



**Tulsa FOP 93 Health
& Welfare Trust**

Benefits Guide

2022-2023 Plan Year



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TULSA FOP 93 HEALTH & WELFARE TRUST MISSION STATEMENT

To provide the highest quality service and benefits at the best value while offering options for healthy lifestyles.



In remembrance of Sarah Vas Spradlin, Board member
January 2016 - December 2021.

Open Enrollment & Plan Changes

2022 Open Enrollment
April 26th—May 20th

This booklet contains information and instructions on your 2022-2023 benefit plan enrollment. Please take the time to carefully review your options.

The Health Trust Board has decided to resume the annual Health Fair held in April. The Health Fair will be held in the Police Academy gym on April 26th and 27th from 0700-1300. The Trust Board encourages everyone to follow current CDC and Police Academy guidelines regarding COVID-19.

CareATC will be onsite to perform personal health assessments (PHA's) from 0700-1300. Results from the PHA's at this event will determine your wellness deduction for the plan year 2023-2024. Please remember to fast 8 hours prior to your scheduled PHA. Appointments are strongly encouraged and will be given priority. Walk-ins could be denied dependent upon wait times. Use the CareATC app or call their call center to schedule your PHA (800-993-8244).

Wellness: Our membership's wellness is a high priority to the Trust, not only for the sake of our membership but also for the affordability of our health plan offerings and the viability of the Trust in the future. The Trust will again offer two levels of payroll deductions in each plan this year. Basic and With Wellness. **Please see the entire wellness plan on page 9 for further information on the wellness policy and wellness incentives.**



IMPORTANT

YOU MUST REVIEW YOUR ENROLLMENT ONLINE THIS YEAR.

Due to the Affordable Care Act reporting requirements, the Plan must have social security numbers on file for all covered individuals. If you add a spouse or dependents, please have their social security numbers available when you enroll.

All plans, including the HDP, require a PHA with CareATC to qualify towards with wellness pricing.

Enrollment process: **YOU MUST REVIEW YOUR ENROLLMENT ONLINE THIS YEAR.** To ensure the value of our CareATC clinic agreement, effective 7/1/2022, the Trust Board will now offer the member (including their dependents if applicable) the choice if they want the CareATC clinic benefit. **IF YOU OPT IN TO THE CAREATC BENEFIT, IT WILL COST AN ADDITIONAL \$26 PER MONTH FOR SINGLE OR FAMILY COVERAGE.** At open enrollment, **EVERYONE WILL BE DEFAULTED TO THEIR CURRENT PLAN** (Value Select, Standard, HDP, or PPO) and **WILL NOT BE ENROLLED IN THE CAREATC OPTION.** If you would like to opt **IN** to the CareATC clinic option, you will need to log in and complete that task at www.tulsafoptrust.com. No exceptions for changes will be granted after the close of open enrollment. Follow instructions for your username and password. These are reset each year.

Members Enrolled In Dental But No Medical: If you are enrolled in dental but not enrolled in medical with the Trust, you will have an increased cost for your dental. The Trust no longer receives funding from the City for dental costs; it is included with the medical contribution. Therefore, if a Trust member is not receiving the medical contribution from the City, there is no funding to help with the administration of the dental policy. See the rate tables in this benefit guide for payroll deduction amounts.

Telemedicine: The Trust is making changes to the telemedicine options. Previously members had two options with CareATC. The Trust has removed Well Via as a CareATC telemedicine provider, you will no longer see this as an option in your CareATC app. You can still make virtual appointments with a CareATC doctor by scheduling in your app or calling their customer service number. Another telemedicine choice is to use St. John or St. Francis. Members can make a virtual appointment by accessing each of their websites. Further details are included in this guide.

Premium Incentive Program 2022-23

The Wellness Committee was established to provide participants with ideas to improve their overall health and wellness. The focus is to provide information and incentives that will benefit all participants by emphasizing a healthy lifestyle. By improving the overall health of our participants we anticipate stabilizing future health care costs for all participants.

The goal of the Premium Incentive Program is to encourage participants to get a health assessment in order to have a total understanding of their current health status, reduce nicotine usage, and lower the number of overweight participants. We will continue to provide nutrition education and encourage participants to take advantage of the many exercise programs that are available.

This year there will be a Health Fair on April 26 and 27.



For the Plan Year Beginning 7/1/2022

On the wellness plan, the participant (and spouse if enrolled on the plan) can qualify for 4 out of 6 categories in order to receive the With Wellness incentive.

- Completed PHA**
- Negative nicotine results**
- Green or yellow in the **A1C (glucose) category**
- Green or yellow in the **blood pressure category**
- Green or yellow in the **heart health category** (cholesterol, triglycerides)
- Waist/height ratio** of .52 or less or a 5% weight decrease from the last previously sanctioned PHA

- Earn the **With Wellness** deduction by successfully completing at least 4 of the above categories.
- Trust-approved nicotine cessation and wellness education programs will be available for employees/retirees and their spouses.
- **Premium Incentives** are available for employee/retiree and spouses (if applicable) if enrolled in plan coverage.
- **Contact** Rooney Insurance (918) 878-3425 for further details regarding reasonable accommodations.
Note: In order to participate in Health Coaching for a reasonable alternative, your doctor must sign off on your ability to participate. Forms will be provided by the Health Coach.
- **Green category is the acceptable** category in the Personal Health Summary report provided by CareATC.
In the event the Trust is no longer associated with CareATC, the standard used will be .52 waist/height ratios.

