OKLAHOMA
Employees Group
Insurance Division

Group Information Summary

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For the most current and detailed information on the various health, dental and vision plans available through the Employees Group Insurance Division, visit the EGID website.

Employees Group Insurance Division
4345 N. Lincoln Blvd., Ste. 100
Oklahoma City, OK 73105
405-717-8780 or toll-free 800-752-9475
egid.ok.gov

INTRODUCTION

Thank you for considering the Employees Group Insurance Division (EGID) for your insurance needs. EGID provides health, dental, life, disability and vision insurance to state, education and local government employees and other nonprofit groups as authorized by the Oklahoma Employees Insurance and Benefits Act. For more information about the act, refer to 74 O.S. §§ 1301 et seq. and 74 O.S. § 1302.

This guide summarizes plan benefits, eligibility and administration guidelines. These guidelines are not all-inclusive and are not intended to supersede or conflict with EGID's Administrative Rules or Oklahoma Statutes, which are subject to change. The Administrative Rules can be found on the EGID Resources and Notices page.

If you have any questions concerning the information in this guide, contact EGID Member Services Group Management at 405-717-8780 or toll-free 800-752-9475. After you review this information, please sign the signature page to indicate you have read it and return that page to group management.

EGID serves approximately 900 employer groups.

PLANS AVAILABLE THROUGH EGID

Not everyone's insurance needs are identical. This is why EGID offers several health, dental and vision plans to meet the specific needs for our members. Please refer to the Employee Benefit Options Guide on the Employees Group Insurance Division website to review the most current plans available, ZIP code service areas for health plans (if any), comparison of plan benefits and premiums.

A Summary of Benefits and Coverage for each health plan is available on the EGID Summary of Benefits and Coverage page.

Disability benefits are provided to eligible county and city employees in accordance with the provisions of 74 O.S. §§ 1331 et seq.

The disability insurance plan is designed to provide partial replacement of income lost as a result of a disabling illness or injury. This plan is not unemployment insurance, workers' compensation, Social Security Disability Insurance (SSDI) or disability retirement.

Please refer to the Employee Benefit Options Guide for specific benefit and plan contact information.

INSURANCE COORDINATOR TRAINING AND DUTIES

The insurance coordinator (IC) is an employee of your group who is responsible for your employees' insurance enrollment, eligibility changes and premium billing reconciliation. The IC is the primary contact between your group and EGID Group Management. Prior to a group's insurance effective date, your IC receives training through a series of webinar topics including:

- **Eligibility.**
- **Plan benefits.**
- **Forms.**
- **HIPAA compliance.**
- **Claims.**
- **Retirement.**
- **COBRA.**

Every employer must designate an individual, known as an insurance coordinator, to manage their group's insurance administration.

The IC is strongly encouraged to participate in EGID's yearly training for Option Period and spring training. The schedules of these meetings and webinars are emailed to the IC. The IC can also access the meeting schedule and register for meetings through the EGID Coordinator Training page.

The web support team holds separate training sessions to instruct ICs on the use of EGID's web enrollment application, Employer Self-Service. Each IC must participate in a training session before access to web enrollment can be granted. This training provides information on how to make online eligibility changes and enrollments and how to review or download the monthly premium billing statement. To schedule a training session, select the form on the EGID Coordinator Training page. You can also contact the web support team at 405-717-8707 or toll-free 800-752-9475, ext. 8707.

ELIGIBILITY – EMPLOYEE

AN ELIGIBLE EMPLOYEE IS DEFINED AS AN EMPLOYEE WHO IS:

EDUCATION – Eligible to participate in the Oklahoma Teachers' Retirement System and working a minimum of four hours a day or 20 hours per week.

LOCAL GOVERNMENT – Regularly scheduled to work at least 1,000 hours a year and not classified as a temporary or seasonal employee.

OTHER PERSONS – Must be elected by popular vote or on approved leave without pay status (not to exceed 24 months).

Eligibility starts on the first day of the month following the employment date or following any employer probationary period, not to exceed 60 days.

An employee who does not elect coverage when they are first eligible must wait until the next annual Option Period to enroll; some limitations to coverage may apply.

LOCAL AND COUNTY GOVERNMENT EMPLOYERS

All eligible employees must be enrolled in a health plan through EGID or provide proof of other group or qualified individual health insurance.

An employee can make coverage changes during the annual Option Period or within 30 days of a midyear qualifying event as defined by Section 125 of U.S. Code Title 26, the Internal Revenue Code. The changes must also be allowed by the employer's Section 125 plan document and administrator.

Dental and life coverage is available only if the employee is enrolled in one of the health plans offered through EGID or can provide proof of other group or qualified individual health coverage.

An employee does not have to be enrolled in group health coverage to be eligible for vision coverage.

ELIGIBILITY – DEPENDENTS

Primary members who work for multiple employer groups that offer EGID benefits can only enroll in coverage through one group. Double coverage is not permitted. Members must decide which employer group in which to enroll.

Dependents can be enrolled in only the same types of coverage and in the same plans as the employee.

