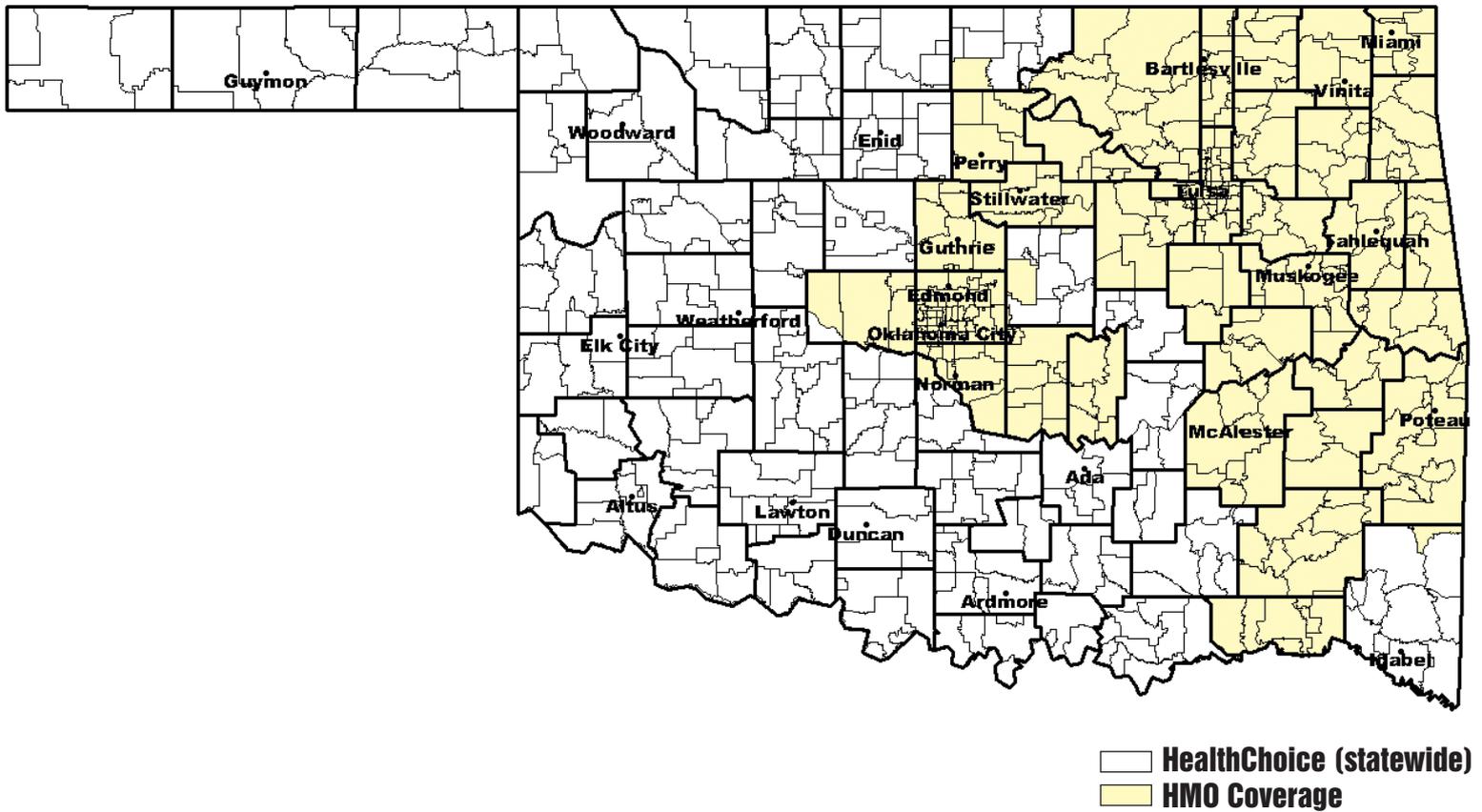


# Benefits Enrollment Guide 2005

Active and New Employees of the State of Oklahoma



**Employees Benefits Council**



## Medical Plan Service Area: Plan Year 2005

*For Plan Year 2005 choose among three medical plan companies:*

*HealthChoice, Community Care, and GlobalHealth. HealthChoice coverage is statewide. Community Care is available to those who live or work in the Oklahoma City and Tulsa metropolitan areas and eastern Oklahoma.*

*GlobalHealth is available for those who live or work in the Oklahoma City metropolitan area.*

*Choose among four different dental plan companies: HealthChoice Dental, Assurant, Cigna, and Delta Dental. You can also choose among five vision plan companies: CompBenefits, Primary Vision Care Services, Spectera, Superior, and Vision Service Plan. All companies have state-wide coverage.*

There are three basic steps to enrolling under the EBC Benefits Program. This year's Option Period lasts from October 1 through October 29, 2004. Some agencies have an earlier deadline. Check with your Benefits Coordinator.

STEP

**1**

**READ**

Read the enrollment materials provided. This Enrollment Guide will help you understand your benefit options and help you through the enrollment process. Look in the back pocket for additional information.

STEP

**2**

**COMPLETE**

Enroll online by logging on to [www.ebc.state.ok.us](http://www.ebc.state.ok.us). Look for the BAS Online Enrollment Brochure in the back pocket of this Guide for online enrollment instructions. You can also enroll by completing your paper Enrollment Form and returning it to your Benefits Coordinator.

STEP

**3**

**CHECK**

A few weeks after the Option Period ends, you will receive a Confirmation of Benefits (COB) statement that will show the benefits you selected. Carefully check your statement. If you find any errors, contact your Benefits Coordinator immediately.



*The Employees Benefits Council is providing valuable resources for your use when selecting benefits for Plan Year 2005. I hope you find this year's Enrollment Guide and the enclosed materials helpful. Check out the online Benefits Calculator. It will estimate your monthly benefit costs with any combination of benefit choices. When you are ready to make your final selections, I encourage you to use the Benefits Administration System, or BAS, for your online enrollment via the Internet at [www.ebc.state.ok.us](http://www.ebc.state.ok.us). You'll find that enrolling online is quick and easy.*

*I know that you will find choices that best suit the needs of you and your family for Plan Year 2005. If you need assistance during the Option Period, contact your Benefits Coordinator or EBC by using the numbers listed on the back of this Guide.*

*--Mitch Parsons,  
Executive Director*

## OKLAHOMA What's New for 2005



*"As a state employee, I'll be making the same decisions about my benefits as will many other state employees. Whether it's health and dental needs, disability or life insurance, I feel better knowing I'm covered."*

— Lt. Governor  
Mary Fallin

### Changes for Plan Year 2005

Statewide medical insurance coverage is available from HealthChoice. Health Maintenance Organization (HMO) coverage is available from CommunityCare HMO for those who live or work in the Oklahoma City and Tulsa metropolitan areas and eastern Oklahoma. GlobalHealth HMO is providing coverage for those who live or work in the Oklahoma City metropolitan area. HMO coverage is no longer available from PacifiCare. Please review the enclosed Provider Guide carefully to determine if you live or work in a zip code that offers HMO eligibility.

We are excited to offer expanded dental care choices this year. Six dental plans are available to choose from offered by four different dental carriers: HealthChoice Dental, Assurant, CIGNA, and Delta Dental. All dental plans offer statewide coverage. A description of the dental plans is provided on pages 8 and 9.