	● Normal	● Urgent		● Critical
hemoglobin A1c¹	A1C - Normal - 4.8 - 5.6	Urgent Low - 0 - 4.7	Urgent High - 5.7 - 8.9	Critical High - 9 & up
lipids (cholesterol)	Total Cholesterol - Normal - 0 - 199		Urgent High - 199.1 - 239.0	Critical High - 240 & up
	LDL - Low Density Lipoproteins - Normal - 0 - 99		Urgent High - 99.1 - 159.9	Critical High - 160 & up
	HDL - High Density Lipoproteins - Normal - 40 & up	Urgent Low - 0 - 39.9		
	Triglycerides - Normal - 0 - 149		Urgent High - 149.1 - 199.9	Critical High - 200 & up
Female - Ratio of Cholesterol to HDL	Normal - 0 - 4.4		Urgent High - 4.5 and up	
Male - Ratio of Cholesterol to HDL	Normal - 0 - 5		Urgent High - 5.1 and up	
tobacco use	Nicotine - Normal - 0 - 2.9			Critical High - 3 & up
blood pressure	Systolic Pressure Normal - 100 - 119	Urgent Low - 50 - 99	Urgent High - 120 - 159	Critical Low - 0 - 49 Critical High - 160 & up
	Diastolic Pressure Normal - 65 - 79	Urgent Low - 36 - 64	Urgent High - 80 - 99	Critical Low - 0 - 35 Critical High - 100 & up

Please note: Nicotine and waist/height results deviate from PHA booklet normal and abnormal categories.



TULSA FOP 93 HEALTH AND WELFARE TRUST

SCREENING POLICIES

During each annual open enrollment, Tulsa FOP Health & Welfare Trust members and spouses are offered a free biometric screening, personal health assessment, and nicotine test. Participating in these free screenings is part of what qualifies the employee for premium incentives. Screenings can be completed at the annual health fair or in a CareATC clinic between March 1 and August 31. If you fail to complete your screening by the deadline, you will not qualify for the premium incentives. The only exceptions to this are listed as follows:

- Childbirth – in order to obtain an accurate reading, women who are pregnant or have given birth will have a waiver during pregnancy and a one-year waiver from the date of birth.
- Addition of a spouse – if a spouse is added due to marriage, loss of other coverage, etc., the spouse has 30 days from the qualifying event to complete their screenings.
- Under care – If you are inpatient in a hospital, skilled nursing unit, long-term care, treatment facility, or your physician documents that it is not recommended for you to participate in the screenings, you are not required to take your screenings during this time.
- Academy – If your academy class ends prior to December 31, you must complete the screening within 30 days of graduation. If your academy class ends between January and June 30, you will be offered to complete your screenings during the open enrollment for the following July.
- If a screening, that includes all the required testing done at open enrollment, has been completed at a CareATC clinic between March 1st and August 31st of the current plan year testing dates, this will be accepted and qualify for the discounted premiums.
- If you have not met your wellness incentives, the Trust will accommodate you with an approved health coaching program which must be completed by 12/31.

Once you are discharged or no longer under care, you are given 90 days from the date of discharge to complete your screenings to qualify for the discounted premium.



Medical & Prescription Drug Plans

2022-2023 Health Insurance Benefit	Standard	Value - Select	HDP Select (high deductible plan)	PPO – Out of Area Only
	In Network / Out of Network (Hillcrest OON)	In Network only	In Network only	In Network / Out of Network
Calendar Year Deductible-Single	\$1,000 / \$2,000	\$1,500	\$5,000	\$1,000 / \$2,000
Calendar Year Deductible-Family	\$2,000 / \$4,000	\$3,000	\$10,000	\$2,000 / \$4,000
Medical Out of Pocket-Single	\$1,500 plus deductible / \$3,000 plus deductible	\$2,500 plus deductible	Deductible	\$1,500 plus deductible / \$3,000 plus deductible
Medical Out of Pocket-Family	\$3,000 plus deductible / \$6,000 plus deductible	\$5,000 plus deductible	Deductible	\$3,000 plus deductible / \$6,000 plus deductible
Total Medical Annual Expense Risk	\$2,500 ind / \$5,000 fam	\$4,000 ind / \$8,000 fam	\$5,000 ind / \$10,000 fam	\$2,500 ind / \$5,000 fam
Plan Coinsurance	80% / 50%	80%	100%	80% / 50%
Primary Physician Office Copay Telehealth SJ & SF \$0 copay	\$40 copay / deductible & coinsurance	\$40 copay	\$40 copay 3 VISIT LIMIT	\$40 copay / deductible & coinsurance
Specialist Physician Office Copay Telehealth SJ & SF \$40 copay	\$40 copay / deductible & coinsurance	\$40 copay	Deductible	\$40 copay / deductible & coinsurance
Pediatrician Office Copay Through Age 18	\$25 copay / deductible & coinsurance	\$25 copay	\$25 copay 3 VISIT LIMIT	\$25 copay / deductible & coinsurance
Most Preventive Care	100% no copay / deductible & coinsurance	100% no copay	100% no copay	100% no copay / deductible & coinsurance
Mental Health Therapy (Synergy \$20)	\$40 copay / deductible & coinsurance	\$40 copay	Combined with 3 PCP visit limit / Deductible	\$40 copay / deductible & coinsurance
Urgent Care (Med Wise \$40)	\$60 copay / deductible & coinsurance	\$60 copay	Deductible	\$60 copay / deductible & coinsurance
Emergency Care	Deductible & coinsurance / same as in network	Deductible & coinsurance in or out of network	Deductible	Deductible & coinsurance / same as in network
Hospital Inpatient per admission	Deductible & coinsurance / Deductible & coinsurance	Deductible & coinsurance	Deductible	Deductible & coinsurance / same as in network
CareATC Health Clinics if enrolled in clinic option	\$0 copay for services & drugs at clinic	\$0 copay for services & drugs at clinic	\$0 copay for services & drugs at clinic	\$0 copay for services & drugs at clinic
Reasors & Couch Pharmacy	No copay for 300+ generic drugs on an expanded formulary offered on all plans.			
Generic	15	15	15	15
Preferred Brand	35	35	35	35
Non-Preferred Brand	60	60	60	60
Specialty	\$200 copay for < \$1000 script	\$200 copay for < \$1000 script	\$200 copay for < \$1000 script	\$200 copay for < \$1000 script
Prescription \$1,000 or More	20% coinsurance	20% coinsurance	20% coinsurance	20% coinsurance
Mail Order & Retail	90 days for 2X copay	90 days for 2X copay	90 days for 2X copay	90 days for 2X copay
Prescription Out of Pocket Single/Family	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000