ELIGIBLE DEPENDENTS INCLUDE:

- Legal spouse (including common-law).
- Daughter, son, stepdaughter, stepson, eligible foster child, adopted child or child legally placed with the member for adoption, guardianship or other legal custody, up to age 26, whether married or unmarried; documentation may be required.
- A dependent, regardless of age, who is incapable of self-support due to a disability that was diagnosed prior to age 26. A Disabled Dependent Assessment form must be submitted at least 30 days prior to the dependent's 26th birthday. The Disabled Dependent Assessment form must be approved by EGID before coverage begins or is extended beyond age 26.
- Other unmarried dependent children up to age 26, upon completion and approval of an Application for Coverage for Other Dependent Children. Guardianship papers or a tax return showing dependency can be provided in lieu of the application.

An employee can exclude eligible dependents who do not reside with them, are married, are not financially dependent upon them for support, have other group or qualified

individual coverage in effect or are eligible for Indian or military benefits.

An employee can exclude their spouse from health, dental and vision coverage and cover their other eligible dependents by signing the spouse exclusion certification on the back of the Insurance Enrollment Form or Insurance Change Form. If the IC just needs documentation to be on file and the employee is making no changes, the employee and spouse can sign the Exclusion for Spouse Coverage form.

DUPLICATION OF COVERAGE

If a spouse is enrolled separately in one of the plans offered through EGID, dependents can be covered under only one parent's health, dental and vision plan (not both); however, both parents can cover dependents under Dependent Life insurance.

Dependents who are not enrolled within 30 days of the employee's eligibility date or qualifying event cannot be enrolled until the next annual Option Period.

ENROLLMENT

County, local government and eligible nonprofit employers are required to have 100% participation in health insurance or provide proof that employees who do not participate have other group or qualified individual health coverage.

An employee can opt out of health insurance coverage through EGID if they currently have other group or qualified individual health coverage or are eligible for Indian Health Service or military health benefits.

Note: The employer can require an employee to sign a waiver if the employee waives coverage through EGID.

A new employee has 30 days following their employment date to enroll in coverage. They are eligible for coverage the first day of the month following their employment date or the first day of the month they become eligible following an employer probationary period, not to exceed 60 days. EGID does not offer partial month coverage or prorate premiums.

The Insurance Enrollment Form is entered into the ESS system or sent to EGID within 30 days of the employee's enrollment date or the date they become eligible for coverage.

An employee can make changes to benefits within 30 days of their enrollment date or the date they become eligible based on your employer's rules. This is called a supersede change.

If an employee makes a change in coverage, it is effective the first day of the month following the date the supersede form is signed.

A transferring employee is someone who moves from one EGID participating employer to another. They have the option to have coverage effective their first month of employment. The employee is responsible for the premiums for this first month of coverage.

Employees can waive participation in the health, dental, vision and life plans offered through EGID. However, to elect dental and life coverage without enrolling in a health plan through EGID, the employee must provide proof of other group or qualified individual health coverage.

Group enrollment takes place at least 30 days prior to the effective date of your group's coverage through EGID. Group management works with each new group to set enrollment meetings for current and former employees, including COBRA participants.

EXAMPLES OF PROOF OF OTHER HEALTH COVERAGE:

- **Certificate of health plan coverage or Letter of Creditable Coverage.**
- **Military health ID card.**
- **Indian Health Service ID card.**
- **Medicare ID card.**
- **Confirmation Statement.**

A family status change is a qualifying event that allows an employee to add, change or terminate coverage within 30 days of the event. Examples of midyear qualifying events are:

- **Marriage of the primary member.**
- **Divorce.**
- **Birth of a child.**
- **Death.**

To exclude a spouse from coverage while covering other dependents, the spouse must sign the spouse exclusion certification on the Insurance Enrollment Form or Insurance Change Form. If entering coverage through the ESS system or another approved enrollment portal, utilize the Exclusion for Spouse Coverage form and keep this in the employee's file for auditing purposes.

The IC is responsible for keeping documentation to support all eligible midyear or family status changes. Documentation must be provided to EGID upon request.

GROUP TERM LIFE INSURANCE

The HealthChoice Life Insurance Plan provides group term life insurance. The plan pays benefits upon the death of the insured; however, it has no cash surrender value.

Basic Life is the first $20,000 unit of life insurance available to employees. Supplemental Life is additional amounts of life insurance that can be purchased in $20,000 units.

A new employee can enroll in Basic Life in the amount of $20,000 and then enroll in Supplemental Life in an amount up to two times their annual salary (known as Guaranteed Issue) without submitting a life insurance application. Guaranteed Issue is available only to new employees. The $20,000 of Basic Life coverage is not included in the Guaranteed Issue amount.

A life insurance application is required for Supplemental Life coverage greater than Guaranteed Issue.

An employee can request Supplemental Life coverage in $20,000 units, up to a maximum of $500,000.

During the annual Option Period, an employee can apply for additional life insurance coverage by completing a life insurance application. They can also add Dependent Life coverage.

An employee must enroll in Basic Life to elect Dependent Life. Dependent Life enrollment does not require a life insurance application.

