



2021 EMPLOYEE BENEFITS GUIDE

JULY 1, 2021 – JUNE 30, 2022



Our employees are our most valuable asset

City of Claremore offers a comprehensive, cost-effective, and competitive benefits package to help protect you and your family. However, it works only if you take control and make thoughtful decisions about your benefits. You need to take an active role in choosing your benefit coverage. This way, you can be sure your benefits support your needs and goals. To help you make your benefit choices, City of Claremore gives you this Benefit Guide booklet. Use this Guide to make your benefit decisions. Then, enroll by your deadline, so you can get the maximum value from these plans and programs for yourself and your family.

Benefit Options At A Glance

Medical & Prescription Drug Plan

(administered by BlueCross BlueShield)

- Blue Preferred Network

Dental (administered by BCBS)

- BlueCare PPO Network

Vision (administered by BCBS)

- EyeMed Vision Network

Flexible Spending Account (administered by Benefit Resource Inc.)

- Healthcare and Dependent Care Reimbursement Accounts

Life / AD&D Insurance (administered by Dearborn National)

- Group Basic Life and AD&D
- Optional Life and AD&D

It's time to think about your benefit needs and enroll for the benefits that will meet those needs.

City of Claremore offers a wide range of benefit options and the chance to make new decisions each year!

Getting Ready to Enroll

Review Your Benefits Options

Read this booklet and the other benefits materials thoroughly – they describe City of Claremore’s employee benefits program.

Consider Your Choices Carefully and Enroll Within the 31 Day Deadline

- After your enrollment period ends, you cannot change your benefit choices during the year unless you have a qualifying event.

Get Ready to Enroll

It may help to have these items handy:

- Social security numbers and birth dates for yourself and your eligible family members/dependents.
- Information about other benefit coverage or insurance you or your family members may have.
- Beneficiary designation information including date of birth and social security number, so you can properly identify your beneficiaries for your life insurance coverage and retirement plans.

Enroll by the Deadline

Complete the 2021 Benefits Online Enrollment by your enrollment deadline.

Be Alert!

- Check your first paycheck after your benefits effective date to confirm that your payroll deductions are correct.
- Report any payroll discrepancies immediately to Human Resources.

**Enrollment
Questions?
Benefits
Questions?**

**Contact the
Benefits
Helpline:**

1-888-295-7410

This booklet highlights the main features of many of the benefit plans sponsored by City of Claremore. Full details of these benefits are contained in the legal documents governing the plans. If there is any discrepancy or conflict between the plan documents and the information presented here, the plan documents will govern. In all cases, the plan documents are the exclusive source for determining rights and benefits under the plans. City of Claremore reserves the right to change or discontinue the plans at any time. Participation in the plans does not constitute an employment contract. City of Claremore reserves the right to modify, amend, or terminate any benefit plan or practice described in this guide. Nothing in this guide guarantees that any new plan provisions will continue in effect for any period of time. This guide serves as a summary of material modifications as required by the Employee Retirement Income Security Act of 1974, as amended.

Who is Eligible and When?

As a regular, full-time employee, you become eligible for the benefits program after you satisfy the waiting period.

If you have not enrolled by this date, you will not be eligible to enroll for coverage until the next Annual Open Enrollment.

Dependent Eligibility

In most cases, you may also cover your eligible dependents, including:

- **Your legal spouse or common law spouse**
- **Eligible children under the age 26.**
 - “Children” are defined as: 1) your natural children; 2) stepchildren; 3) legally adopted children; and 4) children under your legal guardianship. If your child is no longer eligible, you must notify Human Resources.
- **Physically or mentally disabled children** of any age who are incapable of self-support. Proof of disability may be requested and disability has to have occurred prior to age 25.

Adding Dependents to Your Coverage

To add a new spouse or child to your benefit coverage, you must notify City of Claremore within 31 days of the marriage/birth/adoption/change.

Important Note: Newborns are NOT automatically added to your medical coverage under City of Claremore’s benefit plans. You must notify Human Resources to add the newborn.

Adding Newborns or Dependent Children:

- Add within 31 days of birth/adoption.
- For a natural child, show birth certificate, affidavit of birth or baptismal certificate.
- For an adopted child, show adoption papers.
- For a stepchild, show marriage certificate or tax return.
- For guardianship of minors, show court papers for guardianship.

If your child becomes ineligible for coverage, you must notify City of Claremore by contacting the Human Resources department.