*Please note that High Deductible Plan Members must meet their deductible prior to receiving benefits.

MEDICAL & PRESCRIPTION DRUG PLANS (CON'T)

2022-2023 Monthly Health Insurance Benefit Rates	Standard	Value - Select	HDP Select	PPO – Out of area Only
ACTIVE BASIC				
Single	\$138	\$96	\$0	\$138
Family	\$522	\$440	\$234	\$522
ACTIVE WITH WELLNESS				
Single	\$62	\$32	\$0	\$62
Family	\$310	\$250	\$92	\$310
RETIREE BASIC				
Single	\$402	\$402	\$325	\$402
Family	\$1,111	\$1,073	\$880	\$1,111
RETIREE WITH WELLNESS				
Single	\$278	\$278	\$216	\$278
Family	\$801	\$770	\$616	\$801
SPOUSE/DEP CONT. BASIC				
Single	\$470	\$459	\$348	\$470
Family	\$1,261	\$1,228	\$1,009	\$1,261
SPOUSE/DEP CONT. WITH WELLNESS				
Single	\$334	\$324	\$264	\$303
Family	\$922	\$895	\$721	\$922
COBRA BASIC				
Single	\$737	\$692	\$625	\$737
Family	\$1,667	\$1,537	\$1,341	\$1,667
COBRA WITH WELLNESS				
Single	\$687	\$642	\$575	\$687
Family	\$1,567	\$1,437	\$1,241	\$1,567
MEDICARE PRIMARY BASIC				
Medical Only	\$472	\$445	\$403	\$472
Medical + RX	\$569	\$532	\$476	\$569
MEDICARE PRIMARY WITH WELLNESS				
Medical Only	\$417	\$390	\$348	\$417
Medical + RX	\$514	\$477	\$421	\$514

MEDICAL & PRESCRIPTION DRUG PLANS (CON'T)

2022-2023 Monthly Health Insurance Benefit Rates	Standard WITH CAREATC	Value - Select WITH CAREATC	HDP Select WITH CAREATC	PPO – Out of area Only WITH CAREATC
ACTIVE BASIC				
Single	\$164	\$122	\$26	\$164
Family	\$548	\$466	\$260	\$548
ACTIVE WITH WELLNESS				
Single	\$88	\$58	\$26	\$88
Family	\$336	\$276	\$118	\$336
RETIREE BASIC				
Single	\$428	\$428	\$351	\$428
Family	\$1,137	\$1,099	\$906	\$1,137
RETIREE WITH WELLNESS				
Single	\$304	\$304	\$242	\$304
Family	\$827	\$796	\$642	\$827
SPOUSE/DEP CONT. BASIC				
Single	\$496	\$485	\$374	\$496
Family	\$1,287	\$1,254	\$1,035	\$1,287
SPOUSE/DEP CONT. WITH WELLNESS				
Single	\$360	\$350	\$290	\$360
Family	\$948	\$921	\$747	\$984
COBRA BASIC				
Single	\$763	\$718	\$651	\$763
Family	\$1,693	\$1,563	\$1,367	\$1,693
COBRA WITH WELLNESS				
Single	\$713	\$668	\$601	\$713
Family	\$1,593	\$1,463	\$1,267	\$1,593
MEDICARE PRIMARY BASIC				
Medical Only	\$498	\$471	\$429	\$498
Medical + RX	\$595	\$558	\$502	\$595
MEDICARE PRIMARY WITH WELLNESS				
Medical Only	\$443	\$416	\$374	\$443
Medical + RX	\$540	\$503	\$447	\$540

MEDICAL & PRESCRIPTION DRUG PLANS (CON'T)

The preceding two pages illustrate the benefit plans and rates available to eligible members. **The PPO plan is only available to those that do not reside in the CCOK service area.**

Biometrics (PHA's), nicotine testing, and waist/height incentives are offered again this year. There are 6 categories, PHA participation, negative nicotine, green or yellow ratings in heart health and A1c, .52 or less waist/height ratio (or a 5% weight improvement from last year's PHA measurement), and blood pressure. In order to earn the incentive the member must meet 4 out of the 6 of these categories. If your spouse is enrolled on the plan, they are required to qualify as well in order to receive the discount on a family plan. See the wellness plan section of this book for details.