Five carriers provide vision plan coverage for Plan Year 2005. They are: CompBenefits, Primary Vision Care Services, Spectera, Superior Vision Services, and Vision Service Plan. Vision plan benefits are described on pages 10 and 11.

### Make your Choices Count

If you do not make a 2005 election, your dental, life and disability choices will remain the same. If PacifiCare was your medical carrier in 2004, and you do not make a new election, you will automatically be enrolled in HealthChoice High for medical insurance. However, you will lose your choice for vision coverage and any Reimbursement Accounts, because those benefits require re-enrollment every year. So...make your choice **and make it count**.

### Changes in Plan Availability

Medical and dental plan availability has changed for Plan Year 2005. It is up to you to take a close look at the enclosed Provider Guide to determine which plans are available to you. Study the description of benefits provided in this Guide and the enclosed Medical Plans Comparison Chart (Gold Foldout), so you can determine which benefit plans best suit your needs.

### Changes in Your Benefit Allowance

The State helps you pay for the cost of providing benefits to you and your family. This year the benefit allowance has increased to help offset the costs of premium increases. The benefit allowance amounts for this year are provided on page 5. Try the online Benefits Calculator at [www.ebc.state.ok.us](http://www.ebc.state.ok.us) to automatically calculate your benefits costs compared to your benefit allowance.

### Changes in Benefit Design

Most employees will find that their medical plan's benefit design has not changed for Plan Year 2005. HealthChoice continues to offer a High and Basic plan design. The HMO plans offer a High and a Low option benefit design that has not changed for Plan Year 2005. In addition, each HMO carrier offers a unique alternative to the High and Low option called an HMO alternative plan design. Each alternative HMO design is unique to each carrier, so the benefit design will vary between the carriers. Be sure to study each alternative HMO plan design contained in the enclosed Medical Plans Comparison Chart (Gold Foldout).

There are no changes in HealthChoice's Dental plan design for Plan Year 2005. However, new plan designs are offered by Assurant, CIGNA, and Delta Dental. Those who choose Assurant's and CIGNA's prepaid dental plans must identify a Primary Care Dentist (PCD) when they enroll. Study the dental plan designs listed on pages 8 and 9 carefully.

## Miscellaneous Changes

**Evidence of Insurability:** If applying for or increasing your supplemental life insurance coverage, you will be asked to complete an Evidence of Insurability (EOI) form. Time allocations have changed. If an EOI is incomplete, the employee should correct and return the form no later than 7 working days from the date of correspondence. Employees will have 15 working days to provide requested medical records.

**New life insurance opportunity for those 65 or older:** New employees or rehired former employees age 65 or older may now purchase Supplemental Life Insurance provided they have the \$20,000 Basic Life coverage in force and qualify under the medical and salary guidelines.

**HealthChoice Orthodontia lifetime maximum** of \$1,800 has been extended to Non-Network as well as In-Network beginning January 1, 2005.

A vision plan is an optional benefit, so you must re-enroll each year. Failure to re-enroll will result in the loss of vision plan coverage for Plan Year 2005.

## Online Enrollment

For 2005, try enrolling for your benefits using online enrollment. The Benefits Administration System (BAS) makes enrollment quick and easy. To enroll online log on to our website at:

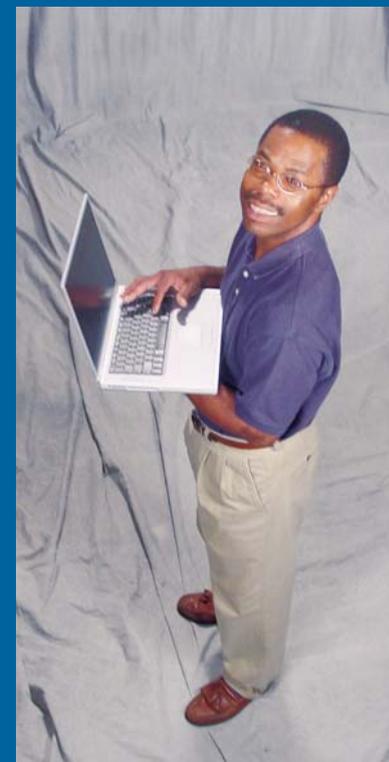
[www.ebc.state.ok.us](http://www.ebc.state.ok.us)

Look for your BAS password and login instructions in the On-Line Enrollment Welcome letter provided with your enrollment materials.

Enroll online anytime, day or night, during Option Period from October 1 through October 29, 2004. Enrolling online allows you to:

- Select your Benefit Choices for 2005
- Compare Last Year's coverage
- Print forms needed to complete Requested Changes
- Review Doctor and Dentist Provider Lists

EBC employees are available to assist you with online enrollment Monday through Friday, 8 a.m. to 5 p.m. For assistance with BAS online contact EBC at (405) 232-1190 or submit a help ticket through the help desk online at the EBC website.



*"By enrolling online, I made my selections in just a matter of minutes."*

— Madison Blair



## OKLAHOMA Costs Versus Benefits



*Katelyn, Zóe &  
Alexander Stoermer;  
Kyle McGill*

— *Covered Dependents*

### **What's Most Important to You, Benefits or Take Home Pay?**

Legislation passed this year authorized a raise for most State employees for Plan Year 2005. There are benefit plans you can choose this year that will allow you to realize every penny of your raise instead of losing it to higher benefit premiums. Some of these lower cost benefit alternatives include:

- HealthChoice's Basic Plan,
- HMO Low and Alternative Plans, and
- Assurant Heritage Plus, CIGNA Prepaid, and Delta Dental Choice DPO

Be careful. If you choose a benefit plan with a less expensive monthly premium you will pay more out of your own pocket when you receive services. Additionally, if you choose an HMO or Prepaid dental plan, you may be limited in the providers you can see.

It is up to you to decide what is most important to you and your family. Use our online Benefits Calculator at [www.ebc.state.ok.us](http://www.ebc.state.ok.us) to see how lower cost benefit selections affect your monthly take-home pay. Review this Guide and the Medical Plans Comparison Chart (Gold Foldout) to understand the out-of-pocket costs associated with each benefit plan. Make sure you understand both the premium and your out-of-pocket costs for each benefit plan you choose. If you need additional information, contact EBC at the numbers provided on the back of the Guide. You can also contact each benefit plan vendor. Vendor Information is also listed on the back of this Guide.

# Benefit Allowance **OKLAHOMA**

The State gives you an “allowance” to spend on the benefits you choose. Your benefit allowance increases as the costs of benefits increases from year to year. This year’s employee benefit allowance has increased 9.8% from last year. The benefit allowance amounts for Plan Year 2005 are provided below. If your allowance does not completely cover the cost of the benefits you select, you can use pretax dollars to pay for the portion of your benefits the allowance does not cover but only if you elect “yes” to [premium conversion](#) when you enroll.

Full time Employee-Only			Monthly \$407.92		Yearly \$ 4,895.04
Child	\$163.17	=	\$571.09	=	\$ 6,853.08
Children	\$227.80	=	\$635.72	=	\$ 7,628.64
Spouse	\$316.99	=	\$724.91	=	\$ 8,698.92
Spouse/Child	\$480.16	=	\$888.08	=	\$10,656.96
Spouse/Children	\$544.79	=	\$952.71	=	\$11,432.52

## Using the Online Benefits Calculator

Use our Online Benefits Calculator by logging on to EBC’s website at [www.ebc.state.ok.us](http://www.ebc.state.ok.us). Choose the “BENEFITS” link. Use the Benefits Information drop down menu to select Benefits Calculator Plan Year 2005. If your paycheck is provided to you monthly, choose the monthly calculator. If you paycheck is provided to you every two weeks, choose the bi-weekly calculator. Follow the steps below to use the Online Benefits Calculator:

### STEP 1

Select the type of medical and dental plan and the coverage level you want to calculate. Remember that you must choose a medical and dental plan. The calculator automatically includes the cost of your basic life insurance and disability benefit cost.

