



2007

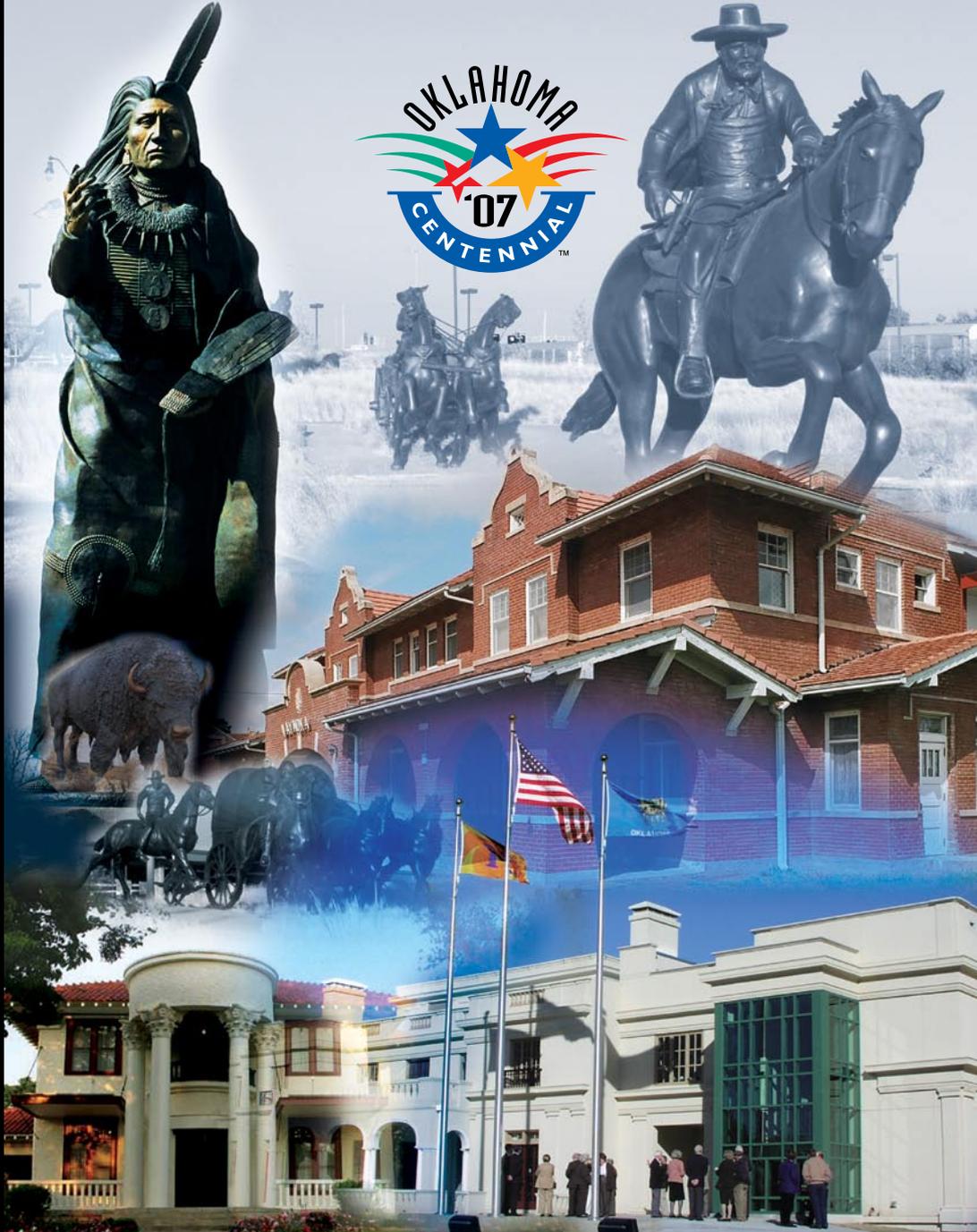


EMPLOYEES Benefits Council



BENEFITS ENROLLMENT GUIDE

Active and New Employees of the State of Oklahoma



Shown above, top left then clockwise: Standing Bear bronze sculpture in Ponca City; The Land Run bronze sculptures in Oklahoma City; Waynoka Transportation Museum in Waynoka; Tulsa Historical Society in Tulsa; the Mattie Beal Mansion in Lawton and the heroic size bronze buffalo statue in Idabel.

Oklahoma Centennial 2007: A Time to Celebrate Oklahoma!

Oklahoma turns 100 on November 16, 2007, but you don't need to wait until then to celebrate all things Oklahoman! The Centennial is the time to explore the history and heritage of your community, your area, your state -- and your choices are boundless.

Your invitation to participate begins with a statewide kickoff November 2006 in Tulsa and continues throughout 2007 with festivals, events, and exhibits in all 77 counties. Centennial premier events offer Oklahomans grand scale celebrations that come once in a lifetime.

Hundreds of communities are commemorating Oklahoma's first century and preparing for the next 100 years by creating parks, trails, fountains, and monuments or by restoring historic sites. Dedications will be held throughout Oklahoma in 2007 and you're invited.

To begin planning your event-filled Centennial calendar and to learn more about the Oklahoma Centennial, visit www.oklahomacentennial.com. And get ready to *Celebrate Oklahoma!*

Celebrate Oklahoma! A Unique History. An Extraordinary Future.

Centennial text: Jeanie Edney, Oklahoma Centennial Commission

Photos: Fred Marvel for the Oklahoma Centennial Commission (exception: Standing Bear Memorial by Jim Argo)





Look Who's Celebrating 100 years!

The Employees Benefits Council is proud to join the Oklahoma Centennial Commission in marking 100 years of statehood. Throughout this year's Benefits Enrollment Guide, look for information on sites you can visit and events in which you can participate throughout the coming year. Be sure to check the back pocket of this Guide for information about important venues and scheduled parades, festivals and much more, or visit www.oklahomacentennial.com.

It would be impossible to celebrate Oklahoma without recognizing the important role State employees play in making this State great! With 100 years behind us, and many more ahead, the State of Oklahoma would not exist without the hard work and accomplishments of state employees. The Employees Benefits Council is committed to offering state employees a competitive and comprehensive benefits program, because we understand the importance of your insurance coverage.

Please, take a few moments to look through this Guide. Review the choices available to you and your family for 2007, and be sure to complete your enrollment either online or by using the paper form supplied by your Benefits Coordinator.

Simply follow these three easy steps:

Step 1

LOOK at your choices. Review this Guide, go online to the EBC website or talk to your Benefits Coordinator about your options.

Step 2

ENROLL online anytime, 24 hours a day. Or, you may also enroll by completing and submitting the paper form supplied by your Benefits Coordinator. Be sure to meet the deadlines set by your agency.

Step 3

REVIEW your selections. Review your enrollment choices online and make changes anytime prior to midnight on November 3, 2006. When your Confirmation of Benefits statement is generated in mid-November, be sure to review it for accuracy. Your benefits are important! Make sure your elections are what you wanted.

Option Period is October 9 – November 3, 2006

Benefits will be effective January 1, 2007

Your agency may have earlier deadlines. Check with your Benefits Coordinator.

Visit EBC at www.ebc.state.ok.us

What's New in Insurance and Benefits?

Flexible Spending Account debit cards are now free.

That's right...free! Beginning January 1, 2007, the Employees Benefits Council has elected to pay the \$14.40 annual fee normally charged to State employees when choosing to enroll for the convenience of the FSA debit card. Refer to **page 12** for further information on this terrific benefit, available in conjunction with the Health Care Account and the Dependent Care Account elections.

Premium Conversion is now automatic.

Premium conversion allows your out-of-pocket eligible benefits expenses to be paid with pre-tax dollars. Now, if you fail to make any election for premium conversion, you will be automatically enrolled. Ask your Benefits Coordinator for further information and see **page 5** of this guide.