The CareATC clinics are available to in-area members that elect to add the clinic option.

The Standard plan has in and out of network benefits. The network for this plan is the CCOK Plus POS Standard network. **Please note, Ardent Health Systems, including Hillcrest, are not a part of in network providers for any of our plans. Ardent systems may be accessed through out of network benefits available in the Standard Plan.**

The Value and HDP plan have in network benefits only. The network for these plans is the CCOK HMO Select Network. If an out of network provider is used benefits are only available for emergencies that are life or limb threatening or are sudden and serious. Please note, follow up care should be provided by an in-network provider or your primary care physician.

The PPO out of area plan uses the PHCS network. Members can find in network providers at fop.ccok.com.

You will be required to select a primary care physician during open enrollment (unless you are on the PPO plan). The PCP (primary care physician) must be in the network corresponding with the plan that you choose. You can change your PCP anytime with a phone call to CCOK. If you see a CareATC physician as your primary care that is fine, and encouraged, but you will still have to select another PCP with CCOK that will be listed on your card.

CommunityCare Select network – This network is comprised mainly of physicians and facilities associated with Saint Francis and St. John Health Systems. This network also extends into some of the counties surrounding the Tulsa metro area, such as Bartlesville, Bristow, Claremore, Fairfax, Henryetta, and Okmulgee. A Primary Care Physician (PCP) selection is required for this network.

CommunityCare Plus POS network (Standard) – This network is comprised of not only the physicians and facilities associated with Saint Francis and St. John Health Systems, but also other health systems such as the OSU medical system. This network extends farther into the rural communities. In addition to the areas included in the Select network, this network also includes Cleveland, Cushing, Drumright, Grove, Muskogee, Pawhuska, Pryor and Tahlequah. A Primary Care Physician (PCP) selection is required for this network. However, this benefit package includes out-of network coverage.



Pharmacy Only Out-of-Pocket Limit per Calendar Year (includes Copayments):

Per Individual	\$2,000
Per Family	\$4,000

BENEFIT COPAYMENTS

Some preferred generic drugs have a \$0 Copayment. Reasons Program.

Please note that Quantity Limits or Prior Authorization may apply. Refer to your prescription drug formulary guide for additional information. If the cost of the prescription is less than the applicable Copayment, you will only be charged the cost of the prescription.

RETAIL PHARMACY

Up to a 30-day supply for each prescription.

Tier 1 - Preferred Generic Drugs	\$15 Copayment
*Tier 2 - Preferred Brand Drugs	\$35 Copayment
*Tier 3 - Non-Preferred Brand Drugs	\$60 Copayment Prescriptions \$1,000 or more 20% Coinsurance Copayment 90-day retail supply available at 2 Copayments.

MAIL ORDER PHARMACY

Up to a 90-day supply for each prescription. Certain prescriptions, including specialty drugs, are not eligible for mail order Copayments. Refer to your prescription drug formulary guide for additional information.

Tier 1 - Preferred Generic Drugs	\$30 Copayment
*Tier 2 - Preferred Brand Drugs	\$70 Copayment
*Tier 3 - Non-Preferred Brand Drugs	\$120 Copayment Prescriptions \$1,000 or more 20% Coinsurance Copayment

SPECIALTY DRUGS

Up to a 30-day supply for each prescription. Refer to your formulary guide for a list of specialty drug medications. Specialty drugs can be obtained from a retail pharmacy or specialty pharmacy provider.

Specialty Drugs	\$200 Copayment for < \$1,000 Prescriptions \$1,000 or more 20% Coinsurance Copayment
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Please consult your pharmacy directory for a list of Participating Pharmacies. Visit www.medalistrx.com for a Pharmacy directory.

For all other questions, please call MedalistRx™ at (855) 633-2579.

Prescription drugs purchased from an Out-of-Network pharmacy - 100% Coinsurance Copayment at time of purchase. Can be reimbursed at a later date. Reimbursement will be based on the lowest contracted amount of a Participating Pharmacy minus the applicable Copayment or Coinsurance Copayment as shown in the Schedule of Benefits.

For a list of Exclusions and Limitations, please see your Handbook.

THIS IS NOT A CONTRACT. This summary does not contain a complete listing of conditions which apply to the benefits shown. It is intended only as a source of general information and is subject to the Plan Document and Summary Plan Description. See your Handbook for additional information regarding exclusions and limitations.

MedalistRx Variable Copay Program*

PHARMACY BENEFIT OUTLINE PROGRAM DETAILS

Variable Copay Program is designed to combat the rising cost of brand and specialty medications. Self-insured employers and their employees can experience significant savings on high-cost brand and specialty drugs when enrolled in the Variable Copay Program. The total amount of a manufacturer’s copay assistance program can be divided by 12 months to become the new monthly copayment for all patients on the drug or the copayment is adjusted to 100% of a drug’s copay offset program and is not evenly dispersed throughout the year. This option provides 100% of the offset program savings for members who may not continue the therapy, terminate coverage or initiate therapy on calendar year program later in the year.