### STEP 2

If you want optional vision benefits select the type of plan and the coverage level. You can also select optional supplemental life insurance and dependent life insurance.

### STEP 3

Once you have made your selections the calculator provides the total benefits cost in the lower right-hand portion of the calculator.

The calculator then compares your total benefits cost to your benefit allowance. If your total benefit cost is less than your benefit allowance, you will receive the difference as taxable pay. If your total benefit cost is more than your benefit allowance, you can use pretax dollars to pay for the portion of your benefits cost above the allowance if you elect “yes” to premium conversion when you enroll.

### STEP 4

Print your results by choosing the print button. Change your benefit selections to see how the changes affect your take-home pay. Use the Benefits Calculator as many times as you like, but remember to actually enroll, you must use the BAS link on the website or complete your paper enrollment form.

It is important to note that the Online Benefits Calculator provides estimates only. Although every attempt has been made to provide accurate information, the calculator provides no guarantee of compensation, benefits, or tax implications.

# OKLAHOMA About Your Choices



*"My benefits were there for me when I needed them the most."*

—Linda Webb,  
Oklahoma Public Employees  
Retirement System

You must select a medical and a dental plan. You must also carry and pay the monthly premiums for basic life insurance and disability benefits. You may choose additional types of benefits such as vision, supplemental life insurance, and dependent life insurance. You can also choose to participate in a healthcare or dependent care reimbursement account. Choose carefully as the decisions you make during Option Period are irrevocable for the Plan Year unless you experience an event that qualifies you to make a change under the Internal Revenue Code. If you experience a birth, adoption, or get married or divorced, you must notify your Benefits Coordinator within 30 days of the event to make changes to your benefit elections.

## MUST CHOOSE



### Medical

- **HealthChoice\***
  - High Option
  - Basic
- **CommunityCare\*\***
  - High Option HMO
  - Low Option HMO
  - Alternative HMO
- **GlobalHealth\*\***
  - High Option HMO
  - Low Option HMO
  - Alternative HMO



### Dental

- **HealthChoice**
  - Indemnity
- **Assurant**
  - Heritage Plus PrePaid
  - Freedom Preferred Indemnity
- **CIGNA**
  - Prepaid Plan
- **Delta Dental**
  - Delta's Choice DPO
  - DeltaPreferred



### Employee Life and AD&D Insurance

- **Basic State Coverage**
- **Supplemental Coverage**



### Disability

- **Basic State Coverage**

## OPTIONAL



### Vision Plans

- **CompBenefits**
- **Primary Vision Care Services (PVCS)**
- **Spectera**
- **Superior**
- **Vision Service Plan (VSP)**



### Reimbursement Accounts

- **Healthcare Account**
- **Dependent Care Account**



### Dependent Life Insurance

- **High Option**
- **Low Option**

\* Out-of-state assignments of more than 90 days may qualify you for enrollment in the HealthChoice USA Plan, a national network healthcare option. Call EBC, or HealthChoice for additional information.

\*\*These options are not available in all locations.

Whether you use your medical coverage for planned, unexpected or catastrophic expenses, everyone needs some level of health care protection. You have the following medical plan choices for Plan Year 2005:

- HealthChoice High Option Plan
- HealthChoice Basic Plan
- CommunityCare High Option HMO Plan
- CommunityCare Low Option HMO Plan
- CommunityCare Alternative HMO Plan
- GlobalHealth High Option HMO Plan
- GlobalHealth Low Option HMO Plan
- GlobalHealth Alternative HMO Plan

**For more details about each medical plan's benefit design, see the enclosed Medical Plans Comparison Chart (Gold Foldout).**

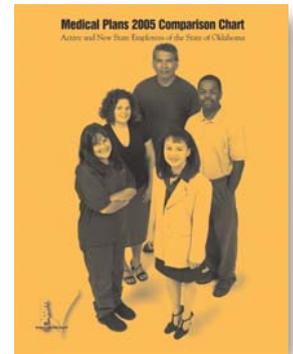
### HealthChoice (State Self Insured Plan)

HealthChoice offers a High and a Basic plan. Benefits are described in the Gold Foldout enclosed in your materials. HealthChoice members have their choice of In-Network physicians, hospitals, clinics and other providers and are responsible for all applicable deductibles, copayments, coinsurance and noncovered services. Out-of-pocket expenses increase when using providers not in the HealthChoice network.

### Health Maintenance Organizations

CommunityCare and GlobalHealth offer Health Maintenance Organization (HMO) plans. HMO members usually have less out-of-pocket expenses at the time services are received. HMO members select a Primary Care Physician (PCP) and hospital network from a list of participating providers. The PCP will manage and coordinate all healthcare needs. A different PCP can be selected for each covered member.

When selecting an HMO plan, the member chooses an insurance carrier, not a specific physician. Providers in a HMO network can change throughout the year. If your PCP drops his or her contract during the plan year, this does not allow you to change carriers. You can, however, select a new PCP.



### Medical Plan Rates – Plan Year 2005

	Employee	Employee & Spouse	Employee, Spouse & Child	Employee & One Child	Employee & Two or More Children	Employee, Spouse & Children
<b>HealthChoice:</b>						
High Option Plan	\$313.86	\$764.08	\$921.18	\$470.96	\$564.26	\$1,014.48
<b>HealthChoice:</b>						
Basic Plan	271.12	659.30	794.48	406.30	486.58	874.76
<b>CommunityCare:</b>						
High Option HMO Plan	458.92	913.26	1,188.62	734.28	826.06	1,280.40
<b>CommunityCare:</b>						
Low Option HMO Plan	345.02	686.60	893.62	552.04	621.04	962.62
<b>CommunityCare:</b>						
HMO Alternative Plan	316.04	628.92	818.54	505.66	568.88	881.76
<b>GlobalHealth:</b>						
High HMO Plan	367.06	730.46	950.70	587.30	660.72	1,024.12
<b>GlobalHealth:</b>						
Low HMO Plan	313.96	624.78	813.16	502.34	565.14	875.96
<b>GlobalHealth:</b>						
HMO Alternative Plan	277.96	553.14	719.92	444.74	500.34	775.52
<b>Plan Year 2005</b>						
Benefit Allowance	\$407.92	\$724.91	\$888.08	\$571.09	\$635.72	\$952.71

