

# Welcome!

Please turn off your camera  
and mute your microphone.



# Plan Year 2023 Benefits Option Period

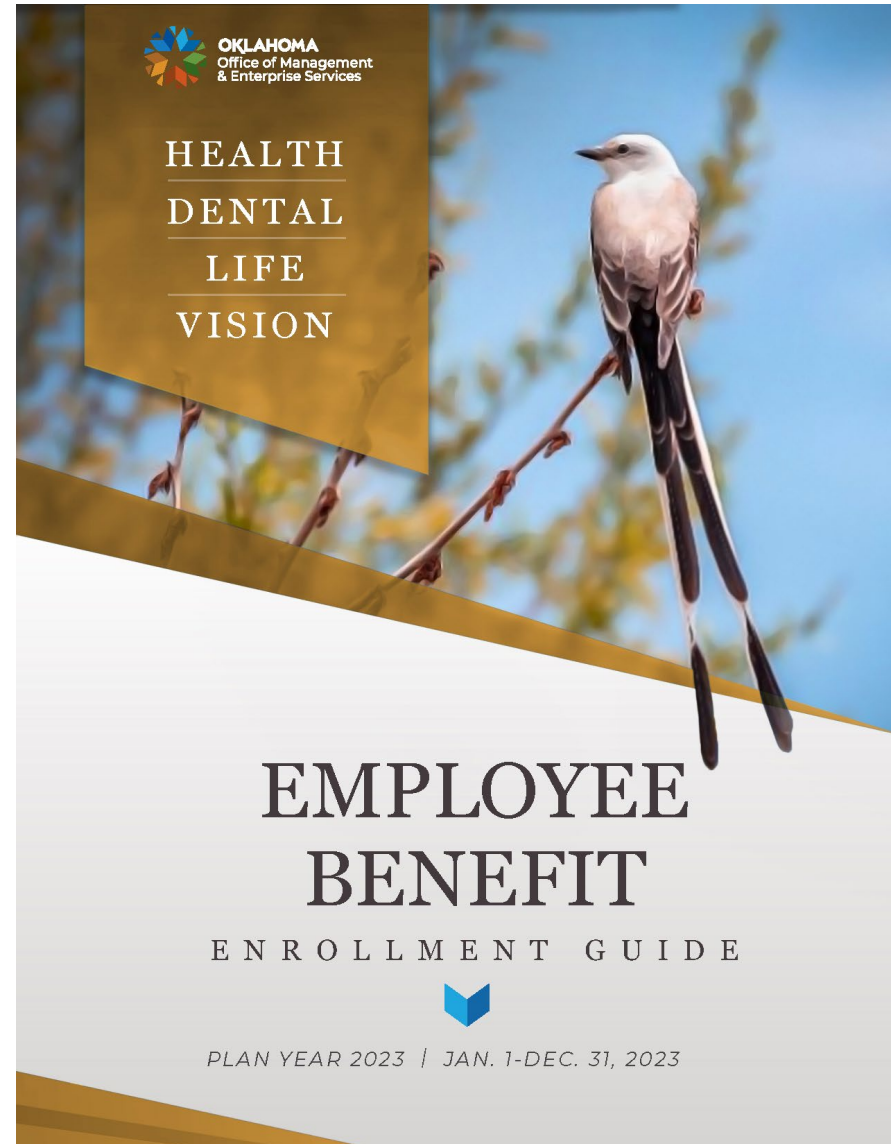
Employee Benefits Department  
Human Capital Management



**OKLAHOMA**  
Office of Management  
& Enterprise Services

# Option Period Plan Year 2023

- Benefits Option Period:  
Oct. 1-31, 2022.
- Benefits and enrollment  
review.





# Highlights

- Definitions.
- Rate and benefit allowance changes.
- Plan changes.
- Employee deadlines:
  - HealthChoice Tobacco-Free Attestation – Nov. 11.
  - Life insurance applications – Oct. 31.

Refer to pages 4-7 in your Benefits Enrollment Guide.



# Important dates

## HealthChoice Tobacco-Free Attestation

- Opened Sept. 6
- Closes Nov. 11

## Life insurance applications

- Starts Sept. 19
- Closes Oct. 31

# Required forms

- Opt-Out Form plus proof of other coverage.
  - Those covered under Indian Health, VA, SoonerCare (dependents only) or an individual Medicare plan are not eligible to opt out.
- Common-Law Spouse Form.
- Spousal Exclusion Form.

# Life Insurance Application ➔

## Page 1

- The application can be emailed and completed on the computer.
- Indicate Option Period or Midyear change and the reason for a midyear change and date of event.
- Assist member with this page and email to EGID as directed by Oct. 31.

**HealthChoice** Employees Group Insurance Division  
**LIFE INSURANCE APPLICATION**  
OPTION PERIOD/MIDYEAR CHANGE

Please print clearly. Complete this form and submit it to [EGIDMail@omes.ok.gov](mailto:EGIDMail@omes.ok.gov). **Do not turn in this form if:** 1) you are a new hire; or 2) you terminated and are being rehired within 24 months and want only the same amount of life insurance you had when you left.

**Section 1 – Employee Information**

Option Period       Midyear change (state reason below)

Reason for midyear change (must be within 30 days of qualifying event)      Date of qualifying event (MM/DD/YYYY)

Name (First      MI      Last)      SSN

Date of birth       Male     Female       Married     Single

Mailing address      City      State      ZIP code

Is this a new address?     Yes     No

Phone      Alt phone      Email

Entity/Agency name      Coordinator name

Coordinator phone      Coordinator email

**Section 2 – Request for Member Life coverage – Option Period/Midyear change**

Amounts should be listed in even \$20,000 units. **Do not list premium cost.**  
Insurance will default to the current coverage in place if any additional supplemental life is not approved.

TOTAL COVERAGE DESIRED  
(Can be no larger than \$520,000)

**Section 3 – Authorization**

It is understood and agreed that all statements and answers given on this form are true and complete, and they are the basis on which the group life insurance requested by me is issued. I authorize EGID to request any additional information from any source as may be deemed necessary. I agree that EGID may request that I submit to an examination by a physician selected by EGID, at my expense, if deemed necessary by EGID. I further understand that any failure to provide complete and accurate information for me and my dependents might affect insurability and may constitute grounds for retroactive termination of coverage. If member coverage is retroactively terminated and dependents are enrolled with life coverage, the dependent life coverage will also be terminated. The member must be enrolled in Basic Life coverage for dependents to have Dependent Life coverage. Finally, in the event of my death, I understand that prior to paying out my life insurance policy, HealthChoice will ensure that my life insurance premiums are paid in full and may deduct any owed life insurance premiums and/or disability overpayment balances from my life insurance policy before distributing to my assigned beneficiaries or estate.

Employee signature      Date

Rev. June 2022      Page 1 of 2

# Life Insurance Application → Section 1

Section 1 – Employee information			
<input type="checkbox"/> Option Period		<input type="checkbox"/> Midyear change (state reason below)	
Reason for midyear change (must be within 30 days of qualifying event)		Date of qualifying event (MM/DD/YYYY)	
Name (First      MI      Last)	SSN		
Date of birth	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Married <input type="checkbox"/> Single	
Mailing address	City	State	ZIP code
Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Phone	Alt phone	Email	
Entity/Agency name		Coordinator name	
Coordinator phone		Coordinator email	

# Life Insurance Application → Section 2

## Section 2 – Request for Member Life coverage – Option Period/Midyear change

Amounts should be listed in even \$20,000 units. **Do not list premium cost.**

Insurance will default to the current coverage in place if any additional supplemental life is not approved.

TOTAL COVERAGE DESIRED  
(Can be no larger than \$520,000)

# Life Insurance Application → Section 3

## Section 3 – Authorization

It is understood and agreed that all statements and answers given on this form are true and complete, and they are the basis on which the group life insurance requested by me is issued. I authorize EGID to request any additional information from any source as may be deemed necessary. I agree that EGID may request that I submit to an examination by a physician selected by EGID, at my expense, if deemed necessary by EGID. I further understand that any failure to provide complete and accurate information for me and my dependents might affect insurability and may constitute grounds for retroactive termination of coverage. If member coverage is retroactively terminated and dependents are enrolled with life coverage, the dependent life coverage will also be terminated. The member must be enrolled in Basic Life coverage for dependents to have Dependent Life coverage. Finally, in the event of my death, I understand that prior to paying out my life insurance policy, HealthChoice will ensure that my life insurance premiums are paid in full and may deduct any owed life insurance premiums and/or disability overpayment balances from my life insurance policy before distributing to my assigned beneficiaries or estate.

Employee signature

Date

# Life Insurance Application

## Page 2

- Member must complete.
- It is a fillable form and can be completed on the computer.
- Return by Oct. 31 deadline.

LIFE INSURANCE APPLICATION – MEDICAL INFORMATION

**Section 4 – Employee medical information**

This section must be completed by the employee requesting Member Life coverage. If you need to list additional pertinent information, please use a separate sheet of paper. Both pages of this form must be returned together. Please print clearly.

Name \_\_\_\_\_ Tobacco use  Yes  No Packs/cigars per day \_\_\_\_\_  
 SSN \_\_\_\_\_ Alcohol use  Yes  No Drinks per week \_\_\_\_\_  
 Date of birth \_\_\_\_\_ Age \_\_\_\_\_ Weight \_\_\_\_\_ Height (feet/ inches) \_\_\_\_\_

Check Yes or No for all conditions below which you have received any diagnosis and/or treatment in your medical history. Provide the last year you received treatment (includes but is not limited to office visit, surgery, lab, medication).

no.	yes	no	yes	no	yes
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		Acromegaly/gigantism			Hemiplegia/paraplegia/quadruplegia
<input type="checkbox"/>	<input type="checkbox"/>	Adrenal disorder			Hemoptilia
<input type="checkbox"/>	<input type="checkbox"/>	Agranulocytosis			Hepatitis B/Hepatitis C
<input type="checkbox"/>	<input type="checkbox"/>	Alzheimer's			High blood pressure
<input type="checkbox"/>	<input type="checkbox"/>	Amputation (disease related)			HIV/AIDS/ARC
<input type="checkbox"/>	<input type="checkbox"/>	Amputrochic lateral sclerosis (ALS)			Hodgkin's disease
<input type="checkbox"/>	<input type="checkbox"/>	Anemia			Hand/foot/chores
<input type="checkbox"/>	<input type="checkbox"/>	Aneurysm			Hydrocephalus
<input type="checkbox"/>	<input type="checkbox"/>	Arthritis – rheumatoid			Kidney disease/disorder
<input type="checkbox"/>	<input type="checkbox"/>	Asthma			Kidney failure (chronic)
<input type="checkbox"/>	<input type="checkbox"/>	Bipolar disorder			Leukemia
<input type="checkbox"/>	<input type="checkbox"/>	Blood disease/disorder			Lymphoma
<input type="checkbox"/>	<input type="checkbox"/>	Cancer (other than skin)			Liver Disease
<input type="checkbox"/>	<input type="checkbox"/>	Cardiac defibrillator implantable			Lupus
<input type="checkbox"/>	<input type="checkbox"/>	Cardiomyopathy			Disoid
<input type="checkbox"/>	<input type="checkbox"/>	Cerebral palsy			Systemic
<input type="checkbox"/>	<input type="checkbox"/>	Chronic respiratory disease/disorder			Malaria
<input type="checkbox"/>	<input type="checkbox"/>	Chronic pain (not when walking)			Melanoma cancer (must provide path report)
<input type="checkbox"/>	<input type="checkbox"/>	Closed head injury			Meningitis
<input type="checkbox"/>	<input type="checkbox"/>	Coma			Mental disease/disorder
<input type="checkbox"/>	<input type="checkbox"/>	Within 5 years			Intellectual disability
<input type="checkbox"/>	<input type="checkbox"/>	Congenital deformity			Multiple myeloma
<input type="checkbox"/>	<input type="checkbox"/>	Congestive heart failure			Multiple sclerosis
<input type="checkbox"/>	<input type="checkbox"/>	COPD			Muscular dystrophy
<input type="checkbox"/>	<input type="checkbox"/>	COVID-19 (long)			Myasthenia gravis
<input type="checkbox"/>	<input type="checkbox"/>	Cystic fibrosis			Within 3 years
<input type="checkbox"/>	<input type="checkbox"/>	CVA – TIA (stroke)			Greater than 3 years
<input type="checkbox"/>	<input type="checkbox"/>	Dementia/dementia			Neuromuscular disease/disorder
<input type="checkbox"/>	<input type="checkbox"/>	Depression			Organic brain syndrome
<input type="checkbox"/>	<input type="checkbox"/>	Diabetes			Osteoarthritis/osteoporosis
<input type="checkbox"/>	<input type="checkbox"/>	Type 1 insulin dependent			Pancreatitis
<input type="checkbox"/>	<input type="checkbox"/>	Type 2 noninsulin dependent			Within 3 years
<input type="checkbox"/>	<input type="checkbox"/>	Must provide recent A1c results			Greater than 3 years
<input type="checkbox"/>	<input type="checkbox"/>	Diverticulitis			Parkinson's disease
<input type="checkbox"/>	<input type="checkbox"/>	Eating disorder			Peritonitis
<input type="checkbox"/>	<input type="checkbox"/>	Embolism			Pituitary gland dysfunction/tumor
<input type="checkbox"/>	<input type="checkbox"/>	Emphysema			Within 3 years
<input type="checkbox"/>	<input type="checkbox"/>	Encephalitis			Greater than 3 years
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy/convulsion/seizure			Plasmacytoma
<input type="checkbox"/>	<input type="checkbox"/>	Esophageal reflux			Polyphemia
<input type="checkbox"/>	<input type="checkbox"/>	Factor V Leiden's disorder			Within 3 years
<input type="checkbox"/>	<input type="checkbox"/>	Fistula			Greater than 3 years
<input type="checkbox"/>	<input type="checkbox"/>	Gastrostomy/gastric resection/gastric bypass			Prostate cancer
<input type="checkbox"/>	<input type="checkbox"/>	Stomach/pancreas disease			Pulmonary hypertension
<input type="checkbox"/>	<input type="checkbox"/>	Within 2 years			Pulmonary edema (chronic)
<input type="checkbox"/>	<input type="checkbox"/>	Greater than 2 years			Pylorospasm
<input type="checkbox"/>	<input type="checkbox"/>	Stoma – tumor			Renal failure
<input type="checkbox"/>	<input type="checkbox"/>	Sjogren's syndrome/Neerhitis			Renal insufficiency
<input type="checkbox"/>	<input type="checkbox"/>	Gullain-Barré syndrome			Rheumatic fever
<input type="checkbox"/>	<input type="checkbox"/>	Within 3 years			Sarcoidosis
<input type="checkbox"/>	<input type="checkbox"/>	Greater than 3 years			Schistosomiasis
<input type="checkbox"/>	<input type="checkbox"/>	Head injury			Sepsis
<input type="checkbox"/>	<input type="checkbox"/>	Heart disease/disorder			Sickle cell anemia
<input type="checkbox"/>	<input type="checkbox"/>	Ablation			Sleep apnea
<input type="checkbox"/>	<input type="checkbox"/>	Angioplasty			Spina bifida
<input type="checkbox"/>	<input type="checkbox"/>	Arrhythmia/irregular heart-beat			Substance use disorder (alcohol, drug, other)
<input type="checkbox"/>	<input type="checkbox"/>	Cardiomyopathy			Syphilis
<input type="checkbox"/>	<input type="checkbox"/>	Chest pain/angina			Thrombocytopenia
<input type="checkbox"/>	<input type="checkbox"/>	Congenital heart disease			Transplants
<input type="checkbox"/>	<input type="checkbox"/>	Coronary artery bypass			Bone marrow
<input type="checkbox"/>	<input type="checkbox"/>	Within 5 years			Heart
<input type="checkbox"/>	<input type="checkbox"/>	Greater than 5 years			Kidney
<input type="checkbox"/>	<input type="checkbox"/>	Coronary artery disease			Liver
<input type="checkbox"/>	<input type="checkbox"/>	Myocardial infarction/heart attack			Lung
<input type="checkbox"/>	<input type="checkbox"/>	Within 5 years			Pancreas
<input type="checkbox"/>	<input type="checkbox"/>	Greater than 5 years			Tumor – nonmalignant (must provide path report)
<input type="checkbox"/>	<input type="checkbox"/>	Myocarditis			Ulcerative colitis
<input type="checkbox"/>	<input type="checkbox"/>	Other cardiac surgery			Vascular disease
<input type="checkbox"/>	<input type="checkbox"/>	Pacemaker			Vomiting/coughing up blood
<input type="checkbox"/>	<input type="checkbox"/>	Valvular heart disease			Wegener's granulomatosis/syndrome
<input type="checkbox"/>	<input type="checkbox"/>	Valve replacement			

List any conditions or surgeries you have had that are not already given on this form. Include the last year you were treated for the condition/surgery.

