacco & Vaping Addiction** Program from **Pelago**
FREE **Opioid Addiction** Program from **Pelago**
FREE **Alcohol Addiction** Program from **Pelago**
FREE **Mental Health** Program from **SilverCloud**
FREE **Mental Health** Program from **inMynd**
FREE **Mental Health** Program from **LearntoLive**
FREE **Women's & Family Health** Programs from **Ovia Health**
FREE **Health & Wellness** Programs from **WellonTarget**
FREE **Weight-Loss** Program from **Wondr Health**
FREE **In-Home Sleep Studies** from **ConnectDME**
FREE **OTC Acid-Reflux & GERD** Medications
FREE **Tobacco & Smoking Cessation** Medications
$**5** **OTC Antihistamine** Medications
$**25** **Insulin**
$**5** **Diabetic Oral Generic** Medications
FREE $**500** towards **Dependent Accident Claims**
**50**% **Dependent Deductible Reimbursement**

# FREE MAJOR MEDICAL CARE

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## FREE MAJOR MEDICAL CARE

**ONLY** AT BLUEDISTINCTION+ CENTERS
**HIGHEST QUALITY** PROVIDERS
MEMBERS PAY **ZERO** OUT-OF-POCKET

### TRANSPLANTS

**15% HIGHER** 1 YEAR PATIENT SURVIVAL
**15% HIGHER** 1 YEAR GRAFT SURVIVAL

### CARDIAC SURGERIES

**750+** PROCEDURES
**17% LOWER** MORTALITY
**12% LOWER** INAPPROPRIATE PROCEDURES
**12% LOWER** BLEEDING COMPLICATIONS

### SPINE SURGERIES

**350+** PROCEDURES
**48% LOWER** REOPERATIONS
**33% LOWER** READMISSIONS

### HIP & KNEE SURGERIES

**140+** PROCEDURES
**7% LOWER** READMISSIONS
**9% LOWER** COMPLICATIONS

### MATERNITY CARE

**70% LOWER** EARLY ELECTIVE DELIVERY
**53% LOWER** EPISIOTOMYS
**32% LOWER** CESAREAN SECTIONS

### CANCER CARE

COMING SOON

OPEH&W HealthPlan
Making Healthy Cheaper

# HEALTH ADVOCATES

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## PERSONAL SUPPORT WHEN YOU & YOUR FAMILY NEED IT MOST

### HEALTH ADVOCATES

- Provides access to all-around benefit specialists and personal health care resources.
- More than just customer service personnel, they are part of a dedicated support team.
- The health advocate is assigned to you and your covered family members.
- A familiar person to talk to whenever you have a question, concern, or health issue.

### CONTACT A HEALTH ADVOCATE

- **Availability** **24/7**
- **Phone** **800.313.5162**
- **Online** **www.bcbsok.com**
- **Text** **BCBSOKAPP**** to **33633** to Download the App
- **App** Search for **BCBSOKAPP** on the Apple App Store or Google Play Store

### HEALTH ADVOCATE **SERVICES**

- Access to Programs/Services
- Benefit Details
- Claims History/Status
- Claims Questions
- Cost Estimates for Services
- Health Care Support
- Managing Chronic Conditions
- Medical Information
- Navigation Guidance
- Personal Holistic Care
- Specialized Clinician Support
- Support Behavioral Health
- Wellness Resources

### HEALTH ADVOCATE **TEAM MEMBERS**

- Behavioral Health Specialist
- Holistic Health Advisor
- Medical Doctor
- Registered Nurse (RN)
- Pharmacist
- Social Workers

### HEALTH ADVOCATE **OUTREACH OPPORTUNITIES**

- Welcome
- Health Event/Chronic Condition
- New Diagnosis
- Finding Care
- Other Programs/Services
- Virtual Visits Guidance

# MDLIVE

## VIRTUAL HEALTH CARE

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## FAST, HASSLE-FREE HEALTH CARE

Board-Certified Doctors. Licensed Therapists. Now. That's Better.

### PARTICIPATE FOR FREE

- VISIT **www.mdlive.com/opehw**.

### AVOID

- Germs
- Inconvenience
- Wasted Time
- High-Cost ER & Urgent Care Visits

### FEEL BETTER

- Healthcare should be simple, fast, and uncomplicated.
- **MDLIVE** makes it easy to visit a doctor in minutes through mobile app, online and by phone.
- Get access to quality healthcare for **FREE** without leaving homework or wherever you are.
- **MDLIVE's** friendly, board-certified doctors are revolutionizing access to quality healthcare.
- They're professionally trained to use virtual technology to treat many conditions.
- **MDLIVE** doctors are board-certified and have an average **15-years** of experience.

### MOBILE APP

- Use **MDLIVE** on the go with the Mobile App.
- Download the **FREE MDLIVE** app and have access to care anytime on a smartphone.
- It is designed to be a personal medical companion online.

### GETTING STARTED

- Setting up a secure account only takes about **15-minutes**.
- Search through and choose from **MDLIVE's** network of board-certified Doctors.
- Wait to see a doctor right away or schedule an appointment for a more convenient time.
- Speak to a Doctor on the phone or online.
- Doctors review symptoms then recommend treatment.
- They can even electronically send a prescription to the nearest pharmacy if it is required.