# OKLAHOMA Dental

<b>HealthChoice Dental</b>	
Employee Only	\$21.96
Employee & Spouse	43.92
Employee, Spouse & Child	61.44
Employee & One Child	39.48
Employee & Two or more Children	67.42
Employee, Spouse & Children	89.38
<b>Assurant Heritage Plus Prepaid</b>	
Employee Only	\$11.74
Employee & Spouse	20.60
Employee, Spouse & Child	28.20
Employee & One Child	19.34
Employee & Two or more Children	26.94
Employee, Spouse & Children	35.80
<b>Assurant Freedom Preferred</b>	
Employee Only	\$22.78
Employee & Spouse	45.44
Employee, Spouse & Child	62.44
Employee & One Child	39.78
Employee & Two or more Children	68.48
Employee, Spouse & Children	91.14
<b>CIGNA Dental Prepaid</b>	
Employee Only	\$ 8.99
Employee & Spouse	14.87
Employee, Spouse & Child	21.75
Employee & One Child	15.87
Employee & Two or more Children	23.87
Employee, Spouse & Children	29.75
<b>DeltaPreferred Plan</b>	
Employee Only	\$23.84
Employee & Spouse	47.68
Employee, Spouse & Child	67.32
Employee & One Child	43.48
Employee & Two or more Children	75.27
Employee, Spouse & Children	99.11
<b>Delta's Choice DPO Plan</b>	
Employee Only	\$17.44
Employee & Spouse	34.88
Employee, Spouse & Child	49.26
Employee & One Child	31.82
Employee & Two or more Children	55.08
Employee, Spouse & Children	72.52

## HOW THE PLANS COMPARE

You have a greater number of dental plans and access to more dentists for Plan Year 2005! Six dental plans are available. Each carrier offers a plan with a state-wide dental network and a traditional dental benefit design. If you choose the DeltaPreferred

	HealthChoice Dental Plan		Assurant Heritage Plus Prepaid Plan
	In Network	Out of Network	
<b>Deductibles</b>	\$25 Per Person for Basic and/or Major Combined; \$50 Deductible for Orthodontia	\$100 Per Person for Preventive, Basic and or Major Combined; \$150 for Orthodontia	None
<b>Preventive Care (Class A)</b> Includes routine cleanings, check-ups and X-rays for adults and children, and fluoride treatments	100% of Allowed Amounts	100% of Allowed Amounts after \$100 deductible	Sealant per tooth \$15; Routine Cleaning (once every 6 months): No Charge; Topical Fluoride Application (up to age 18): No Charge; Periodic Oral Evaluations: No Charge
<b>Basic Care (Class B)</b> Includes fillings, extractions, root canals, periodontal care, and some oral surgery	85% of Allowed Amounts after deductible	70% of Allowed Amounts after deductible	Amalgam - one surface, permanent teeth \$25
<b>Major Care (Class C)</b> Includes crowns, bridges, and dentures	60% of Allowed Amounts after deductible	50% of Allowed Amounts after deductible	Root Canal, Anterior \$165; Periodontal/Scaling/Root Planing 1-3 teeth (per quadrant) \$36
<b>Orthodontic Care (Class D)</b>	Separate \$50 deductible, plan pays 60% of Allowed Amounts up to lifetime maximum of \$1,800	Separate \$150 Deductible, Plan pays 50% of Allowed Amounts up to lifetime maximum of \$1,800	25% discount
<b>Annual Maximum Benefit</b>	\$1,500 per member per calendar year	\$1,500 per member per calendar year	No plan year dollar maximum

### Notes

Orthodontia benefits are typically only available for dependents under the age of 19 or anyone with TMD. Contact the plan to determine limits on Orthodontia prior to enrollment. If new hires and/or new enrollees did not have group dental coverage in effect prior to becoming covered under HealthChoice Dental, a 12-month waiting period is applied for orthodontia services.

See each dental plan's website for a list of the dentists participating in each plan's network. Delta Dental's and Assurant Freedom Preferred's Networks are both statewide and nationwide and will have the same benefits if treatment is provided out of state.



Plan, your out-of-pocket cost depends on the network you choose to access. The Assurant Heritage Plus, CIGNA Dental Prepaid, and Delta's Choice plans provide a limited network of dentists with fixed dollar copays for dental services at lower premiums. For a detailed explanation of benefits and costs see the dental carrier's website or log on to [www.ebc.state.ok.us](http://www.ebc.state.ok.us).

<b>Assurant Freedom Preferred Plan</b>		<b>CIGNA Dental Prepaid Plan</b>	<b>DeltaPreferred Plan</b>			<b>Delta's Choice DPO Plan</b>
<b>In Network</b>	<b>Out of Network</b>		<b>DeltaPreferred DPO Network</b>	<b>DeltaPremier Network</b>	<b>Out of Network</b>	
\$25 Per Person (Waived for Class A services)	\$25 Per Person	None \$5 office co-pay applies	\$25 per person - Class B & C only	\$100 Per Person	\$100 Per Person	No deductible on Class A, B & D; \$100 deductible per person on Class C services
100%	100%	Sealant per tooth \$15; Routine Cleaning (once every 6 months): \$0; Topical Fluoride Application (up to age 18): \$0; Periodic Oral Evaluations: \$0	100%	100%	100%	Routine Cleaning (two in 12 months): \$5; Topical Fluoride Application (up to age 19): \$5; Periodic Oral Evaluations: \$5
80%	70%	Amalgam - one surface, permanent teeth \$19	85%	70%	70%	Amalgam - one surface, permanent teeth \$12
60%	50%	Root Canal, Anterior \$295; Periodontal Scaling/Root Planing 1-3 teeth (per quadrant) \$55	60%	50%	50%	Crown-porcelain/ceramic substrate/ \$241; Complete denture-maxillary \$320
No deductible, plan pays 60% up to lifetime maximum of \$1,500	No Deductible, Plan pays 50% up to lifetime maximum of \$1,500	\$2,000 out-of-pocket child; \$2,700 out-of-pocket adult (24 month treatment); excludes orthodontic treatment plan and banding.	No deductible, plan pays 60% up to lifetime maximum of \$1,500	No deductible, plan pays 60% up to lifetime maximum of \$1,500	No deductible, plan pays 60% up to lifetime maximum of \$1,500	No Deductible, Lifetime maximum of \$1,500
\$1,500 per member per calendar year	\$1,500 per member per calendar year	No plan year dollar maximum	\$1,500 per member per calendar year			

**Dental coverage can help you with the cost of routine, preventive care and the special major dental care you may occasionally need.**

**HOW THE PLANS  
COMPARE**

Five vision plans are available to choose from for Plan Year 2005. Each plan offers statewide coverage. Current vision plan participants

<b>CompBenefits</b>	
Employee Only	\$ 6.98
Employee & Spouse	12.04
Employee, Spouse & Child	15.61
Employee & One Child	10.55
Employee & Two or more Children	11.44
Employee, Spouse & Children	16.50
<b>PVCS</b>	
Employee Only	9.00
Employee & Spouse	16.50
Employee, Spouse & Child	24.50
Employee & One Child	17.00
Employee & Two or more Children	19.00
Employee, Spouse & Children	26.50
<b>Spectera</b>	
Employee Only	7.79
Employee & Spouse	13.30
Employee, Spouse & Child	17.67
Employee & One Child	12.16
Employee & Two or more Children	14.44
Employee, Spouse & Children	19.95
<b>Superior</b>	
Employee Only	6.98
Employee & Spouse	13.88
Employee, Spouse & Child	20.46
Employee & One Child	13.56
Employee & Two or more Children	13.56
Employee, Spouse & Children	20.46
<b>VSP</b>	
Employee Only	9.14
Employee & Spouse	14.62
Employee, Spouse & Child	20.40
Employee & One Child	14.92
Employee & Two or more Children	20.40
Employee, Spouse & Children	25.88