List medications you take regularly. Include strength and frequency. (Example: Lipitor 20mg once/daily)

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# Life Insurance Application → Section 4

## LIFE INSURANCE APPLICATION – MEDICAL INFORMATION

### Section 4 – Employee medical information

This section must be completed by the employee requesting Member Life coverage. If you need to list additional pertinent information, please use a separate sheet of paper. Both pages of this form must be returned together. Please print clearly.

Name		Tobacco use <input type="checkbox"/> Yes <input type="checkbox"/> No	Packs/cigars per day
SSN	<input type="checkbox"/> Male <input type="checkbox"/> Female	Alcohol use <input type="checkbox"/> Yes <input type="checkbox"/> No	Drinks per week
Date of birth	Age	Weight	Height (feet' inches")

Check Yes or No for all conditions below which you have received any diagnosis and/or treatment in your medical history. Provide the last year you received treatment (includes but is not limited to office visit, surgery, lab, medication).

NO	YES	YEAR		NO	YES	YEAR		
<input type="checkbox"/>	<input type="checkbox"/>		Acromegaly, gigantism	<input type="checkbox"/>	<input type="checkbox"/>		Hemiplegia/paraplegia/quadruplegia	List any conditions or surgeries you have had that are not already given on this form. Include the last year you were treated for the condition/surgery.
<input type="checkbox"/>	<input type="checkbox"/>		Adrenal disorder	<input type="checkbox"/>	<input type="checkbox"/>		Hemophilia	
<input type="checkbox"/>	<input type="checkbox"/>		Agranulocytosis	<input type="checkbox"/>	<input type="checkbox"/>		Hepatitis B/Hepatitis C	
<input type="checkbox"/>	<input type="checkbox"/>		Alzheimer's	<input type="checkbox"/>	<input type="checkbox"/>		High blood pressure	
<input type="checkbox"/>	<input type="checkbox"/>		Amputation (disease related)	<input type="checkbox"/>	<input type="checkbox"/>		HIV/AIDS/ARC	
<input type="checkbox"/>	<input type="checkbox"/>		Amyotrophic lateral sclerosis (ALS)	<input type="checkbox"/>	<input type="checkbox"/>		Hodgkin's disease	
<input type="checkbox"/>	<input type="checkbox"/>		Anemia	<input type="checkbox"/>	<input type="checkbox"/>		Huntington's chorea	
<input type="checkbox"/>	<input type="checkbox"/>		Aneurysm	<input type="checkbox"/>	<input type="checkbox"/>		Hydrocephalus	
<input type="checkbox"/>	<input type="checkbox"/>		Arthritis – rheumatoid	<input type="checkbox"/>	<input type="checkbox"/>		Kidney disease/disorder	
<input type="checkbox"/>	<input type="checkbox"/>		Asthma	<input type="checkbox"/>	<input type="checkbox"/>		Kidney failure (chronic)	
<input type="checkbox"/>	<input type="checkbox"/>		Bipolar disorder	<input type="checkbox"/>	<input type="checkbox"/>		Leukemia	
<input type="checkbox"/>	<input type="checkbox"/>		Blood disease/disorder	<input type="checkbox"/>	<input type="checkbox"/>		Lymphoma	

# Contacts

- Joy Fite, director of benefits
  - 405-522-6691
  - [joy.fite@omes.ok.gov](mailto:joy.fite@omes.ok.gov)
- Sharon Saunders, flexible benefits manager
  - 405-522-1181
  - [Sharon.sauders@omes.ok.gov](mailto:Sharon.sauders@omes.ok.gov)
- Deniece Bryan, flexible benefits representative
  - 405-522-1162
  - [sharon.sauders@omes.ok.gov](mailto:sharon.sauders@omes.ok.gov)
- Peggy Utter, flexible benefits representative
  - 405-522-1182
  - [peggy.utter@omes.ok.gov](mailto:peggy.utter@omes.ok.gov)

# Benefits in Workday@OK

Benefit Plans & Coverage Details.

Benefit Election History.

Dependent information.

# Workday@OK key reports



View Available Reports and Tasks



Schedule a Report



Process Monitor



Background Processes



Viewing all Your Reports

# Common benefit reports

- RPT00283 – Benefit Census with Benefit Plan
  - View workers who meet the criteria defined by the eligibility rule associated with a specific benefit group.
- RPT00284 – Current Benefit Elections
  - List of current benefit elections for a selected worker.
- RPT00299 – Agency Transfers
  - Lists employees transferred in/out of agencies within a selected date range.

# Demonstration tenant used for training

- Certain values have been scrambled to protect personal identifiable information.
- The tenant may look slightly different than what you will experience as a user at go-live.

# Demonstration

- Viewing employee benefits.
- Initiate a life event.
- Pull a report.



# Open enrollment

Initiated On 09/13/2022








Submit Elections By 09/17/2022

Let's Get Started








PLAN YEAR 2023 | JAN. 1-DEC. 31, 2023

### Health Care and Accounts

 <b>Health</b> Cost (Per Pay Period) \$293.60 Coverage Employee <a href="#">Manage</a>	 <b>Dental</b> Cost (Per Pay Period) \$19.40 Coverage Employee <a href="#">Manage</a>	 <b>Vision</b> Cost (Per Pay Period) \$4.31 Coverage Employee <a href="#">Manage</a>
 <b>TRICARE Supplement (for Retired Military Only)</b> Waived <a href="#">Enroll</a>	 <b>Health Savings Account</b> Waived <a href="#">Enroll</a>	 <b>Healthcare FSA</b> Waived <a href="#">Enroll</a>
 <b>Dependent Care FSA</b> Waived <a href="#">Enroll</a>		

### Insurance

 <b>Basic Life and AD&amp;D</b> HealthChoice Before-Tax (Employee) Cost (Per Pay Period) \$2.10 Coverage \$20,000 <a href="#">Manage</a>	 <b>Supplemental Life and AD&amp;D - \$20,000</b> Waived <a href="#">Enroll</a>	 <b>Supplemental Life - over \$20,000</b> Waived <a href="#">Enroll</a>
 <b>Dependent Life</b> Waived <a href="#">Enroll</a>	 <b>Before-Tax Life Insurance (for Payroll Purposes Only)</b> HealthChoice (Employee) Cost (Per Pay Period) Included Coverage \$10,000 <a href="#">Manage</a>	

# Open enrollment

## Additional Benefits



### Disability

HealthChoice - Before-Tax

Cost (Per Pay Period)

\$5.18

Manage

Confirm and Continue

Cancel

## Plans Available

Select a plan or Waive to opt out of Health. The displayed cost of waived plans assumes coverage for Employee.

10 items



*Selection	Benefit Plan Details	You Pay (Per Pay Period)	Company Contribution (Per Pay Period)	Credits (Per Pay Period)
<input checked="" type="radio"/> Select <input type="radio"/> Waive	Blue Cross Blue Shield of Oklahoma HMO BlueLincs - Before-Tax	\$293.60	\$0.00	\$336.55
<input type="radio"/> Select <input checked="" type="radio"/> Waive	Blue Cross Blue Shield of Oklahoma HMO BlueLincs - Post-Tax	\$293.60	\$0.00	\$336.55



**OKLAHOMA**  
Office of Management  
& Enterprise Services

# Open enrollment

## Dependents

Designate the Provider ID (Primary Care Physician) for any covered dependents based on your health care elections. Select the Provider website link to find the doctor's Provider ID.

Coverage \* Employee

Plan cost (Per Pay Period) \$293.60

Add New Dependent

## Your Provider ID

Designate the Provider ID (Primary Care Physician) for yourself based on your health care elections. Select the Provider website link to find your doctor's Provider ID.

Provider ID \*

Provider website link [BCBS OK](#)

Save

Cancel

Review and Sign

Save for Later

# Open enrollment

## View Summary

### Electronic Signature

I authorize and agree to any NECESSARY salary reduction to implement my elections. I UNDERSTAND MY E have 30 days from the event to request any applicable changes to my options for this plan year. I also unde

If you are declining enrollment for your dependents (including your spouse) because of other health insurawards you or your dependents' other coverage). However, you must request enrollment within 30 days after tion or placement for adoption, you may be able to enroll your dependents. However, you must request enr

I Accept



enter your comment

### Process History



Joy Fite

Change Benefits for Life Event- Awaiting Action

Submit

Save for Later

Cancel

## Submitted

You've submitted your elections.

View 2022 Benefits Statement

Before-Tax Life Insurance (for Payroll Purposes Only) - HealthChoice (Employee)	01/01/2022
---	------------

Disability - HealthChoice - Before-Tax	01/01/2022
--	------------

Print

Waived Coverages 7 items



OKLAHOMA  
Office of Management  
& Enterprise Services

# Open Enrollment

Export Document

Download



Initiated On: 09/13/2022  
Submit Elections By: 09/17/2022  
Event Date: 07/02/2022  
Eligible Employees

Submit Elections Confirmation

11:22 AM  
09/13/2022  
Page 1 of 2

Total Employee Cost/Credit  
\$11.88 Per Pay Period Credit

# Support model and supplemental materials

- To access additional information, visit the [Workday@OK](mailto:Workday@OK) webpage from the Human Capital Management homepage at [omes.ok.gov](http://omes.ok.gov).
- Schedule one-on-one training with the central Benefits team.

## **User guides:**

- Employee Pay and Benefits for Agency HR and Shared Services.
- Correct Employee Benefits for Benefit Partner.
- Workday Reports and Crosswalk.

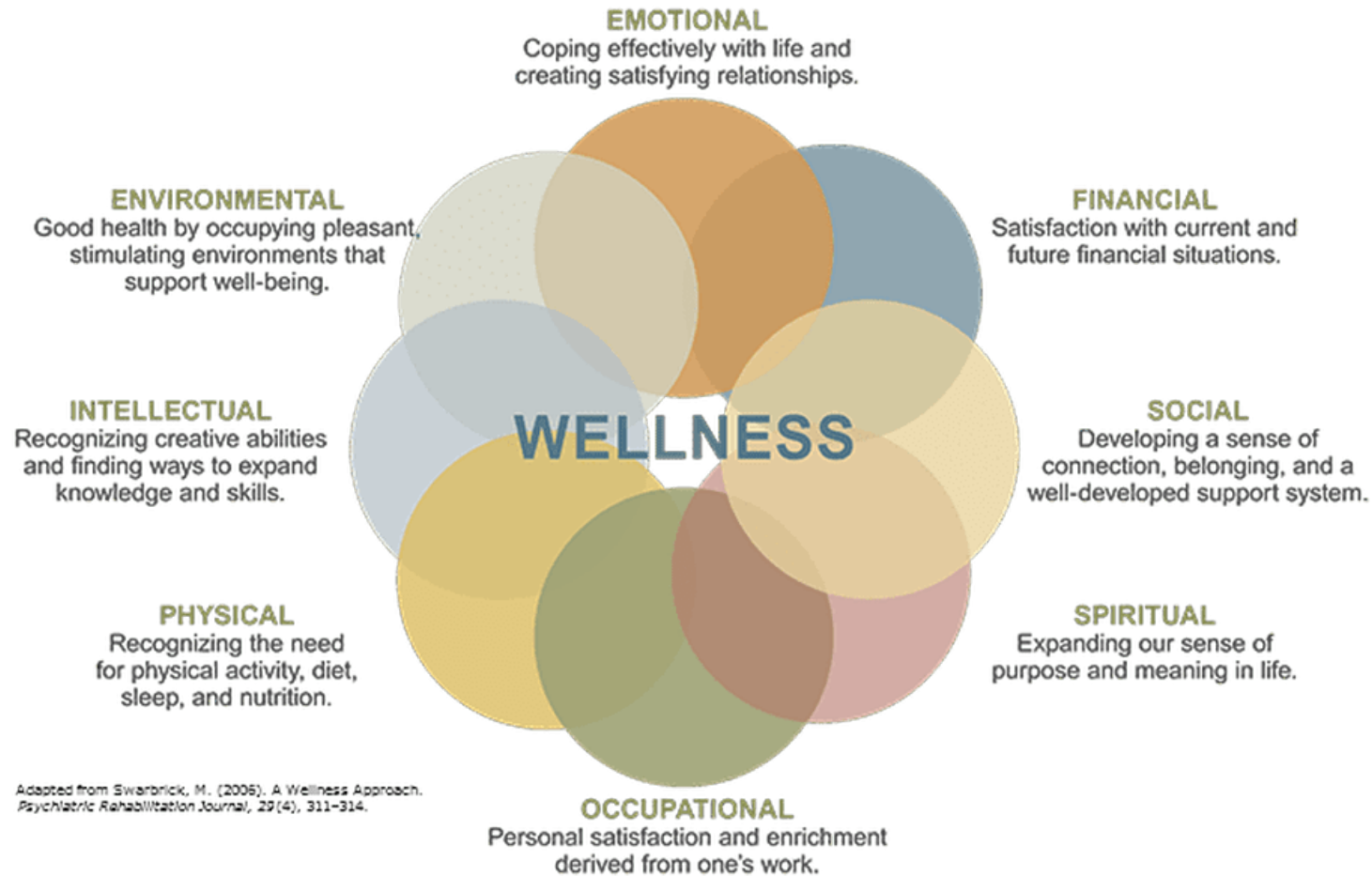


# Thrive Employee Wellness Program

Susan Robinson, Ed.D, CHES, CPM

Thrive Coordinator

# Thrive program focus



Adapted from Swarbrick, M. (2006). A Wellness Approach. *Psychiatric Rehabilitation Journal*, 29(4), 311-314.

# Current Thrive programs

- A variety of virtual an in-person presentations and meetings.

A poster for the Thrive Employee Wellness Program. At the top is the Thrive logo with the tagline 'OKLAHOMA EMPLOYEE WELL-BEING'. Below the logo is the title 'EMPLOYEE WELLNESS PROGRAM' in large, bold, dark letters. The poster features a central white box with rounded corners containing five program descriptions: 'Am I Hungry?' (8-week mindful eating program), 'Break Time' (15-minute stretches), 'Recreation Leagues' (exercise and socializing), 'Thrive Newsletter' (monthly information), and 'Lunch & Learn' (stress management presentations). The website 'thrive.ok.gov' is listed at the bottom of the white box. The background of the poster is a light-colored wall with a decorative illustration of potted plants and a sun at the bottom.