Vision Coverage will roll over.

In prior years, all employees were required to make a vision election if they wanted to enroll in or simply keep their previous vision coverage. Beginning in Plan Year 2007, prior vision elections will now roll over. So, if you had vision coverage last year, it will remain the same in 2007 unless you make a change during online enrollment or on your paper enrollment form. See **pages 10 & 11** for vision plan choices.

New Dependent Life Insurance Options offered.

Beginning January 1, 2007, employees will have an expanded offering of dependent life coverage options; while the Low Option returns, the High plan has been renamed and is now the Standard option, and the new Premier Option offers a higher coverage level than previously available. Please review **pages 14 & 15** in this Guide for insurance coverage levels and premium rates for the Premier, Standard and Low dependent life options.

Important Default Note: If you elected the High Option for dependent life insurance coverage in 2006, and fail to make an election for dependent life insurance coverage for 2007, your coverage will automatically default to the Standard Option coverage level. Avoid default enrollments! Be sure to make an election by completing your enrollment online or in paper form if you wish it to be different than your current election.

Dependents may now qualify for coverage without student status.

Eligible dependents between the ages of 19 and 23 can now be enrolled for coverage without meeting student status requirements. Enroll your eligible dependents through online enrollment or a paper form during Option Period. Coverage will become effective January 1, 2007. See your Benefits Coordinator for details or contact the Employees Benefits Council. Turn to **page 16** for general rules of eligibility.

Active state employee and pre-Medicare retiree rates are now the same.

Due to the passage of Senate Bill 1601, the health plan rates for active state employees and pre-Medicare state retirees are now blended. The legislation applies to health plan rates only, and does not include dental, vision or life insurance rates.

No change to HMO plan designs.

No changes will be made to the HMO health plan benefit designs for 2007. The Standard and Alternative plan designs return and will offer the same categories and levels of coverage as in 2006. See **page 7** for health plan options and new rates.

HealthChoice High plan design has changed.

The plan coverage has changed for HealthChoice High in 2007. Please carefully review the Health Plan Comparison Booklet found in the back pocket of this Guide before making your health plan selection. There has been no change to the plan design for HealthChoice Basic. See **page 7** for health plan options and rates.

ELIGIBILITY REMINDER:

If you experience a qualifying life event during the year; for example marriage, divorce, adoption or birth, you may be allowed to make certain changes to your insurance elections without waiting for Option Period. You must complete a change form within 30 days of the life event (see **page 17** for a full list), or wait until the next Option Period to make any changes. **REMEMBER, IT IS A 30 DAY DEADLINE!**

Quick Reference Guide to Health Plans for 2007*

STANDARD PLAN HMO AETNA, COMMUNITYCARE, GLOBALHEALTH, PACIFICARE				
Office Visit Copay	Deductible	Pharmacy Copay	In-Patient Copay	Out-Patient Copay
\$20 PCP/\$35 Specialist	NONE	\$10/25/45	\$200	\$150
ALTERNATIVE HMO DESIGNS				
Office Visit Copay	Deductible	Pharmacy Copay	In-Patient Copay	Out-Patient Copay
AETNA \$25 PCP/\$40 Specialist	NONE	\$15/35/60	\$500	\$250
COMMUNITYCARE \$25 PCP/\$40 Specialist	NONE	\$10/35/60	\$250	\$150
GLOBALHEALTH \$25 PCP/\$40 Specialist	NONE	\$10/35/60	\$250	\$150
PACIFICARE \$20 PCP/\$50 Specialist	NONE	\$5/25/45	\$500 per day (3 day max)	\$500
HEALTHCHOICE				
Office Visit Copay	Deductible	Pharmacy Copay	In-Patient Copay	Out-Patient Copay
HIGH/IN-NETWORK \$25	\$500/Individual \$1,500/Family	Generic mandate, ask for information	Deductible, then 20%	Deductible, then 20%

* For a detailed description of health plan designs for 2007 including HealthChoice out-of-network and HealthChoice Basic plan designs, please refer to the Health Plan Comparison Chart (Gold Booklet) in the back pocket of this guide.

Dental Choices for 2007

- HealthChoice
- Assurant Heritage Prepaid
- Assurant Freedom Preferred PPO
- CIGNA Prepaid
- Delta PPO-POS
- Delta's Choice-PPO

Vision Choices for 2007

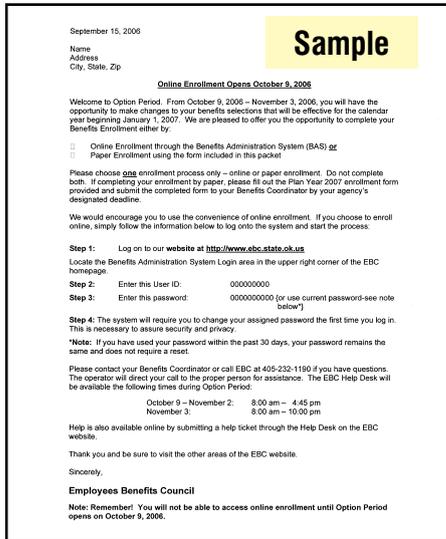
- CompBenefits
- PVCS
- Spectra
- Superior
- VSP

Join the Revolution! Enroll Online Today.

More than 53 percent of state employees used online enrollment to make their benefit elections for Plan Year 2006. Join your co-workers and discover how easy it is to enroll online. The average enrollment takes just 5 minutes and you can log on anytime, 24 hours a day, seven days a week during Option Period.

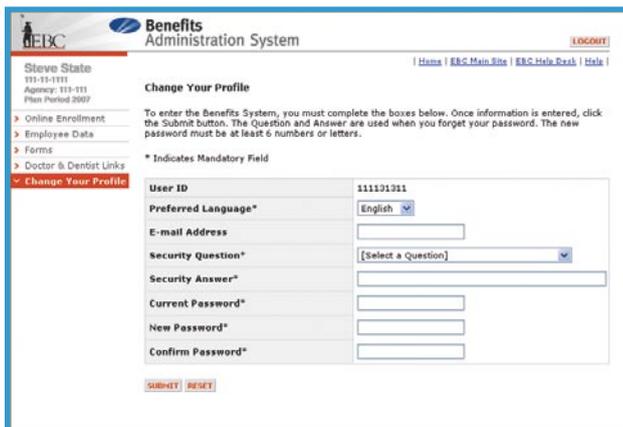
Online Enrollment allows you to:

- Print your confirmation of elections instantly.
- Enroll anytime during Option Period, 24 hours a day, 7 days a week.
- Update address and telephone information online.
- Change your elections and make corrections as many times as you like, until the close of Option Period (remember, your final election is the official election!).



1 Look for: The Welcome Letter in your enrollment materials. Find your User ID and password for Step 2.

2 Logon to EBC website: Sign onto the Benefits Administration System using instructions found in your Welcome Letter.



3 Change password: Follow instructions to set your personal password.

4 Choose Online Enrollment and begin.

HELP IS AVAILABLE BY PHONE AT THE EMPLOYEES BENEFITS COUNCIL: (405) 232-1190 OR 1-800-219-8115

Remember: Online Enrollment opens and is available beginning October 9, 2006.

October 9 – November 2 (Monday – Friday) 8:00 a.m. – 4:45 p.m.

November 3 8:00 a.m. – 10:00 p.m.