COVERED SERVICES	CompBenefits		PVCS	
	In Network	Out of Network	In Network	Out of Network
<b>Eye Exams</b>	\$10 Copay Up to Plan Limit	\$10 Copay then Plan pays up to \$35	\$0 No limit to frequency	Plan pays up to \$40 Limit 1 exam
<b>Lenses Per Pair</b>	\$25 Copay covered up to plan limit	Single up to \$25 Bifocals up to \$40 Trifocals up to \$60 Lenticular up to \$100	Member pays wholesale cost No limit to number of pairs	Member pays Normal Doctor Fees, reimbursed up to \$40-60 for one set of lens & frame
<b>Frames</b>	\$25 Copay	\$25 Copay then Plan pays up to \$40	Wholesale Cost No limit to number of frames	One frame annually, member pays normal doctor fees.
<b>Contact Lenses</b>	\$25 Copay then Plan pays up to \$105 Conventional \$105 Disposable Medically Necessary Covered in full	\$25 Copay then Plan pays up to \$105 Conventional \$210 Medically Necessary	Wholesale Cost No limit to amount of lenses	Limit of one set annually in lieu of eyeglasses, plan pays normal doctor fee up to \$60
<b>Laser Vision Correction</b>	Discount thru TLC, member will pay no more than \$1800 per eye	None	Discount at multiple state locations: TLC; Wells Laser Center; Omni Eye Center	None

**You have the choice to participate in:**

- **CompBenefits**
- **Superior**
- **Primary Vision Care Services (PVCS)**
- **VSP**
- **Spectera**

**If you or a family member needs Vision Care, you may elect coverage from one of the vision carriers offered.**

**Remember, Vision Coverage is optional.**

- Employees and all eligible family members may enroll, but if one dependent is covered, then all eligible dependents must be covered.
- Family members must enroll in the same vision plan as does the employee.

wishing to maintain vision coverage for Plan Year 2005 must re-enroll. For a detailed explanation of benefits and costs see the vision carrier's website or log on to [www.ebc.state.ok.us](http://www.ebc.state.ok.us).

Spectera		Superior		VSP	
In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
\$10 Copay	Plan pays up to \$40	\$10 Copay	\$34 - Ophthalmologist \$26 - Optometrist	\$10 Copay	\$10 Copay then Plan pays up to \$35
\$25 Copay	Single up to \$40 Bifocals up to \$60 Trifocals up to \$80 Lenticular up to \$80	\$25 Copay	Single up to \$26 Bifocals up to \$39 Trifocals up to \$49 Lenticular up to \$78	\$25 Copay	\$25 Copay, then plan pays: Single up to \$25 Bifocals up to \$40 Trifocals up to \$55 Lenticular up to \$80
\$25 Copay	Plan pays up to \$45	\$25 Copay	Plan pays up to \$68	\$25 Copay, then plan pays up to \$105	\$25 Copay, then plan pays up to \$45
\$25 Copay (covers fitting and evaluation fees, contact lenses and up to 2 follow-up visits).	\$25 Copay then plan pays up to \$105 Conventional \$105 Disposable \$210 Necessary contact lenses	No Copay Plan pays up to \$120 Conventional \$120 Disposable Medically Necessary contacts covered in full.	No copay Plan pays up to \$100 Conventional \$100 Disposable \$210 Medically Necessary	No Copay Plan pays up to \$120 Conventional \$120 Disposable Medically Necessary contacts covered in full.	No Copay Plan pays up to: \$105 Conventional \$105 Disposable \$210 Medically Necessary
Discount 15% off the usual & customary price 5% off promotional price	None	20% Discount off surgical fees	None	15% to 20% off usual and customary price or 5% off the laser center promotional price	None

**NOTES:** Exam, Lenses, and Frame benefits listed above are provided once every 12 months for all providers except for PVCS In-Network benefits.

**PVCS Note:** Member must select either In-Network or Out-of-Network for entire Plan Year 2005. All In-Network services are unlimited. Out-of-Network services (one eye exam, one set of eyeglasses or contacts) are limited to once annually.

\$50.00 service fee applies to all soft contact lens fittings; a \$75.00 service fee applies to all hard or gas permeable contact lens fittings.

Limitations/Exclusions include the following:

- 1) Medical eye care, 2) Vision Therapy, 3) Nonroutine vision services and tests, 4) Nonprescription eye wear, and 5) Luxury frames (wholesale cost of frame is \$100 or more).

**CompBenefits Note:** Contact lens benefit provides \$105 annual allowance toward exam & purchase of lenses. Over 13,000 frames on the market today are covered in full by In-Network providers.

**Spectera Note:** Scratch resistance coating is covered in full In-Network. Over 60% of all frames on the market today are covered in full by In-Network providers. Over 50 types of contact lenses covered in full In-Network. 5% discount on web based mail order contact lenses through Vision Direct. Effective January 2005, Spectera has increased the frame allowance offered at participating retail chains to \$130.

**Superior Note:** Largest national provider network. Frame allowance covers more than half of all frames on market today. Comprehensive Exam does not include Contact Lens Exam. \$25 materials copay for frame and/or eyeglass lenses.

**VSP Note:** If a member chooses a frame that exceeds the \$105 annual allowance, the member will receive 20% off any overage (In-Network). \$25 materials copay for frames and lenses purchased at the same time (In- and Out-of-Network). Contact lens benefit provides \$120 allowance toward contact lens exam (fitting/evaluation) and purchase of contacts (In-Network).

**Monthly minimum  
\$10.00**

**Monthly maximum  
\$300.00**

**A Healthcare Reimbursement Account** allows you to set aside part of your salary each pay period on a pre-tax basis to pay for eligible out-of-pocket medical, dental, and vision care expenses. Contribute as little as \$10.00 per month or as much as \$300.00 per month. You'll make your contribution election when you enroll. When you incur an eligible expense not covered by your benefit plan, submit a claim and with proper documentation your reimbursement will usually be available within 10 days. A list of expenses eligible for reimbursement is available at [www.ebc.state.ok.us](http://www.ebc.state.ok.us). Current participants in the Healthcare Reimbursement Account who wish to continue participation must re-enroll this Plan Year designating a monthly contribution amount.

- **Monthly minimum \$10.00**
- **Monthly maximum \$300.00**

### **How the Healthcare Reimbursement Account Works**

**STEP**

**1**

**Savings from Your Payroll**

**STEP**

**2**

**Submit Claims**

**STEP**

**3**

**A Check or Direct Deposit Notice is Sent to You**

#### **Benefits Tip:**

Tracking your reimbursement account is easy through Myflex Online.

- View Account Balance & Claim Information
- View a Partial list of eligible expenses
- Print claim forms
- Visit [www.ebc.state.ok.us](http://www.ebc.state.ok.us) & Choose Flexible Spending.

Daycare expenses for children or adults can add up quickly. Substantial tax savings are possible by electing to participate in the **Dependent Care Reimbursement Account**. Monthly contributions are deducted from your paycheck before your taxes are calculated. When you pay daycare expenses, simply submit a claim form and receipt to be reimbursed from your dependent care savings account.

Contribute as little as \$50.00 per month or as much as \$416.66 per month. You'll make your contribution election when you enroll. Current participants in the Dependent Care Reimbursement Account who wish to continue participation must re-enroll this Plan Year designating a monthly contribution amount.