# Thrive interactive communications



# Break Time

**Meets:** Tuesday, Wednesday, Thursday.

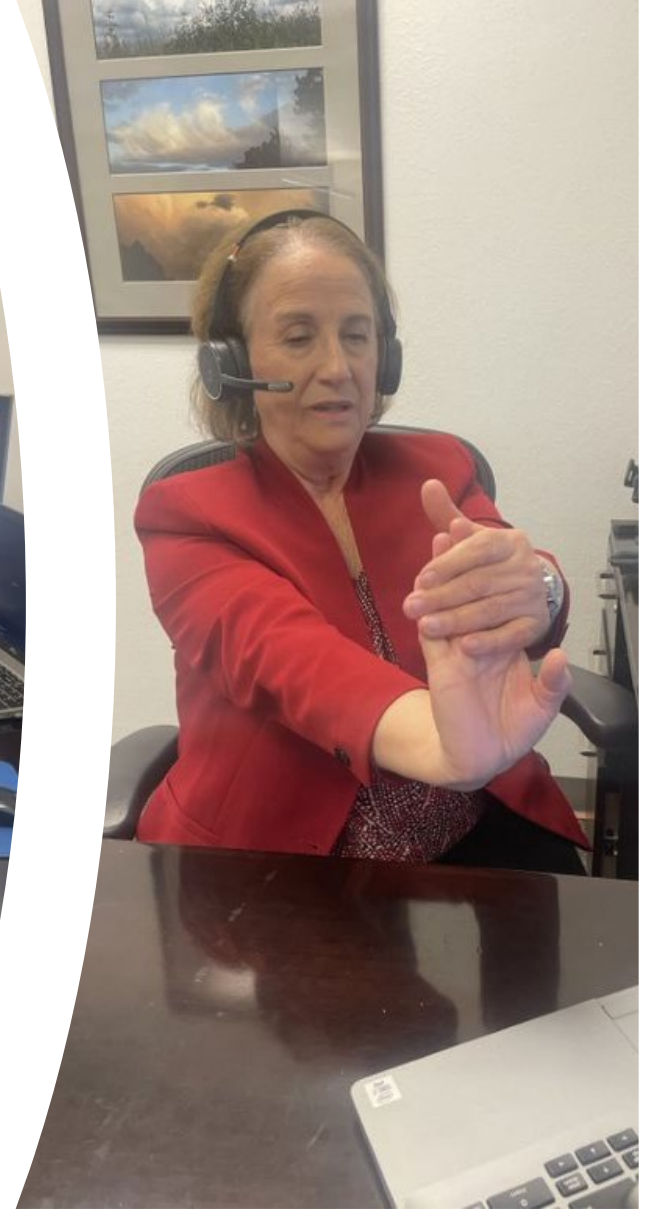
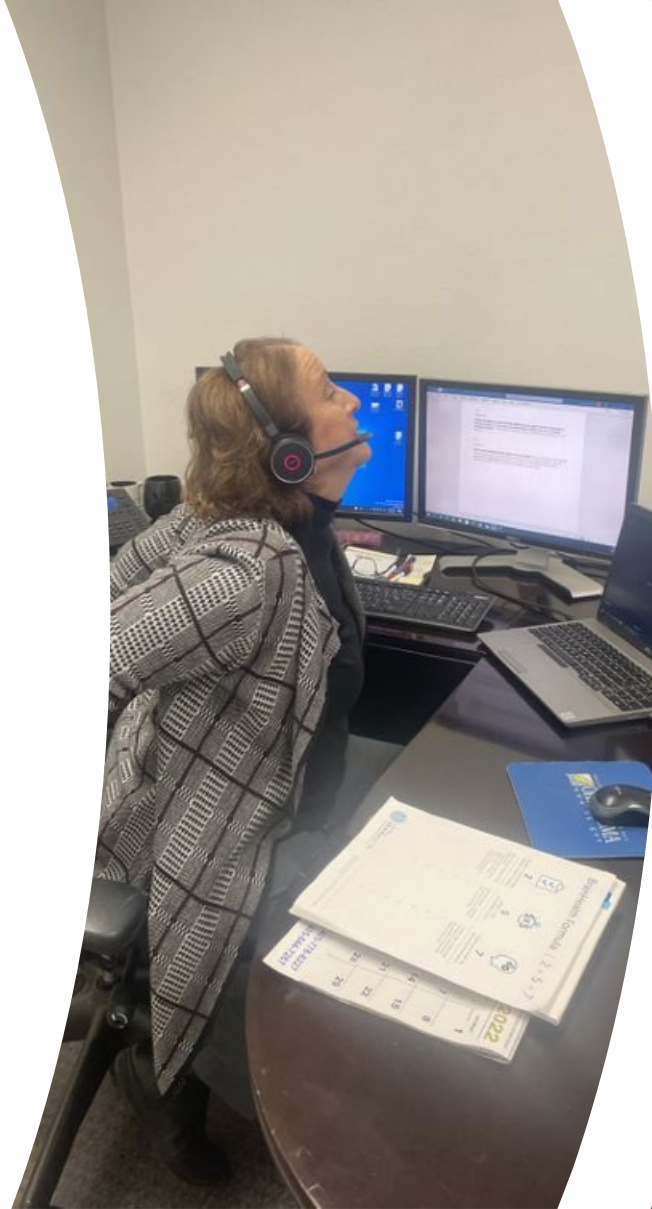
**Time:** 9:30 a.m. and 2:30 p.m.

- Desk stretches.
- Relaxation breathing.
- Health tip.

## Comments from attendees:

“This meeting reminds me to take a moment for myself even if it is just 10 minutes.”

“The stretches and information are beyond helpful.”



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Based on the Am I Hungry?® Programs

# EAT WHAT YOU LOVE LOVE WHAT YOU EAT

a mindful eating program to  
break your eat-repent-repeat cycle

— UPDATED —



Michelle May, MD

---

## Am I Hungry?

- Focus on changing beliefs, thoughts and feelings first.
- Non-diet, weight-neutral approach.
- Mindfulness-based strategies to eat with intention and attention.

# Dine and Discover

- Quarterly lunch and learn presentations on various health topics:
  - Stress management.
  - Brain health.
  - Motivation.

## Dine and Discover Well-Being Series



Topic:  
**Parents Helping Parents Inc., providing a source of hope**

*“At Parents Helping Parents, I found a group of friends who ‘got it’ without me having to explain. It was like coming home.”*

– Bill G.

Oct. 16, 2020

Thrive



STATE EMPLOYEE

**RECREATION  
LEAGUES**





STATE EMPLOYEE

# WINDY CUP TOUR



# Windy Cup Tour 2022

- April 2 – Lake Murray State Park.
- May 14 – OKC Lincoln Park Golf Course.
- June 11 – Old Page Belcher.
- July 16 – Arrowhead State Park.
- August 13 – Roman Nose State Park.

# Health and Payroll Deduction Expo


- Voluntary payroll deductions vendors.
- 2023 health, dental and vision insurance plan representatives.
- Immunizations.
- Health and wellness screenings.

Oklahoma  
HEALTH & PAYROLL DEDUCTION  
EXPO 2022


OKC  
10 a.m. to 2 p.m.  
TUESDAY / SEPT. 27TH / 2022  
SECOND FLOOR / STATE CAPITOL

VOLUNTARY PAYROLL DEDUCTIONS  
2023 HEALTH, DENTAL & VISION INSURANCE PROVIDERS  
IMMUNIZATIONS  
HEALTH & WELLNESS SCREENINGS

FOR MORE INFORMATION, CONTACT [VPD@OMES.OK.GOV](mailto:VPD@OMES.OK.GOV) or [THRIVE@OMES.OK.GOV](mailto:THRIVE@OMES.OK.GOV).

 OKLAHOMA  
Office of Management  
& Enterprise Services

[#OKVENDOREXPO2022](https://twitter.com/OKVENDOREXPO2022)

 Thrive  
OKLAHOMA EMPLOYEE WELLNESS

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# New program development

- Survey on current health status revealed employees are still experiencing stress and burnout.
- Possible health coaching.
- New presentation: Anatomy of Goal Setting.

# Contact

Susan Robinson, Thrive Employee Wellness Coordinator  
405-522-1195

[Susan.Robinson@omes.ok.gov](mailto:Susan.Robinson@omes.ok.gov)

[thrive@omes.ok.gov](mailto:thrive@omes.ok.gov)

[thrive.ok.gov](http://thrive.ok.gov)

# Contact

- ▶ Susan Robinson, Thrive Employee Wellness coordinator
  - 405-522-1195
  - [susan.robinson@omes.ok.gov](mailto:susan.robinson@omes.ok.gov)
  - [thrive@omes.ok.gov](mailto:thrive@omes.ok.gov)

**thrive.ok.gov**

# Break



# Health plans





BlueCross BlueShield  
of Oklahoma



# BlueLincs HMO<sup>SM</sup>

2023

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation,  
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# Your Benefits with BlueLincs HMO



## Saving you Money

- No deductible
  - Low copay for primary doctor visits
  - One of the most affordable HMO options
- 



## Access to Health Care

- Largest HMO network in the state, available in all 77 Counties
  - No referrals required within the network
  - Remote options: 24/7 Nurseline, Virtual Visits & Dispatch Health
- 



## Service when you need it

- Blue Access for Members<sup>SM</sup> on your smart phone or computer
- 24/7 customer service number
- Health & Wellness support programs






# Lower Cost = Savings

- No Annual deductible
- Blood & Blood Products
- Home Health Services
- Hospice
- Medical Transportation Services
- Preferred Generic Rx
- Primary Care Physician (PCP) Visits
- Virtual Visits
- X-ray and Routine Lab Services
- Allergy Treatment & Testing\*
- Maternity\*
- Physical/Manipulative Therapy\*

\*Some restrictions apply; consult your benefits guide for full benefit description.



# Knowing Where to Go Can Save You Money

 <b>Remote Health Care, Virtual Visits</b>	 <b>Primary Care Doctor</b>	 <b>Urgent Care, Dispatch Health</b>	 <b>Hospital ER</b>	 <b>Independent ER</b>
<b>\$0</b>	<b>\$25 Copay</b>	<b>\$50 Copay</b>	<b>\$300 Copay</b>	<b>Highest Possible Cost</b>

# Well onTarget<sup>®</sup> Wellness at Your Fingertips



Improving Your  
Blood Pressure



Living With  
Diabetes



Maintaining Your  
Healthy Weight



Healthy Bones  
And Joints



Improving  
Your Sleep



Managing  
Your Stress



Improving Your  
Cholesterol

# Fitness Program: How it Works

*It's easy for Blue Cross and Blue Shield of Oklahoma members and dependents to get started.*



# Reward Yourself for Healthy Living

**Blue Points<sup>SM</sup>**: Members can earn points for working out and redeem them for apparel, books, electronics, health and personal care items, music and sporting goods.<sup>1</sup>

- Get 2,500 points for joining the Fitness Program
- Earn additional points for weekly visits

## WholeHealth Living Choices Program

Discounts on complementary and alternative medicine (CAM)

Access to this CAM network is available to all Fitness Program members at no additional fee<sup>2</sup>

Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers

To register for CAM Discounts, log on to [whlchoices.com](http://whlchoices.com)

Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

The Well onTarget member rewards redemption service is provided by an independent third party.

The WholeHealth Living Choices program is administered by Tivity Health™ Services, LLC. This is NOT insurance. Some of the services offered through this program may be covered by a health plan. The relationship between these vendors and Blue Cross and Blue Shield of Oklahoma is that of independent contractors. BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.



BlueCross BlueShield  
of Oklahoma

# Contact Us

[bcbsok.com/state](https://bcbsok.com/state)

- Find a doctor
- Check prescription drug coverage
- Log into Blue Access for Members

## CUSTOMER SERVICE

**855-609-5684**

- 24 hours a day, 7 days a week



# **State, Education & Local Government 2023 Active & Pre-Medicare Benefits**

# CommunityCare Values the Partnership

CommunityCare has been committed to the State of Oklahoma, Education and Local Government members for 28 consecutive years!

Our 2023 plan offering demonstrates that commitment with significant enhancements.

1. Service Area Expansion into Oklahoma City
2. Provider Network Expansion into Oklahoma City
3. Significantly Reduced Premiums

**CommunityCare has the lowest overall premium HMO plan for 2023!**

# 2023 ZIP Code Service Area Expansion

Significant expansion to the CommunityCare service area adding nine new counties!

With the service area expansion, we are increasing from 24 to 33 counties!

The current service area in northeastern Oklahoma will remain the same.

- **Canadian**
- **Cleveland**
- **Hughes**
- **Kingfisher**
- **Lincoln**
- **Logan**
- **Okfuskee**
- **Oklahoma**
- **Pottawatomie**

# 2023 Provider Network Expansion



- Service area expansion made possible through our unique partnership with **INTEGRIS Health Partners+**.
- INTEGRIS Health, along with additional providers, will be available in the **nine new counties** included in the service area expansion.

# 2023 Provider Network Expansion



The nine new counties include a broad and robust network for members to choose:

- Over 15 NEW Hospitals/Emergency Rooms
- Over 200 NEW Primary Care Physicians
- Over 800 NEW Specialists

# 2023 Provider Network Expansion

OSU Medical Center and McAlester Regional Health Center have also been added to the State network.



These two health systems add additional providers:

- **Over 50 NEW** Primary Care Physicians
- **Over 125 NEW** Specialists

# No Medical Plan Changes!

## The CommunityCare medical plan remains unchanged

- The lowest HMO family out of pocket: **\$8,000**
- The lowest HMO routine lab, X-ray and complex imaging:
  - **\$0 for routine lab and X-ray**
  - **\$200 copay for MRI, CT, MRA or PET Scans**
- The lowest HMO emergency room copay: **\$200**
- Affordable copays for outpatient surgery for **\$300 copay** and inpatient hospital for **\$350 copay/day**
  - **(Maximum \$1,750/admission)**

# No Prescription Drug Plan Changes!

## Prescription Copays:

\$15 Preferred Generic

\$40 Preferred Name Brand

\$70 Non-Preferred

\$160 Specialty

## Mail Order:

CVS Caremark and

AllianceRx Walgreens Prime

(90-Day Supply)

## **\$0 Copay Program:** Select Generic Medications

- Blood Pressure
- Anti-Depressants

- Cholesterol
- Anti-Inflammatory

# CommunityCare Network



Custom Website: <http://state.ccok.com>

The screenshot shows the top portion of the CommunityCare website. At the top right, there is a navigation bar with links for "About Us", "Contact", "Privacy", and "www.ccok.com". Below this, the CommunityCare logo is on the left, and a list of menu items is on the right: "STATE", "EDUCATION", "LOCAL", and "GOVERNMENT", each preceded by a small green square. To the right of the menu items is the Great Seal of the State of Oklahoma, featuring a five-pointed star with a central emblem and the text "GREAT SEAL OF THE STATE OF OKLAHOMA" and "1907". At the bottom of the screenshot is a dark brown navigation bar with five items: "Home" (with a house icon), "Benefit Details" (with a briefcase icon), "Get Answers" (with a question mark icon), "Forms" (with a clipboard icon), and "Health and Wellness" (with a heart icon).

- View all providers
- View and print your EOBs
- View claim history & out-of-pocket amounts
- Print temporary ID cards
- Order replacement ID cards

# CommunityCare Contact Information

- Customer Service: (918) 594-5242 or Statewide: 1-800-777-4890
  - ✓ Hours: 8 a.m. - 6 p.m., Monday through Friday
- Pharmacy Help Desk: 1-877-293-8628
  - ✓ Hours: Answered 24 Hours a day/seven days a week
- 24-Hour Nurse Line: 1-800-777-4890
  - ✓ Press option #4
- Custom Website: <http://state.ccok.com>

After 28 consecutive years serving State of Oklahoma members, we hope you will see the value in the CommunityCare 2023 HMO plan offering. This demonstrates our commitment and dedication to you by providing high-quality, cost-effective health care services, plus an expanded service area and network, all for the lowest overall premium cost!