Help is also available online by submitting a help ticket through the help desk of the EBC website at: www.ebc.state.ok.us



Your Benefit Allowance Helps Cover Your Costs

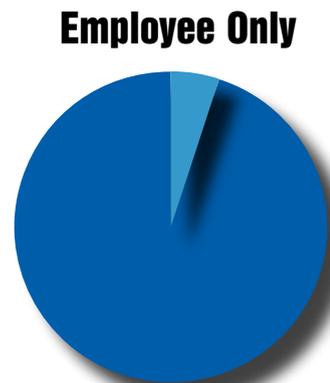
The State provides a Benefit Allowance to help you pay for insurance premiums that would otherwise come out of your own pocket. This year's employee benefit allowance has increased from last year, helping meet the rising costs of your benefits. For employees electing to cover dependents on the health option, an allowance is provided to cover 75% of the average of all high option premium dependent costs.

Employee Only*		Monthly \$525.59	Yearly \$ 6,307.08
Child	\$242.26	= \$767.85	= \$ 9,214.20
Children	\$321.13	= \$846.72	= \$10,160.64
Spouse	\$495.82	= \$1,021.41	= \$12,256.92
Spouse/Child	\$738.08	= \$1,263.67	= \$15,164.04
Spouse/Children	\$816.95	= \$1,342.54	= \$16,110.48

*The benefit allowance is calculated differently for retired military choosing the TRICARE supplement. See page 6 for details. Elected officials may also have a different benefit allowance. Please check with your Benefits Coordinator for details.

Did you know, in 2006 the generous benefit allowance covered 100% of the core insurance costs (health, dental, disability, basic life) for

- 95% of employee only coverage
- 92% of family coverage



■ Insurance costs covered 100% by benefit allowance (core benefits: health, dental, basic life and disability).

Premium Conversion It's About Saving Taxes...

Premium Conversion is an optional IRS-approved election chosen by more than 93% of State employees, allowing them to save by paying NO TAX on their eligible insurance premiums. By paying insurance premiums for health, dental, vision, flexible spending accounts and a portion of supplemental life pre-tax, you have more take home pay than you would if you paid the same premiums with after-tax dollars.

Automatic Enrollment will begin in 2007 and all subsequent years. You will be enrolled in premium conversion unless you elect to opt out. You can opt out of premium conversion in two ways.

- Select "No" to premium conversion during online enrollment
- Check the "No" box under the Premium Conversion section of the paper enrollment form

If you have questions about your premium conversion options, be sure to ask your Benefits Coordinator.

Yes = tax savings!

Retired Military Employees Have a Choice

State employees that have retired from military service and have federal TRICARE insurance benefits have two **additional** choices when electing insurance coverage:

Choice #1: Opt out of coverage

- no coverage for health, dental, life or disability insurance (core benefits)
- no benefit allowance received
- may elect vision coverage and flexible spending account participation
- must opt-out each year, the election does not rollover

Choice #2: Opt out of health plan coverage only

- must purchase a TRICARE supplement insurance plan
- retain dental, basic life and disability coverage
- may elect vision coverage, additional supplemental life, dependent life coverage and flexible spending account participation
- benefit allowance is calculated using the cost of the TRICARE supplement plan, average dental costs, basic life and disability costs
- must opt-out each year, the election does not rollover

For rates, plan designs and a full description of benefits, visit the Retired-Military Opt-Out page on the EBC website at:

www.ebc.state.ok.us/en/Benefits/Militaryoptout/

Benefits Calculator

Your benefit costs can be easily estimated using the online Benefits Calculator located on the EBC website at www.ebc.state.ok.us. Be sure to choose the monthly calculator if you are paid once a month and the bi-weekly calculator if you are paid every two weeks. The Benefits Calculator can calculate your benefits costs, apply your benefits allowance and provide an estimated total, showing any out-of-pocket expense or additional take home pay you may realize in your paycheck.

Use the calculator prior to actually enrolling by paper or online.

Important Notes about the Benefits Calculator:

- Print your benefits calculator results for easy reference during online enrollment
- Use the calculator as many times as you want, but to actually enroll you must use the BAS link on the website or complete your paper enrollment form.
- 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.
- The Benefits Calculator cannot be used to calculate Retired-Military Opt-Out elections.

For Benefits Calculator, logon to www.ebc.state.ok.us/en/Benefits/PlanYear2007/calculator/



The Centennial Calliope plays music in a 1907 style and will be performing at Centennial festivals and events around the state.

Health Plan Choices – All Carriers Return in 2007

All HMO plans and HealthChoice return in Plan Year 2007. You have the following health plan choices:

HMO Options

(availability based on zip code)

Aetna HMO Standard Plan
 Aetna HMO Alternative Plan
 CommunityCare HMO Standard Plan
 CommunityCare HMO Alternative Plan
 GlobalHealth HMO Standard Plan
 GlobalHealth HMO Alternative Plan
 PacifiCare HMO Standard Plan
 PacifiCare HMO Alternative Plan

HealthChoice Options

(available statewide)

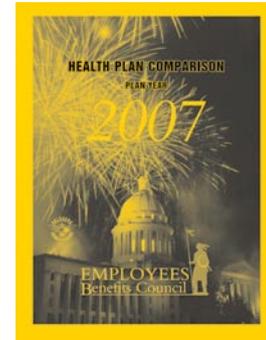
HealthChoice High Plan
 HealthChoice Basic Plan

TRICARE Supplement

(retired military employees only)

Healthplan Comparison

Although HMO plan designs have not changed for 2007, plan coverage **has** changed for HealthChoice High. Be sure to review all plan designs when making your choice. For more details about each health plan's benefit design, see the enclosed Health Plan Comparison Booklet.



PLAN YEAR 2007 MONTHLY RATES

	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & One Child	Employee & Two or More Children
HealthChoice High	\$364.24	\$918.42	\$1,107.46	\$1,217.02	\$553.28	\$662.84
HealthChoice Basic	318.18	809.38	974.52	1,071.46	483.32	580.26
Aetna Standard	576.82	1,343.94	1,909.20	1,909.20	1,142.08	1,142.08
Aetna Alternative	346.42	807.12	1,146.60	1,146.60	685.90	685.90
CommunityCare Std.	592.52	1,206.44	1,578.50	1,702.52	964.58	1,088.60
CommunityCare Alt.	415.90	824.84	1,070.72	1,153.54	661.78	744.60
GlobalHealth Standard	338.92	841.80	1,027.24	1,137.50	524.36	634.62
GlobalHealth Alternative	302.44	751.24	916.74	1,015.14	467.94	566.34
PacifiCare Standard	606.56	1,473.94	1,777.22	1,959.18	909.84	1,091.80
PacifiCare Alternative	352.80	857.20	1,033.48	1,139.32	529.08	634.92
Tricare Supplement	59.00	118.00	159.00	159.00	100.00	100.00
PLAN YEAR 2007						
Benefit Allowance	\$525.59	\$1,021.41	\$1,263.67	\$1,342.54	\$767.85	\$846.72

Dental Plans

MONTHLY RATES

HealthChoice

Employee Only	\$26.80
Employee & Spouse	53.60
Employee, Spouse & Child	75.94
Employee, Spouse & Children	111.58
Employee & One Child	49.14
Employee & Two or more Children	84.78

Assurant Heritage Plus Prepaid

Employee Only	\$11.74
Employee & Spouse	20.60
Employee, Spouse & Child	28.20
Employee, Spouse & Children	35.80
Employee & One Child	19.34
Employee & Two or more Children	26.94

Assurant Freedom Preferred

Employee Only	\$24.84
Employee & Spouse	49.54
Employee, Spouse & Child	68.06
Employee, Spouse & Children	99.34
Employee & One Child	43.36
Employee & Two or more Children	74.64

CIGNA Dental Prepaid

Employee Only	\$ 9.26
Employee & Spouse	15.32
Employee, Spouse & Child	22.41
Employee, Spouse & Children	30.65
Employee & One Child	16.35
Employee & Two or more Children	24.59

