

See White/Blue Folder and page 18 of the **Enrollment Guide** for NEW ALTERNATIVE NONSTANDARD HMO from PacifiCare - A new LOWER Option

Note: Many HMO Professional visits have split copays —Specialist visit costs more than a PCP visit.

ALERT! check eligible HMO zip codes in Zip Code & Provider Guide	CHOICE OF PROVIDER	CALENDAR YEAR DEDUCTIBLE	ANNUAL OUT-OF-POCKET MAXIMUM	OFFICE VISITS (PROFESSIONAL SERVICES)	PRESCRIPTION DRUGS		HOSPITAL INPATIENT	HOSPITAL OUTPATIENT	EMERGENCY HEALTH CARE	AFTER HOURS URGENT CARE	DIAGNOSTIC X-RAY & LAB	ALLERGY TREATMENT & TESTING		WELL-BABY CARE	IMMUNIZATIONS	MATERNITY	CONTRACEPTIVE SERVICES	CONTRACEPTIVE DRUGS	INFERTILITY SERVICES		MENTAL HEALTH INPATIENT	MENTAL HEALTH OUTPATIENT	SUBSTANCE ABUSE INPATIENT	SUBSTANCE ABUSE OUTPATIENT	HEARING SCREENING	HEARING AIDS	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
<b>Standard HMO HIGH OPTION</b> CommunityCare PacifiCare	Contact your PCP for all medical care (New Hires & New Enrollees must indicate PCP on Enrollment Form) PCP referral & HMO authorization required for all care received outside PCP office	None	Individual—\$1000 Family—2 per family or \$2000  Copays for Pharmacy, DME, mental health, allergy serum shots do NOT count toward maximum.	COPAYS \$10 PCP \$25 Specialist  Does NOT include preventive benefits in columns 12,13,15,22 or 29	<b>Tier 1: \$10</b> <b>Tier 2: \$25</b> <b>Tier 3: \$45</b> Greater of 30-day supply or 100 units as determined by physician. Select medications may have restricted quantities or a dosage form that is not a tablet or capsule.	<b>Standard HMO HIGH OPTION</b> CommunityCare PacifiCare	\$100 per admission  Precertification from PCP required	\$100 per visit  As authorized by PCP	\$75 copay which is waived if hospitalized	\$10 per visit  You must contact your PCP and use plan authorizations	No charge except for MRI, MRA, PET or CAT Scan which requires \$100 copay per scan  All must be preauthorized	\$10 per series of tests w/PCP \$25 w/specialist  \$10 per 6 weeks of Antigen, including shots (No additional charge for administration of shots)	<b>Standard HMO HIGH OPTION</b> CommunityCare PacifiCare	\$0 per exam for Well-Care visits during first two years of life	No copay for ages birth through 18 years  \$10 copay per visit for ages over 18	\$10 for initial visit \$100 per admission Precertification is required	\$10 for consultation \$10 per surgical procedure	<b>Tier 1: \$10</b> <b>Tier 2: \$25</b> <b>Tier 3: \$45</b> Greater of 30-day supply or 100 units Select medications may have restricted quantities One copay per injectable contraceptive	25% of costs <b>plus</b> the office visit copay of \$10 - PCP \$25 - Specialist  Limited to diagnosis and <u>some treatment</u>  See exclusions in member materials	<b>Standard HMO HIGH OPTION</b> CommunityCare PacifiCare	\$50 per admission  Limited to 30 days per Plan Year  Must be preauthorized Except for the biologically based diagnoses that are treated as other illnesses	\$10 per visit - PCP \$25 per visit - Specialist Single or group therapy <b>26 visits per Plan Year</b> Must be preauthorized Except for the biologically based diagnoses that are treated as other illnesses	\$50 per admission  Limited to 30 days per Plan Year  Must be preauthorized	\$10 per visit - PCP \$25 per visit - Specialist Single or group therapy <b>26 visits per Plan Year</b> Must be preauthorized	\$10 copay per visit for a basic hearing screening (does not include a comprehensive hearing exam)  Limit one visit per year	Not a covered benefit—Except for children up to age 18; audiological services and hearing aids are covered (as Durable Medical Equipment-see column #26) <b>No benefits for ages 18 &amp; over</b>	