VARIABLE COPAY PROGRAM

- Members will never pay more than standard plan copay for high cost brand or specialty drugs. For most medications with manufacture copay cards support, member pays minimal or no copay compared to not using the manufacturer copay card as secondary transaction.
- Not all high cost brand and specialty meds have an associated manufacturer program - in these cases, only the standard Plan copay will apply.
- Manufacturer programs have maximum dollar limits and can change program details at any time. Once a member has used all manufacturer dollars, MedalistRx will adjust member’s copay to \$0.00, if the variable program was utilized.
- Maximums (copay support allocation) reset at Manufacturer’s program dates (generally Jan 1 each year, possible rolling 12 months from enrollment).
- Manufacturer’s payments do not count toward the patient’s deductible and or out-of-pocket maximum obligations.

* Program effective 7/1/18

+ Products are excluded except as required by law.

* When a brand medication is selected over its generic equivalent, the member will be responsible for non-preferred brand copayment and the difference in cost.

Premium Incentive Program 2022-2023

Qualifies you for Premium Incentives for 2023-2024.

The Wellness Committee was established to provide participants with ideas to improve their overall health and wellness. The focus is to provide information and incentives that will benefit all participants by emphasizing a healthy lifestyle. By improving the overall health of our participants we anticipate lowering future health care costs for all participants.

The goal of the Premium Incentive Program is to encourage participants to get a health assessment in order to have a total understanding of their current health status, reduce nicotine usage, and lower the number of overweight participants. *We will continue to provide nutrition education and encourage participants to take advantage of the many exercise programs that are available.*

Why focus on nicotine cessation and body composition? Studies have shown that smokers have as much as 40% higher health care costs over non-smokers.¹ In 2009, health care costs for smokers were \$21, 000.00 higher over a lifetime than costs for non- smokers. Smokeless tobacco, cigars, pipe tobacco E-cigarettes are directly linked to oral cancer, dental and gum diseases, heart disease, high blood pressure and stroke.²

Obese adults spend 42% more on direct healthcare costs than adults who are a healthy weight. Per capita health care costs for morbidly obese adults (BMI>40) are 81% higher than healthy weight individuals. Moderately obese (BMI between 30 and 35) are more than twice as likely as healthy weight individuals to be prescribed pharmaceuticals to manage medical conditions.³ Obesity now accounts for almost 21% of U.S. health care costs.⁴

On the wellness plan, the participant (and spouse if enrolled on the plan) can qualify for 4 out of 6 categories in order to receive the With Wellness incentive.

- Completed PHA
- Negative nicotine results
- Green or yellow in the heart health category (total cholesterol, LDL, and triglycerides)
- Green or yellow in the A1C (glucose) category
- Waist/height ratio of .52 or less or a 5% weight decrease from the last previously sanctioned PHA
- Green or yellow in the blood pressure category

Between 100-119 over 65-79	Between 120-159 over 80-99	Over 159/99
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If the participant successfully completes at least four of the above categories they will earn With Wellness deduction for the subsequent plan year 7.1.2023-6.30.2024



1 <https://www.tobaccofreekids.org/research/factsheets/pdf/0327.pdf>

2 <http://www.americanexchange.com/tobacco-users-health-insurance-premiums/>

3 <http://stateofobesity.org/healthcare-costs-obesity/>

4 <https://www.hsph.harvard.edu/obesity-prevention-source/obesity-consequences/economic/>

Trust-approved nicotine cessation programs and wellness education programs will be available for employees/retirees and their spouses for whom it unreasonably difficult or medically inadvisable for a participant to achieve the outlined parameters.

*Premium Incentives are available for the employee/retiree and spouse (if applicable) plan coverage option under which he/she is enrolled in. Premium Incentives are not available for any additional cost (if applicable) for dependent child(ren) plan coverage.

**Contact Rooney Insurance (918) 878-3425 for further details regarding reasonable accommodations. *Note: To obtain a reasonable alternative standard, the written recommendation of your personal physician will be required.*

***Green category is the acceptable category in the Personal Health Summary report provided by CareATC. In the event the Trust is no longer associated with CareATC, the standard used will be .52 waist/height ratios.

Right to Terminate or Amend.

The Trust has the right, in its sole discretion to terminate the Program at any time without any liability for that action. The Trust has the right, in its sole discretion, at any time and without notice to modify, alter, or amend any or all of the rules of the Program.



Dental Plans

DELTA DENTAL OF OKLAHOMA

The City of Tulsa no longer contributes to your dental coverage.

To keep rates stable the Health Trust is supplementing the rates of those officers that have both medical and dental coverage.

2022-2023		
DELTA DENTAL INSURANCE BENEFIT	PLAN 1 - HIGH	PLAN 2 - LOW
	PPO Network / Premier or Out of Network	PPO Network / Premier or Out of Network
Preventive Services (<i>% covered</i>)	100 / 100	100 / 80
Basic Services (<i>% covered</i>)	100 / 80	80 / 60
Major Services (<i>% covered</i>)	60 / 50	50 / 40
Calendar year deductible (\$)	0 / 75	75 / 75
Calendar year benefit maximum (\$)	5000 / 2000	5000 / 2000
Orthodontia (<i>% covered</i>)	60 / 50	50 / 50
Lifetime orthodontia maximum (\$)	unlimited / 1500	unlimited / 1500
Monthly Cost -- ACTIVE		
Single	\$22.00	\$0.00
Family	\$156.00	\$64.00
Monthly Cost – Active <u>NO MEDICAL</u>		
Single	\$58.00	\$32.00
Family	\$198.98	\$106.00
Monthly Cost -- Retiree		
Single	\$55.00	\$31.00
Family	\$182.00	\$98.00
Monthly Cost -- Spouse Continuee/COBRA		
Single	\$60.00	\$33.00
Family	\$202.00	\$108.00