Delta Dental PPO - Point of Service

Employee Only	\$27.58
Employee & Spouse	55.17
Employee, Spouse & Child	78.31
Employee, Spouse & Children	114.68
Employee & One Child	50.72
Employee & Two or more Children	87.09

Delta's Choice - PPO

Employee Only	\$ 9.79
Employee & Spouse	32.20
Employee, Spouse & Child	53.53
Employee, Spouse & Children	84.77
Employee & One Child	31.12
Employee & Two or more Children	62.36

	HealthChoice Plan www.healthchoiceok.com		Assurant Heritage Plus www.assurantemployeebenefits.com
	In-Network	Out-of-Network	Prepaid Plan <i>(Requires choosing a primary care dentist)</i>
Deductibles	\$25 per person for Basic and/or Major Combined; \$50 Deductible for Orthodontia	\$25 per person for Preventive, Basic and or Major Combined; \$150 for Orthodontia	None
Preventive Care (Class A) <i>Includes routine cleanings, check-ups and X-rays for adults and children, and fluoride treatments</i>	100% of allowed charges Flouride treatments for children under age 16	100% of allowed charges after the deductible	Example Services/Copays Sealant per tooth: \$15 copay Routine Cleaning (once every 6 months): No Charge Topical Fluoride Application (up to age 18): No Charge Periodic Oral Evaluations: No Charge
Basic Care (Class B) <i>Includes fillings, extractions, root canals, periodontal care, and some oral surgery</i>	85% of allowed charges after deductible	70% of allowed charges after deductible	Example Services/Copays Amalgam - one surface, permanent teeth \$25
Major Care (Class C) <i>Includes crowns, bridges, and dentures</i>	60% of allowed charges after deductible	50% of allowed charges after deductible	Example Services/Copays Root Canal, Anterior \$165 Periodontal/Scaling/Root Planing 1-3 teeth (per quadrant) \$36
Orthodontic Care (Class D)	Separate \$50 deductible, plan pays 60% of allowed charges up to lifetime maximum of \$1,800	Separate \$150 deductible, plan pays 50% of allowed charges up to lifetime maximum of \$1,800	25% discount
Annual Maximum Benefit	\$1,500 per person per calendar year	\$1,500 per person per calendar year	No plan year dollar maximum

All four dental carriers return in 2007.

There are two types of dental plans available and the features are as follows:

Traditional Plans:

- Freedom to choose any dentist
- Deductibles apply
- Coverage offered throughout the State
- Higher benefit paid for staying in-network

Prepaid Plans:

- No deductibles (see chart for exceptions)
- Copays apply
- Must choose a participating Primary Care Dentist

Important Details on Dental Coverage:

- Pay special attention to the plans' participating dentists. Call to confirm your dentist accepts your selected plan. Be specific in your questions. For example, ask if the dentist participates as a Delta Dental PPO network provider, not just if they accept Delta Dental.
- If you choose a dentist out-of-network, you will receive lower benefits and may be subject to additional costs.
- Dental prescriptions are covered under health plan designs.

	Assurant Freedom Preferred Plan <i>www.assurantemployeebenefits.com</i>		CIGNA Dental <i>www.cigna.com</i>	Delta Dental PPO - Point of Service <i>www.deltadentalok.org</i>		Delta's Choice - PPO <i>www.deltadentalok.org</i>
	In-Network	Out-of-Network	Prepaid Plan <i>(Requires choosing a primary care dentist)</i>	Delta Dental PPO Network	Delta Dental Premier Network & Out-of-Network	Delta Dental PPO Network
	\$25 per person (Waived for Class A services)	\$25 per person	None \$5 office copay applies	\$25 per person per calendar year – Classes B & C only	\$100 per person per calendar year – Classes A, B and C only	No deductible on Class A, B & D; \$100 deductible per person on Class C Services only
	100% of allowable amounts	100% of allowable amounts after deductible	Example Services/Copays Sealant per tooth: \$15 copay Routine Cleaning (once every 6 months): \$0 copay Topical Fluoride Application (up to age 18): \$0 copay Periodic Oral Evaluations: \$0 copay	100% of allowable amounts	100% of allowable amounts after deductible	Example Services/Copays Routine Cleaning: \$5 copay Periodic Oral Evaluations: \$5 copay Topical Fluoride Application (up to age 19): \$5 copay
	80% of allowable amounts after deductible	70% of allowable amounts after deductible	Example Services/Copays Amalgam - one surface, permanent teeth: \$19 copay	85% of allowable amounts after deductible	70% of allowable amounts after deductible	Example Services/Copays Amalgam - one surface, permanent teeth: \$12 copay
	60% of allowable amounts after deductible	50% of allowable amounts after deductible	Example Services/Copays Root Canal, Anterior: \$295 copay Periodontal Scaling/Root Planing 1-3 teeth (per quadrant): \$55 copay	60% of allowable amounts after deductible	50% of allowable amounts after deductible	Example Services/Copays Crown-porcelain/ceramic substrate: \$241 copay Complete denture-maxillary: \$320 copay
	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% of allowable amounts, up to lifetime maximum of \$1,500	No deductible, plan pays 60% of allowable amounts, up to lifetime maximum of \$1,500	You pay charges in excess of \$50 per month. Lifetime maximum of \$1,500
	\$1,500 per person per calendar year	\$1,500 per person per calendar year	No plan year dollar maximum	\$1,500 per person per calendar year	\$1,500 per person per calendar year	\$1,500 per person per calendar year

NOTES:

Out-of-network benefits may allow dentist to balance bill.

Balance Billing – the practice of a provider charging full fees and billing the member for the portion of the bill insurance doesn't cover.

Orthodontic benefits are typically only available for dependents under the age of 19 or anyone with TMD. Contact the plan to determine limits on Orthodontic benefits 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 orthodontic services.

See each dental plan's website for a list of the dentists participating in each plan's network.

Delta Dental and Assurant Freedom Preferred both have statewide and nationwide networks and will have the same benefits if treatment is provided out of state.

Vision Plans

MONTHLY RATES

CompBenefits

Employee Only	\$6.76
Employee & Spouse	11.82
Employee, Spouse & Child	15.39
Employee, Spouse & Children	16.28
Employee & One Child	10.33
Employee & Two or more Children	11.22

PVCS

Employee Only	\$9.25
Employee & Spouse	17.00
Employee, Spouse & Child	25.25
Employee, Spouse & Children	27.25
Employee & One Child	17.50
Employee & Two or more Children	19.50

Spectera

Employee Only	\$7.79
Employee & Spouse	13.30
Employee, Spouse & Child	17.67
Employee, Spouse & Children	19.95
Employee & One Child	12.16
Employee & Two or more Children	14.44

Superior

Employee Only	\$6.98
Employee & Spouse	13.88
Employee, Spouse & Child	20.48
Employee, Spouse & Children	20.48
Employee & One Child	13.58
Employee & Two or more Children	13.58

VSP

Employee Only	\$8.96
Employee & Spouse	14.96
Employee, Spouse & Child	20.70
Employee, Spouse & Children	27.88
Employee & One Child	14.70
Employee & Two or more Children	21.88

COVERED SERVICES	CompBenefits <i>www.visioncare.com</i>		PVCS <i>www.pvcs-usa.com</i>	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Eye Exams	\$10 Copay	\$10 Copay then plan pays up to \$35	No Copay No limit to frequency	Plan pays up to \$40 Limit 1 exam
Lenses Per Pair	\$25 Copay for single/multi-focal lenses	\$25 Copay then plan pays: 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 annually
Frames	\$25 Copay, up to plan limits	\$25 Copay then plan pays up to \$45	Member pays: Wholesale Cost No limit to number of frames	Member pays normal doctor fee reimbursed up to \$40-60 for one set of lenses and frames annually
Contact Lenses	**Plan pays up to \$130 Conventional \$130 Disposable Medically Necessary Covered in full (see notes)	**Plan pays up to \$130 Conventional \$130 Disposable \$210 Medically Necessary (see notes)	Member pays: Wholesale Cost for annual supply of contacts	Limit of one set annually in lieu of eyeglasses. Member pays normal doctor Fees reimbursed up to \$60
Laser Vision Correction	Discount thru TLC, member will pay no more than \$1800 per eye for conventional Lasik	No Benefit	Discount at multiple state locations: TLC; Wells Laser Center; Omni Eye Center	No Benefit

IMPORTANT DETAILS

ABOUT VISION COVERAGE:

- Each plan offers statewide coverage.
- Vision coverage is optional.
- Vision coverage **will** roll over automatically.
 - If you wish to change vision carriers from 2006 or drop vision coverage altogether, make sure to complete the vision coverage election online or on your paper enrollment form.
 - 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 the employee.