# MDLIVE

## VIRTUAL PRIMARY, PEDIATRIC & URGENT CARE

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## CONVENIENT WELLNESS SCREENINGS, ROUTINE CARE, AND CHRONIC CONDITION MANAGEMENT.

**MDLIVE** Primary & Pediatric Care services are **FREE** for covered OPEH&W Health Plan Members, Spouses and Dependents. Saving Members from Office Visit Co-Pays. Doctors are almost always available immediately with no waiting time or appointment required. Unless an appointment time is requested by the Member. Access on major holidays may result in small wait times.

### MDLIVE DOCTORS CAN TREAT OVER 50 MEDICAL CONDITIONS, SUCH AS:

- Allergies
- Bronchitis
- Constipation
- Diabetes
- Fever
- High Blood Pressure
- Insect Bites
- Poison Ivy
- Sinus Problems
- Thyroid Issues
- **& more...**
- Asthma
- Cellulitis
- Cough
- Diarrhea
- Gout
- High Cholesterol
- Joint Aches & Pains
- Rashes
- Sore Throat
- Urinary Tract Infection (UTI)
- Birth Control
- Cold & Flu
- COVID-19
- Ear Pain
- Headache
- Infections
- Pink Eye
- Respiratory Infections
- Sports Injuries
- Yeast Infections

### MDLIVE DOCTORS ARE UNABLE TO TREAT

These are the conditions which **MDLIVE** Doctors do not currently treat. For any of these issues, it is suggested an individual see a Primary Care Doctor, go to an Urgent Care Facility, or go to an Emergency Room depending on the severity of the issue:

- Emergency Situations (Bleeding, Heart Attack, Suicidal Thinking)
- Sexually Transmitted Diseases (STDs)
- Urinary Tract Infections in Males
- Urinary Tract Infections in Females Under 18 Years of Age
- Children Under 3 with a Fever Need to be Seen Immediately by a Doctor in an Office-Based Setting.
- Children Under 12 with Ear Pain can be Treated if the Pain is Due to a Virus (e.g., Colds), Allergies, or an External Infection. If there is a high likelihood it is a bacterial inner infection that needs antibiotics, they should be seen immediately by a doctor in an office-based setting.

### MDLIVE DOCTORS ARE UNABLE TO PRESCRIBE

These are the medications which **MDLIVE** Doctors do not currently prescribe:

- Hair Loss Medications
- Erectile Dysfunction Medications
- Sleeping Pills
- DEA Controlled Medications
- Some Anti-Viral Medications
- Weight Loss Medications
- Muscle Relaxants
- Medicinal Marijuana
- Injectable Medications

# CONNECTDME

## MEDICAL EQUIPMENT & SUPPLIES

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## FREE MEDICAL EQUIPMENT & SUPPLIES

### THE PROCESS

- Email a Physician Prescription to **healthplan@opehw1.com** or,
- FAX a Physician Prescription to **918.515.6171**.
- Prepare for Post-Surgery Needs, call **918.600.5799**.
- Get **FREE** Shipping & Handling.
- Get **FREE** Next Business Day Delivery (If order received before noon).
- Get **FREE** In-Home Setup & Training (If required).

### WHAT IS AVAILABLE

**OVER 6,000** ITEMS:

- Bi-PAP's
- Insulin Pumps
- Crutches & Wheelchairs
- C-PAP's
- Joint & Back Braces
- **& More...**
- Boot Walkers & Kneelers
- Nebulizers

### WHAT IS NOT AVAILABLE

- Prescription Medications.
- Glucose Meters & Testing Strips.
- If in doubt call the OPEH&W Heath Plan.

### MEDICAL EQUIPMENT

Sometimes called Durable Medical Equipment or DME, is equipment or supply items for a piece of equipment needed outside of a medical facility environment, either for single or repeated use, which has been prescribed by a qualified medical professional for the treatment of a medical condition or rehabilitation from a medical event or procedure.

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Making Healthy Cheaper

# CONNECTDME

## IN-HOME SLEEP STUDIES

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

# FREE IN-HOME SLEEP STUDIES

### WatchPAT®ONE & ONE-M


- Up to 3 Nights Use with the ONE-M.
- ONE-M Helps Detect Night-to-Night Variance.
- Fully Disposable - No Return Shipment.
- Easy to Use.
- Instant & Highly Accurate Results.
- Real Time Cloud Data Upload.
- Detects True Sleep Time, Sleep Staging & Sleep Apnea.

### DATA

Measures & Collects **7 Channels** of Data:

- AHI & RDI via PAT®
- Body Position
- Heart Rate
- Snoring
- Oximetry
- Chest Motion
- Actigraphy

### PROCESS

- Send a Physician's Order for a Home Sleep Test to **ConnectDME**.
- Receive the At-Home Sleep Study Device.
- Wear the Device for One Night or Up To 3 Nights with ONE-M.
- Date Automatically Uploaded to the Cloud.
- Dispose of the Device.
- Data Scored by a Registered Polysomnographic Technologist.
- Results Sent to Prescribing Physician.
- Results Meet AASM & CMS Definitions for Sleep Hypopnea Scoring Guidelines.