# STATE OF OKLAHOMA

## Employees & Educators Plan

January 1-December 31, 2023



# Choose a plan that puts its MEMBERS FIRST!

**19** continuous years of serving State of  
Oklahoma employees and educators!

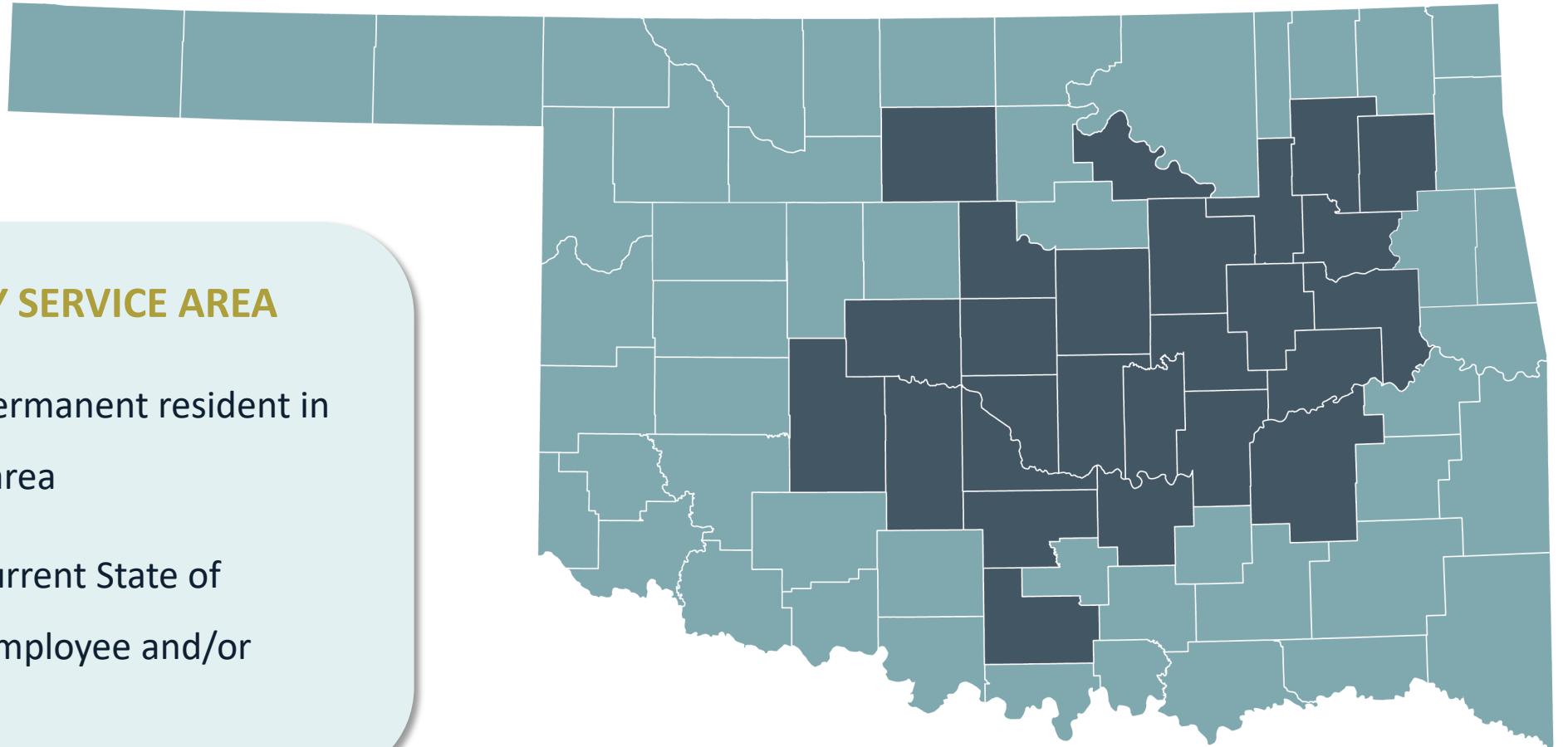
“GlobalHealth helps me because they have a real good drug plan that saves me money on the drugs that I purchase. Anytime I’ve called a Generations rep for anything, they’ve gone out of this world to help. They’ve gone beyond, what I consider, the call of duty to help.”

**Jim**, GlobalHealth Member

# ELIGIBILITY & SERVICE AREA

- **26 COUNTY SERVICE AREA**

- Must be a permanent resident in our service area
- Must be a current State of Oklahoma employee and/or educator



# Monthly Plan Premiums









## COVERAGE FOR THE FAMILY



	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
2023 Monthly Premium	\$932.72	\$2,309.50	\$2,842.14	\$3,179.32	\$1,465.36	\$1,802.54

# 2023 State of Oklahoma Employees and Educators

## Key Plan Benefits

Benefit	Copay
 <b>Primary Care Physician Visit</b>	\$0 copay for unlimited visits
 <b>Specialist Visits</b>	\$50 copay
 <b>X-Rays &amp; Labs</b>	\$10 copay
 <b>Physical Therapy</b>	\$35 copay
 <b>Urgent Care</b>	\$25 copay
 <b>Specialty Scans</b>	\$250 copay preferred facility \$750 copay non-preferred facility
 <b>Outpatient Surgery</b>	\$300 copay preferred facility \$800 copay non-preferred facility
 <b>Inpatient Hospital</b>	\$300 copay per day \$900 maximum copay per admission

Out-of-network care is not covered except for emergency or urgent care situations.

# STAY AHEAD of whatever life throws!



Unlimited \$0 Primary  
Care Physician Visits



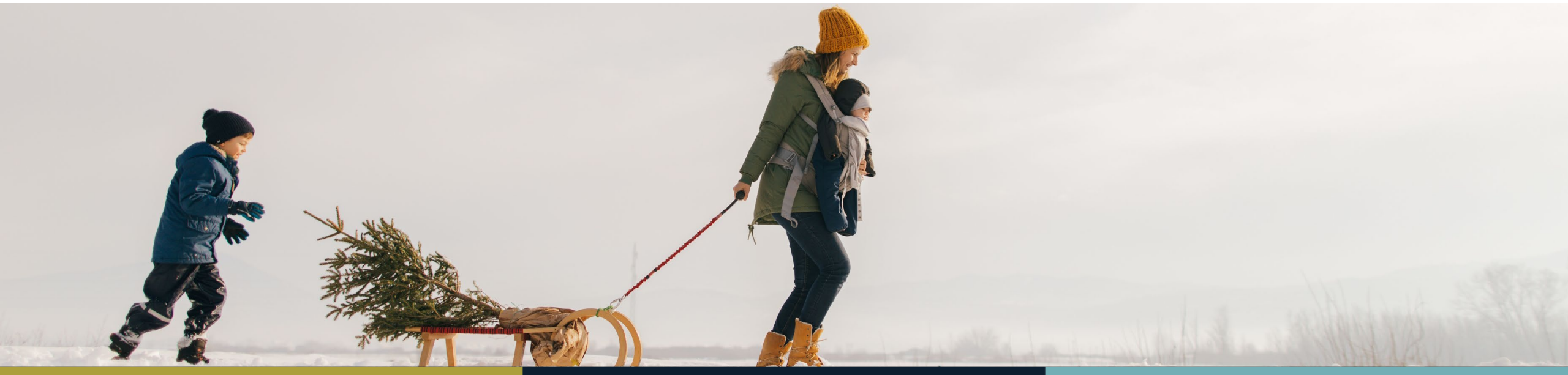
GlobalFit® Gym  
Membership Discounts



\$500 Maternity  
Delivery Copay



\$20 Tier 1 Generics  
for a 30-day supply



# THOUSANDS OF PROVIDERS in our provider network

## Tulsa Area

- Harvard Family Physicians
- Utica Park Clinic Physician Group
- Hillcrest Medical Center
- Hillcrest South Hospital
- Hillcrest Hospital Claremore
- Hillcrest Hospital Pryor
- Tulsa Spine & Specialty Hospital
- Oklahoma Heart Institute
- Oklahoma Surgical Hospital
- OSU Medical Center
- OSU Physicians
- Bailey Medical Center, Owasso
- Oklahoma Spine and Brain Institute
- McAlester Regional Health Center



## Oklahoma City Area

- Centennial Health
- Mercy Hospital
- Mercy Primary Clinics
- Integris Baptist Medical Center
- Integris Deaconess Hospital
- Integris Health Edmond
- Integris Southwest Medical Center
- Integris Primary and Specialty Care Clinics
- Oklahoma Heart Hospitals (North & South)
- Bone & Joint at St. Anthony
- St. Anthony Hospital
- Variety Care Clinic
- Lakeside Women's Center of Oklahoma

This is not a full list of providers. Other providers are available in our network. The provider network may change at any time. You will receive notice when necessary. To see if your local provider or hospital is in network, visit [www.GlobalHealth.com](http://www.GlobalHealth.com) or call Customer Care at 1-877-280-5600 (TTY: 711)

9 a.m. to 5 p.m., Monday-Friday

**Connect with us!**

**877-280-5600 (TTY: 711)**

[www.GlobalHealth.com/Oklahoma/MyStatePlan](http://www.GlobalHealth.com/Oklahoma/MyStatePlan)  
[StateAnswers@globalhealth.com](mailto:StateAnswers@globalhealth.com)



# HealthChoice

*The Plan of Choice*



CHOOSING THE RIGHT  
HEALTH PLAN FOR YOU  
AND YOUR FAMILY

# HEALTH PLAN



# WHY CHOOSE HEALTHCHOICE?

---

Five flexible health plan choices offer a variety of options to best fit your and your families needs.

- PPO plans.
- Large medical provider and pharmacy networks.
- Network and non-network benefits.
- Self-referrals to a specialists.
- Free and easy mobile benefit app.



# CHANGES FOR 2023

---

- HealthChoice is partnering with UMR effective Jan. 1 for claim processing and UMR Care for clinical support.
- UMR CARE – clinical support and resources for healthy lifestyles.
- Members will receive a new ID card.
- Updated benefits app with new features and easy navigation.

# HEALTHCHOICE APP

Save time, money and frustration with an app that has it all!

**Chat with a Care Guide** – Guides are available 24/7 and can help guide you to care, answer benefit questions and even help make appointments!

**Save Money** – Access \$0\* medical care including MRIs, CT scans, ultrasounds, surgeries, and much more.

## Access:

- Claims and EOBs.
- Insurance cards.
- Find network providers.
- Access SwiftMD – Telemedicine.
- Check deductible and out-of-pocket maximum amounts and more!

\*HDHP members must first meet their deductible.

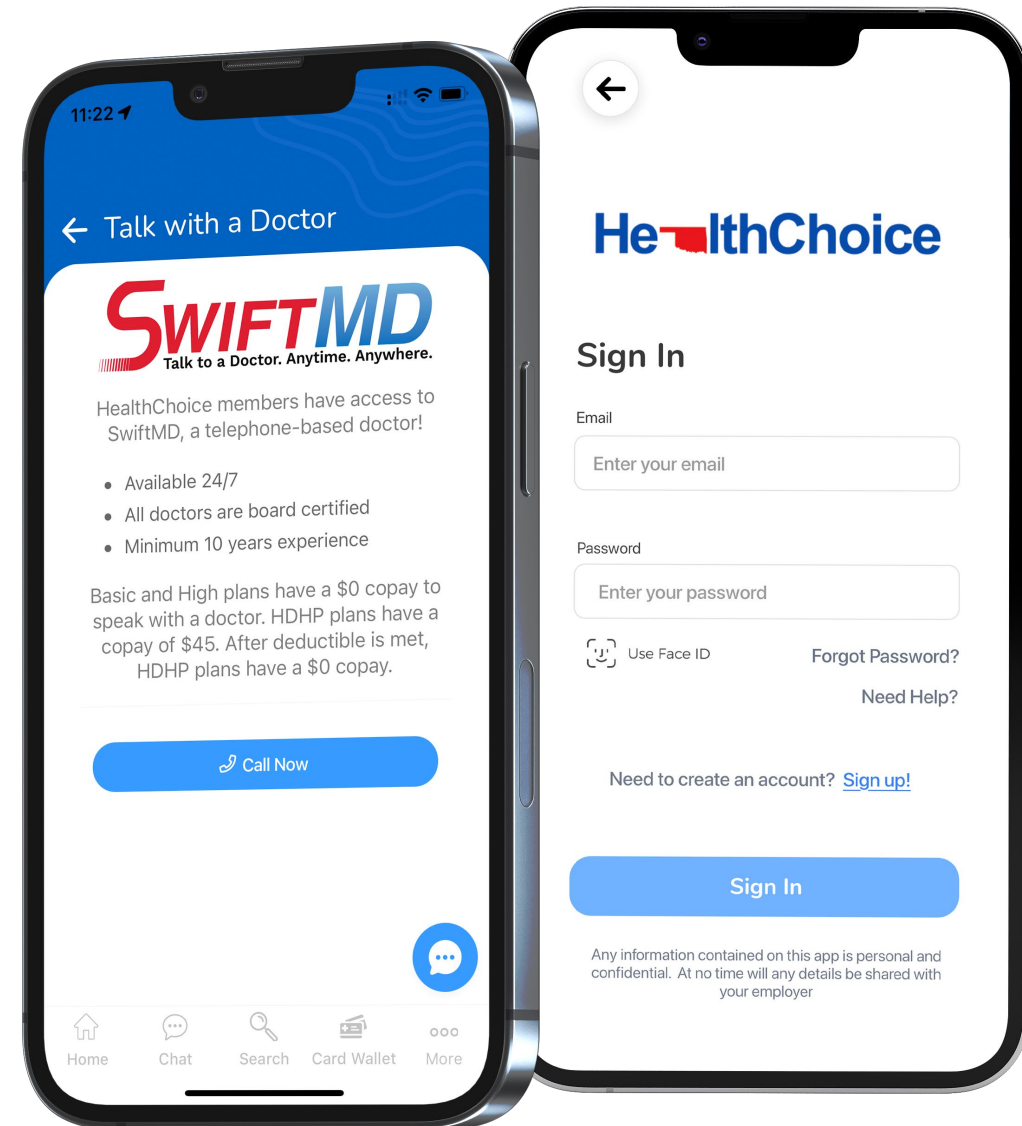


SEARCH **HEALTHCHOICE** IN YOUR  
APP STORE AND DOWNLOAD

# Telemedicine – SwiftMD

- Available 24/7 with no limit on visits.
- Board-certified physicians.
- \$0 cost for High and Basic plans.
- \$45 for HDHP members.
- Swift MD.com.
- Passcode HCOK20.

Access SwiftMD through the HealthChoice App!



# Telehealth – you choose provider

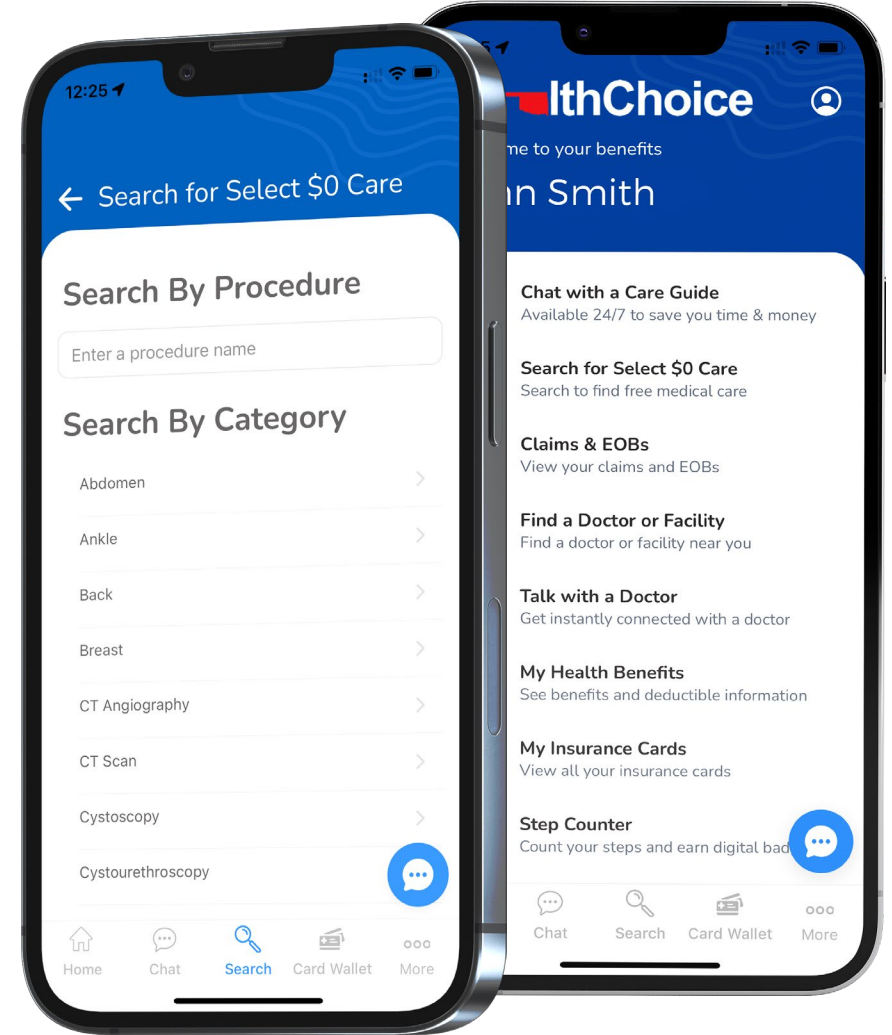
---

- Local network or non-network provider of your choice when available.
- Virtual visits.
- Standard benefits apply.

# \$0 Select Program – all plans

- Select services and procedures are covered at 100% of the bundled allowable.
- Select services include:
  - MRI scans.
  - CT scans.
  - Ultrasounds.
  - Some surgeries and more!
- No age limit or limits on the number of procedures.
- Incentive payments.
- HDHP members must meet their deductible first.

Accessible through the  
HealthChoice app!



# Pharmacy benefits – all plans

---

- 30- and 90-day supply.
- Generic, Preferred, Non-Preferred, and Specialty copays.
- High and Basic: \$100 pharmacy deductible per individual before pharmacy copays apply.
- HDHP: \$1,750 medical and pharmacy deductible combined per individual/\$3,500 per family must be met before pharmacy copays apply.