Spectera <i>www.spectera.com</i>		Superior <i>www.superiorvision.com</i>		VSP <i>www.vsp.com</i>	
In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
\$10 Copay	Plan pays up to \$40	\$10 Copay	\$10 Copay then plan pays up to \$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	\$25 Copay then plan pays up to Single up to \$26 Bifocals up to \$39 Trifocals up to \$49 Lenticular up to \$78	Annual \$25 Copay applies to lenses or frames, lens options up to 20% savings	\$25 Copay, then plan pays: Single up to \$25 Bifocals up to \$40 Trifocals up to \$55 Lenticular up to \$80 Lens options up to 20% savings
\$25 Copay	Plan pays up to \$45	\$25 Copay, then plan pays up to \$125 retail	Plan pays up to \$68	\$25 Copay, then plan pays up to \$120 Lens options up to 20% savings	\$25 Copay, then plan pays up to \$45 Lens options up to 20% savings
\$25 Copay On covered-in-full qualifying lenses (covers fitting and evaluation fees, contact lenses and up to 2 follow-up visits) (See Notes)	\$25 Copay, then plan pays up to \$105 Conventional \$105 Disposable \$210 Medically 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 or \$120 Disposable. Medically necessary contacts covered in full are in lieu of glasses	No Copay Plan pays up to: \$105 Conventional \$105 Disposable \$210 Medically necessary contacts are in lieu of glasses
Discount 15% off the usual & customary price 5% off promotional price	No Benefit	20% Discount off surgical fees	No Benefit	15% to 20% off usual and customary price or 5% off the laser center promotional price	No Benefit

NOTES:

CompBenefits: If a member prefers contact lenses the plan provides an allowance for the exam and contacts, in lieu of all other benefits. **Contact lens benefit provides a \$130 yearly allowance towards the exam and purchase of either conventional or disposable contacts. If lenses and frames are purchased at the same time only one \$25 copay applies. Over 23,000 frames are covered in full with in-network providers. Exams, lenses, frame benefits provided once every 12 months.

PVCS: Member must select either in-network or out-of-network for entire plan year. All in-network services are unlimited. Out-of-network services (one eye exam, one set of eyeglasses or contacts) are limited to once annually. A \$50.00 service fee applies to all soft contact lens fittings; a \$75.00 service fee applies to rigid or gas permeable contact lens fittings. Simple replacements are not assessed with these fees. 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).

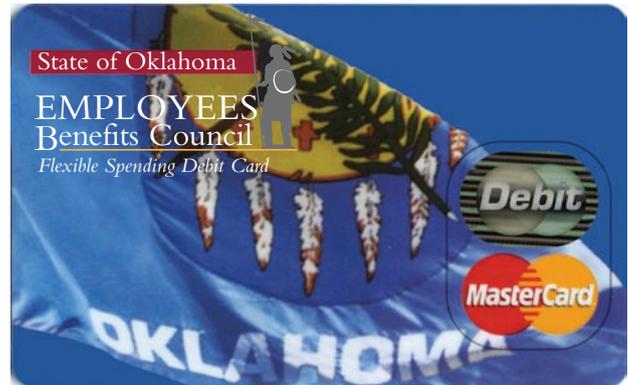
Spectera: For either glasses or contact lenses there is one \$25 materials copay. In lieu of lenses and frames, you may select contact lenses. Covered contact lens benefit includes the fitting/evaluation fees, contact lenses, and up to two follow-up visits. If covered disposable contact lenses are chosen, up to four boxes (depending on prescription) are included when obtained from a network provider. It is important to note that Spectera's covered contact lenses may vary by provider. Should you choose contact lenses outside of the covered selection, a \$105 allowance will be applied toward the fitting/evaluation fees and purchase of contact lenses once every 12 months (materials copay does not apply). Toric, gas permeable, and bifocal contact lenses are examples of contact lenses that are outside of our covered contacts. Necessary contacts are covered-in-full after applicable copay. Exams, lenses, frame benefits provided once every 12 months.

Superior: Discounts for lens add-ons will be given by contracted providers with a "DP" in their listing. Online, in-network contact lens materials available at www.svcontacts.com. Exams, lenses, frame benefits provided once every 12 months.

VSP: If you choose a frame valued at more than your allowance, you'll save 20% on your out-of-pocket costs when you use a VSP doctor. The \$120 allowance in-network and \$105 out-of-network applies to the cost of your contact lens exam (fitting and evaluation) and the contact lens. You'll receive a 15% discount off the cost of a contact lens exam from a VSP provider. Your contact lens exam is performed in addition to your routine eye exam to check for eye health risks associated with improper wearing or fitting of contacts. Prescription glasses – 20% off additional complete pairs of prescription glasses, and up to 20% savings on non-covered lens options when you use a VSP doctor. Services and materials must be received within 12 months of the last covered eye exam, and from the same VSP network provider. Exams, lenses, frame benefits provided once every 12 months. The \$25 materials copay applies to lenses or frames, but not to both.

Experience the Convenience of the Flex Debit Card and it's Free!

Beginning January 1, 2007, the \$14.40 annual fee for the FSA debit card will be paid by the Employees Benefits Council. The optional FSA debit card can be used at hundreds of merchants. Participants simply present the FSA debit card to pay for IRS approved medical and dependent care expenses. The money is taken directly from your FSA account, resulting in fewer claims to file. Experience the convenience of the FSA debit card in 2007. . .it's fast, flexible and **free!**



No annual fee in 2007!

Note: FSA debit cards are available only in conjunction with the flexible spending accounts. When using the FSA debit card, some charges may require proof after purchase. Save your receipts!

Grace Period Extension

The IRS has extended the grace period for incurring IRS approved expenses from your FSA account. You have until March 15th of the following year to use funds from your current year's account.

So, go to the doctor, buy a prescription, medication, or incur any IRS approved expenses until March 15, 2008 and still file for reimbursement from your remaining 2007 FSA account fund.

When calculating your FSA contribution for Plan Year 2007, it is important to plan conservatively. Calculate based on your Plan Year estimated expenses. Do not include the extended grace period in your calculations. This extension may help you reduce the risk of losing unused funds in your FSA accounts.

Calculate Your Savings with the New FSA Calculator

Some common questions asked by employees considering participation in an FSA account include:

- How much in taxes will I save?
- How much should I contribute annually?
- What expenses should I consider when calculating my contribution?

To see how you might benefit from enrolling in an FSA account, log onto www.mybenny.com and use the FSA calculator. It can help you estimate your qualifying annual expenses and calculate how much you can save in taxes by paying for your healthcare and dependent care expenses on a pre-tax basis.

www.mybenny.com

There are two types of FSA accounts, the Health Care Account and the Dependent Care Account. This page details both types of accounts.