Basic Life and the first $20,000 of Supplemental Life include Accidental Death and Dismemberment benefits. AD&D benefits are available only to current employees and apply when death, dismemberment or loss of sight occurs as the result of an accident.

The loss of individual life coverage is not a qualifying event; however, the loss of other group insurance is a qualifying event. Without a qualifying event, the employee must wait until the next annual Option Period to enroll in life coverage with EGID.

A new employee can enroll in two times their annual salary without submitting a life insurance application.

RETIREE ENROLLMENT

The initial enrollment period for eligible former employees coincides with the enrollment period for current employees; however, their meetings are held separately.

Upon initial enrollment, retirees and their dependents can enroll in only the same benefits they have with the employer's current insurance carrier. If a retiree has only health coverage, they are eligible to enroll in only health coverage through EGID. Retirees can drop or reduce benefits later, but they cannot add benefits, except vision coverage.

Retirees can add dependents to coverage only if the dependents are newly acquired or they lost other group coverage within the past 30 days. Dependent coverage cannot be added during the annual Option Period.

Upon initial enrollment, dependents of retired employees can be enrolled in only the same benefits they have with the employer's current insurance carrier.

COBRA ENROLLMENT

The employer is responsible for COBRA administration.

There is a process for COBRA employees who want to transfer their health, dental and/or vision coverage to EGID during the employer's initial enrollment period.

ICs must complete a Group COBRA to COBRA Continuation Form for each employee and include the employee's eligibility information and the balance of their COBRA continuation period.

If an employee's COBRA premiums under the current carrier are not current, COBRA eligibility cannot be continued through EGID.

The employer is responsible for providing initial notice of COBRA rights and for sending a COBRA packet when a COBRA qualifying event occurs, verifying forms are returned within the required timeframe and forwarding those to EGID with the COBRA QE Notice. However, once coverage is elected, EGID handles the administration of the COBRA account as well as the billing for any COBRA coverage.

CHANGES TO OR TERMINATION OF EMPLOYER COVERAGE

If an employer wants to change the types of coverage it offers to its employees, such as adding or dropping dental coverage, a Group Change Form must be completed and submitted to EGID at least 30 days prior to the change.

If an employer decides to terminate coverage through EGID, a Group Termination Form must be completed and submitted to EGID at least 30 days prior to terminating coverage. Certain rules must be followed:

a. When an employee terminates employment, their benefits as a former employee are tied to their most recent employer. According to 74 O.S. § 1308.1(6) and 70 O.S. § 5-117.5(E) for education entities and 74 O.S. § 1315(H) for local/county governments, any employer that discontinues participation through EGID must cover all of its current and former employees with insurance benefits through its new carrier.

b. Higher education and charter schools must take all former employees to their new carrier regardless of an employee's retirement date.

c. There is an exception that allows certain former employees to continue coverage through EGID even after their employer discontinues participation. This exception pertains to local government, education and career technology employees who retired with coverage through EGID prior to the following dates:

   - Local government – Jan. 1, 2002.
   - Education (common schools or career techs) – May 1, 1993.

d. When terminating coverage through EGID, it is the employer's responsibility to notify all current employees that their decision to change insurance carriers may have an impact on their ability to continue coverage through the new carrier when they terminate employment. This notification must be sent to all current employees prior to the date coverage through EGID terminates.

To make a change to the types of coverage the employer offers, please notify group management at least 30 days prior to the change.

CHANGES TO OR TERMINATION OF EMPLOYER COVERAGE (CONTINUED)

EGID Administrative Rule 260:50-3-13(a)(c1) allows former employees to continue coverage as retired, vested or non-vested members only if their employer is currently participating with EGID and coverage is continuous. Once an employer terminates coverage through EGID, its former employees cannot obtain coverage later through EGID.

If it is discovered a former employee's coverage through EGID is tied to an employer that changed insurers and no longer participates with EGID, the IC is notified and the employer is required to enroll the former employee with its new carrier. (Tracking former employees by employer involves manual processes, and occasionally, errors occur. Please contact EGID if you believe an error has occurred.)

If an employer terminates coverage through EGID and then later reinstates coverage, the employer's appointing authority is required to attest that its returning retirees had continuous coverage that is at least as good as Medicare's standard coverage.

To discuss possible changes to your employer's coverage options, please contact group management at 405-717-8780 or toll-free 800-752-9475.

GROUP MANAGEMENT

Group management is available to make presentations or meet with your organization to answer questions you and your employees have concerning health, dental, vision and life insurance.

To schedule a presentation or meeting, contact group management at 405-717-8780 or toll-free 800-752-9475.

For the most current and detailed information on the various health, dental, life and vision plans available through EGID, visit the EGID Employee Benefit Options Guide page.

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SIGNATURE PAGE

The undersigned, as the authorized official, acknowledges that they have read and understand this EGID Group Information Summary.

Employer information and signatures			
Employer name		Group number	Division number
Address	City	State	ZIP code
Phone		Fax	
Insurance coordinator's name		Email	
Insurance coordinator's signature		Date	
Authorized official name		Authorized official title	
Authorized official's signature		Date	

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