Benefit Costs

Paying for Your Benefits

City of Claremore pays 100% of the cost of the medical, dental and life insurance benefits for regular, full-time Employees, with coverage available for Employee and Children, Employee and Spouse, or Employee and Family. Your cost is as follows:

Cost of Coverage (Rates Effective 7.1.2021 – 06.30.2022)

Coverage	Cost per Month	City of Claremore Cost per Month	Employee Cost per Pay Period
BlueCross Blue Shield - Blue Preferred PPO Network			
Employee Only	\$475.00	\$475.00	\$0.00
Employee + Spouse	\$1,044.95	\$816.97	\$113.99
Employee + Child(ren)	\$902.48	\$731.49	\$85.50
Family	\$1,472.48	\$1,073.49	\$199.50
BlueCare Dental PPO Network			
Employee Only	\$37.54	\$37.54	\$0.00
Employee + Spouse	\$70.10	\$37.54	\$16.28
Employee + Child(ren)	\$88.21	\$37.54	\$25.34
Family	\$124.58	\$37.54	\$43.52
BCBS EyeMed Network			
Employee Only	\$10.32	\$0.00	\$5.16
Employee + Spouse	\$19.62	\$0.00	\$9.81
Employee + Child(ren)	\$20.65	\$0.00	\$10.33
Employee + Family	\$30.37	\$0.00	\$15.19
Dearborn National Life/AD&D			
Basic Group Life – Employee		Employer Paid	
Basic Group Life - Dependent		\$0.55 per Pay Period	
Optional Life		Age Rated see pages 14-15 for more details.	

Your deductions for medical, dental and vision coverage are made on a pre-tax basis. This reduces your taxable income and saves on federal and social security taxes.

Your deductions for voluntary life and AD&D insurance are made on an after-tax basis. This way, any benefits paid will not be subject to income taxes when received.

MEDEFY



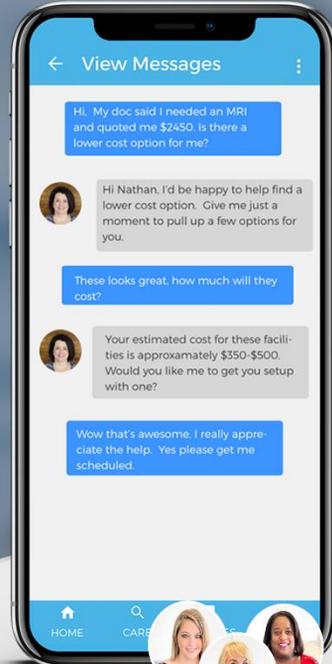
INTRODUCING THE NEW MEDEFY APP

Need to find high quality, low cost care?
Have a benefits question? Don't know where to start? **Text your care guide in the app today!**



ALL employees can download the app through **May 31st** to access your enrollment guide. Starting **July 1st** the app will be fully accessible only to employees and dependents 18+ on the health, dental, or vision plans to chat with Care Guides about your benefits.

Search "Medefy" in your app store to get started!



Meet your Care Guides!



Live Chat with a Healthcare Benefits Guide!

- Answers health benefits questions!
- Helps schedule appointments!
- Saves you money w/ **low cost in-network** care!
- All conversations are 100% confidential.

Save Money on Healthcare!

We'll identify & schedule the most affordable in-network care for you! MRIs, CTs, surgeries, doctor visits, & more!

All Your benefit tools!

Digital insurance cards, healthcare spend, wellness incentives, & more - all in one app!



Medical Plan Summary

Base Medical Plan Summary

City of Claremore offers a Blue Preferred Network PPO medical plan for employees and dependents with BlueCross BlueShield of Oklahoma. The Blue Preferred Network PPO plan allows you the freedom to choose either a network or out of network provider each time you need care. Care received from in-network providers is paid at higher benefit level. If you choose to receive care from a non-network provider, medical benefits are lower.

BlueCross BlueShield	Blue Preferred	Out-of-Network
Annual Deductible Individual Family	\$2,000 \$4,000	\$5,000 \$10,000
Annual Out-of-Pocket Max Individual Family	\$4,000 \$8,000	\$10,000 \$20,000
Coinsurance <i>(Unless otherwise noted)</i>	80%	60%
Physicians' Office Visit Primary Care Specialist Mental Health – Counseling Chiropractor – 20 visit limit	\$25 \$50 \$50 \$50	40% AD 40% AD 40% AD 40% AD
Preventive Care Services	No Charge	30% of allowed amount
Urgent Care	\$50	30% AD
Emergency Room Visit	20% AD	20% AD
Inpatient Hospital Care	20% AD	\$500, then 40% AD
Outpatient Care / Hospital Services	20% AD	40% AD

Your Employee Assistance Program is provided by Community Care and plays a key role in helping you, your coworkers and family members cope with emotional, physical, or any other problems that may be affecting your personal well-being and your job performance.