- **Monthly minimum \$50.00**
- **Monthly maximum \$416.66**

### How the Dependent Care Reimbursement Account Works

STEP

**1**

**Savings from Your Payroll**

STEP

**2**

**Submit Claims**

STEP

**3**

**A Check or Direct Deposit Notice is Sent to You**

#### **Benefits Tip:**

Plan carefully when choosing your monthly reimbursement amount. I.R.S. rules say you must use all of the funds in your Reimbursement Accounts by the end of the year or you lose the remaining balance.



*"This year, I'll be signing up for the Dependent Care Reimbursement Account. Every month money goes into the dependent care account, before taxes are taken out. When it's time to pay for childcare, I'll submit a claim and get a check often within the same week. It's fast and I'll be paying less in taxes too."*

*—Kelly Heflin,  
Department of Insurance*

# OKLAHOMA Life and AD&D Insurance

<b>Basic Life (\$20,000)</b>	\$ 3.90
<b>Supplemental Life (\$20,000)</b>	3.90
<b>Dependent Life</b>	
Low Option	2.16
High Option	3.60
<b>Addition Units of Supplemental Life</b>	
<b>Age Rated</b>	
under 30 years	\$1.20
30-34 years	1.20
35-39 years	1.80
40-44 years	2.60
45-49 years	4.20
50-54 years	7.00
55-59 years	11.60
60-64 years	13.40
65-69 years	22.00
70-74 years	37.20
75+ years	57.80

All eligible current State employees are offered a basic term life policy of \$20,000 and an additional supplemental term life policy that allows flexibility in tailoring coverage to meet individual life insurance needs.

## Basic Coverage

As a State employee, you are automatically enrolled in the basic level of life insurance coverage of \$20,000. This also includes coverage for accidental death or dismemberment.

## AD&D Coverage

Only the Basic Life Insurance (\$20,000) and the first unit (\$20,000) of Supplemental Life Insurance include Accidental Death and Dismemberment coverage. For details regarding loss of life or loss of limb benefits, see the HealthChoice Life Insurance Handbook. The handbook is available online at [www.healthchoiceok.com](http://www.healthchoiceok.com).

## Supplemental Coverage

You may elect to increase your coverage in \$20,000 units up to a maximum of \$300,000 or five times your salary, whichever is LESS. The total amount issued depends on successful submission and approval of required Evidence of Insurability (EOI) including requested medical records. The postmark deadline for submitting an EOI is October 31, 2004.

## Guaranteed Issue (New employees only)

New employees within their first 30 days of employment may enroll in life insurance coverage of two times their base annual salary without completing an EOI Form.

## How to Apply

Complete a Supplemental Life Insurance Application and obtain your Coordinator's signature. Also complete an Evidence of Insurability Form and mail directly to OSEEGIB's address on the back of the form.

## Dependent Life Insurance

You have two options when purchasing life insurance coverage for your dependents:

### Dependent Life High Option

- \$10,000 term life policy for spouse
- \$5,000 term life policy for each child
- \$1,000 term life policy for newborns to 6 months

### Dependent Life Low Option

- \$6,000 term life policy for spouse
- \$3,000 term life policy for each child
- \$1,000 term life policy for newborns to 6 months

To apply, complete the back of your enrollment form or select this option on your online enrollment.

\*For a complete description of the life insurance coverage, eligibility and benefits, please reference the HealthChoice Life Insurance Handbook. The handbook is available online at [www.healthchoiceok.com](http://www.healthchoiceok.com).



## Disability

No one expects to become disabled, but the financial burden can be reduced by your coverage under the State Disability Plan. The basic disability coverage under the program is 60% of your base pay up to a maximum dollar limit for which you may qualify based on age, salary and years of service.

## Eligibility

Disability benefits are available to all employees who have completed at least one month of continuous employment. No benefits are payable for any disability caused by a pre-existing condition.\*

## Definition of Disability

Disability is defined as the inability to perform the major duties of your job. After two years of disability, it is defined as the inability to perform the duties of any job for which you are reasonably qualified.\*

## What the Plan Pays

The disability plan will pay a monthly income of 60% of your base pay up to a maximum.

### Monthly Maximum Disability Income

- Short-Term: \$1,800
- Long-Term: \$3,000

Any benefits paid will be offset by any other disability income you may receive such as Social Security or Worker's Compensation.

## When the Plan Pays

Payments begin after you have been disabled for 30 days. Short-term disability pays a benefit for the first 150 days. Generally, long-term disability pays a benefit after 180 days of disability and continues to age 65 or recovery, whichever is first, based on age, salary and years of service. Other limitations may apply.

\*For a complete description of the disability plans, eligibility facts and benefits please reference the HealthChoice Disability Insurance Handbook. The handbook is available online at [www.healthchoiceok.com](http://www.healthchoiceok.com).

## OKLAHOMA State Wellness Program



*"With the help of my mentor, I've lost weight and reduced my blood pressure. I'm living a healthier lifestyle, improving my habits one day at a time."*

—Phyllis Farmer,  
Department of Human Services

For the past 14 years, Oklahoma has held the dubious distinction of being the only state in the nation to show an increase in health-related problems. As a result, medical premiums in our state are as high as anywhere in the nation.

Rather than continue down the same path, with state employees paying increased healthcare premiums that just keep rising, EBC is taking steps to help.

The Oklahoma State Wellness Program has a pilot study currently underway called OK Health - Cardiovascular Disease and Diabetes Risk Reduction Program. Nearly 600 Oklahoma DHS employees take part in the program presently.

Since it began in July of 2003, participants have lowered their cholesterol and blood pressure, learned to manage their weight, and live a healthier lifestyle.

The Wellness Program will complete its pilot study in 2005 and may be made available to a larger group of state employees based on its success.

All state employees have access to Wellness information by visiting [www.ebc.state.ok.us](http://www.ebc.state.ok.us).

### The website provides:

- **Information on Wellness programs**
- **Schedule of upcoming statewide Wellness events**
- **Resource Library**
- **Health Calculators**
- **Health and Wellness Handouts**
- **Helpful Links**
- **Wellness Connection Newsletters**
- **Monthly Wellness Grams**

### State Wellness Program

Email us at: [wellness@ebc.state.ok.us](mailto:wellness@ebc.state.ok.us)

(405) 232-1190 ext 120 or ext 131; or 1-800-219-8115

## General

Enrollment in a medical or dental plan does not guarantee that a particular doctor, dentist, clinic, or hospital will remain in your plan's network for the entire year. You enroll with the PLAN and not the provider. If your provider terminates his or her contract during the Plan Year, this does not allow you to change medical or dental plan carriers. These benefits are effective January 1, 2005. Keep this book as a reference throughout the year. This booklet is only intended to be a brief summary of certain provisions of the State of Oklahoma Employee benefit plans. In the event of a conflict between the booklet and the laws of the State of Oklahoma or administrative rules of the Employees Benefits Council and the Oklahoma State & Education Employees Group Insurance Board, the laws and administrative rules shall govern in all cases.