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Making Healthy Cheaper

# MEMBER REWARDS

## CASH REWARDS FOR MEMBERS PROGRAM

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## MEMBERS CAN EARN CASH WITH MEMBERS REWARDS JUST FOR HAVING A HEALTHCARE PROCEDURE

## REWARDS RANGE FROM $25 TO $500

Members can shop and compare costs for over **1,600** health care procedures. Just like shopping for new tires for your car or a new computer, doing a little comparison shopping can really pay off.

The price of health care services can differ by hundreds and sometimes thousands of dollars based on where you get them. And higher cost does not always mean better quality. By choosing a cost-effective option for your care, not only can you save money on your out-of-pocket costs, but you may earn a cash Member Reward.

### HOW IT WORKS

There are no forms to fill out – it's easy.
Whenever a doctor suggests a medical procedure or service:

- Call **800.672.2567** (the number on the back of your BCBSOK member ID card).
- Tell the Health Advocate about your upcoming procedure or service.
- Select a location for your procedure or service which has a reward.
- Once the claim is paid, receive your reward check in the mail.

**OR**

- Log into **Blue Access for Members** at **BCBSOK.com**.
- Click the **Doctors and Hospitals** tab – then click **Find a Doctor or Hospital**.
- Search to compare choices and select a reward eligible location.
- Select a location for your procedure or service which has a reward.
- Once the claim is paid, receive your reward check in the mail.

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Making Healthy Cheaper

# OMADA

## DIABETES, DIABETES PREVENTION, HIGH CHOLESTEROL & HIGH BLOOD PRESSURE PROGRAM

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## A PERSONALIZED PROGRAM TO HELP YOU LOSE WEIGHT, GAIN ENERGY & IMPROVE YOUR OVERALL HEALTH

### PARTICIPATE FOR FREE

- CALL **800.672.2567**
- VISIT **www.omadahealth.com**

### TECHNOLOGY

- Linked to Personalized Account
- Smart Digital Scales
- Smart Finger-Prick Glucose Meter
- Smart Continuous Glucose Monitor (CGM)
- Smart Blood Pressure Monitor


### DIABETES PROGRAM

- Certified Diabetes Care
- Professional Health Coaches
- Virtual Physician Visits
- Educational Resources
- Peer Support Groups
- Track Progress with the Omada App


### HYPERTENSION PROGRAM

- Personalized Care Plans
- Professional Health Coaches & Hypertension Specialists
- Virtual Physician Visits
- Educational Resources
- Peer Support Groups
- Track Progress with the Omada App

OPEH&W HealthPlan
Making Healthy Cheaper

# HINGE HEALTH

## MUSCLE & JOINT PAIN PROGRAM

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## SAVE TIME & MONEY OVERCOMING JOINT & BACK PAIN ANYTIME, ANYWHERE

### PARTICIPATE FOR FREE

》 CALL **800.672.2567**

### THE HINGE HEALTH METHOD

An over-reliance on traditional drug and surgical interventions to musculoskeletal issues continues to exist, resulting in **50**% overspend in unnecessary and avoidable costs.

As a replacement to surgery, **Hinge Health** has pioneered a proven **3-pronged** solution of exercise therapy, behavioral therapy, and education to tackle chronic back and joint pain, which also demonstrates reductions in the rates of depression, anxiety, and absenteeism by more than **50**%.

### EXERCISE

》 Free Tablet Computer & Wearable Sensors
》 Real-Time Feedback & Tracking
》 During Stretching & Exercising the App Watches

### THERAPY

》 Unlimited 1-on-1 Coaching.
》 Coach Provided Personalized Support.

### EDUCATION

》 Personalized & Interactive
》 **15-Minute** Guided Lessons

### OUTCOMES

**78**% **Reduced Pain**
**74**% **Avoided Surgery**
**23**% **Reduced Opioid Use**

### BODY AREAS SUPPORTED

》 Ankle
》 Knee
》 Hip
》 Pelvic Floor
》 Back
》 Neck
》 Shoulder
》 Elbow
》 Wrist
》 Hand

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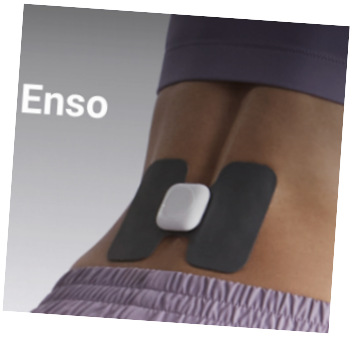
## **ENSO** PAIN RELIEF DEVICE




- Groundbreaking Wearable Technology for Everyday Pain Relief.
- Addresses Musculoskeletal Pain Without Drugs or Surgery.
- FDA Approved Wearable Device.
- Non-Addictive & Non-Invasive.
- Attaches to the Skin with an Adhesive Gel Pad.
- Comfortable to Wear Excising.
- Does Not Lose Effectiveness Over Time.
- Releases Endorphins.
- Controlled Through Mobile App.
- Personalized Care Plan to Address Participants Unique Pain Needs.