Vision Plans



Vision
Care
Direct

SCHEDULE OF BENEFITS
Tulsa FOP 93 Health and Welfare Trust
Plan: Silver Complete 130

	VCD Standard Network	VCD PLUS Network	Out of Network
Single rates are \$6.95 and family is \$19.20.			
Benefit Frequency			
Eye Exam	12 Months	12 Months	12 Months
Frames	12 Months	12 Months	12 Months
Lenses	24 Months	24 Months	24 Months
Contacts	12 Months	12 Months	12 Months
Member Fees			
Eye Exam	\$10	\$10	\$0
Glasses	\$25	\$25	\$0
Polycarbonate for Kids	\$25	\$25	\$0
Contacts	\$0	\$0	\$0
Lasik	\$0	\$0	\$0
Eye Exam (amount included after exam fee listed above)			
Comprehensive eye health examination including refraction and dialation	100%	100%	\$45
Frames			
Frame allowance toward retail price of any frame in provider's office.	\$130	\$130	\$70
Lenses (amount included after glasses fee listed above)			
Single Vision: CR-39 plastic	100%	100%	\$30
Bifocal: CR-39 plastic	100%	100%	\$50
Trifocal: CR-39 plastic	100%	100%	\$65
Standard Progressive Lenses: CR-39 plastic	Up to retail price of lined trifocal	100%	\$50
Premium Progressive Lenses: CR-39 plastic	Up to retail price of lined trifocal	Up to retail price of standard progressive	\$50
Lenticular	100%	100%	\$100
Lens Options			
Scratch Resistant Coating	Not Included	100%	\$0
Ultraviolet Coating	Not Included	100%	\$0
Anti-Reflective Coating	Not Included	100%	\$0
Oil & Water Resistant Coating	Not Included	100%	\$0
Polycarbonate for Kids (after PK fee listed above)	100%	100%	\$0
Polycarbonate for Adults	Not Included	Not Included	\$0
Contacts			
Elective Contact Lenses: In lieu of glasses. Can be used toward multi-focal contacts and contact lens fitting fees.	\$130	\$130	\$105
Medically Necessary Contact Lenses: Requires prior authorization from your doctor to the Vision Care Direct Medical Director. Medically necessary is defined as: (1) Aphakia (2) Nystagmus (3) Keratoconus (4) Corneal transplant (5) Corneal dystrophies (6) Anisometropia greater than or equal to 3.00 diopters difference in any meridian based on the spectacle prescription (7) High ametropia greater than or equal to ±10.00 diopters in either eye in any meridian based on the spectacle prescription (8) Irregular astigmatism – Astigmatism in which different parts of the same meridian have different degrees of curvature or the principal meridians are not perpendicular (9) Increase in best corrected visual acuity (BVA) by two lines or more when compared to BVA with spectacles.	100% after co-pay	100% after co-pay	\$210
Laser Vision Correction			
Get up to a \$1000 discount from our extensive network of Laser Vision Correction Facilities. Providers can be found at https://ok.vision/lasik-discount-network/			

GENERAL LIMITATIONS AND EXCLUSIONS:

Vision Care Direct guarantees benefits only for the products/services listed above. Any charges incurred for items not detailed here, or that are incurred after the membership ends, are the sole responsibility of the member. Out of network benefits are provided in the form of a reimbursement directly to the member. To file for an out of network reimbursement, visit visioncaredirect.com/members/oon.

Find a provider at <https://visioncaredirect.com/#findprovider>

SIMPLE. FLEXIBLE. AFFORDABLE.

Basic, Line of Duty, & Voluntary Life Insurance

Basic Life & AD&D is a benefit provided and paid for by the City of Tulsa. This is a life insurance & AD&D benefit that is 2 times the amount of your annual salary payable upon the employee's death to the beneficiary provided by the employee. Max of \$300,000.

AD&D means that if your death is due to an accident you will receive an additional 2 times your salary on top of the basic life pay out. There is a schedule of benefits in the policy due to dismemberment or loss of use.