Medical Plan Summary

Base Medical Plan Summary (Continued)

BlueCross BlueShield	Blue Preferred	Out-of-Network
Lab, X-Ray and Diagnostics Outpatient Lab Testing Outpatient Radiology CT, PET, MRI, etc.	No charge if included with OV \$200 Copay	30% AD 30% AD
Occupational & Physical Therapy Services	20% AD Up to 20 annual visits	40% of allowed amount AD Up to 20 annual visits
Maternity Services	\$500 Copay per pregnancy	40% of allowed amount AD
Durable Medical Equipment, Prosthetics, and Orthotic Devices	20% AD	40% of allowed amount AD
Emergency Medical Transportation	20%	20%
Home Health Care / Private Duty Nursing	20% AD 60 visits per benefit period	40% of allowed amount AD 60 visits per benefit period
Hospice	20% AD	\$300, then 40% of allowed amount AD
Inpatient Rehabilitation	20% AD 60 visits per benefit period	\$500, then 40% of allowed amount AD 60 visits per benefit period

Dental Plan Summary

City of Claremore offers a dental plan administered by BCBS to help save you money. The benefit percentage payable for covered services is highest if you select a BlueCare PPO provider.

When you choose a BlueCare PPO network dentist, you will receive services at discounted rates. Plus, the network dentist agrees to accept BCBS's contracted fees – so you won't receive any surprise charges above reasonable and customary rates. **To find a BCBS Dentist, go to: www.bcbsok.com**

If you choose a Non-BCBS Dentist, you will be charged at the dentist's usual fees which are generally higher than BCBS's negotiated fees. The dentist may also balance bill you for the difference between their usual fee and the amount paid by BCBS.

	BlueCare PPO Plan	
Benefit Summary	PPO	OUT
Calendar Year Deductible Individual Family	\$50 \$150	\$50 \$150
Deductible Waived for:	Preventive	Preventive
Maximum Annual Benefit*	\$1,500	\$1,500
Diagnostic & Preventive Services	100%	100%
Basic Services Perio, Endo & Oral Surgery	100%	80%
Major Services Crowns, Implants, etc.	60%	50%
Ortho – Children Only \$1500 Lifetime Maximum	50%	50%
Claim Payment Basis	Negotiated Fee Schedule	90thPercentile

***Any payment towards a cleaning/exam will not reduce the annual maximum benefit.**

Vision Plan Summary

City of Claremore offers a vision PPO plan administered by BCBS and using the EyeMed Vision network. The vision PPO plan allows you the freedom to choose either a network or out-of-network provider.

When you choose an EyeMed Vision network provider, you will receive services at discounted rates. Plus, the network provider agrees to accept BCBS's contracted fees – so you won't receive any surprise charges above reasonable and customary rates. To find an EyeMed Provider, go to: www.eyemedvisioncare.com/bcbsokvis

	EyeMed Vision Provider	Out-of-Network
Copays Exam Materials	\$10 \$10	
Frequency Exam Lens Frames	12 Months 12 Months 12 Months	
Exam	\$10 Copay	Plan pays up to \$30
Lenses Single Vision Bifocal Trifocal Lenticular	\$10 Copay \$10 Copay \$10 Copay \$10 Copay	Plan pays up to: \$25 \$40 \$55 \$55
Contact Lenses (in lieu of complete set of glasses) Medically Necessary Elective	\$10 Copay Plan pays up to \$150	Plan pays up to: \$210 \$120
Frames	Plan pays up to \$150 retail + 15% off balance	Plan pays up to \$75

FSAs

Flexible Spending Accounts

Flexible Spending Accounts (FSAs) let you save taxes on the money you spend for out-of-pocket health care or dependent care expenses. The FSAs are administered by BRI.

If you enroll, you choose an annual amount you want to contribute. Your contributions are taken from each paycheck throughout the year and deposited in your account. Since this money is taken out of your check before you pay taxes, you pay less taxes.

There are two types of FSAs: the Health Care Account and the Dependent Care Account. You can choose to participate in only one of the accounts, both of the accounts or neither one.