<b>Standard HMO LOW OPTION</b> CommunityCare PacifiCare	Contact your PCP for all medical care (New Hires & New Enrollees must indicate PCP on Enrollment Form) PCP referral & HMO authorization required for all care received outside PCP office	None	Individual—\$2000 Family—2 per family or \$4000  Copays for Pharmacy, DME, mental health, allergy serum shots do NOT count toward maximum.	COPAYS \$25 PCP \$40 Specialist Does NOT include preventive benefits in columns 12,13,15,22 or 29	<b>Tier 1: \$10</b> <b>Tier 2: \$35</b> <b>Tier 3: \$60</b> Greater of 30-day supply or 100 units as determined by physician. Select medications may have restricted quantities or a dosage form that is not a tablet or capsule.	<b>Standard HMO LOW OPTION</b> CommunityCare PacifiCare	\$250 per admission  Precertification from PCP required	\$150 per visit  As authorized by PCP	\$100 copay which is waived if hospitalized	\$25 per visit  You must contact your PCP and use plan authorizations	No charge except for MRI, MRA, PET or CAT Scan which requires \$100 copay per scan  All must be preauthorized	\$25 per series of tests w/PCP \$40 w/specialist  \$25 per 6 weeks of Antigen, including shots (No additional charge for administration of shots)	<b>Standard HMO LOW OPTION</b> CommunityCare PacifiCare	\$0 per exam for Well-Care visits during first two years of life	No copay for ages birth through 18 years  \$25 copay per visit for ages over 18	\$25 for initial visit \$250 per admission precertification is required	\$25 for consultation \$25 per surgical procedure	<b>Tier 1: \$10</b> <b>Tier 2: \$35</b> <b>Tier 3: \$60</b> Greater of 30-day supply or 100 units Select medications may have restricted quantities One copay per injectable contraceptive	50% of costs <b>plus</b> the office visit copay of \$25 - PCP \$40 - Specialist  Limited to diagnosis and <u>some treatment</u>  See exclusions in member materials	<b>Standard HMO LOW OPTION</b> CommunityCare PacifiCare	\$250 per admission  Limited to 30 days per Plan Year  Must be preauthorized Except for the biologically based diagnoses that are treated as other illnesses	\$25 per visit - PCP \$40 per visit - Specialist Single or group therapy <b>26 visits per Plan Year</b> Must be preauthorized Except for the biologically based diagnoses that are treated as other illnesses	\$250 per admission  Limited to 30 days per Plan Year  Must be preauthorized	\$25 per visit - PCP \$40 per visit - Specialist Single or group therapy <b>26 visits per Plan Year</b> Must be preauthorized	\$25 copay per visit for a basic hearing screening (does not include a comprehensive hearing exam)  Limit one visit per year	Not a covered benefit—Except for children up to age 18; audiological services and hearing aids are covered (as Durable Medical Equipment-see column #26) <b>No benefits for ages 18 &amp; over</b>	
<b>HEALTHCHOICE HIGH OPTION IN NETWORK</b>	Choice of Network Provider, contracted allowable fee schedule for medically necessary services	<b>High Option</b> \$300, individual \$900, family  NO YEAR-END CARRY OVER	Individual: <b>High Option</b> -\$2800 (\$2500 + \$300 deductible)  Non-covered services, copays & ER deductible do not apply  NO YEAR-END CARRY OVER	\$25 copay per office visit; on other professional services the individual calendar year deductible applies first; member pays 20% of fee schedule	Generic Mandate Member pays cost of medication up to a maximum dollar amount for Preferred & Non-Preferred medications. For more information visit <a href="http://www.healthchoiceok.com">www.healthchoiceok.com</a> 34 day supply or 100 pills or capsules	<b>HEALTHCHOICE HIGH Option IN NETWORK</b>	Member pays 20% of fee schedule after the individual calendar year deductible  precertification required	Member pays 20% of fee schedule after the individual calendar year deductible  precertification required for outpatient surgery	Member pays 20% of fee schedule after the individual calendar year deductible	Member pays 20% of fee schedule after the individual calendar year deductible	Member pays 20% of fee schedule after the individual calendar year deductible	Member pays 20% of fee schedule after the individual calendar year deductible  Limit: Battery of 60 tests every 24 months	<b>HEALTHCHOICE HIGH Option IN NETWORK</b>	\$25 copay per exam (no deductible applies)	Well-Baby immunizations paid at 100%  Adult immunizations paid at 100% after office visit copay or administrative charge, if applicable	Member pays 20% of fee schedule after the individual calendar year deductible  * below precertification is required	Member pays 20% of fee schedule after the individual calendar year deductible	Generic Mandate Member pays cost of medication up to a maximum \$ amount for Preferred & Non-Preferred medications. For more