# CARE Programs – NEW

---

## CARE programs – all members

- Maternity CARE
  - One-on-one calls with an OB/GYN nurse.
  - Ongoing support for those who are pregnant.
  - Receive health resources and answers about body changes and baby's growth.
  - Participants can receive a \$25 reward card.



# CARE Programs – NEW

---

## CARE programs – all members

- Ongoing Condition CARE
  - Personalized guidance – diabetes, high blood pressure, heart disease, asthma or other serious health conditions.
  - CARE professionals help participants manage symptoms of depression.
  - Participants who complete the program may be eligible for a \$100 reward card.



# CARE Programs – NEW

---

## CARE programs – all members

- Wellness CARE
  - Focuses on personal health.
  - Wellness coordinators provide support and resources.
  - Provides education and motivation for focusing on healthy behaviors.
  - Interactive opportunities to learn about fitness, nutrition, stress management and lifelong habits.



# WHICH PLAN IS RIGHT FOR YOU AND YOUR FAMILY?

## Tobacco-free plans

### FLEXIBILITY

Enjoy the flexible use of your health plan.

#### HealthChoice High Option 1

- Copays for office visits.
- Lowest deductible and out-of-pocket maximum.
- Alternative plan for tobacco users.

### BUDGET-FRIENDLY

Offers first-dollar coverage. Ideal for those with minimal health care needs.

#### HealthChoice Basic Option 2

- HealthChoice pays first \$500 of covered medical expenses.
- No copays for network services.
- Alternative plan for tobacco users.

### SAVINGS

Lower your premium to maximize your savings.

#### HealthChoice HDHP Option 3

- Lowest premiums available.
- Copays for network services after deductible.
- Use with a health savings account (HSA) for tax advantages.



# ALTERNATIVE HEALTHCHOICE PLANS

## Tobacco Users

HealthChoice High Alternative Option 1	HealthChoice Basic Alternative Option 2	HealthChoice HDHP Option 3
<ul style="list-style-type: none"><li>• Calendar year deductible \$1,000 Ind./\$2,750 family.</li><li>• Lowest deductible and out-of-pocket maximum.</li><li>• Network calendar year out-of-pocket maximum \$3,550 Ind./\$8,400 family.</li><li>• Premium is the same as HealthChoice.</li></ul>	<ul style="list-style-type: none"><li>• HealthChoice pays first \$250 of covered medical expenses.</li><li>• Calendar year deductible \$1,250 Ind./\$1,750 family.</li><li>• No office copays for network services.</li><li>• Premium is the same as HealthChoice Basic plan.</li></ul>	<ul style="list-style-type: none"><li>• Plan features and premiums are the same as Tobacco-Free HDHP plan.</li></ul>



# TOBACCO-FREE ATTESTATION

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- Attestation must be completed by Nov. 11, 2022.
- Applies **only** to returning HealthChoice High and Basic plan members.
- Attestation is waived for first year of enrollment but is required each year thereafter to remain enrolled.
- If you are in the process of quitting tobacco, you must be tobacco free for 90 days prior to attesting.

Tobacco users still qualify for the High or Basic plan if you:

- Show proof of an attempt to quit using tobacco.
- Provide a letter from your physician.

**Failure to complete will result in being moved to HealthChoice High Alternative or Basic Alternative plan Jan. 1.**

# HealthChoiceOK.com

---

Log in now to:

- View your Things-to-do, a personalized benefit to-do list.
- Check your benefits and see what's covered.
- Check what you owe and how much you've paid.
- Find a doctor in your network.
- Learn about medical conditions and your treatment options.



# RESOURCES

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## HealthChoiceOK.com

- Health Insurance Handbook.
- Provider Search page.
- HealthChoice Connect.



## EGID Member Services

- 405-717-8780 or 800-752-9475

## HealthChoice Customer Care

- 800-323-4314

TTY 711



# Dental plans





BlueCross BlueShield  
of Oklahoma



# BlueCare Dental<sup>SM</sup>

2023

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation,  
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

# BlueCare Dental<sup>SM</sup> Benefits — Simplified.

## SAVING YOU MONEY

Affordable plan options to fit your budget

Discounts throughout the network

Cost comparison tool to shop for dental services

## ACCESS TO HEALTH CARE

Large Dental network across the whole country

Choose BlueLincs HMO<sup>SM</sup> to have all dental and medical info together

Dental Wellness Center: online resource tool

## SERVICE WHEN YOU NEED IT

Find a Dentist – No matter where you are

Blue Access for Members<sup>SM</sup>

Comprehensive Oral Health & Wellness support program

# NO COPAY

## PREVENTIVE CARE

Cleanings and Routine Oral Exams

Full-Mouth and Bitewing X-Rays

Sealants

Space Maintainers

Topical Fluoride Application

<b>DEDUCTIBLE*</b>	<b>HIGH PLAN</b>	<b>LOW PLAN</b>
Individual	\$25	\$50
Family	\$75	\$150
<b>ANNUAL MAX</b>	<b>HIGH PLAN</b>	<b>LOW PLAN</b>
Per Individual	\$2,500	\$1,500

\*Deductible only applies to Basic Care and Major Care category services.

HIGH PLAN	LOW PLAN	BASIC CARE*
<b>15% In-Network / 30% Out-of-Network Copay</b>		Amalgam and Composite Fillings
		Cleaning, Scaling, and Root Planing
		Emergency (Palliative) Treatments
		Endodontic and Periodontal Services
		Extractions and Oral Surgery
		Topical Fluoride Application
HIGH PLAN	LOW PLAN	MAJOR CARE*
<b>40% In-Network / 50% Out-of-Network Copay</b>	<b>50% In-Network / 50% Out-of-Network Copay</b>	Bridges, Dentures
		Crowns, Inlays, and Onlays
		Implants
		Reline, Rebase, Recementations, and Repairs
HIGH PLAN	LOW PLAN	ORTHODONTIA
<b>50% Copay</b>		Coverage for dependent children to age 19
<b>\$5,000 Lifetime</b>	<b>\$1,500 Lifetime</b>	No waiting period
		Lifetime Maximum Benefit

\*Deductible applies to these services.



BlueCross BlueShield  
of Oklahoma

# Contact Us

[bcbsok.com/state](https://bcbsok.com/state)

- Find a dentist
- Check prescription drug coverage
- Log into Blue Access for Members

## CUSTOMER SERVICE

855-609-5684

Blue Access for Members online

A young child with dark skin is brushing their teeth in a bathroom. The child is wearing a white t-shirt and is smiling while brushing with a green and blue toothbrush. The background shows a white sink, a chrome faucet, and a window with a white frame. The lighting is bright and natural, suggesting a daytime setting.

# YOUR CIGNA DENTAL BENEFITS

Plan year: January 1, 2023 –  
December 31, 2023

Offered by Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, or their affiliates.

**Together, all the way.®**

862420 b



Welcome to Cigna!

When it comes to  
**your health,**  
we're in this  
**together.**



A plan where one dentist coordinates your care within a network that provides general and specialty dental care

**Cigna Dental  
Care® Dental  
Health  
Maintenance  
Organization  
(DHMO\*)**

- You choose a primary care dentist in the DHMO network where you can receive all your care
- By using dentists in the DHMO network you may pay less than you would with other types of dental plans
- You pay an office visit fee and the charge listed on your Patient Charge Schedule
- There is no out-of-network coverage (except in emergencies)\*\*
- There are no deductibles and no annual dollar maximums



# Prepaid Plan (DHMO)

Coverage with no deductibles or waiting periods

## Examples of covered services\*



- ✓ Preventive care, such as cleanings and exams, at no added or low cost
- ✓ Additional cleanings, fluoride, and fluoride varnish available for a copay
- ✓ Temporomandibular joint (TMJ) diagnosis
- ✓ General anesthesia/IV sedation when medically necessary
- ✓ Coverage for brush biopsy, a noninvasive diagnostic procedure for detecting oral cancer
- ✓ Coverage for teeth whitening (take-home bleaching gel with trays) and athletic mouth guards
- ✓ No age limit on sealants
- ✓ Coverage for advanced procedures like crowns and bridges over implants
- ✓ Second opinions covered
- ✓ Emergency care
- ✓ Orthodontic coverage for children AND adults



# Your coverage

	Prepaid Plan- LOW	Prepaid Plan- HIGH
Annual deductible	No deductible	No deductible
Lifetime maximum	None	None
Calendar-year maximum	None	None
Office Visit Fee	\$5	\$0
<b>Copay Examples</b>		
<b>Preventive care</b>	\$0	\$0
<b>Basic restorative</b> <i>Example: Dental Filling- one surface</i>	\$23	\$0
<b>Major restorative</b> <i>Example: Root canal, Anterior</i>	\$375	\$210
<b>Orthodontia</b> <i>Example: Child/Adult Orthodontia (24-month Treatment)</i>	\$2,472 <i>Child</i> \$3,384 <i>Adult</i>	\$2,040 <i>Child</i> \$2,376 <i>Adult</i>
<b>Implants</b> <i>Surgical placement of implant</i>	\$1,215	\$1,025



# Cigna Dental Oral Health Integration Program<sup>®</sup>

- Available at no added cost to Cigna dental plan members
- Pays out-of-pocket costs for specific dental services\* if you:
  - Have a medical condition that can be affected by gum disease or tooth decay
  - Are currently being treated by a doctor for this condition
- Eligible conditions: Heart disease, stroke, diabetes, pregnancy, chronic kidney disease, organ transplants, head and neck cancer radiation
- Discounts on prescription mouthwash, gels and toothpaste\*\*
- Enroll at [myCigna.com](https://myCigna.com) or call the phone number on back of your Cigna ID card

**Want to know more? Visit [myCigna.com](https://myCigna.com) or call 800.Cigna24 anytime.**

\* You do not need to meet your plan's deductible to receive reimbursement for these services. Any reimbursement you do receive will apply to and is subject to your plan's annual maximum. Review your plan materials for a list of covered and non-covered services.

\*\* Discounts available through Cigna Home Delivery Pharmacy only. **This is a discount, and NOT insurance.** If you have other insurance coverage, you should first confirm pricing/availability through your insurance carrier as it may result in a lower cost to you.

Confidential, unpublished property of Cigna. Do not duplicate or distribute. For internal use only. Use and distribution limited solely to authorized personnel. © 2022 Cigna



# myCigna is your Cigna – Dental



## Your personalized Cigna website

- Register on myCigna.com in a couple of minutes
- Log in anytime to access information, tools and resources

## What you can do on myCigna

- Take an interactive quiz to measure your risk for cavities, gum disease or oral cancer\*
- Search for dentists by specialty, procedure, location and language
- Check balances, monitor services and manage your dental plan
- Use easy tools to estimate costs for over 400 common dental procedures

# We're here 24/7/365



## **By phone – 800.244.6224**

- Call anytime day or night for live customer service
- Ask for a Spanish-speaking representative or speak with us in your preferred language – interpreter service is available in over 200 languages
- Get help finding a dental office
- Check your eligibility

## **myCigna – online or through the mobile app**

- Review your plan information and check a claim status
- Find network dentists
- Print temporary ID cards
- Change your DHMO dental office\*
- View year-to-date dental costs and estimate approximate costs prior to treatment
- Take oral health assessments that you can share with your dentist

**Download the myCigna  
Mobile App\*\*\* for easy  
access on the go!**





**THANK YOU FOR YOUR TIME!**

# Appendix A

## DHMO for residents of Minnesota and Oklahoma

**Minnesota Residents:** When enrolling in a DHMO plan, you must visit your selected network dentist in order for the charges on the Patient Charge Schedule to apply. You may also visit other dentists that participate in our network or you may visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We will pay 50% of the value of your network benefit for those services. You'll pay less if you visit your selected Cigna Dental Care network dentist. Call Customer Service for more information.

**Oklahoma Residents:** DHMO for Oklahoma is an Employer Group Pre-Paid Dental Plan. You may also visit dentists outside the Cigna Dental Care network. If you do, the fees listed on the Patient Charge Schedule will not apply. You will be responsible for the dentist's usual fee. We pay non-network dentists the same amount we'd pay network dentists for covered services. You'll pay less if you visit a network dentist in the Cigna Dental Care network. Call Customer Service for more information.





  
**DELTA DENTAL OF OKLAHOMA**

# **2023 Dental Benefits Options**

for State, Education & Local Government Employees

## We Deliver a **Superior Customer Experience**



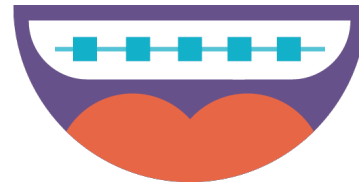
DDOK **does not deny coverage** due to pre-existing conditions



**No waiting periods** before you can begin receiving treatment



Our coverage includes **replacement of a missing tooth**, even if it was lost prior to your DDOK coverage



We allow benefits for **comprehensive orthodontic cases**, even if treatment was started prior to DDOK coverage

# 99%

**Overall member satisfaction** rating – and percentage of **inquiries (calls) resolved** during initial contact



## We Deliver the Largest Network of Dentists



Our **unmatched network strength** means your dentist likely participates with Delta Dental – ask if your dentist is a **Delta Dental PPO** provider to enjoy **maximum savings!**



Nearly **1,800 dentists** practice in the state, and **nearly 1,100** of those dentists participate in Delta Dental's PPO network.





## Option 1: Delta Dental PPO\*\*

BENEFIT PLAN	WHAT YOU PAY	
	Delta Dental PPO Network	Delta Dental Premier Network & Non-Participating Dentist (Out-of-Network)
<b>CLASS I: DIAGNOSTIC &amp; PREVENTIVE SERVICES</b> Oral evaluations; routine cleanings; X-rays; fluoride and sealants for eligible dependent children; etc.	0%	0% <sup>†</sup>
<b>CLASS II: BASIC SERVICES</b> Amalgam and composite fillings; stainless steel crowns (for eligible dependent children only); endodontics (pulpal therapy and root canal treatment); oral surgery; periodontics (excluding periodontal maintenance following active therapy, which is payable as a Class I service); etc.	15%	15% <sup>†</sup>
<b>CLASS III: MAJOR SERVICES</b> Porcelain and cast restorations; prosthodontics (fixed partial dentures [bridges], removable partial dentures, and complete dentures); implants; etc.	40%	40% <sup>†</sup>
<b>CLASS IV: ORTHODONTICS</b> Available to the employee and his or her lawful spouse and eligible dependent children.	40%	40% <sup>†</sup>
<b>Deductible (applies to)</b>	\$25 Per Person Per Benefit Year (Classes II & III)	\$25 Per Person Per Benefit Year (Classes II & III)
	WHAT PLAN PAYS	
<b>MAXIMUM BENEFIT PAYMENT - CLASSES I, II &amp; III</b>	\$2,500 Per Person Per Benefit Year	\$2,500 Per Person Per Benefit Year
<b>MAXIMUM BENEFIT PAYMENT - CLASS IV</b>	\$2,000 Per Person Per Lifetime	\$2,000 Per Person Per Lifetime

<sup>†</sup>If you receive treatment from a Delta Dental Premier provider, you will be responsible for the difference between the PPO allowable and Premier allowable amounts. If you are treated by a dentist who does not participate with Delta Dental (out-of-network), you will be responsible for the difference between the dentist charge and the PPO allowable amount.

\*\*DEPENDENTS ELIGIBLE TO AGE 26



## Option 1: Delta Dental PPO

This plan option provides access to both the Delta Dental PPO and the Delta Dental Premier networks. Subscribers of this plan are welcome to receive treatment from the licensed dentist of their choice, but will have **lower out-of-pocket expenses when they visit a Delta Dental PPO participating dentist.**

### Example

Payment of a covered Class II dental service\*\*

Delta Dental PPO Provider		Delta Dental Premier Provider		Non-Participating Provider (Out-Of-Network)	
Dentist Charge	\$1,200	Dentist Charge	\$1,200	Dentist Charge	\$1,200
PPO Maximum Allowable	\$825	Premier Maximum Allowable	\$1,050	PPO Maximum Allowable	\$825
Plan Pays (85% of Delta Dental PPO Allowable)	\$701.25	Plan Pays (85% of Delta Dental PPO Allowable)	\$701.25	Plan Pays (85% of Delta Dental PPO Allowable)	\$701.25
<b>You Pay*</b>	<b>\$123.75</b>	<b>You Pay*</b>	<b>\$348.75</b>	<b>You Pay*</b>	<b>\$498.75</b>
*15% of Delta Dental PPO Allowable		*15% of Delta Dental PPO Allowable plus the difference between the PPO Allowable & the Premier Allowable		*Balance of the dentist charge	

\*\*Assumes deductible is satisfied



## Option 2: Delta Dental PPO – Choice\*\*

Members who select this **low-cost program** have access to the Delta Dental PPO network and will be responsible for the amounts reflected in the Delta Dental PPO – Choice Description of Covered Services and Enrollee Co-payments table along with any deductible. Their out-of-pocket expenses will be lower if they use a Delta Dental PPO provider.