ENSO **OUTCOMES**

After 4-Weeks Of Daily Use.

- **54**% **Reduced** Pain.
- **31**% **Improved** Walking Function.
- **32**% **Increased** Mobility.

## **HINGE CONNECT**


- Integrating Hinge's Clinical Care Team.
- In-Person Providers for Real-Time Interventions.
- Utilizes Electronic Medical Records from 750k Providers.
- Identifies Less-Invasive Care Opportunities.
- Helps Prevent Surgical Solutions & Opioid Prescriptions.
- Provides Non-Invasive & Non-Addictive Alternatives.

## DIGITAL **MUSCULOSKELETAL CLINIC**

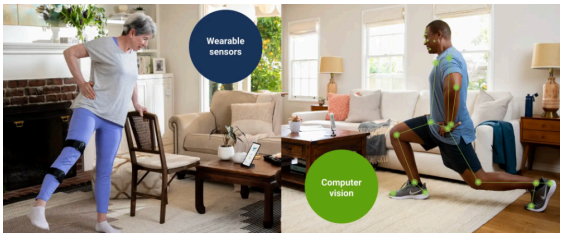
- **Prevention** Job-Specific Exercises & Education.
- **Acute** Virtual PT for All Joint & Muscle Groups.
- **Chronic** Exercise, Education & Behavioral Change.
- **Surgery** Rehab & Continuity of Care.

CLINIC **OUTCOMES**

- **60**% **Reduced** Pain.
- **66**% **Avoided** Planned Surgeries.
- **80**% **Not Considering** Future Surgeries.

## PRECISION **MOVEMENT TRACKING**

- **87** Unique Points on the Body Tracked.
- Full-Body Assessments of Strength, Balance & Flexibility.
- Real-Time Feedback to Correct Form & Build Confidence.



# PROPELLER

## ASTHMA & COPD PROGRAM

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## GET BACK TO DOING THE THINGS YOU LOVE

### PARTICIPATE FOR FREE

- CALL **855.315.2460**

### TAKE CHARGE

- Doctor-Recommended, Clinically Proven, & Cleared by the FDA.
- Gain Real Insights of Triggers.
- Reduce the Hassle of Managing Asthma or COPD.
- Improve Quality of Life.
- Share Information with Family & Care Team.

### CUTTING-EDGE SENSOR

- Attach to Existing Inhalers.
- Track Where, When, & How Often Medication is Used.
- Communicates with Phone App.
- Works with **Over 90**% of Inhaled Medications.

### TECHNOLOGY THAT LEARNS

- Learns Breathing Patterns, Flare-Ups & Medication Use.
- Helps Manage Symptoms & Identify Triggers.
- **79**% **Fewer** Asthma Attacks.
- **50**% **More** Doses Taken On-Schedule.
- **50**% **More** Symptom-Free Days.

### EDUCATIONAL REPORTS

- Improve Understanding of Asthma & COPD.
- Aid Physicians in Treatment Plan Adjustments.

### ASTHMA OUTCOMES

- **58**% **Higher** Adherence.
- **18**% **Reduction** in Rescue Inhaler Use.
- **13**% **More** SABA-Free Days.
- **72**% **Achieved** Asthma Control.
- **57**% **Reduction** in ER Visits & Hospitalizations.

### COPD OUTCOMES

- **36**% **Improvement** in Rescue Inhaler Free Days.
- **63**% **Reduction** in Mean Rescue Inhaler Puffs Per Day.
- **73**% **Reduction** in Nighttime Rescue Inhaler Use.
- **35**% **Reduction** in COPD-Related Healthcare Utilization.

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Making Healthy Cheaper

# PELAGO

## ALCOHOL, OPIOID, TOBACCO & VAPING ADDICTION PROGRAMS

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## BREAKING DOWN BARRIERS TO SUBSTANCE USE CARE THAT WORKS

### **PARTICIPATE** FOR **FREE**

- CALL **855.315.2460**
- VISIT **www.pelagohealth.com**
  - Click **ENROLL** in upper right corner of the webpage.
  - Enter **OPEH&W** as your employer.

### OVERVIEW

- **90**% of Individuals Needing Care Aren't Getting It.
- World's First **100% Digital** Addiction Clinic.
- Comprehensive Medication-Assisted Treatment Program for Multiple Addictions.
- Personalized Addiction Treatment Programs for Alcohol, Opioid, Tobacco & Vaping.
- Validated in a Randomized-Controlled Trial & 8 Peer-Reviewed Studies.