information visit <a href="http://www.healthchoiceok.com">www.healthchoiceok.com</a> 34 day supply or 100 pills or capsules	Member pays 20% of fee schedule after the individual calendar year deductible  Limited to diagnosis and <u>some treatment</u> See exclusions in member materials	<b>HEALTHCHOICE HIGH Option IN NETWORK</b>	Member pays 20% of fee schedule after the individual calendar year deductible  Limited to 30 days per year precertification required Except for the biologically based diagnoses that are treated as other illnesses	Member pays 20% of fee schedule after the individual calendar year deductible  Requires prior approval after 15 visits or penalty will apply  26 visits per year Except for the biologically based diagnoses that are treated as other illnesses	Member pays 20% of fee schedule after the individual calendar year deductible  30 days per year precertification required	Member pays 20% of fee schedule after the individual calendar year deductible  Requires prior approval after 15 visits or penalty will apply  26 visits per year	Copay per visit for a basic hearing screening (does not include a comprehensive hearing exam)  One per year	Not a covered benefit—Except for children up to age 18; audiological services and hearing aids are covered (as Durable Medical Equipment-see column #26) No benefits for ages 18 and over. Prior authorization required	
<b>HEALTHCHOICE HIGH OPTION NON NETWORK</b>	Choice of any Provider, non-contracted fee schedule for medically necessary services  Member responsible for amount that exceeds the fee schedule and all ineligible expenses	<b>High Option</b> \$300, individual \$900, family <b>plus</b> \$300 per confinement hospital deductible  NO YEAR-END CARRY OVER	Individual: <b>High Option</b> -\$3300 (\$3000 + \$300 deductible) <b>plus</b> Member is responsible for amount that exceeds the fee schedule, inpatient deductible, ER deductible & charges over maximum benefit limitations  NO YEAR-END CARRY OVER	Member pays 25% of fee schedule after the individual calendar year deductible and \$300 per confinement hospital deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses	Generic Mandate Member pays cost of medication up to a maximum dollar amount + dispensing fee for Preferred & Non-Preferred medications. For more information visit <a href="http://www.healthchoiceok.com">www.healthchoiceok.com</a> 34 day supply or 100 pills or capsules	<b>HEALTHCHOICE HIGH Option NON NETWORK</b>	Member pays 25% of fee schedule after the individual calendar year deductible and \$300 per confinement hospital deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses  precertification required	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses  precertification required for outpatient surgery	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses  Limit: Battery of 60 tests every 24 months	<b>HEALTHCHOICE HIGH Option NON NETWORK</b>	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses	Generic Mandate: Member pays cost of medication up to a maximum \$ amount + dispensing fee for Preferred & Non-Preferred medications. For more information visit <a href="http://www.healthchoiceok.com">www.healthchoiceok.com</a> 34 day supply or 100 pills or capsules	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses  Limited to diagnosis and <u>some treatment</u> See exclusions in member materials	<b>HEALTHCHOICE HIGH Option NON NETWORK</b>	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses  30 days per year precertification required see exception above	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses  26 visits per year see exception above	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses  30 days per year precertification required	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses  Requires prior approval after 15 visits or penalty will apply  26 visits per year	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount that exceeds the fee schedule and all ineligible expenses  Basic hearing screening only	Not a covered benefit—Except for children up to age 18; audiological services and hearing aids are covered (as Durable Medical Equipment-see column #26) No benefits for ages 18 and over. Prior authorization required	