To be eligible, you must incur the expenses during the plan year (July 1, 2021 – June 30, 2022).

The elections you make to the health care and dependent care FSAs will remain in effect until June 30, 2022. You cannot change or stop your deductions during the year unless you have a qualified event.

The IRS now allows you to rollover \$550 of your unused FSA funds to use for the following plan year.

Health Care Account

The Health Care Account is used to pay for eligible out-of-pocket expenses, such as:

- Deductibles and copays for medical and dental
- Retail and mail-order prescription copays
- Any IRS deductible expense not covered by a health plan

Annual Contribution Amount

The maximum amount you can contribute to this account is \$2,750.

Filing Claims for Reimbursement

As you and your dependents incur eligible expenses, there are two methods to file for reimbursement:

Claim Form Method

- Pay your provider up front
- Complete the claim form and send it
- Reimbursement is sent to you in the mail or through direct deposit to your bank account

Streamline Method

- Use your FSA debit card.
- Claims are automatically filed for you when you seek services

Dependent Care Account

The Dependent Care Account can reimburse your eligible day care expenses for a dependent who lives with you, and who is under age 13 (or disabled and any age). You must claim this person as a dependent on your income tax return.

What Is Covered?

You may be reimbursed only for care that enables you to work or look for work on a full-time basis. You can't be reimbursed for care provided by your spouse, your child under age 19, or someone you claim as a dependent.

Annual Contribution Amount

The maximum amount you can contribute to the Dependent Care Account is \$5,000 (\$2,500 if you are married and file separate tax returns).

Filing Claims for Reimbursement

When you file a Dependent Care Account claim, you are only reimbursed up to the amount in your account at the time you file your claim. For instance, if you have incurred \$300 in expenses, but you have only \$200 in your account, you will be reimbursed only \$200.

FSA or Tax Credit?

A child-care tax credit is available on your federal income tax return. Expenses you pay through the Dependent Care Account reduce the tax credit you may claim. If you earn less than \$25,000, you may benefit more by using the tax credit. Ask a tax advisor which is better for you.

Dependent Care Account Worksheet	
Weekly Cost of Care	\$
Number of Weeks your Dependents Receive Care	X
Annual Total*	=

**Divide your total estimated annual expenses by your applicable pay periods remaining in the plan year.*

For a more complete list of eligible FSA expenses, go to: www.irs.gov and search for "Publication 502"

FSAs

Health Care Account Worksheet

Use the worksheet below to estimate your annual out-of-pocket medical/dental/vision/hearing expenses.

Eligible Health Care Expenses	Estimated Annual Amount
Copays (doctor visits, prescriptions, etc.)	\$
Deductibles	\$
Out-of-Pocket Hospital Expenses	\$
Out-of-Pocket Physician Expenses (lab work)	\$
Out-of-Pocket Dental Expenses	\$
Out-of-Pocket Vision Expenses	\$
Out-of-Pocket Chiropractic Expenses	\$
Out-of-Pocket Mental Health Care Expenses	\$
Out-of-Pocket Prescription Drug Expenses	\$
Out-of-Pocket Substance Abuse Care Expenses	\$
Out-of-Pocket Physical Therapy Expenses	\$
Other Health Care Expenses	\$
Total*	\$

**Divide your total estimated annual expenses by your applicable pay periods remaining in the plan year.*

FSA deposits are taken from each paycheck. Remember that your pay is reduced each paycheck to fund your contribution amount.

Life and AD&D

Basic Life and Accidental Death and Dismemberment

City of Claremore provides full-time employees with group life and accidental death and dismemberment (AD&D) insurance, through Dearborn National and pays the cost of this benefit. Contact Human Resources to update your beneficiary.

Optional Life and Accidental Death and Dismemberment

Employees who want to supplement their group life insurance benefits may purchase additional coverage. When you enroll yourself and/or your dependents in this benefit, you pay the full cost through payroll deductions.

Basic Life and Accidental Death and Dismemberment – Company Paid

Basic Life and AD&D	\$25,000
Age Reduction Schedule	50% at age 70

Basic Dependent Life – Employee Paid

Dependent Life	
Spouse Benefit	\$5,000
Child(ren) Benefit	\$2,000

Optional Life – Employee Paid

Employee	
Life	\$10,000 to \$200,000 in \$10,000 increments
Guarantee Issue	\$100,000
Age Reduction Schedule	50% at age 70
Spouse	
Life	\$5,000 to \$50,000 in \$5,000 increments
Guarantee Issue	\$50,000
Child(ren)	
Life	\$1,000 increments to \$10,000
Dependent Age Limit	Birth to 6 months: \$1,000 6 months to age 21, 30 if FTS
Guarantee Issue	\$10,000

Optional Accidental Death and Dismemberment – Employee Paid

Employee or Family AD&D	Multiples of \$10,000 to \$200,000 Maximum
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Beneficiary Designation

When you enroll, you MUST designate your life insurance beneficiary. Benefits will be paid to your beneficiary if you die.