### BENEFIT PLAN

#### WHAT YOU PAY

##### COVERED SERVICES & CO-PAYMENTS

See the Delta Dental PPO - Choice Description of Covered Services and Enrollee Co-payments table online at [DeltaDentalOK.org/client/OK](http://DeltaDentalOK.org/client/OK), or contact your benefits enrollment representative.

##### DEDUCTIBLE

\$100 Per Person Per Benefit Year Deductible applies to Major Restorative (Level 4) Services only.

#### WHAT PLAN PAYS

##### MAXIMUM BENEFIT PAYMENT

\$2,000 Per Person Per Benefit Year for Level 1, Level 2, Level 3 and Level 4 Services combined.

##### ORTHODONTIC SERVICES

\$1,800 Per Eligible Person Per Lifetime for Level 5 Services. Available to eligible subscribers, his or her lawful spouse and dependent children.

### EXAMPLES OF COVERED SERVICES & ENROLLEE CO-PAYMENTS

Level of Service	Procedure Code	Description	Enrollee Co-payment
Level 1	D0120	Periodic oral evaluation - established patient	\$5
Level 1	D1110	Prophylaxis - adult	\$5
Level 1	D1120	Prophylaxis - child	\$5
Level 2	D2140	Amalgam - one surface, primary or permanent	\$12
Level 2	D7111	Extraction - coronal remnants - deciduous tooth	\$11
Level 4*	D2740	Crown - porcelain/ceramic substrate	\$241

\*Assumes deductible is satisfied

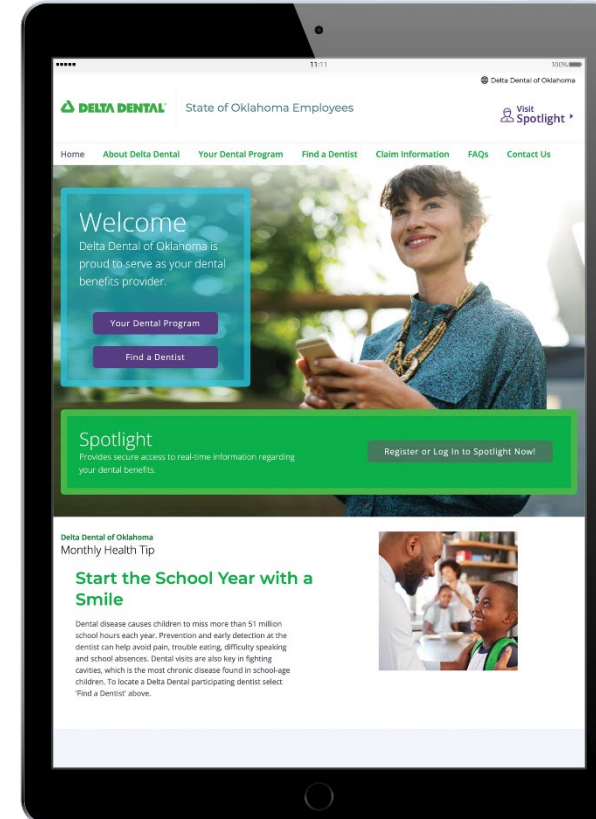
\*\*DEPENDENTS ELIGIBLE TO AGE 26



## Visit Our Custom Website for State Employees

To learn more about the plans and services available to you with Oklahoma's leading dental benefits provider, please visit [DeltaDentalOK.org/client/OK](https://DeltaDentalOK.org/client/OK)

- **Review Plan Information**
- **Search for Participating Dentists**
- **Access Monthly Health Tip**
- **Learn Answers to FAQs**
- **Register for Spotlight to access:**
  - electronic ID card
  - plan information, including Explanation of Benefits (EOBs)
  - claim status and history, *and more!*
- **Initiate secure messages with our Customer Service team**



Visit [DeltaDentalOK.org/client/OK](https://DeltaDentalOK.org/client/OK) today!



**DELTA DENTAL OF OKLAHOMA**

*We would welcome the opportunity to serve you and your family in 2023.  
Please do not hesitate to contact us with any questions.*

**Live Answer Customer Service**

Monday – Thursday, 7:00 a.m. – 6:00 p.m.

Friday, 7:00 a.m. – 5:00 p.m.

**405-607-2100** (OKC Metro) **800-522-0188** (Toll Free)

**[DeltaDentalOK.org/client/OK](https://DeltaDentalOK.org/client/OK)**

**HealthChoice**  
*The Plan of Choice*



**WE LOVE TO  
MAKE  
YOU SMILE!**

**Dental  
Plan**

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**HealthChoiceOK.com**

## WHY CHOOSE HEALTHCHOICE DENTAL?

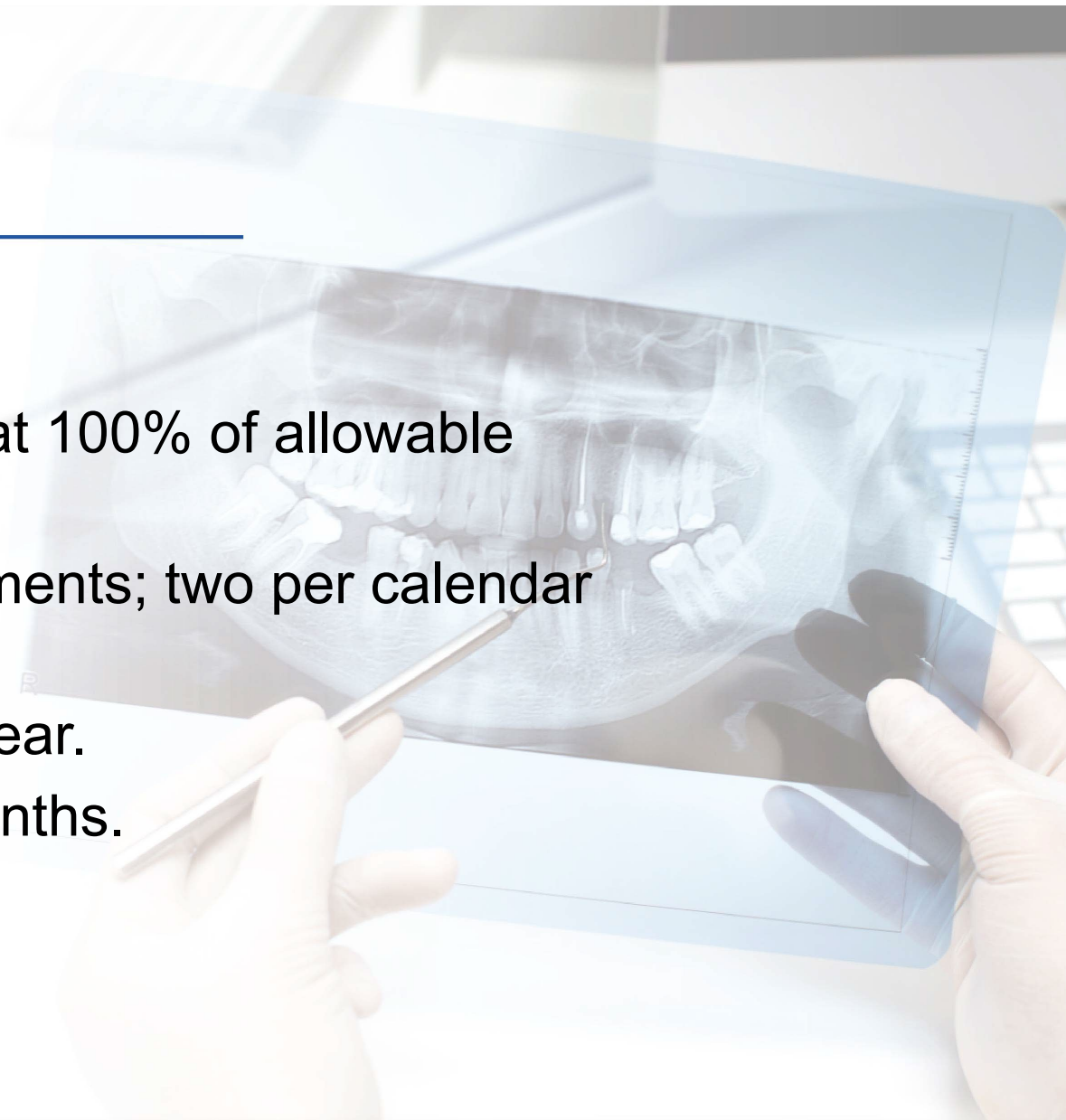


- Network and non-network benefits available.
- Network providers file your claims for you.
- No limit on orthodontic benefit for members under age 19.
- \$2,500 calendar year maximum benefit per person for preventive, basic and major services.

# PREVENTIVE SERVICES

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- Network and non-network covered at 100% of allowable amounts.
- Cleanings and topical fluoride treatments; two per calendar year.
- Bitewing X-rays; two per calendar year.
- Full mouth X-rays; one every 36 months.



## BASIC RESTORATIVE SERVICES

A photograph of a dental procedure in progress. Two dentists in blue scrubs, masks, and hairnets are performing a procedure on a patient lying in a dental chair. The patient is also wearing a hairnet. The scene is brightly lit by a dental lamp. In the foreground, there is a tray with various dental instruments.

- Extractions, including wisdom teeth.
- Oral surgeries, including general anesthesia.
- Root canals and crown repairs.
- \$25 per individual/\$75 per family calendar year deductible.
- Plan pays 85% of allowable amounts when using a network provider.

## MAJOR RESTORATIVE SERVICES

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- Initial placement of full or partial removable dentures.
- Dental implant approved by FDA.
- Inlays, onlays and crown restorations.
- \$25 per individual/\$75 per family calendar year deductible.
- Plan pays 60% of allowable amounts when using a network provider.

# ORTHODONTIC SERVICES

---

- No lifetime maximum.
- No calendar year deductible.
- Orthodontic services for members under age 19.
- Orthodontic services for treatment of TMD at any age.\*
- 12-month waiting period applies to new enrollees to the plan.
- Plan pays 50% of allowable charges.

*\*If diagnosed with TMD, certification may be required.*

# RESOURCES

---

## HealthChoiceOK.com

- Dental handbook.
- Provider Search page.



## EGID Member Services

- 405-717-8780 or 800-752-9475

## HealthChoice Customer Care

- 800-323-4314

TTY 711





# Dental Insurance

Prepared for: State of Oklahoma



L0222019867[exp0423][All States]  
Metropolitan Life Insurance Company, New York, NY 10166  
© 2022 MetLife Services and Solutions, LLC.

ADF# D2797.22

# Why are dental benefits so important?

**High cost of dental treatments**

**Benefit of preventive care**

Connection between **oral health** and **overall health**



# A plan that offers savings, choice and anywhere, anytime service



**Negotiated fees typically** [30% to 45%] less than the average charges in the same area<sup>1</sup>



Flexibility to go to any dentist – **in or out of the network**



**Choose from a large network** of carefully selected participating dentists



**Easy access** to pre-treatment estimates, real-time claims processing and 24-hour customer service by phone, fax or online



Plus access to **international dentists in more than 200 countries** through MetLife's International Dental Travel Assistance Program<sup>2</sup>

# Benefits High/Low plan design for State of Oklahoma employees

Services Provided for High and Low plan	In Network: Percentage of Negotiated Fee	Out Of Network: Percentage of Reasonable & Customary (R&C) <sup>3</sup>
<p><b>Type A: Preventive Services</b></p> <ul style="list-style-type: none"> <li>• Exams</li> <li>• X-rays</li> <li>• Fluoride Treatment</li> <li>• Cleanings</li> </ul>	<p>100% Deductible Waived/ No Deductible</p>	<p>100% No Deductible</p>

# Benefits High/Low plan design for State of Oklahoma employees

Services Provided for High and Low plan	In Network: Percentage of Negotiated Fee	Out Of Network: Percentage of Reasonable & Customary (R&C) <sup>3</sup>
<b>Type B: Basic Services</b> <ul style="list-style-type: none"> <li>• Most Fillings</li> <li>• Simple Extractions</li> <li>• Root Canal</li> </ul>	Services Covered at 85% High plan/70% Low plan, Deductible Applicable	Services Covered at 85% High Plan/70% Low plan, Deductible Applicable
<b>Type C: Major Services</b> <ul style="list-style-type: none"> <li>• Inlays/Onlays</li> <li>• Crowns</li> <li>• Bridges/Dentures</li> </ul>	Services Covered at 60% High plan/50% Low plan, Deductible Applicable	Services Covered at 60% High plan/50% Low plan, Deductible Applicable
<b>Annual Deductible</b>	High plan - \$25 Individual/\$75 Family Low plan - \$50 Individual/\$150 Family	High plan - \$25 Individual/\$75 Family Low plan - \$50 Individual/\$150 Family
<b>Annual Benefits Maximum</b> [excluding Orthodontia]	High plan - \$5,000 per person Low plan - \$1,500 per person	High plan - \$5,000 per person Low plan - \$1,500 per person

# Orthodontia

<b>Services Provided</b> for High and Low Plan	<b>In Network:</b> Percentage of Negotiated Fee	<b>Out Of Network:</b> Percentage of Reasonable & Customary (R&C) <sup>3</sup>
<b>Type D: Orthodontia</b> <ul style="list-style-type: none"> <li>• Orthodontic Treatment</li> <li>• Orthodontic Appliances</li> </ul>	Services Covered at 60% High plan 50% Low plan	Services Covered at 60% High plan 50% Low plan
<b>Annual Deductible</b>	High plan - \$25 Individual/\$75 Family Low plan - \$50 Individual/\$150 Family	High plan - \$25 Individual/\$75 Family Low plan - \$50 Individual/\$150 Family
<b>Orthodontia Lifetime Benefits Maximum</b>	High plan - \$5,000 Adult and Child Low plan - \$2,000 Adult and Child	High plan - \$5,000 Adult and Child Low plan - \$2,000 Adult and Child

# Find a Dental Provider

With MetLife Dental insurance, you can choose from thousands of general dentists and specialists nationwide. You can find the names, addresses, languages spoken and phone numbers of participating dentists by searching our online **Find a Dentist** directory.