For 2004 HealthChoice Low has been REPLACED with HealthChoice Basic. HealthChoice Low members must choose another plan. See the **Enrollment Guide**, page 19, and the White/Blue Folder for plan details.

\* Includes one (1) postpartum home visit (must meet criteria).

Online Enrollment available through EBC's Website—members must first complete an authorization form found on the Tip Sheet and return to agency Benefits Coordinator for user ID and password.

EBC online Enrollment available - contact your agency Benefits Coordinator - Provider lists & formularies are available on websites for all health plans!

	PHYSICAL, OCCUPATIONAL, OR SPEECH THERAPY 24	CHIROPRACTIC & MANIPULATIVE THERAPY 25	DURABLE MEDICAL EQUIPMENT (DME) 26	BLOOD & BLOOD PRODUCTS 27	SKILLED NURSING FACILITY 28		PERIODIC HEALTH EXAMS 29	TEMPORO-MANDIBULAR JOINT (TMD) DYSFUNCTION 30	HOME HEALTH SERVICES 31	MEDICAL TRANSPORTATION 32	TRANSPLANTS 33	HOSPICE 34
<b>Standard HMO HIGH OPTION</b> CommunityCare PacifiCare	Inpatient— No charge  Outpatient \$10 per visit - PCP \$25 per visit - Specialist  <b>60 treatment days per course of therapy</b>	\$10 per visit - PCP \$25 per visit - Specialist PCP can refer for chiropractic or manipulative therapy <b>up to 15 visits per year</b> Additional visits only with approved treatment plan	20% of cost for equipment  20% of cost for repair and replacement  Must be preapproved by the HMO	No charge if medically necessary	No charge  <b>Limit:</b> 100 days per Plan Year  Must be prescribed by a PCP	<b>Standard HMO HIGH OPTION</b> CommunityCare PacifiCare	\$10 copay per exam	\$50 copay with a \$1500 lifetime maximum <b>nonsurgical</b> benefit  Must be medically necessary	No charge  Must be prescribed by a PCP	No charge but subject to prior authorization if not an emergency	No charge  Preapproval & precertification required	No charge  [For terminal illness of six months or less]  Preapproval required
<b>Standard HMO LOW OPTION</b> CommunityCare PacifiCare	Inpatient— No charge  Outpatient \$25 per visit - PCP \$40 per visit - Specialist  <b>60 treatment days per course of therapy</b>	\$25 per visit - PCP \$40 per visit - Specialist PCP can refer for chiropractic or manipulative therapy <b>up to 15 visits per year</b> Additional visits only with approved treatment plan	20% of cost for equipment  20% of cost for repair and replacement  Must be preapproved by the HMO	No charge if medically necessary	No charge  <b>Limit:</b> 100 days per Plan Year  Must be prescribed by a PCP	<b>Standard HMO LOW OPTION</b> CommunityCare PacifiCare	\$25 copay per exam	\$100 copay with a \$1500 lifetime maximum <b>nonsurgical</b> benefit  Must be medically necessary	No charge  Must be prescribed by a PCP	No charge but subject to prior authorization if not an emergency	No charge  Preapproval & precertification required	No charge  [For terminal illness of six months or less]  Preapproval required
<b>HEALTHCHOICE HIGH Option IN NETWORK</b>	Physical/Occupational Therapy: Network: 20% of allowed charges after the deductible. 15 visits per calendar year (maximum 3 services/visit) Extended treatment (over 15 visits) must be preapproved or penalty applies. Speech therapy: Network: 20% of allowed charges after	the deductible. 20% of allowed charges after the plan year deductible. 