Health Care Account (HCA)

By signing up for a Health Care Account, you can set aside up to \$4,200 annually for you and your family's health care related expenses. Realize significant tax savings on qualified, un-reimbursed expenses by paying for the items pre-tax. Enroll for an HCA account on line or with your paper enrollment, indicating the monthly contribution you want deducted from your paycheck. Some qualifying expenses include:

- Doctors visits, deductibles and copays
- Prescription Drugs
- Tylenol®, Claritin® and other over-the-counter medications
- Vision care, laser eye surgery, eyeglasses or lenses
- Dental care, orthodontic expenses
- Physical therapy

Remember, some expenses are eligible that are not covered by your insurance plans. A list of expenses eligible for reimbursement is available at www.ebc.state.ok.us.

HCA Monthly Minimum: \$10
HCA Monthly Maximum: \$350



The Oklahoma CenTOONials represent four of Oklahoma's state symbols and are a fun way for kids to learn more about our state.

Here's how the average person can increase their take home pay by using an FSA:

	Without FSA	With FSA
Annual Salary	\$25,000	\$25,000
Flexible Spending Account Deposit (annual)	0	-1200
Taxable Income	\$25,000	\$23,800
Estimated Taxes (30%)	- 7,500	-7140
Health Care Expenses	- 1,200	0
Take Home Pay	\$16,300	\$16,660
Annual Increase in Take Home Pay		\$360

Dependent Care Account (DCA)

Daycare expenses can add up quickly. By contributing to a Dependent Care Account, you can pay for child or adult daycare with pre-tax dollars resulting in substantial tax savings. Monthly contributions are deducted from your paycheck before your taxes are calculated. Enroll for the DCA online or by paper, but be sure to indicate your monthly contribution.

DCA Monthly Minimum: \$50

DCA Monthly Maximum: \$416.66

Important Notes on FSA Accounts:

- You must re-enroll every year.
- Indicate your per pay period contribution on your enrollment (not your annual contribution).
- View account balances and claim information on line by logging onto www.ebc.state.ok.us and choosing Flexible Spending.
- See additional important rules and regulations for FSA accounts on page 17 of this Guide.



CENTENNIAL EVENTS OFFER OKLAHOMANS ONCE IN A CENTURY EXPERIENCES

The Centennial is the best time to learn more about our great state, and there's no better way than to attend an official Oklahoma Centennial event. More than 420 officially recognized festivals and events throughout the state provide an opportunity to experience timeless Oklahoma customs, meet friendly fellow Oklahomans, and sample some of the most flavorful ethnic and traditional foods in the nation.

Other major events encourage Oklahomans to come together to commemorate our past and celebrate our future. The four events below rank high on most Centennial "to do" lists:

Centennial Kickoff/ November 8–19, 2006/ Tulsa

Tulsa kicks off Oklahoma's Centennial year with 12 days of family-friendly events. Highlights include a children's festival; a spectacular parade; Arkansas River festival; an Oklahoma BestFest; and dazzling fireworks and laser light shows. Many events are free or charge minimal admission.

The Oklahoma Centennial Exposition/ September 13–23, 2007/ Oklahoma City

Oklahoma City's State Fair Park is making ready for the Centennial Exposition which will be presented as part of the 2007 Oklahoma State Fair. Expo exhibits focusing on the state's past, present and future will complement annual musical performances, ice shows, a rodeo, and arts and agricultural competitions.

For a complete calendar of Centennial festivals and events, visit www.oklahomacentennial.com.

Employee Life Insurance

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 Life 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 or www.sib.ok.gov.

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 the Life Insurance Application including requested medical records. The postmark deadline for submitting the Life Insurance Application is **November 9, 2006**.

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 a Life Insurance Application/Evidence of Insurability form. See your Benefits Coordinator for details.

How to Apply

Complete a Life Insurance Application/Evidence of Insurability and obtain your Coordinator's signature, if required. **Mail directly to Oklahoma State and Education Employees Group Insurance Board (OSEEGIB)**. The address is located on the back of the form.

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 or www.sib.ok.gov.

Basic Life (\$20,000) \$3.90
Includes AD&D

**First \$20,000
Supplemental Life** \$3.90
Includes AD&D

Additional Units of Supplemental Life Age-Rated (Per \$20,000)

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

Dependent Life

Low Option \$2.16
Standard Option \$3.60
Premier Option \$7.20

Disability \$7.54



Dependent Life Insurance

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

Dependent Life Premier Option

- \$20,000 term life policy for spouse
- \$10,000 term life policy for each child
- \$1,000 term life policy for newborns to 6 months

Dependent Life Standard 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 during online enrollment.

Disability Insurance

Disability

No one expects to become disabled, but the financial burden can be reduced by your coverage under the HealthChoice 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: \$2,500
- Long-Term: \$3,000

Any benefits paid will be offset by any other income you may receive such as Social Security Disability 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.healthchoicework.com or www.sib.ok.gov.

The Centennial Parade/ October 14, 2007/ Oklahoma City

A spectacular parade will sweep through downtown Oklahoma City as magnificent floats, spirited bands, gigantic balloons and award-winning performers present 1.5 hours of continual entertainment. Free general admission and reasonably priced reserved seating.

Statehood Day Celebration/ November 16, 2007/ Guthrie

Oklahoma's first capital serves as the setting for the re-enactment of events that took place 100 years ago on Oklahoma's first Statehood Day: announcement of the presidential proclamation, gubernatorial inauguration, ceremonial wedding between Miss Indian Territory and Mr. Oklahoma Territory, and inaugural parade. These events are free. A barbeque in a historic park follows.

The Centennial Spectacular/ November 16, 2007/ Oklahoma City

Statehood Day comes to a spectacular climax with an evening performance featuring a star-studded list of Oklahomans from stage, screen, and concert halls. A Broadway-quality gala employing the latest in lighting, multi-media, and staging will showcase the very best of the state's long list of celebrities. Oklahoma television stations will broadcast the concert, and cities, towns and organizations will be holding community-wide viewing festivities.

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, 2007. 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 (Council) and the Oklahoma State & Education Employees Group Insurance Board (Insurance Board), the laws and administrative rules shall govern in all cases.

Consumer Information & Annual Notices

The Council and the Insurance Board comply with the HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT of 1996 known as HIPAA. The Council, the Insurance Board and each HMO, dental, and vision plan offered to State employees has a Privacy Notice which describes the organization protections and acceptable uses of information. To obtain a Privacy Notice from a particular plan, contact the plan directly or contact the Council. HIPAA also provides you and your dependents certain rights to enroll if you lose your group health plan coverage. HIPAA also prohibits a group health plan from keeping you (or your dependents) out of the plan based on anything related to your health. Finally, HIPAA also gives you the right to buy certain individual health policies (or in some states, to buy coverage through a high-risk pool) without pre-existing condition exclusions. The HealthChoice medical products offered by the Insurance Board are exempt from most of the portability provisions of HIPAA including, but not limited to, the following: limitations on pre-existing conditions, special enrollment rights, discrimination based upon a health factor, standards for mothers and newborns, mental health parity, and reconstructive mastectomies. See the section on General Eligibility Information for more details. 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 1-866-444-3272. 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 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. Once you become covered under a group health plan, you have certain rights under the CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you can contact the Council or the Insurance Board. You may also have rights under the Uniformed Services Employment and Reemployment Rights Act (USERRA). USERRA protects the job rights of individuals who voluntarily or involuntarily leave employment positions to undertake military service. The law also prohibits employers from discriminating against past and present members of the uniformed services and applicants to the uniformed services. See your agency for more information.