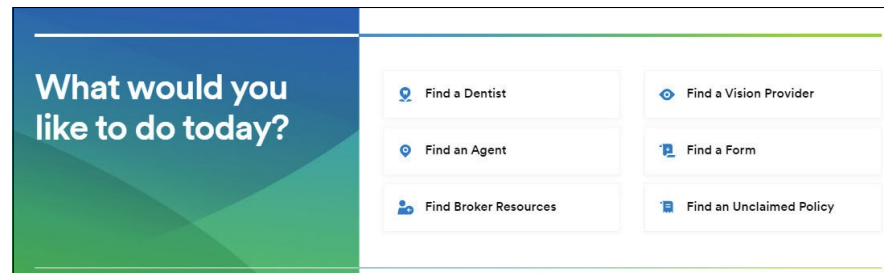
## Step 1:

Go to [metlife.com](https://www.metlife.com)



## Step 2:

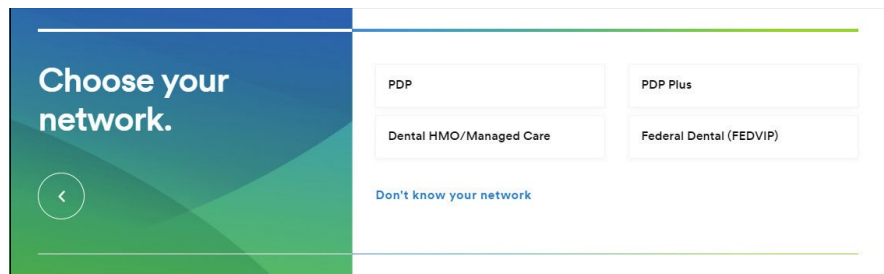
Select **"Find a Dentist"** next to **"What would you like to do today?"**



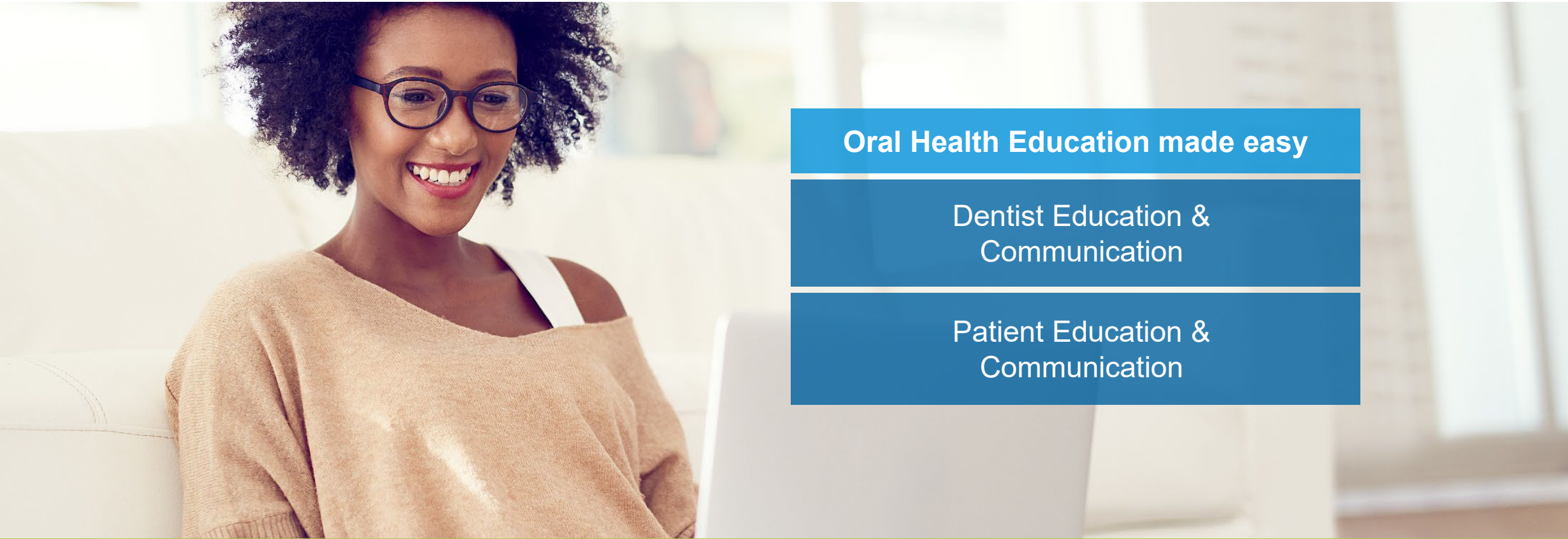
## Step 3:

Select **"PDP"** next to **"Choose your network."**

Enter your Zip, City or State and select the "Find a Dentist" button. You will then be prompted to select your plan from the list. The plan name is located in your Schedule of Benefits.



# Helping you make smarter choices



Oral Health Education made easy

Dentist Education &  
Communication

Patient Education &  
Communication



**Visit MetLife's Oral Health Library**  
[www.oralfitnesslibrary.com](http://www.oralfitnesslibrary.com)

# Creating your own personal safety net

## MetLife provides you...

**decades of experience** in the dental benefits industry

**benefits designed with input** from dentists and other specialists

**a knowledgeable** service team

**educational tools** and resources



## So you can...

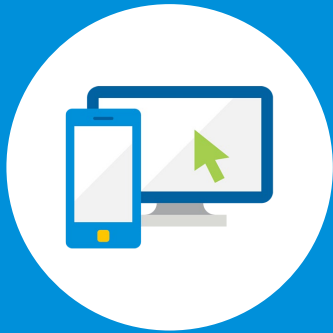
**rest assured** that we have the experience to understand what matters most to you

**feel confident** that you have the coverage you need with a broad network of pre-screened dentists

**utilize** our services to help you make the most of your benefits

**make informed decisions** about your benefits and your oral health

# After you enroll



**Register with MyBenefits today!**  
[www.metlife.com/mybenefits](http://www.metlife.com/mybenefits)



**Customer Service Information**  
**Preferred Dentist Program**  
**1-800-942-0854**

# Footnotes and disclosures

[\* Please note: This is a hypothetical example that reviews a crown – porcelain/ceramic substrate (D2740) in the Philadelphia area, zip 19151. It assumes that the annual deductible has been met. Fees in your area may be different.

\*\* Please note that the in-network patient responsibility copayment may not necessarily represent the full extent of your out-of-pocket expense. Where two or more professionally acceptable treatments under generally accepted dental standards exist and where the treatment is a covered service, your MetLife plan bases reimbursement, and your copayment, on the least costly treatment alternative. If a treatment rendered is more costly than the alternative treatment on which your benefit is based, you are responsible for the amounts "including, but not limited to: any deductibles, the copayment for the treatment upon which your benefit was based, and, if your treatment was rendered by an participating provider, the amount by which the scheduled fee for the treatment actually rendered exceeds the scheduled fee for the less costly alternative, and if your treatment was rendered by an out-of-network provider, the amount by which the amount charged by your provider exceeds the scheduled fee for the less costly alternative.

† Not available in all states.

†† Assumes there is no gap in MetLife dental coverage under your employer's plan. Exact timeframes are determined by the employer.

††† MetLife coverage refers to dental plans underwritten or administered by MetLife.

1. Based on internal analysis by MetLife. Negotiated Fees refers to the fees that in-network dentists have agreed to accept as payment in full for covered services, subject to any co-payments, deductibles, cost sharing and benefits maximums. Negotiated fees are subject to change.
2. International Dental Travel Assistance services are administered by AXA Assistance USA, Inc. AXA Assistance USA, Inc. provides dental referral services only. AXA Assistance is not affiliated with MetLife, and the services and benefits they provide are separate and apart from the insurance provided by MetLife. Referral services are not available in all locations.
3. R&C fee refers to the Reasonable and Customary (R&C) charge, which is based on the lowest of (1) the dentist's actual charge, (2) the dentist's usual charge for the same or similar services, or (3) the charge of most dentists in the same geographic area for the same or similar services as determined by MetLife.
4. Reimbursement for out-of-network services is based on the lesser of the dentist's actual fee or the Maximum Allowable Charge (MAC). The out-of-network Maximum Allowable Charge is a scheduled amount determined by MetLife.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, limitations, waiting periods, and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.

**Thank you.**



Life's brighter under the sun

YOUR BENEFITS FROM SUN LIFE

# Discover new ways to protect what you love

Janet Ruggiano

Benefit Counselor, Sun Life

# Dental Insurance

- **PROTECTS YOUR SMILE.**
- **PREVENTS OTHER HEALTH ISSUES.**
- **LOWERS OUT-OF-POCKET EXPENSES.**

# Dental problems can impact your overall health

Treating the inflammation from **periodontal disease** can help manage other health problems such as heart disease and diabetes.<sup>1</sup>



*50% of adults over the age of 30 are suffering from periodontal disease.<sup>2</sup>*

1. <https://www.perio.org/consumer/gum-disease-and-other-diseases> (accessed 07/21)

2. <https://www.perio.org/newsroom/periodontal-disease-fact-sheet> (accessed 07/21)

# PPO Plan Key Points

- Deductible: \$30 per person\*
- Annual Maximum: \$2,000 per person\*\*
- Freedom to choose dentists both in and out of the network



\*Per calendar year

\*\*Type IV expenses is a Lifetime max, all other expenses are per calendar year

# Coinsurance for covered services

These are the percentages you pay of the provider's fee (after any applicable deductible has been satisfied).

PROCEDURE	IN-NETWORK	OUT-OF-NETWORK
Type I Services	100%	100%
Type II Services	85%	70%
Type III & IV Services	60%	50%



# Network dentists can save you\* \$\$

EXAMPLE	NETWORK DENTIST	NON-NETWORK DENTIST
Average charge for crown**	\$1,180	\$1,180
Minus network discount	30%	NA
Actual Fee	\$826	\$1,180
Insurance pays 50%	\$413	\$590
Claimant pays	\$413	\$590

**You could save \$177 by going to a network dentist!**

\*This example is for illustrative purposes only. Cost of dental procedures may differ depending on location or dental provider. Savings may also differ in cases when deductibles apply or if the dentist's discount differs from 30%

\*\*Based on 2020 Fair Health data. Figures have been rounded to the nearest dollar.



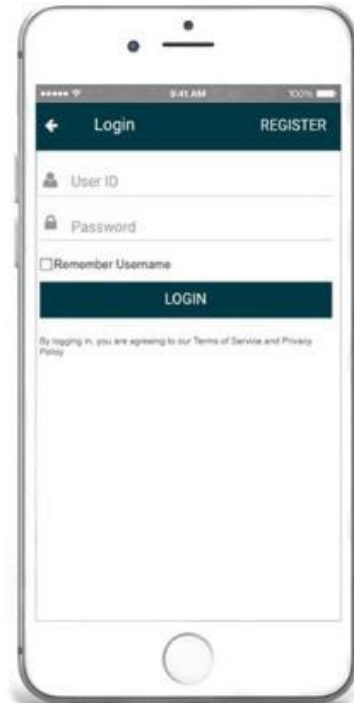
# Benefit Tools

Quick & easy mobile access

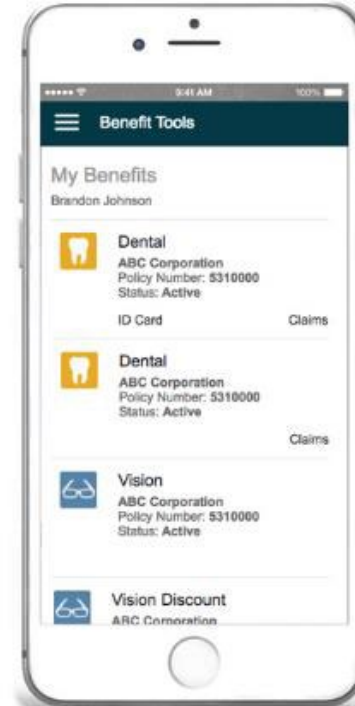
Learn more at  
[Sunlife.com/mobileapps](https://Sunlife.com/mobileapps)



**Find & Access  
Critical Information  
On The Go!**



**Your Benefits Information  
– An Overview of Coverage  
Details**



**Find a Dentist  
“Anywhere” or  
“Nearby”**



**View, Email, Fax  
and Print  
Dental ID cards**

# How to find a dentist

- **Visit [www.sunlife.com/findadentist](http://www.sunlife.com/findadentist)**
  - Select the network listed on your ID Card
  - Enter your search criteria and a list of participating dentists will be provided
- **Call customer service** at 800-442-7742 for assistance in locating a network dentist



Use the Provider nomination card if your dentist is not in our network of dentists.

*Questions?*



Life's brighter under the sun

Not approved for use in New Mexico.

This dental plan does not provide coverage for pediatric oral health services that satisfies the requirements for “minimum essential coverage” as defined by the Patient Protection and Affordable Care Act. (“PPACA”).

Group insurance policies are underwritten by Sun Life Assurance Company of Canada (Wellesley Hills, MA) in all states, except New York, under Policy Form Series 15-GP-01 and 16-DEN-C-01. In New York, group insurance policies are underwritten by Sun Life and Health Insurance Company (U.S.) (Lansing, MI) under Policy Form Series 15-GP-01 and 16-DEN-C-01. Product offerings may not be available in all states and may vary depending on state laws and regulations. Prepaid dental products are provided and administered by Sun Life Assurance Company of Canada (SLOC) under Form Series BDC-GDSA, PDC, and are provided by prepaid dental companies, affiliated with SLOC, under Form Series BDC-GDSA, UDC-CA-GA06-UDC, UDC-CA-GA06-89, FB-NJ-0281, UDC-09-GDSA-TX, PDC in certain states except New York. Prepaid dental companies are Denticare of Alabama, Inc., United Dental Care of Arizona, Inc., UDC Dental California, Inc., United Dental Care of Colorado, Inc., Union Security DentalCare of Georgia, Inc., United Dental Care of Missouri, Inc., Union Security DentalCare of New Jersey, Inc., United Dental Care of New Mexico, Inc., UDC Ohio, Inc., United Dental Care of Texas, Inc., and United Dental Care of Utah, Inc. In New York, prepaid dental products are provided and administered by Sun Life and Health Insurance Company (U.S.) (SLHIC) (Lansing, MI) under Form Series BDC-GDSA-NY.

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GVMPPPT-EE-4496A-v

SLPC 29760

# Vision plan presentations

# All vision plans

- Coverage for exams, lenses, frames, contact lenses and more.
- Designated provider networks.
- Limited coverage for services by non-network providers.

# Vision plans



Year-round vision benefits with



Primary Vision Care Services





PVCS

Primary Vision Care Services

**PVCS offers one easy to understand plan with year-round vision benefits**

### **EXAMS**

Exams are covered in full (Not limited to once per year)

### **MATERIALS**

**Frames** – Member pays \*wholesale cost

**Lenses and lens options** – Member pays \*wholesale cost

**Contact lenses** – Member pays \*wholesale cost (with a \$50 copay for first time fittings)

Members are eligible for both glasses and contacts in the same plan year

*\*Wholesale cost is the manufacturer's published list price plus tax and shipping rounded up to the nearest \$5.00  
Savings on glasses is approximately 50%*

# Network Benefits

- Over 350 independent optometrists and ophthalmologists statewide
- All providers dispense glasses and contacts
- Glasses can be made at the lab of their choice, including their own lab resulting in quick delivery

- **No ID Card required**
- **Simply select a PVCS provider and identify yourself as a PVCS member**
- **Eye exams are covered 100% and not limited to once a year**
- **Members are eligible for glasses and contact lenses in the same plan year**
- **Members allowed as many pairs of prescription glasses as wanted or needed**
- **Prescription glasses and contact lenses are provided at wholesale cost**

Non-network benefit reimbursement up to \$40 for an eye exam and up to \$60 for prescription glasses or contact lenses in lieu of network benefits.



PVCS members interested in Lasik vision correction can save up to \$1,000 using  
nJoy Vision in Oklahoma City and  
OMEG in Tulsa

Oklahoma City, OK



Tulsa, OK



*The difference is clear...*

P E C F D  
E D F C Z P

F E L O P Z D

D E F P O T E C



Primary Vision Care Services

Questions?

Call our live answer Customer Service  
1.888.357.6912

Email us at [email@pvcs-usa.com](mailto:email@pvcs-usa.com)

Visit our website at [www.pvcs-usa.com](http://www.pvcs-usa.com)





# Open enrollment for State of Oklahoma

2023 plan year

# An overview of your vision benefits

## Offers flexibility and choice

- In-network benefits available through network eye care professionals or go out-of-network and be reimbursed at your plan's out-of-network rates.
- Find an in-network eye care professional at [superiorvision.com](https://www.superiorvision.com). Call your eye doctor to verify network participation.
- Obtain a vision exam with either an MD or OD.
- Use different eye care professionals for exam and for eyewear.
- No claim forms or vouchers required for in-network services.
- Personalized ID card in the mail and in the app (not required, but recommended for convenience when visiting an eye care professional).



# Your in-network vision benefits

In-network benefit	Member copays
<b>Routine eye exam (one per calendar year)</b> Ophthalmologist (MD) or Optometrist (OD)	\$10
<b>Frames &amp; lenses (one pair lenses per calendar year)</b> Standard lenses (single vision, bifocal, trifocal and standard progressive lenses)	\$25
<b>Contact lens fitting (one per calendar year)</b>	\$25

In-network benefit	Member allowances
<b>Frames (one per calendar year)</b>	\$150 retail allowance
<b>Contact lenses (one allowance per calendar year)</b> Elective Medically necessary	\$150 retail allowance Covered

# Your out-of-network vision benefits

Out-of-network benefit	Member reimbursement
<b>Routine eye exam (one per calendar year)</b> Ophthalmologist (MD) or Optometrist (OD)	\$34, less \$10 copay (MD) \$26, less \$10 copay (OD)
<b>Eyeglass lenses (one pair lenses per calendar year)</b> Standard lenses (single vision, bifocal, trifocal)	\$26, less \$25 copay (Single) \$39, less \$25 copay (Bifocal) \$49, less \$25 copay (Trifocal) \$39, less \$25 copay (Standard Progressive Lens)
<b>Contact lens fitting (one per calendar year)</b>	Not Covered
Out-of-network benefit	Member reimbursement
<b>Frames (one per calendar year)</b>	\$81, less \$25 copay
<b>Contact lenses (one allowance per calendar year)</b>	
Elective	\$100
Medically necessary	\$210

# You can also get value-added discounts



## Discounts on covered eyewear

- 20% for amounts over the frame or contact lens allowances, lens add-ons, and other prescription materials on first pair of glasses
- 10% off retail for specialty contact lens fit



## Discounts on non-covered eyewear

- 30% on extra pairs of eyeglasses
- 30% off additional exams
- 20% for lens options on extra eyeglasses
- 20% off additional contact lenses
- 10% for additional, disposable contacts
- \$39 max out-of-pocket for retinal imaging



## LASIK discounts

- Members can see low prices (typically under \$1,000 per eye) on LASIK procedures administered by QualSight.