### PROGRAM **METRICS**

- **52**% Quit Tobacco
- **73**% Abstained or Drank Below Safe Limit
- **5x Higher** Quit Rates than Other Programs

### PROGRAM **HIGHLIGHTS**

- Convenience
- Improved Mood & Health
- Private & Confidential
- Non-Judgmental
- Engaging Content
- Dedicated Quit Coach Care Team
- Personalized Tracking
- Unlimited 1:1 Psychological Therapy Available 24/7
- Cognitive Behavioral Therapy Education
- Audio Sessions & Physical Exercises
- Physician Led Virtual Clinical Care

OPEH&W HealthPlan
Making Healthy Cheaper

## **TOBACCO** & **VAPING** ADDICTION PROGRAM


》 Nicotine Replacement Therapy.
》 Connected Carbon Monoxide Monitoring Device.

TOBACCO & VAPING **FACTS**

》 **19.7**% of Oklahomans Use Tobacco.
》 $**3,598 Annual Cost** of Tobacco Use per Affected Individual.
》 $**2,400 Annually** is What a Pack-A-Day Smoker Spends on Cigarettes.

## **ALCOHOL** ADDICTION PROGRAM


》 Connected Alcohol Breathalyzer Device.
》 Prescribed Medication (naltrexone) Discreetly Mailed to Your Home.

ALCOHOL **FACTS**

》 **6-9**% of Oklahomans have Alcohol Issues.
》 $**12,301 Annual Cost** of Alcohol Addiction per Affected Individual.
》 **16**% of ER Patients Injured at Work have Alcohol in their System.
》 **70**% of Oklahomans with Alcohol Addiction also use Tobacco.

## **OPIOID** ADDICTION PROGRAM


》 At Home Urine Analysis Testing.
》 Prescribed Medication (buprenorphine/naloxone).
》 Discreetly Mailed to Your Home.

OPIOID **FACTS**

》 **1-2**% of Oklahomans have Opioid Issues.
》 $**21,281 Annual** Medical Cost of Opioid Misuse per Affected Individual.
》 **70**% of U.S. Overdose Deaths (**47,157**), in 2018 were due to Opioids.

# WONDR HEALTH

## WEIGHT-LOSS PROGRAM

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## NO FASTING, DIET FOODS or CALORIE COUNTING

### **PARTICIPATE** FOR **FREE**

- VISIT **www.wondrhealth.com/opehw**.
- CALL **800.313.5162**.

### **NOT** A **DIET**

Wondr is a digital behavioral change program that teaches clinically proven weight management skills. A master class of sorts, with a renowned team of doctors and clinicians (which is why the "e" was left out of Wondr) teaches the behavioral science behind eating the foods you love while still losing weight and improving your overall physical and mental wellbeing.

No points or counting calories - you'll learn clinically - proven skills so that you can eat your favorite foods and still lose weight, get more physically fit, catch better ZZZs, and improve your overall health.

### **DIGITAL WEIGHT LOSS** PROGRAM

A year-long, entirely digital program offers intriguing, on-demand master classes, like the science of eating pizza, as well as 24/7 support in the Wondr app and WondrLink community.

### SCIENCE BASED & CLINICALLY **PROVEN**

Based in behavioral science, Wondr has helped hundreds of thousands of people learn clinically proven skills to improve their overall health, for good.

### COST **EFFECTIVE**

Wondr is offered through the OPEH&W Health Plan as a preventive care benefit, which means no out-of-pocket costs for you.

### WHAT IT **DOES**

- It's Not What You Eat, It's When & How You Eat.
- Teaches How to Lose Weight & Improve Health.
- Helps reduce the chances of getting diabetes or heart disease.
- Increases the chances of living a longer, healthier life.
- An online program that teaches people how to eat.
- Doesn't include starving, counting calories, or eating diet food.

# SILVERCLOUD

## MENTAL HEALTH SUPPORT PROGRAM

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## A BETTER WAY TO FEEL BETTER

SilverCloud Offers Personal, On-Demand, Digital Mental Health Support and Guidance for Anxiety, Depression, Stress, Sleep Problems or Resilience Concerns.

### PARTICIPATE FOR FREE

》 VISIT **www.express-scripts.com/healthsolutions**

### DIGITAL PLATFORM

》 Access by Phone, Tablet or Computer
》 Explore a Wide-Range of Lessons, Tools & Videos
》 Receive Coaching & Support
》 Record Thoughts & Feelings with the Journal Tool
》 Practice Mindfulness with Relaxation & Breathing Techniques

### CERTIFIED COACHING

Coaches that work for you by providing guidance and assistance in completing the program, offering help with:

》 Goal Setting
》 Progress Charting
》 Understanding Program Content
》 Inspiring, Motivating & Celebrating Success

### KEYS TO SUCCESS

》 Create & Maintain Consistent Behaviors.
》 Log In, Same Time, Several Days a Week.
》 Continue Until Program is Complete.

**Suicidal Thoughts?**
**Help is Available**

If you or anyone you know is having thoughts of suicide, please call the National Suicide Prevention Lifeline:

**800.273.8255**

or call **911** if you feel you are in immediate danger.