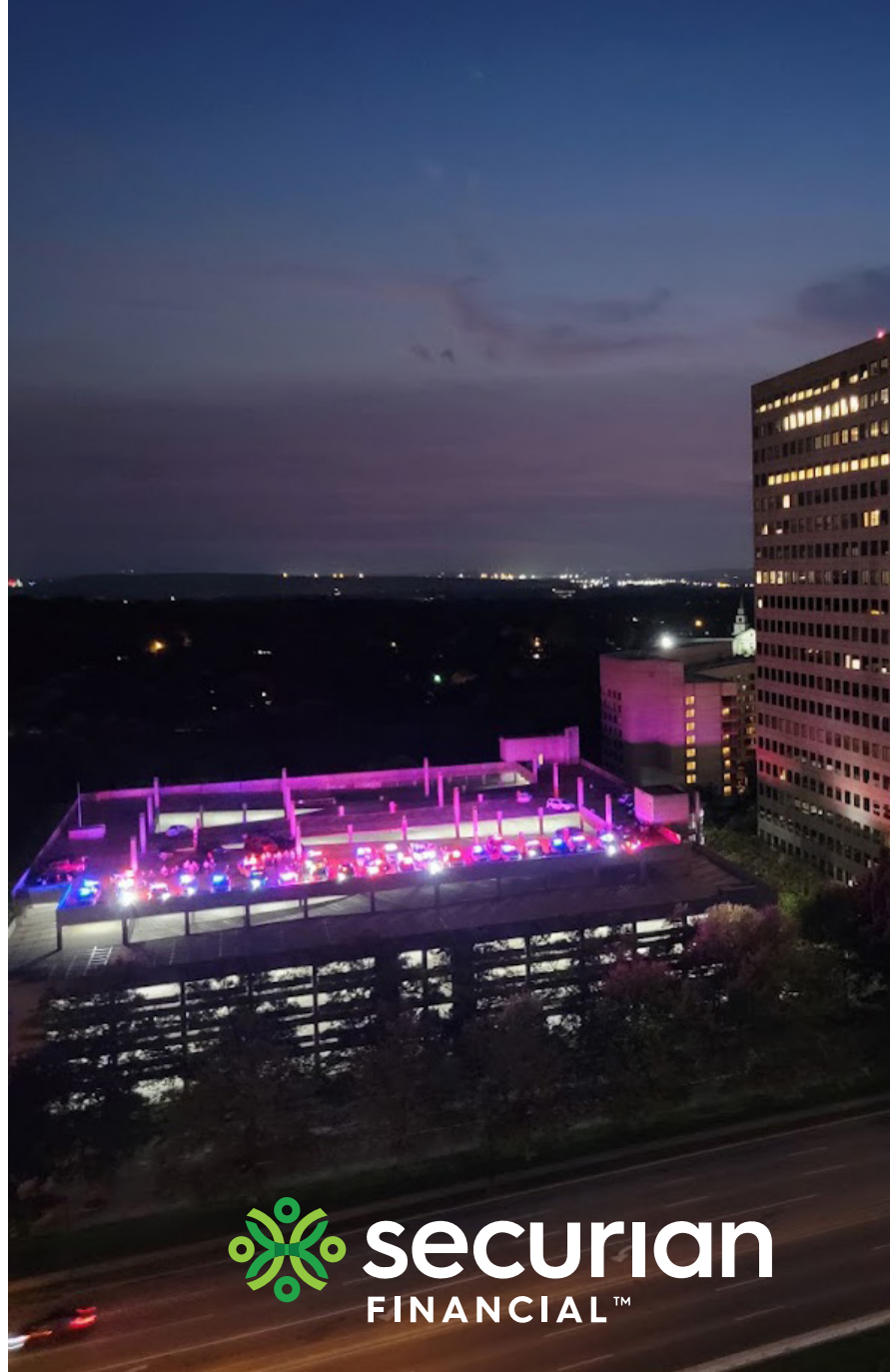
There is also a **Line of Duty Benefit** provided and paid for by the Trust. This benefit is 2 times annual earnings to a maximum benefit of \$50,000.00.

Voluntary Life Insurance is available to the employee, spouse, and dependents. This cost is paid for by the employee via payroll deduction.

Employee supplemental life insurance maximum is \$700,000 and is purchased in \$10,000 increments.

Spouse supplemental life insurance maximum is \$250,000 and is purchased in \$10,000 increments up to the dollar max.

Dependent supplemental life insurance is \$20,000.



Guaranteed issue (GI) amounts are available for employee supplemental coverage during open enrollment. Guaranteed issue means that there will be no medical questions asked. Employees can purchase up to \$250,000 at their initial eligibility or up to \$50,000 increase (up to GI of \$250,000) each open enrollment with no medical questions asked.

There is also a dependent life package available with no medical questions at first eligibility and qualifying events. This is \$10,000 on the spouse and \$5,000 on each child.

Your cost for each product will be calculated while enrolling online. If you or your family were denied in the past, but have had a positive change in your medical status, you may re-apply. Please see flyer on the next page.

Please confirm your beneficiary is current while enrolling online!



Why do I need life insurance?

Group term life insurance provides cost-effective insurance protection during your working years. It provides an additional level of financial protection alongside your personal savings, individual life insurance and Social Security benefits. Group term life insurance allows you the flexibility to increase your coverage when your family's need for financial protection is the greatest and to lower your coverage when your financial commitments decrease.

Beneficiaries receive funds to help with their everyday living expenses – such as mortgage payments or medical bills – education expenses, your funeral costs and more. Your family is everything – and group term life insurance can help protect their financial future so you can enjoy everyday moments in the here and now.

Accidental death and dismemberment (AD&D) insurance provides additional financial protection should you die or become dismembered due to a covered accident – whether it occurs at work or elsewhere.

Take advantage of guaranteed coverage opportunities

The following coverage options are available to elect without answering health questions also known as evidence of insurability (EOI).

Within 31 days of initial eligibility:

- **Employee:** Elect up to \$250,000
- **Spouse:** Elect up to \$50,000
- **Dependent:** \$10,000 spouse and \$5,000 child

During Annual Open Enrollment:

- **Employee:** Increase your existing coverage an additional \$50,000, not to exceed \$250,000

Within 31 days of a qualified family status change:

- **Employee:** Increase your existing coverage an additional \$50,000, not to exceed \$250,000
- **Spouse:** Elect for the first time or increase your existing coverage up to \$50,000
- **Dependent:** \$10,000 spouse and \$5,000 child

Always guaranteed:

- **Child:** \$20,000. Elections never require EOI when elected during any of these periods

Elections made outside of these periods and elections exceeding these amounts require EOI. Applicants previously declined coverage must also provide EOI.