**Have questions?**  
We have answers!

### Join us online or give us a call

- Website: [superiorvision.com](https://www.superiorvision.com)
- Phone: 1 (800) 507-3800
- Live support:  
Monday – Friday: 8AM – 9PM CST  
Saturday: 10AM – 4:30PM CST
- Benefit information
- Eligibility status
- Claims information
- Eye care professional listings
- Assistance with issues and special requests



# SuperiorVision™

from  **VersantHealth®**

MetLife Vision benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Certain claims and network administration services are provided through Superior Vision Services, Inc. ("Superior Vision"), a Delaware corporation. Superior Vision is part of the MetLife family of companies. Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, reductions, limitations, waiting periods and terms for keeping them in force. Please contact MetLife or your plan administrator for costs and complete details.



**Vision  
Care  
Direct**  
*OF OKLAHOMA*

**2023  
VISION PLAN  
OFFERING**



**SIMPLE.**  
**FLEXIBLE.**  
**AFFORDABLE.**



# 2023 PLAN HIGHLIGHTS

We now have one of the largest networks in the state and are constantly adding new providers!

# 2023 PLAN HIGHLIGHTS

Our national network now includes retail stores like:

Eyemart Express, Pearle Vision, Walmart and Sams Club and MyEyeDr.

# 2023 PLAN HIGHLIGHTS

No surprise out-of-pocket costs at time of service.

# FOCUSED ON YOU



## EYE EXAMS

Comprehensive Eye Health  
Early Disease Detection

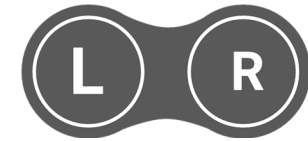
**\$15 MEMBER FEE**



## GLASSES

ANY Frame  
\$150 Allowance

**\$15 MEMBER FEE**



## CONTACTS

\$150 Allowance  
\$65 Fitting Fee

**\$0 MEMBER FEE**

**Get a complete pair of glasses for as little as \$30.00**

# GREAT VCD BENEFITS, PLUS MORE.

At last, you finally have the freedom to use your materials allowance the way you want without all the surprise out of pocket expenses.

FRAME/CONTACTS	Up to \$150	✓
LENSES	Single Vision	✓
	Bifocal	✓
	Trifocal	✓
Super charge your benefits at <b>VCD<sup>+</sup>PLUS</b> providers*	<b>HD Progressive (No-Line)</b>	✓
	<b>Anti-Reflective Coating</b>	✓
	<b>Scratch Resistance</b>	✓
	<b>UV Protection</b>	✓
	<b>Oil &amp; Water Repellent</b>	✓

**VCD<sup>+</sup>PLUS**

# LASIK Discount Network Providers



Get full details and downloadable flyers at [ok.vision/lasik-discount-network/](http://ok.vision/lasik-discount-network/)

# LOCALLY OWNED AND OPERATED

BY INDEPENDENT OPTOMETRISTS THAT LIVE AND WORK IN YOUR COMMUNITY

- Local Customer Service
- Tax Revenue Stays Local
- Supports Teachers
- Doctor Controlled Care
- Patient Focused





**Vision  
Care  
Direct**  
*OF OKLAHOMA*

## **CONTACT US**

855-918-2020

[www.okstate.vision](http://www.okstate.vision)

[oklahoma@visioncaredirect.com](mailto:oklahoma@visioncaredirect.com)





It's Time to Enroll  
**Get to Know Your  
VSP Vision Benefits.**

Benefits Effective January 1, 2023



# Your VSP Plan at a Glance

Exam	WellVision Exam covered every calendar year <b>\$10</b> Copay
Essential Medical Eye Care	<ul style="list-style-type: none"> <li>• Retinal imaging for eligible members with diabetes</li> <li>• Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more</li> <li>• Coordination with your medical coverage may apply. Ask your VSP network doctor for details</li> </ul>
Frame Allowance	<b>\$170</b> Frame allowance every calendar year + \$50 allowance for featured frame brands
Lenses (every calendar year)	<ul style="list-style-type: none"> <li>• Single vision, lined bifocal, or lined trifocal lenses for adults. <b>\$25</b> Copay for prescription lenses and/or frames</li> <li>• Single vision, lined bifocal, or lined trifocal polycarbonate lenses for children. <b>\$25</b> Copay included in glasses</li> </ul>
Lens Enhancements	<ul style="list-style-type: none"> <li>• Standard Progressive lenses and UV protection are covered with <b>\$0</b> copay</li> <li>• <b>30%</b> savings on lens enhancements like Scratch-resistant coating, or Anti-glare coatings</li> </ul>
Contact Lens Allowance (instead of glasses)	<b>\$120</b> allowance for contacts lenses and copay up to <b>\$60</b> for contacts lens exam (fitting and evaluation)
Retinal Imaging	No more than a <b>\$39</b> copay on routine retinal screening as an enhancement to a WellVision Exam



# Participating Retail Chains

There are more than 10,000 retail chain locations in the VSP network in addition to Visionworks, including:

- Walmart Vision Center
- Costco Optical
- Pearle Vision
- MyEyeDr
- Sam's Club
- *and More!*

Visionworks®

— EST. 1961 —  
PEARLE  VISION™

myeyedr.  
OD

Walmart   
Vision Center

sam's club 

**COSTCO**  
OPTICAL



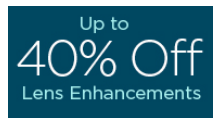
# Exclusive Member Extras

## Get the Savings You Need.

With Exclusive Member Extras, savings never looked so good. VSP puts members first by providing you with exclusive special offers. Discover great deals on glasses, sunglasses, contact lenses, and more.



Special Deal on Glasses - Extra \$50 on Featured Frame Brands.



Save 30-40% on popular lens enhancements\*.



Save 20% on eyewear

Offers vary based on state and benefit plan. Brands and offers subject to change.

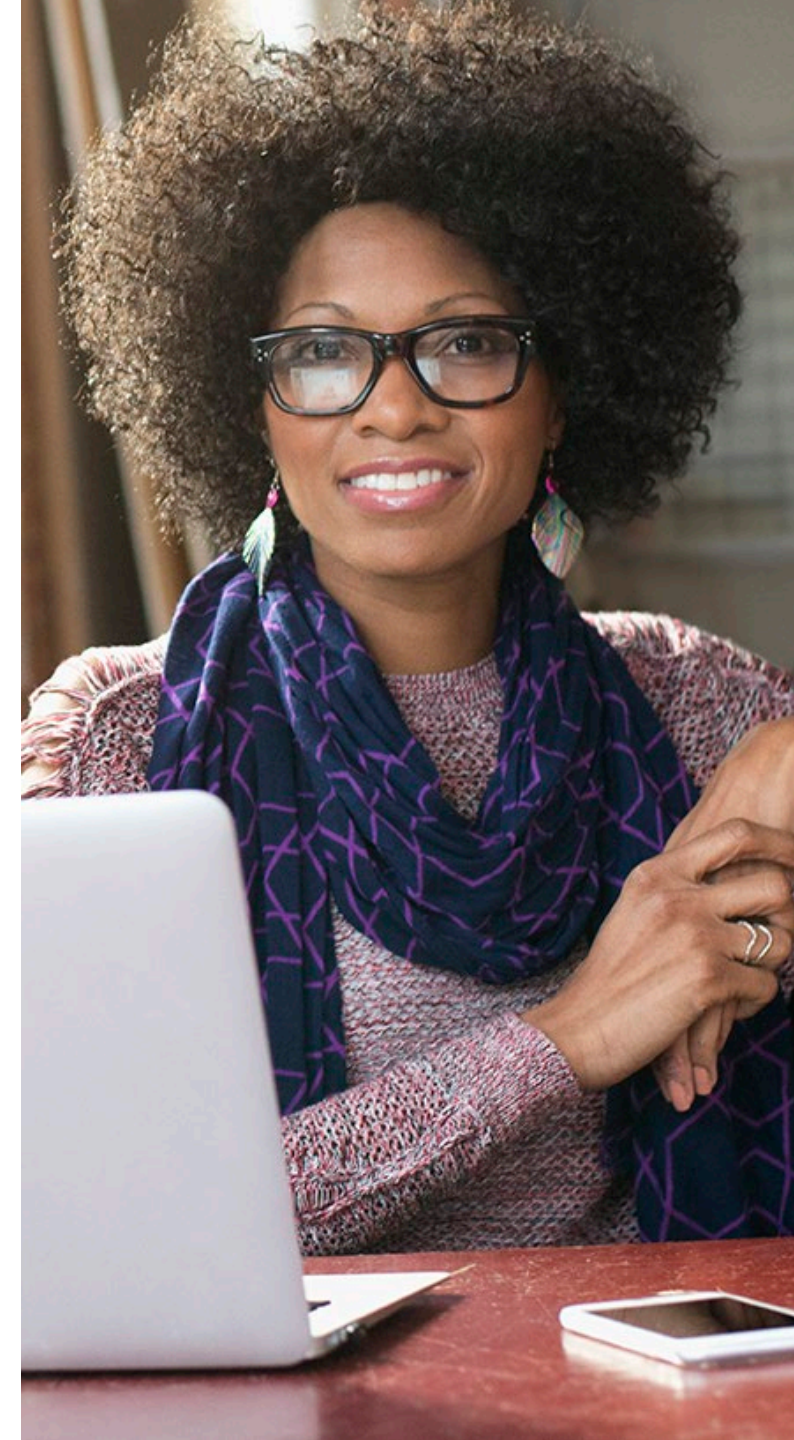
\*Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.



# Using Your Benefit is Easy

## Once you're enrolled...

- Create an account at **vsp.com** and review your personalized benefit information.
- You can find a VSP in-network doctor by visiting **vsp.com** or calling **800.877.7195**.
- At your appointment, simply tell them you have VSP. No ID card needed—and we'll take care of the rest! There are no claim forms to fill out when you see a VSP network doctor.



# Enroll Today!

VSP helps you see well and be well with the coverage and quality care you deserve.

Questions? Contact us.

Call **800.877.7195** or **[stateofok.vspforme.com](https://stateofok.vspforme.com)**.



# Life plan

HealthChoice

**HealthChoice**  
*The Plan of Choice*



HELPING YOU BUILD A  
SOLID FOUNDATION



**LIFE  
PLAN**

[HealthChoiceOK.com](http://HealthChoiceOK.com)

# OVERVIEW

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## Peace of mind with financial protection.

- Group term life plan.
  - No cash-surrender value.
  - Benefits do not decrease based on age.
- Basic and Supplement Life Insurance benefits available.
- First \$40,000 of coverage includes Accidental Death and Dismemberment for employees who are actively working.
- Dependent Life is available to current employees enrolled in Basic Life.
- Beneficiary updates can be made at any time.

# ELIGIBILITY REMINDERS

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## Current employees

- Eligible to elect Basic Life if working for a participating employer and have verifiable group health coverage.



## Former employees

- Eligible former employees can keep all or a portion of the life coverage in effect at time of termination.
- You cannot reinstate any coverage you canceled unless you return to work with a participating employer.

# CURRENT EMPLOYEE OPTIONS

- Basic Life: \$20,000 (includes AD&D).
- Initial Supplemental Life: \$20,000 (includes AD&D).
- Maximum amount of Supplemental Life: \$500,000.
  - Guaranteed Issue: Amount of Supplement Life available only to new hires.
- During annual Option Period: enroll in or increase life coverage.
- Life insurance application required.

# FORMER EMPLOYEE OPTIONS

An elderly couple, a man with a white beard and glasses and a woman with blonde hair, are sitting together and looking at a laptop screen. The man is pointing at the screen while the woman smiles. The background is a soft, out-of-focus indoor setting.

- Keep member benefits in \$5,000 units.
- Keep any Dependent Life coverage in force in \$500 units.
- Decrease or drop life coverage during the annual Option Period.
- Dependent life premiums are per covered dependent.

# CURRENT EMPLOYEE OPTIONS – DEPENDENT LIFE

- Primary member must be enrolled in Basic Life.
- Set premium per level, regardless of number of dependents.
- No Life Insurance Application needed.

## Three levels of coverage

- Low Option                      \$6,000 spouse    \$3,000 per child
- Standard Option                \$10,000 spouse \$5,000 per child
- Premier Option                 \$20,000 spouse \$10,000 per child

Benefits for Dependent Life coverage are always paid to the primary member. No AD&D benefits included.



# LIFE INSURANCE APPLICATION

- Required when enrolling in or increasing member life coverage.
  - Current employees who are actively working only.
- Incomplete applications returned with automatic denial.
- Two years of medical records required for requests greater than \$300,000.
- No application is needed when:
  - No changes.
  - Decreasing or dropping coverage.
  - Adding Dependent Life only when Basic Life is in place.



# BENEFICIARIES

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- Submit a Beneficiary Designation Form.
- Designate how you wish your life benefits be paid upon your death – to whom and how much.
- Designate a contingent as the alternate beneficiary.
- Life events happen; make sure your beneficiary information is current.
- If you do not name your beneficiaries, benefits are paid to your estate.
- HealthChoice has no option but to pay life benefits to the beneficiaries listed in our files at the time of death.

# Beneficiary Designation Form


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- In the event of your death, benefits are paid to your beneficiaries in a lump sum.
- You can change beneficiaries at any time, but you must submit an updated Beneficiary Designation Form or a written request for a change.
- If you do not name your beneficiaries, benefits are paid to your estate.
- HealthChoice has no option but to pay life benefits to the beneficiaries listed in our files at the time of death.

# Beneficiary Designation Form

- Encourage employees to update their beneficiary form.
- Beneficiary information can be updated at any time.
- Remind employees to keep copies at home.





**Employees Group Insurance Division**  
**Beneficiary Designation Form**

Please read the instructions carefully and complete this form in ink.

SSN or Member ID: \_\_\_\_\_ Member Name: \_\_\_\_\_  
First MI Last

Address: \_\_\_\_\_  
 New Address Street City State ZIP

Phone: (\_\_\_\_) \_\_\_\_\_ Alt Phone: (\_\_\_\_) \_\_\_\_\_

**Important:** Please ensure the "Share Percentage" section in both Primary Beneficiary(ies) and Contingent Beneficiary(ies) add up to 100 percent. Payment will be made in equal shares to all surviving beneficiaries unless otherwise indicated.

**PRIMARY BENEFICIARY(IES)**

Primary Beneficiary's Name and Address	SSN	Phone #	Relationship	Date of Birth	Share Percentage
100%					

**CONTINGENT BENEFICIARY(IES)**  
Proceeds are paid to the contingent beneficiary(ies) identified below only if there is no surviving primary beneficiary(ies).

Contingent Beneficiary's Name and Address	SSN	Phone #	Relationship	Date of Birth	Share Percentage
100%					

I have named the above beneficiary(ies) to receive my life insurance benefits from HealthChoice. I understand this form replaces and cancels all prior beneficiary designations and will become effective only when it is received by EGID.

\_\_\_\_\_  
Member Signature - original signature required

\_\_\_\_\_  
Date

Mail this form to OMES EGID at P.O. Box 11137, Oklahoma City, OK 73136-9998

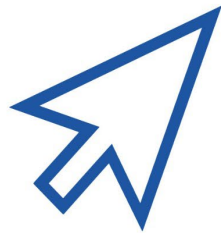
9/20/2021

# RESOURCES

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## HealthChoiceOK.com

- Life Insurance Handbook.
- Beneficiary Designation Form.
- Life Insurance Claim Form.



## EGID Member Services

- 405-717-8780 or 800-752-9475

## HealthChoice Customer Care

- 800-323-4314

TTY 711



Thank you!