Optional Life and AD&D

Employee/Spouse Optional Life Monthly Rates per \$1,000

Age	Rate	Age	Rate
Under 30	\$0.10	60-64	\$1.16
30-34	\$0.12	65-69	\$1.44
35-39	\$0.15	70-74	\$5.09
40-44	\$0.18	75-79	\$5.74
45-49	\$0.32	80-84	\$5.74
50-54	\$0.49	85-99	\$5.74
55-59	\$1.13		

Child(ren) Optional Life Monthly Rate

\$.10 monthly per thousand for voluntary Life

Optional Accidental Death & Dismemberment Monthly Rates per \$1,000

Employee: \$0.03

Family: \$0.04

Figure your monthly premium:

$$\frac{\$ \text{benefit amount}}{\$1,000} \times \$ \text{age rate} = \$ \text{premium}$$

Example:

$$\$100,000 / \$1,000 * \$0.18 = \$18.00$$

Supplemental Insurance can help you and your family offset additional expenses that your health insurance will not cover in the event of an accident or sickness. With an American Fidelity policy, you can help ensure that your family will be protected and have extra money when you need it the most.

The following supplemental benefits are available through American Fidelity:

Accident:

Is a voluntary insurance coverage that pays both lump sum and daily hospital benefits to covered insurers for injuries received as a result of a covered accident. You can cover your spouse, dependent children, or all of your family. An accident is defined as any malady that is not an illness. This policy can help cover doctor visit and hospitalization costs, pay specific cash benefits for injuries, provide extra accidental life insurance and can help with physical therapy, crutches and more.

Cancer:

Is the number one cause of bankruptcy in the United States. 1 in 2 men will suffer from Cancer, and 1 in 3 women will suffer from Cancer. American Fidelity's Cancer plan can help pay some of the direct and indirect costs related to cancer diagnosis and treatment. Benefits helps with the costs associated with treatment such as travel expenses, chemo therapy, hospitalization, screening benefits and much more. This is a comprehensive plan with most benefits having NO lifetime maximum.

Critical Illness:

Pays a lump sum benefit to the insured in the event of one of the following: Heart attack, stroke, major organ failure, end stage renal (kidney) failure and 25% of face amount for Coronary Artery Bypass Graft Surgery.

Short Term and Long Term Disability:

Protects your paycheck if you become disabled due to an accident or sickness. Disability plans can cover your paycheck for up to 60% of your monthly income.

Hospital GAP Plan Insurance:

A Plan designed to provide a low-cost benefit to help pay for out-of-pocket expenses while receiving inpatient or outpatient services. This plan provides benefits for diagnostic testing and outpatient surgery, emergency room sickness or accident, and inpatient confinements.

Life Insurance:

Will be paid to the beneficiary of your choice in the event of your death. American Fidelity offers Universal Life and Whole Life policies, which can be designed to fit your budget.

An American Fidelity benefit counselor can give you a quote on any of the benefits listed above.

Contact Information

The following list of contacts, telephone numbers, and website addresses may be helpful throughout the plan year.

COVERAGE	ADMINISTRATOR	PHONE/ WEBSITE
Human Resources	City of Claremore	918-341-1325 x102 or x101
Benefits Helpline	PremierConsulting Partners	1-888-295-7410 helpdesk@premier-consultingpartners.com
Medical Plan	BlueCross BlueShield	1-888-466-5359 www.bcbsok.com
Employee Assistance Program	Community Care	918-594-5232 www.ccok.com
Dental Plan	BCBS	1-888-466-5359 www.bcbsok.com
Vision Plan	BCBS/EyeMed	1-855-856-4402 www.eyemedvisioncare.com/bcbsokvis
Life Insurance	Dearborn National	1-800-348-4512 www.dearbornnational.com
Flexible Spending Accounts	Benefit Resource, Inc.	1-800-339-7493 www.britulsa.com
Accident & CI	American Fidelity	1-800-450-3506 www.americanfidelity.com