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 can include a spouse, unmarried children up to the age of 23 and incapacitated or totally disabled children of any age if their incapacity occurred and was verified prior to age 23. Two State employees cannot claim coverage for the same dependents for health, dental, and vision benefits. A dependent age 22 up to age 25, as of June 30, 2006, 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 dependent who has been dropped from coverage cannot be re-enrolled for 12-months. The Working Families Tax Relief Act of 2004, changed the definition of dependent for federal income tax purposes, effective January 1, 2005. The IRS indicates that the change is not intended to affect the coverage of dependents under employer-sponsored medical plans. However if you cover dependents, EBC suggests you obtain professional tax advice when completing your income tax return(s). Thirty-day written notice is required to reinstate coverage. Reinstated health coverage may be subject to penalty for preexisting conditions. If you are considering coverage under a HealthChoice medical plan, please know that if continuous health coverage from a previous group health plan is not in place prior to the effective

date of coverage through the HealthChoice plan, all medical care provided to you and your covered dependents within the 180 days prior to coverage may be reviewed for pre-existing conditions. If the review finds a preexisting condition, services for that condition will not be covered for the first 180 days of HealthChoice coverage. Under HealthChoice, pregnancy can be considered a pre-existing condition.

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 (HMO coverage), commencement of or termination of adoption proceedings, judgments, decrees or orders, Medicare or Medicaid, significant cost increases (limited to Dependent Care Account using unrelated care provider), changes in coverage of spouse or dependent under other Employer's plan (except HCA), 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 and will be required by state law effective July 1, 2007. 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 the EBC website. For further information on allowable expenses see EBC's website at www.ebc.state.ok.us and review IRS Publications 969, 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. There is a 2.5 month grace period in which claims can be incurred and filed against a Flexible Spending Account. For reimbursements from a Flexible Spending Account from funds contributed during calendar year 2007, services must be rendered on or before March 15, 2008. However, you may send your claims through March 31, 2008. Reimbursement for eligible expenses must occur no later than 2.5 months after the plan year, so plan accordingly. For tax questions, seek advice from a qualified professional.

Reimbursement can also be made for expenses incurred by any participant during the Grace Period. The "Grace Period" is the period from the end of the Plan Year through March 15th of the subsequent Plan Year during which reimbursable expenses can be incurred and attributable to the previous Plan Year's account balance. The final payment of benefits for any Plan Year may be made following the close of such Plan Year based on accepted claims filed with the Plan Administrator no later than the end of the Run Out Period. The "Run Out Period" means the ninety (90) day period following a Plan Year in which claims can be made for reimbursable expenses incurred during the Plan Year.

Debit Cards

The Council will reimburse an FSA participant for eligible expenses incurred through use of the participant's debit card provided the participant properly activates the debit card, properly substantiates the claim for expenses, and abides by the terms of use of the debit card. The Council reserves the right to set the fee charged to participants for use of the card, waive the annual fee, discontinue use of the debit card, or require paper substantiation of expenses. The rules of eligibility for Dependent Care Accounts and Health Care Accounts apply to participants using the debit card. Participants shall be reimbursed for dependent expenses on a weekly or other reasonable basis during the Plan Year as determined by the Plan Administrator. Upon demand a participant shall immediately refund any overpayment made by the Plan Administrator. Likewise, items charged to a debit card that are unacceptable to the Plan Administrator will require a participant to immediately refund such an overpayment to the Plan Administrator. Amounts remaining in a participant's healthcare and/or dependent care accounts following final payment of all healthcare and/or dependent care expenses incurred during the periods described in OAC 87:10-25-9(b) shall be forfeited to pay administrative expenses of the Flexible Benefits Plan.

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 \$0.18 per mile (amount subject to

Continued on page 18



Continued from page 17

change). Check out the list of approved over-the-counter items on the EBC 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 printed 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 \$350. Claim deadlines are Mondays, 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 pre-existing 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 in most situations. 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 OSEEGIB immediately upon termination of your employment to determine your COBRA rights. The Insurance Board administers the COBRA program for state employees.

Change of Address

The Employees Benefits Council must be notified immediately of any change of address for the employee and/or dependents. In the event of the change of address, contact your agency's Benefits Coordinator to complete a Change Request Form, or make your address change online in EBC's Benefits Administration System (BAS) under the Basic Information screen.

Electing a TRICARE Supplement Plan

Electing to purchase a TRICARE supplement plan means that TRICARE will be primarily responsible for your medical coverage and the supplement plan will be secondarily responsible for coverage. By your election, you submit to the eligibility rules of TRICARE and the TRICARE Supplement plan. These rules may be different from the rules of eligibility created by the State of Oklahoma. Differences may include, but are not limited to, the following: 1) Coverage for dependents may terminate at age 21, unless dependent is a full-time student with verified student status and 2) Medicare may become the primary insurer upon attaining eligibility for Medicare.

Prescription Drug Plan Creditable Coverage Statement

The Employees Benefits Council has determined that the prescription drug coverage with the State of Oklahoma Employees Benefits Council Health Plans is, on average for all plan participants, expected to pay out as much as the standard Medicare prescription drug coverage will pay. Because your coverage through your health plan offered through the Council is on average at least as good as standard Medicare prescription drug coverage, you can keep your coverage and not pay extra if you later decide to enroll in Medicare coverage. If you decide to enroll in a Medicare prescription drug plan and drop your State of Oklahoma Employees Benefits Council prescription drug coverage, be aware that you may not be able to get this coverage back. A notice of creditable coverage is provided in the back pocket of this Guide and can also be obtained by contacting the Employees Benefits Council at (405) 232-1190 or downloading a copy from the EBC website at www.ebc.state.ok.us

Automatic Premium Conversion Election:

A "negative" or "automatic" enrollment into Premium Conversion has been instituted by the Employees Benefits Council effective January 1, 2007. The employee is automatically enrolled in the cafeteria (pre-tax premium) program unless he or she explicitly elects not to enroll. The employee can decline coverage under premium conversion resulting in not having his or her salary reduced. During new hire enrollment, an employee can decline coverage by checking the "No" box in the Premium Conversion section of the paper enrollment form. During Option Period, the employee can decline coverage by electing "No" to premium conversion during online enrollment, or checking the "No" box in the Premium Conversion section of the paper enrollment form. An election made will be effective for the entire plan year and is subject to the Internal Revenue Service irrevocability rules for benefit elections. Changes can be made to Option Period elections only if the change is authorized and consistent with Internal Revenue Service regulations. If near or contemplating retirement, employees are advised to consult a tax professional to discuss participation in the cafeteria plan on a pre-tax basis and determine the impact, if any, on their future retirement benefits.

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.

The benefit formula for regular members is:

FINAL AVERAGE SALARY X 2% X YEARS OF SERVICE*

***The formula is different for other members.**

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.

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 may be in a lower tax bracket than while working. In order to properly plan for your retirement years, OPERS strongly encourages you to consider participating in SoonerSave (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.

Employee Assistance Program (EAP)

The EAP is a cooperative effort between employees and administration, offering employees and their families an opportunity to seek and receive free assistance in resolving personal problems. Many of these problems include family, financial, legal, emotional, alcohol/drug abuse, and health problems, which adversely affect safe and efficient performance on the job. The EAP has been developed to help employees deal with serious personal problems before they result in deterioration of health, family life, or job performance.

Employees can discuss their problems on a completely confidential basis with the EAP, who can identify the possible causes of and solution to the problems and outline the community resources available. If the employee chooses to use such a resource, EAP will make the necessary arrangement with the community resource.

The EAP is an employee benefit offered free of charge. The cost of additional treatment services is discussed with employees by the EAP.

Any employee can contact the EAP. For a list of EAP representatives, speak to your Benefits or Wellness Coordinator, or call the Office of Personnel Management's EAP office at (405) 947-7576.*

A number of Centennial projects and events pay tribute to Oklahoma's American Indian heritage.



* A list of EAP representatives are also available on the Wellness page of the EBC website at www.ebc.state.ok.us.