## 5 PROGRAMS

**ANXIETY**
》 Increase Awareness of Thoughts & Moods
》 Learn to Face your Anxieties
》 Gain Control of Anxious Thoughts

**DEPRESSION**
》 Reflect on Feelings & Actions Links
》 Learn to Improve Your Mood
》 Feel Better About the Future & Yourself

**RESILIENCE**
》 Boost Your Wellbeing
》 Get Tips on Shining in Specific Situations
》 Learn the 5 Domains of Resilience

**SLEEP ISSUES**
》 Learn the Cause of Poor Sleep
》 Assess Your Current Sleep Habits
》 Start & Maintain Healthy Sleep Cycles

**STRESS**
》 Manage Stress & Improve Self-Esteem
》 Set Smart Life Goals
》 Learn to Better Solve Problems

OPEH&W HealthPlan
Making Healthy Cheaper

# INMYND

## MENTAL HEALTH SUPPORT PROGRAM

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## EVERY MIND DERSERVES BETTER

**Suicidal Thoughts? Help is Available**

If you or anyone you know is having thoughts of suicide, please call the National Suicide Prevention Lifeline:

**800.273.8255**

or call **911** if you feel you are in immediate danger.

### **PARTICIPATE** FOR **FREE**

### **INNOVATIVE** FOR BETTER OUTCOMES

Because no one's mental health journey is the same, inMynd has created the first predictive models to map and help prevent the progression of anxiety, depression, and insomnia, thus promoting initial adherence through behavioral science-based methods.

### **INDIVIDUALIZED** FOR BETTER ACCESSIBILITY

Better awareness of and access to a range of personalized, discrete support and resources:

- Digital Cognitive Behavioral Therapy (dCBT) program.
- Specialized care and support through Neuroscience Therapeutic Resource Centers℠.
- Member coaching and medication education provided by our team of specialist pharmacists.

### **INTEGRATED** FOR BETTER ENGAGEMENT

Proactively meeting each member where they are in their personal journeys with relevant, contextual support across a variety of conditions:

- Driving proper utilization and addressing potential over-utilization.
- Delivering informed physician care alerts.

### **INVESTED** FOR BETTER PRODUCTIVITY & PREDICTIBILITY

Addressing mental health leads to the improved health:

- Decreased acute medical costs through better whole person care.
- Improved productivity due to decreased absenteeism and turnover.
- Enhanced employee satisfaction (80% of employees are more satisfied at work after treatment).

OPEH&W HealthPlan
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# LEARNTOLIVE

## MENTAL HEALTH SUPPORT PROGRAM

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## AN ONLINE MENTAL HEALTH PROGRAM FOR PEOPLE LIVING WITH STRESS, DEPRESSION, SUBSTANCE USE, INSOMNIA AND/OR SOCIAL ANXIETY.

**Suicidal Thoughts? Help is Available**

If you or anyone you know is having thoughts of suicide, please call the National Suicide Prevention Lifeline:

**800.273.8255**

or call **911** if you feel you are in immediate danger.

### **PARTICIPATE** FOR **FREE**

#### HOW IT **WORKS**

Learn to Live is a confidential online Cognitive Behavioral Therapy program. This form of therapy focuses on problem solving and changing behaviors. You can take online programs for the following conditions: Depression, Social Anxiety, Stress, Substance Use, Anxiety, Worry and Insomnia. The programs help you identify the problem(s), understand how your mind works, then learn and practice ways to deal with the problem(s).

#### **SOCIAL ANXIETY** PROGRAM

Do you feel isolated? Is it too difficult or awkward to voice your point of view? Social anxiety has a history of creating barriers that keep us from the lives we want to live. Using the highly effective tools of Cognitive Behavioral Therapy (CBT), we can help you learn to live.

#### **DEPRESSION** PROGRAM

Depression affects almost 10% of people each year. Because the root causes of depression are different than those for anxiety, Learn to Live has developed a program specifically for depression. This program applies the same proven CBT principles to help people change unhelpful thought and behavior patterns.

#### **STRESS, ANXIETY** & **WORRY** PROGRAM

Painful stress, anxiety and worry affect up to 30% of the population each year. Stopping the worry cycle can sometimes seem impossible. Learn to Live has developed a program to help individuals overcome their anxiety struggles and refresh their lives.

#### **INSOMNIA** PROGRAM

Do you have difficulty sleeping? Do you find yourself laying awake at night, unable to get adequate sleep? If you answered yes, then this is the program for you. You'll learn how to harness your fatigue to help you sleep better. You'll find tools to help you let go of the stress and worry that so often contribute to insomnia.

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## **SUBSTANCE USE** PROGRAM

Sometimes concerns about alcohol or drug use can sneak up on us. If that's your experience, you aren't alone. It happens to 1 in 10 of us every year. And it can turn our lives, jobs, and relationships upside down. Learn to Live's Substance Use program offers proven CBT tools that have helped many out of this trap.

## **IDENTIFY** THE **PROBLEM**

Life provides us with plenty of opportunities to feel stressed and worried, like relationships, health, work, and finances. It's normal to feel sad, lonely, afraid, nervous, or anxious. If those feelings don't seem to go away, it may be an indication of an issue with anxiety or depression.

We'll help you identify the thoughts and behavior patterns that perpetuate your issues, so you can work through them. You don't have to stay anxious and lonely. Your world can get bigger.