15 visits per calendar year (maximum 3 services/visit) Extended treatment (over 15 visits) must be preapproved or penalty applies	Member pays 20% of the individual calendar year deductible for covered items  <b>Purchase, rental, repair or replacement must be preapproved or penalty applies</b>	Member pays 20% of fee schedule after the individual calendar year deductible	Member pays 20% of fee schedule after the individual calendar year deductible Precertification required <b>Limit:</b> 100 days per year (in a facility)	<b>HEALTHCHOICE HIGH Option IN NETWORK</b>	\$25 copay per exam (no deductible applies)  <b>No copay for mammograms for women age 40 and over</b>  Some Guidelines apply	Member pays 20% of the individual calendar year deductible Preapproval required \$1500 lifetime maximum <b>non-surgical</b> benefit	Member pays 20% of fee schedule after the individual calendar year deductible <b>Limit:</b> 100 visits per calendar year	Member pays 20% of fee schedule after the individual calendar year deductible  Subject to Preapproval if not an emergency	Member pays 20% of fee schedule after the individual calendar year deductible  Precertification required	Member pays 20% of fee schedule after the individual calendar year deductible  [For terminal illness of six months or less] Must be preapproved or penalty applies Subject to Home Health 100 visit maximum
<b>HEALTHCHOICE HIGH Option NON NETWORK</b>	Physical/Occupational Therapy: Non Network: 25% of allowed charges after the deductible. 15 visits per calendar year (maximum 3 services/visit) Extended treatment (over 15 visits) must be preapproved or penalty applies. Speech therapy: 25% of allowed charges after the plan year deductible.	25% of allowed charges after the plan year deductible. 15 visits per calendar year (maximum 3 services/visit) Extended treatment (over 15 visits) must be preapproved or penalty applies	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount above fee schedule and all ineligible expenses. <b>Purchase, rental, repair or replacement must be preapproved or penalty applies</b>	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount above fee schedule and all ineligible expenses	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount above fee schedule and all ineligible expenses precertification required <b>Limit:</b> 100 days per year (in a facility)	<b>HEALTHCHOICE HIGH Option NON NETWORK</b>	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount above fee schedule and all ineligible expenses  Some Guidelines apply	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount above fee schedule and all ineligible expenses preapproval required \$1500 lifetime maximum <b>non-surgical</b> benefit	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount above fee schedule and all ineligible expenses <b>Limit:</b> 100 visits per calendar year	Member pays 25% of fee schedule after the individual calendar year deductible  Subject to Preapproval if not an emergency	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount above fee schedule and all ineligible expenses  Precertification required	Member pays 25% of fee schedule after the individual calendar year deductible, <b>plus</b> amount above fee schedule and all ineligible expenses [For terminal illness of six months or less] Preapproval required

## “ In which direction is your Health going?”



- INCREASE HEALTHY HABITS**  
Decrease your dependence on medical care
- INCREASE HEALTHY LIFESTYLES AND LONGEVITY**  
Decrease illness and absenteeism of state employees
- INCREASE HEALTH STATUS OF STATE EMPLOYEES** — help to decrease rate of premium growth  
 Decrease trips to the doctor & dependence on prescription drugs
- INCREASE PHYSICAL ACTIVITY**  
Decrease portion size of foods eaten
- INCREASE DAILY CONSUMPTION OF FRUITS & VEGETABLES**  
Decrease consumption of greasy, fatty foods

As our health status goes or so go our insurance rates.