BE A PART OF THE OKLAHOMA CENTENNIAL

Get involved in a Centennial activity and learn about Oklahoma's unique past while also creating your own special memories for the future. Additional offerings can be found on www.oklahomacentennial.com

Centennial Collage Competition:

Let your creative view of Oklahoma have full rein and enter this annual competition hosted by Hideaway Pizza. For groups, classes or individuals. Grade school, high school and adult categories. Winners earn cash prizes.

Oklahoma Reads Oklahoma:

The Centennial is the time to read the books everybody's talking about. Oklahoma Reads Oklahoma gives Oklahomans the opportunity to select, read and discuss one book about Oklahoma! Free discussion guides are available online. A great activity for clubs, organizations or any Oklahoman who loves to read.

www.okreadsok.org

Uncrowned Queens of Oklahoma

Help recognize African American women who have contributed to their communities and to our state. Individuals and communities are invited to submit biographies of deserving candidates; those biographies will form an archive available to students, scholars and the public, as well as a book.

www.buffalo.edu/uncrownedqueens/events/oklahoma/index.htm

Phone: Bruce Fisher 405.522.5049

Witness Tree Project

This project identifies trees that "witnessed" Oklahoma statehood in 1907 or were planted by Oklahoma settlers. Eligible trees must be over 100 years of age and stand within the state boundaries. Each Witness Tree will be registered and the owner will receive a certificate. Stories about the Witness Trees will be compiled and published in a booklet.

www.thetreebank.org Phone: 405.330.4701
Fax: 405.330.5415

Email: treebankok@msn.com



Would you like...

- To feel better, reduce stress, and have more energy?
- Free access to a personal professional health mentor?
- A visit to your PCP with free lab work?
- A discount on a fitness center membership?
- Possible extra cash in your pocket?

YES, then OK Health is for you!

The goal of the OK Health Program is to give you the right tools to help you feel better and improve your health. The first step to improving your health is to enroll in the OK Health Program and complete a health risk assessment and by visiting your Primary Care Physician. As a program participant, the initial cost to visit your physician and to receive lab work (specific to OKHealth) is waived. After completing the health risk assessment, a personalized professional health mentor will work with you to establish goals and action plans for twelve-months of mentoring tailored to your health needs. Components of the program are physical activities, healthy nutrition, smoking cessation, stress management, diabetes and cardiovascular disease prevention and control. As your benefits office, the Employees Benefits Council has coordinated several incentives for OK Health participants. The incentives include:

- **FINANCIAL INCENTIVES:** Three levels of financial incentives \$100.00, \$300.00, and \$500.00 offered by participating agencies (check with your agency for details)
- **NO COPAY OR DEDUCTIBLE:** Initial PCP visit and specified lab work will be waived
- **DISCOUNTS:** On selected Fitness Centers throughout Oklahoma

To learn how you can get started in the OK Health program, check with your agency Wellness Coordinator and a professional health mentor will contact you. You can also enroll online at anytime throughout the year by visiting the OK Health page on the EBC website. If you are a current participant there is no need to re-enroll.

OK Health Mentoring Program

Email: OKHealth@ebc.state.ok.us
(405) 232-1190 • Toll free (800) 219-8115

Check out our Web site at:
www.ebc.ok.us/en/okhealth
for more information.

EMPLOYEES BENEFITS COUNCIL PLAN YEAR 2007

Local (405) 232-1190 Toll Free (800) 219-8115

EXECUTIVE / ADMINISTRATION	TELEPHONE
Mitch Parsons, Executive Director	101
Theresa Stewart, Executive Assistant	102
Phil Kraft, Deputy Director, Agency & Regulatory Affairs	128
Nancy Stewart, Receptionist	100
Craig Cates, Administrative Assistant	140
Nancy Haller, Manager, State Wellness Program	120
Miranda Manning, Health Educator	125
BENEFITS & CONTRACTS	
Colleen Dickey, Deputy Director, Benefits & Contracts Administration	104
Rosalie Garten, Flexible Benefits Analyst	122
Gary Grizzle, Flexible Benefits Analyst	108
Barbara Wagoner, Flexible Benefits Representative	115
Beth Moore, Flexible Benefits Representative	113
Ken Bassett, Flexible Benefits Representative	106
Sheila Petross, File Clerk.	164
INFORMATION SYSTEMS	
Frank Wade, Information Systems Administrator	148
Phillip Moore, Web Applications Administrator	150
Mike DeRose, Database Administrator	149
Steve Coffey, Network Administrator	107
Carol Sawatzky, Administrative Assistant	145
FISCAL SERVICES	
Dan Melton, Deputy Director, Finance & Accounting	110
Phil Crowder, Financial Manager	109
Pat Coachman, Procurement Officer	124
Suzi Bryan, Accountant	117
Sherry Jenkins, Member Accounts Manager	129
Tasha Franklin-Blevins, Benefits Accounts Specialist	151
Marka Potts, Benefits Accounts Specialist	112
Deniece Bryan, Flexible Spending Accounts Specialist	144
Sandra Smith, Flexible Spending Accounts Specialist	143
HUMAN RESOURCES	
Mitzi Bennett, Human Resources Management Specialist	111

Macy's Thanksgiving Day Parade Featuring the Oklahoma Rising Float

Nov. 23, 2006

Check local broadcast listings for times



Tournament of Roses Parade with Highlights on the Oklahoma Centennial

Jan. 1, 2007

Check local broadcast listings for times



Employees Benefits Council

EMPLOYEES BENEFITS COUNCIL

120 N. Robinson Avenue, Suite 1100 • Oklahoma City, OK 73102

HEALTH

HealthChoice (Member Services and Telephone Provider Directory) Oklahoma City Metro . . .	(405) 717-8780
Toll Free	(800) 752-9475
TDD	(405) 949-2281 or (866) 447-0436
Website	www.healthchoiceok.com or www.sib.ok.gov
Health, Dental & Life Claims	(405) 499-4920
Toll-Free	(800) 782-5218
Pharmacy Claims/ID Cards	(800) 903-8113
Pre-certification	(800) 848-8121
COBRA	(405) 717-8780
Toll-Free	(800) 752-9475
Website	www.healthchoiceok.com or www.sib.ok.gov
Aetna HMO All Areas	(800) 949-3104
TDD	(800) 628-3323
Website	www.aetna.com/okstateemployees/
CommunityCare HMO All Areas	(800) 777-4890
TTY/TDD	(800) 722-0353
Website	www.ccok.com
GlobalHealth HMO OKC Metro	(405) 280-5600
Toll-Free	(877) 280-5600
TTY/TDD/Voice	(800) 522-8506
Website	www.globalhealth.cc
PacifiCare HMO All Areas	(800) 825-9355
TDHI	(800) 557-7595
Website	www.pacificare.com
TRICARE Supplement (ASI Corporation)	(800) 638-2610
Website	www.asicorptricaresupp.com

DENTAL

HealthChoice Dental Plan Oklahoma City Metro	(405) 717-8780
Toll Free	(800) 752-9475
Website	www.healthchoiceok.com or www.sib.ok.gov
Assurant Heritage Plus Prepaid Dental	(800) 443-2995
Assurant Freedom Preferred Indemnity	(800) 442-7742
Website	www.assurantemployeebenefits.com
CIGNA Dental Prepaid	(800) 367-1037
Website	www.cigna.com
Delta Dental of Oklahoma, 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 Fax	(405) 609-3474
Administration Fax	(405) 609-3477
Finance Fax	(405) 609-3476
Wellness Fax	(405) 609-3475
TDD	(405) 609-3473
Flexible Spending Accounts	(405) 232-1190 x301
Toll Free	(800) 219-8115 x301

The many cultures and customs that enrich Oklahoma will be recognized during the Centennial year.