## UNDERSTAND **HOW YOUR MIND WORKS**

Sometimes our own thoughts become too focused on perceived threats and our sense of helplessness. When we experience depression or anxiety, these thinking patterns become our norm. We worry that we will be miserable and stuck, and we start avoiding the things in life that would help us be more resilient.

Our programs are designed to help you recognize your fears and stressors, and understand how to deal with the thoughts and behavior patterns that are keeping you anxious or down.

## LEARN WAYS TO **DEAL WITH THE PROBLEM**

The Learn to Live programs are divided into eight lessons, each describing new ideas like Thought Inspection, Fear-facing and Goal Setting to help you develop new healthy habits. You'll listen to Dr. Russ explain the thought processes and behaviors that get you stuck and introduce the powerful tools of CBT in his quirky and engaging way. And learn to how to live the life you've been longing for.

## **PRACTICE... REPEAT...**

Once you have the know-how, it's time to put it to work. Your homework provides you the opportunity to practice your new thinking and living on a daily basis.

We help you set your goals and track your progress from your personalized dashboard. We also help you identify the support you need to reach your goals: a Learn to Live coach, people you already know - your Teammates, or others in the community who are on the same path.

## **LIVE** THE LIFE YOU WANT TO

By the end of the program, you will have learned to inspect your thoughts and change your behavior patterns, and will have taken the first steps towards becoming more engaged in your life.

You will be able to manage your thoughts, actions, and attention in more situations. You'll have the tools and capabilities you need to truly live and maintain the life you've always wanted to live.

## **THE SCIENCE** OF COGNITIVE BEHAVIORAL THERAPY (CBT)

Hundreds of studies have shown that CBT is a powerful solution to problems like anxiety and depression. When CBT tools are delivered online, they're as effective as face-to-face sessions, making this a smart option for those who prefer online to in-office meetings.

# OVIA

## WOMEN'S HEALTH & FAMILY SUPPORT PROGRAM

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## MAKING HEALTHY HAPPY FAMILIES POSSIBLE

An innovative approach for the journey into parenthood, from pre-pregnancy through delivery and ongoing parenting support.

- Features education, coaching and maternity management solutions.
- Results in improved clinical outcomes and cost savings.
- Aims to help parents returning to work transition successfully.

### **PARTICIPATE** FOR **FREE**

- CALL **800.672.2567**.
- VISIT **www.oviahealth.com**.

### MOBILE **APPS**

ovia fertility
ovia parenting
ovia pregnancy

### APPS **PROVIDE**

- **50+** Physician-Developed Clinical Programs.
- Health Assessment & Symptom Tracking.
- **Unlimited** 1-on-1 Coaching.
  (In-App Chat & Telephonic)
- Career & Return-to-Work Programs.
- Product Offers & Discounts.
- **& More...**

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Making Healthy Cheaper

# WELLONTARGET

## WELLNESS PROGRAM

**FREE** WITH **DIAMOND**, **PLATINUM**, **GOLD**, **SILVER** & **BRONZE** HEALTH PLAN OPTIONS

## A NEW WAY TO EXPERIENCE WELLNESS

### PARTICIPATE FOR FREE

- CALL **800.672.2567**.

### HEALTH ASSESSMENT

On your first log in to BlueAccess for Members you will be asked to complete the Health Assessment or will receive reminders to complete your Health Assessment if you haven't yet done so.

- Sometimes known as a health risk assessment.
- Takes about **15 minutes**.
- Uses adaptable questions to learn about your current health status.
- Compares your health with others in your age group.
- Identifies where you're doing well and opportunities for improvement.
- A personal wellness report providing goals and action steps.
- You can also compare your latest results with your previous results.
- Completing your Health Assessment earns you **2,500** BluePoints.
- You should plan to retake the Health Assessment every **6 months**.
- Earing another **2,500** BluePoints in the process.
- Understand your progress or where additional effort is needed.

### PORTAL

- After first completing certain activities, such as:
  - Completing the Health Assessment.
  - Having a biometric screening.
  - Watching a video on a suggested clinical topic.
  - Connecting a device to help track fitness.
- Personalized portal based upon your responses.
- Displaying relevant content and engagement opportunities.
- Refreshes based on your interests and completed activities.

## **SELF-MANAGEMENT** PROGRAMS

- **26** programs to support your health journey.
- Based on your Health Assessment responses.
- Packed with options to help you meet your health goals.
- Work at your own pace to reach your health goals.
- Structured activities, clinical and behavioral information.
- Earn BluePoints by reaching milestones.
- Interactive Programs include:
    - Quitting Tobacco, Weight Management & Managing Stress.
    - Involve creating daily habits to track, with midpoint and final assessments.
- Educational Programs include:
    - Preventive Health & Sleep Health.
    - Involve quizzes, podcasts and other resources embedded within a 6-lesson format.