## Consumer Information & Annual Notices

The **WOMEN'S HEALTH & CANCER RIGHTS ACT** of 1998, a Federal Law, provides benefits for mastectomy-related services including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). The 1998 Guidance, Questions and Answers, and Notice Requirements under WHCRA (November 1998), can be obtained by calling (800) 998.7542. The **BREAST CANCER PATIENT PROTECTION ACT**, an Oklahoma State Law, provides for at least 48 hours of inpatient care following a mastectomy and not fewer than 24 hours following a lymph node dissection. The **NEWBORNS & MOTHERS ACT** of 1996, a Federal Law, requires the availability of a hospital stay of at least 48 hours in connection with a vaginal delivery and not less than 96 hours with a cesarean delivery. The **PROSTATE CANCER PROTECTION ACT**, an Oklahoma State Law, Provides for an annual screening for early detection of prostate cancer in men age 50 and over and in men from age 40-50 who are in high-risk categories. The Oklahoma Prostate Surgery side effects Law, provides that all health benefit plans offered by OSEEGIB & EBC shall provide coverage for side effects that are commonly associated with radical retropubic prostatectomy surgery, including, but not limited to impotence and incontinence, and for other prostate related conditions. **THE MANDATED BENEFIT FOR OB/GYN COVERAGE LAW** requires any health benefit plan offered in the state of Oklahoma which provides medical and surgical benefits to also provide coverage for routine annual obstetrical/gynecological examinations. The new law does not diminish already allowed health benefit diagnostics. In addition the law also specifies that obstetrical/gynecological examinations do not have to be performed by an obstetrician, gynecologist, or obstetrician/gynecologist. If you have a problem which cannot be resolved through your benefit plan's grievance process, you may have remedies with the Oklahoma State Department of Health, Oklahoma Department of Insurance, or a remedy of law.

## Employee Assistance Program (EAP)

EAP provides professional consultation, confidential assessment, short-term problem resolution and referral service for employees, family members and supervisors. All insurance plans provide mental health and substance abuse treatment. The EAP can help with explaining and accessing these benefits. For the name and contact information of an EAP counselor near you, log onto [www.ebc.state.ok.us](http://www.ebc.state.ok.us).

## General Eligibility Information

The following are rules of eligibility that apply to commonly occurring situations. The rules are listed in no particular order. This is not an exhaustive list.

Any active state of Oklahoma employee scheduled to work at least 1000 hours per year is eligible for benefits coverage if he/she is not a temporary or seasonal employee. New Hire coverage is effective on the first day of the month following the entry-on-duty date. Coverage ends on the last day of the termination month. All eligible dependents must be covered when one dependent is covered under health, dental, or vision insurance unless proof of other group coverage is provided. Eligible dependents are defined by the Internal Revenue Code and include a spouse, unmarried children up to the age of 19, unmarried children who are full time students up to age 25, and incapacitated or totally disabled children of any age if their incapacity occurred and was verified prior to age 19. Two employees cannot claim coverage for the same dependents for health, dental, and vision benefits. A 19-year-old dependent, still in school, can still be covered until age 25 if enrolled as a full-time student at an accredited university or institution of higher learning, secondary school, or college. A signed "Certification of Student Status" form must be on file with your Benefits Coordinator and EBC. A dependent who has been dropped from coverage cannot be re-enrolled for 12-months. Thirty-day written notice is required to reinstate coverage. Reinstated health coverage may be subject to penalty for preexisting conditions.

## Changes to Benefit Plan Elections

Benefit elections made during the Option Period are generally irrevocable. Changes can be made to Option Period elections only if the change is authorized and consistent with Internal Revenue Service regulations. If you experience an event which you believe qualifies you to change your benefit elections, contact your Benefits Coordinator or EBC **within 30 days of the event**. Life events that qualify you to change your benefit elections include: marriage, birth, adoption or placement of an adopted child, loss of other coverage, change in marital status, change in the number of dependents, change in employment status of employee, spouse or dependent that affects eligibility, event causing employee's dependent to satisfy or cease to satisfy eligibility requirements, change in place of residence of employee, spouse or dependent, commencement or termination of adoption proceedings, judgments, decrees or orders, Medicare or Medicaid, significant cost increases (limited to Dependent Care Reimbursement Account using unrelated care provider), changes in coverage of spouse or dependent under other employer's plan (except HCRA), FMLA Leave, or other such events, which may permit such modification of election under the IRS consistency rule as found in Treasury Regulations 1.125-4 and in accordance with other applicable and prevailing Internal Revenue Code regulations promulgated under, and in accordance with EBC and OSEEGIB Rules and Regulations.

## Flexible Spending Accounts Information

These accounts let you set-aside money from your paycheck, pre-tax, to pay for planned dependent care charges and expected out-of-pocket healthcare expenses. You must enroll each Option Period or you lose the account. Plan carefully when deciding your contributions. Direct deposit of your reimbursements is available into the same account as your payroll deposit. If you terminate employment with the state any daycare or medical services must be incurred prior to the last day of your termination month. If you are not on active payroll (on some type of leave) it is your responsibility to mail in your pledged contribution. Viewing your account information is easy using our Myflex Online service. For further information on allowable expenses, review IRS Publication 502 and 503. Keep in mind that the state's plan is a qualified Flexible Benefit Program. Some #502 and #503 information may not describe these plan restrictions. Services must be rendered on or after January 1, 2005 and on before December 31, 2005. However, you may send your claims through March 31, 2006. Any money not used during the calendar year will be forfeited, so plan accordingly. For tax questions, seek advice from a qualified professional.

## Healthcare (Medical) Spending Account Information

The IRS Code Uniform Reimbursement Rule allows you to have access to your full annual election after your first payroll withholding activates your account. You spend your own money for after-insurance, qualified medical expenses, deductibles, copays and certain over-the-counter items.

These expenses may be eligible for reimbursement according to the IRS Code, enabling you to submit a claim voucher with the appropriate documentation and receive reimbursement from your own tax-free account. Attach the itemized bill and/or the Insurance Explanation of Benefits (HealthChoice State Plan or Dental Indemnity Plan EOB) to your signed EBC Expense Reimbursement Voucher (claim form) and mail to the address on the form. Funds will be disbursed for the amount requested within ten days of receipt if you submit all required documentation. Eligible expenses include: copayments, acupuncture, chiropractic care, certain over-the-counter items, vision expenses (glasses, contacts, contact solution, Laser corrective eye surgery), orthodontics, deductibles, gynecological exams, immunizations, insulin and diabetic supplies, lab exams, psychiatric care, oxygen, orthopedics, sterilization fees, wheelchair, dentures, hearing exams and devices, smoking program, and weight loss program weekly meeting fees (doctor letter of medical necessity and diagnosis required [diagnosis can be obesity]), and mileage at \$0.14 per mile (amount subject to change). Check out the list of approved over-the-counter items on our website. Documentation required for approved OTC items is the computerized receipt, name of item, medical condition it treats, date of purchase, and amount paid. Pharmacy labels need to include the name of the drug. Non-eligible expenses include: personal care items, warranties, late fees or finance charges, membership/health club dues, food items of any kind, clip-on sunglasses, teeth whitening, vitamins, dietary supplements, items or services for cosmetic purposes, massage therapy, marriage and family counseling, insurance premiums, and naturopathic or alternative medicine supplements. The date of service is the date you incur the expense (i.e., date you drop off the prescription at the pharmacy, date you receive the medical care). This date must be during the plan year and while actively participating in the program (making monthly contributions). The minimum monthly contribution is \$10 and the maximum monthly contribution is \$300. Claim deadlines are Tuesday, at 1:00 p.m. (Subject to change during holidays).