www.ebc.state.ok.us

### CHOOSING A HEALTH PLAN:

If you enroll in one of the five HMO Options, be sure that you “live” or “work” in one of the plan’s eligible zip code areas. P.O. box addresses cannot be used to determine HMO enrollment eligibility. You must select a Primary Care Physician (PCP) who will provide or coordinate ALL of your health care and will also help you to obtain the necessary “referral authorization” if you need to see a Specialist. You have less out-of-pocket costs in an HMO, but there are no NonNetwork

benefits except for Emergency Care. If you choose one of the two HealthChoice options, be aware that whether you use Network or NonNetwork providers, the health plan only reimburses providers at the Fee Schedule Rate. Using only Network providers will save you money, but you do have the freedom to utilize NonNetwork services if you’re willing to pay extra out-of-pocket costs above and beyond your regular copays and coinsurance amounts. NOTE: Because HealthChoice Basic replaces HealthChoice Low, all current members of HealthChoice Low must make another Health plan election for 2004.

## HIGHLIGHTS OF CHANGES FOR BENEFIT PLAN YEAR 2004 (See materials for more details)

**1) Your Employees Benefits Council offers state employees two ways to enroll for Benefits Plan Year 2004:** Traditional paper enrollment or Online with EBC’s new BAS system (Online requires a signed authorization form submitted to your Benefits Coordinator)  
Exception: Retired Military state employees who elect to Opt Out under SB 194,

**2) HealthChoice Low has been replaced by HealthChoice Basic** which has a completely new plan design that encourages “wellness” and more consumer awareness of medical costs. The new HealthChoice Basic offers unlimited lifetime health benefits and a \$2 million lifetime pharmacy benefit maximum. Current members in HealthChoice Low must elect another health plan for 2004. See pg. 19 of the Enrollment Guide and the new White/Blue Folder for more plan details. The new BASIC plan is not available to state employees who are eligible for Medicare.

**3) HealthChoice High has removed the \$1 million maximum on health benefits:** so beginning in 2004, it offers unlimited lifetime health benefits. HealthChoice High network copays increase from \$20 to \$25; out-of-pocket maximums up from \$2300 to \$2800 for NETWORK (\$2500+ \$300 deductible) and from \$2800 to \$3300 NON-NETWORK (\$3000+ \$300 deductible). Pharmacy benefits will have a lifetime maximum of \$2 million per covered member on HealthChoice High and the new Basic Plan.

**4) A new Alternative NonStandard HMO** is being offered by PacifiCare. It has

a new plan design and greater out-of-pocket maximums, but a lower premium. It uses the same Provider Network as the PacifiCare Standard HMO. Note some different copays for some services and a cap of \$5,000 for Durable Medical Equipment. Review the new White/Blue Folder for Summary of Benefits and more details. The Alternative NonStandard HMO does not offer a High & Low Option.

**5) Some Standard HMO Low Option copays will decrease from \$30 to \$25.** Others in High and Low may increase because of the new “split copay” showing a \$15 difference between an office visit to a PCP vs one to an HMO specialist. Specialty care continues to require an “authorization” in order to have the services covered by the plan.

**6) Six Vision plans will be available.** (two new plans) Eyemed will not be available for 2004. See **Enrollment Guide** pages 31-43 for Vision plan details.

**7) Orthodontic lifetime maximum in HealthChoice Dental** has been increased from \$1500 to \$1800 in network. Non Network remains \$1500 for orthodontics.

**8) Retired Military Opt Out opportunity:** Under SB 194 passed in the recent session of the State Legislature, retired military state employees may Opt Out of their employee benefits package. If they do so, they must waive all dependent coverage except vision and waive their own health, dental, basic and supplemental life, and disability coverage. However, even if they Opt Out, they are still eligible to participate in a Vision plan and the Flexible Spending Accounts for Health Care Reimbursement and for Dependent Care (day care). Under OAC 87:10-19-1 those electing not to participate in state coverage will not be eligible for or credited with any amount of the employee or dependent flexible benefit allowances.



SOONER CHOICES OFFERS NEW OPTIONS for 2004