## **TOOLS** & **TRACKERS**

- Interactive Symptom Checker.
- Articles & Condition Management Information.
- Track a wide range of health factors such as:
    - Food Diary
    - Exercise Diary
    - Stress Levels
    - Sleep
    - Blood Pressure
    - Tobacco Use

## WELLNESS **COACHING**

Certified wellness coaches, available by phone or secure messaging, able to help with:

- Quitting tobacco.
- Maintaining a tobacco free status.
- Improving physical fitness.
- Nutrition.
- Ideas for healthy eating.
- Accessing a registered dietitian.
- Managing and positively impacting blood pressure.
- Managing and positively impacting cholesterol.
- Designing a health and wellness plan for your fitness level, lifestyle, and goals.
- Creative and healthy ways to combat stress.

## MOBILE **APP**

Take wellness on the go, anytime - anywhere and:

- Take your Health Assessment.
- Set personal health and wellness goals.
- Track your progress.
- Connect with a wellness coach.
- Track data synced from more than 80 fitness devices and apps.

## **BLUEPOINTS** PROGRAM

- BluePoints can help motivate you to maintain a healthy lifestyle.
- Earn points for participating in wellness activities.
- You can redeem points in the online shopping mall.
- The program gives you points instantly, so you can use them right away.

## **FITNESS** PROGRAM

- **10,000+** fitness locations nationwide.
- Unlimited, anytime anywhere access.
- No annual commitment.
- $**25** enrollment fee.
- $**25** monthly access fee per member.
- Get **2,500** BluePoints for joining.
- Earn additional BluePoints for weekly visits.
- Additional membership benefits include:
    - Monthly Newsletter.
    - Online resources to locate gyms & track visits.
    - Discounts from a network of **40,000+** complementary & alternative medicine provider.

# **PREVENTIVE** CARE SERVICES

## **IN-NETWORK** COVERAGE

Preventive care services received from **In-Network** providers and BlueCard PPO Providers **are not** subject to Deductible, Co-Pay, Co-Insurance, or dollar maximums. Claims for preventive care services submitted by an In-Network or BlueCard PPO provider for a non-preventive care service or diagnosis code will be subject to In-Network Deductible and Co-Insurance.

## **OUT-OF-NETWORK** COVERAGE

Preventive care services received from **Out-of-Network** providers **are** subject to the Out-of-Network Deductible, Co-Insurance, and balance billing. Claims for preventive care services submitted by an Out-of-Network provider for a non-preventive care service or diagnosis code will be subject to Out-of-Network Deductibles and Co-Insurance.

## COVERED **SERVICES**

### EVIDENCE BASED ITEMS & SERVICES

Those that hold a rating of A or B in the current recommendations of the United States Preventive Services Task Force (USPSTF).

》 https://www.healthcare.gov/coverage/preventive-care-benefits/

Examples of Covered Preventive Care Services

- 》 Abdominal Aortic Aneurysm Screenings
- 》 Blood Pressure Screenings
- 》 Bone Density Screenings
- 》 Cervical Screenings
- 》 Cholesterol Screenings
- 》 Colonoscopy Screenings (Including Digital Imaging)
- 》 Diabetic Screenings
- 》 Flu Vaccines (+ H1N1)
- 》 Immunizations
- 》 Mammogram Screenings (Including Digital Imaging)
- 》 Obesity Screenings & Counseling
- 》 Prostate (PSA) Screenings
- 》 Tobacco Use Screenings & Counseling

### ROUTINE IMMUNIZATIONS FOR CHILDREN, ADOLESCENTS & ADULTS

As recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control & Prevention.

》 http://www.cdc.gov/vaccines/schedules/index.html

### EVIDENCED INFORMED PREVENTIVE CARE & SCREENINGS FOR INFANTS, CHILDREN & ADOLESCENTS

As provided for in the comprehensive guidelines of the Health Resources & Services Administration (HRSA).

》 https://www.aap.org/en-us/professional-resources/practicesupport/Pages/PeriodicitySchedule.aspx

### EVIDENCE BASED PREVENTIVE CARE & SCREENINGS FOR WOMEN

As provided for in the comprehensive guidelines of the Health Resources & Services Administration (HRSA).

》 http://www.hrsa.gov/womensguidelines/index.html

### BREASTFEEDING COUNSELING, SUPPORT SERVICES & SUPPLIES

Benefits provided for Breastfeeding Counseling & Support Services received through Providers specializing in the care of Pregnant & Postpartum Women, and include:

- Manual Breast Pumps including Accessories & Supplies Covered in full for the Rental of, or at the OPEH&W Health Plan's discretion, the purchase of. Limit of 2-units per plan year. Available from a contracted Durable Medical Equipment supplier, retail suppliers,
  In-Network or Out-of-Network Providers.
- Electric Breast Pumps including Accessories & Supplies Covered in full up to a maximum of $150 per unit. Limit of 2-units per plan year. Available only from In-Network Providers or contracted Durable Medical Equipment suppliers.
- Hospital Grade Breast Pumps, Accessories & Supplies Available through rental agreements. Covered in full for up to 12-months of rental or once the OPEH&W Health Plan has paid $1,000 in rental fees, whichever occurs first. Available only from contracted Durable Medical Equipment suppliers. Rented Equipment to be returned to the Durable Medical Equipment supplier at the end of the rental coverage period.