## Dependent Care Spending Account Information

If you have an eligible dependent (children 12 or younger who have been included on your income tax return or any other eligible dependent person physically or mentally incapable of self-care) who spends at least eight hours a day in your home you may want to participate in the Dependent Care Flexible Spending Account. This account pays daycare provider expenses while you and your spouse work up to a combined calendar year total of \$5,000. The daycare provider cannot also be your tax dependent. The individual calendar year limit is \$2,500. Form 2441 must still be filed with your taxes. You can receive reimbursement for the amount you have currently deposited in your Dependent Care Account. The signed Expense Reimbursement Voucher allows you to send proof of payment for reimbursement. With proof of payment and the dates of service your daycare provider is no longer required to sign the Dependent Care Acknowledgement form. The minimum monthly contribution is \$50 and the maximum monthly contribution is \$416.66.

**Termination of Employment**

If your employment terminates, you have certain rights under federal law. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) allows you to receive a Certificate of Creditable Prior Coverage from the State that you can present to a future employer. This certificate can verify up to 18 months of your prior insurance coverage in order to allow a reduction in your new employer's preexisting condition limitation. If your employment terminates contact your Benefits Coordinator or EBC immediately to determine your rights under HIPAA. The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) allows you to continue insurance coverage after your employment terminates. Certain time limits apply to be eligible to continue coverage and an additional fee is added to your insurance premiums. Contact your Benefits Coordinator or EBC immediately upon termination of your employment to determine your COBRA rights. OSEEGIB Administers the COBRA program for state employees.

**OPM Volunteer Deduction List**

Through the state Voluntary Payroll Deduction Program, state employees may participate in a variety of programs through automatic payroll deduction.

**CREDIT UNIONS**

Allegiance CU  
 C.S.H. Federal CU  
 Department of Public  
 Safety Federal CU  
 CU One of Oklahoma  
 East Central Teachers CU  
 Fraternal Order of Police CU  
 Lawton Teachers Federal CU  
 Mayes County Federal CU  
 Municipal Employees CU  
 Oklahoma Educators CU  
 Oklahoma Employees CU  
 O.U. Employees Federal CU  
 Red River Federal CU  
 Texoma Educators Federal CU  
 The Focus Federal CU  
 Tulsa Teachers CU  
 University & Community Federal CU

**OKLAHOMA TODAY MAGAZINE****EMPLOYEE ASSOCIATIONS**

Oklahoma Public Employees  
 Association  
 Oklahoma State Trooper Association  
 CWA/Oklahoma State  
 Workers Union

**SUPPLEMENTAL  
INSURANCE**

5 Star Life Insurance Co.  
 Aegon USA  
 American Family Life  
 Assurance Co. (AFLAC)  
 American Fidelity Assurance Co.  
 American General Life Insurance Co.  
 American Heritage Life  
 Insurance Co.  
 American Public Life Insurance Co.  
 Colonial Life Insurance Co.  
 Conseco Health Insurance Co.  
 Leaders Life Insurance Co.  
 National Accident Insurance  
 Pre-Paid Legal Casualty, Inc.  
 Trustmark Insurance Company

**COLLEGE SAVINGS PLAN**

Products listed are as of the date of publication and may change throughout the year.

The Voluntary Payroll Deduction Program (VPD) is administered by the Office of Personnel Management. A current list of approved VPD organizations and products is available at [www.opm.state.ok.us](http://www.opm.state.ok.us). Should you have questions regarding the VPD program please contact Marsha Reeder at 405-521-2269.



## RETIREMENT

### (The Oklahoma Public Employees Retirement System)

The Oklahoma Public Employees Retirement System (OPERS) administers retirement plans for several different types of state and local government employees. The OPERS defined benefit plan provides a lifetime retirement benefit when the member meets certain eligibility requirements. Membership is a mandatory condition of employment and includes state and local government employees, state and county elected officials, and hazardous duty employees. Active members contribute a certain portion of their compensation each month. The employer also contributes a percentage of the member's compensation. The member and employer contributions are invested by OPERS, under the direction of the Board of Trustees, to provide lifetime benefits to present and future retired members. The amount of member and employer paid contributions do not determine the amount of the benefit that the plan promises the member. The member's benefit at retirement is determined by a formula which includes the member's final average compensation times the number of years of credited service times a multiplier.

## SOONERSAVE RETIREMENT PLANS

OPERS also administers SoonerSave, which is available to most state employees. SoonerSave is one program with two retirement savings components. Employees contribute pre-tax dollars through voluntary salary deferral into the Oklahoma State Employees Deferred Compensation Plan. Employees who take advantage of SoonerSave receive a contribution of \$25 from the State of Oklahoma into the Savings Incentive Plan. Contributions and any earnings grow tax-deferred until money is withdrawn, usually during retirement.

SoonerSave is an excellent way to shield current income from federal and state taxes while saving for the future. In both plans, contributions and any earnings grow tax-deferred until money is withdrawn, usually during retirement when the participant is typically receiving less income and therefore may be in a lower tax-bracket than while working. In order to properly plan for your retirement years, OPERS encourages you to consider participating in these plans (if you are eligible) as a way to supplement the income you will receive from your defined benefit plan and Social Security. For more information about SoonerSave or to update your beneficiary information, call 1-800-733-9008 or (405) 858-6781. You can also obtain information, including enrollment forms, by visiting [www.soonersave.com](http://www.soonersave.com).

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## HEALTH

HealthChoice (State Plan) Oklahoma City Metro	(405) 717-8780
Toll Free	(800) 752-9475
Website	www.healthchoiceok.com
Health, Dental & Life Claims	(405) 499-4920
Toll-Free	(800) 782-5218
Pharmacy Claims	(800) 903.8113
Precertification/Emergencies Toll-Free	(800) 848-8121
COBRA	(405) 717-8780
Toll-Free	(800) 752-9475
Website	www.healthchoiceok.com
CommunityCare HMO All Areas	(800) 777-4890
Website	www.ccok.com
GlobalHealth HMO All Areas	(405) 280-5600
Toll-Free	(877) 280-5600
TTY/TDD/Voice	(800) 522-8506
Website	www.globalhealth.cc

## DENTAL

HealthChoice Dental Plan Oklahoma City Metro	(405) 717-8780
Toll Free	(800) 752-9475
Website	www.healthchoiceok.com
Assurant Heritage Plus Prepaid Dental	(800) 443-2995
Assurant Freedom Preferred Indemnity	(800) 866-5020
Website	www.assurantemployeebenefits.com
CIGNA Dental Prepaid	(800) 367-1037
Website	www.cigna.com
Delta Dental Oklahoma City Metro	(405) 607-2100
Toll Free	(800) 522-0188
Website	www.deltadentalok.org

## VISION

CompBenefits	(800) 865-3676
Website	www.visioncare.com
Primary Vision Care Services	(888) 357-6912
Website	www.pvcs-usa.com
Spectera	(800) 638-3120
Website	www.spectera.com
Superior	(800) 507-3800
Website	www.superiorvision.com
Vision Service Plan	(800) 877-7195
Website	www.vsp.com

## EMPLOYEES BENEFITS COUNCIL

Main	(405) 232-1190
Toll Free	(800) 219-8115
Benefits/ Wellness Fax	(405) 232-1324
Administration Fax	(405) 232-3158
Finance Fax	(405) 232-1729
TDD	(405) 235-4625
Flexible Spending Accounts	(405) 232-1190 x301
Toll Free	(800) 219-8115 x301