Your basic and optional coverages

Basic coverage (automatically enrolled)

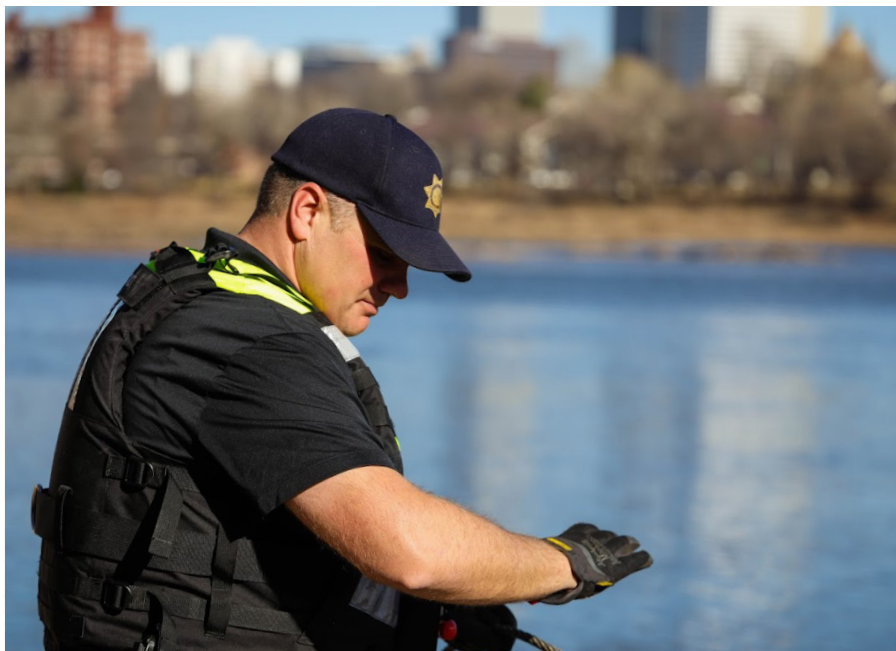
✓	Employee basic term life and AD&D	2x basic annual earnings (rounded to the next higher \$1,000)	<ul style="list-style-type: none"> • Minimum coverage: \$5,000 • Maximum coverage: \$300,000 • Includes matching AD&D benefit (AD&D coverage terminates at age 70) • Includes Line of Duty benefit • Age reductions apply¹
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Optional coverages

+	Employee supplemental term life	\$10,000 increments	<ul style="list-style-type: none"> • Maximum coverage: \$700,000 • Age reductions apply¹
+	Spouse term life	\$10,000 increments	<ul style="list-style-type: none"> • Maximum coverage: \$250,000
+	Child term life²	\$20,000	<ul style="list-style-type: none"> • Children eligible from live birth to age 26
+	Dependent term life²	Spouse: \$10,000 Child ² : \$5,000	<ul style="list-style-type: none"> • Children eligible from live birth to age 26

1. Beginning at age 65, coverage reduces to a percentage of the amount in effect prior to age 65: to 92% at age 65, to 84% at age 66, to 76% at age 67, to 68% at age 68, to 60% at age 69 and to 52% at age 70. Age reductions will apply on the policy anniversary date which occurs or next follows an insured employee's 65th, 66th, 67th, 68th, 69th and 70th birthdays.

2. Children are eligible if less than age 26. Eligibility begins at live birth (stillborn or unborn children are not eligible). Children age 26 or older may continue their coverage if they are physically or mentally incapable of self-support or were incapable of self-support prior to age 26 and are financially dependent on the certificate holder for more than one-half of their support and maintenance.



Why life insurance?

Learn how life insurance can protect your financial future by watching a brief video at LifeBenefits.com/videos/term

Monthly cost of coverage

All rates include cost of insurance charges payable to Securian and administrative charges assessed by Tulsa FOP 93 Health and Welfare Trust.

Supplemental employee and spouse term life	
Age	Rate per \$10,000
Under 25	\$0.50
25-29	0.60
30-34	0.80
35-39	0.90
40-44	1.20
45-49	1.80
50-54	2.90
55-59	5.70
60-64	8.00
65-69	13.40
70-74	24.20
75 and over	39.50

Rates increase with age.

Child term life

One premium provides coverage for all eligible children.

\$20,000	\$2.40 per month
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Dependent term life

\$10,000 spouse/\$5,000 child	\$2.70 per month
-------------------------------	------------------

All rates are subject to change.



Here's the easy math to your monthly premium:

$$\begin{aligned} &\text{Total coverage} \\ &\text{you need \$} \underline{\hspace{2cm}} \\ &\quad \div 1,000 \$ \underline{\hspace{2cm}} \\ &\quad \times \text{your rate \$} \underline{\hspace{2cm}} \\ &\quad \quad = \\ &\text{Monthly premium \$} \underline{\hspace{2cm}} \end{aligned}$$

How much life insurance do I need?

Check out our life insurance calculator at LifeBenefits.com/insuranceneeds

Take your coverage with you

If you are no longer eligible for coverage as an active employee, you may be eligible to port your group life insurance coverage or you may convert your life coverage to an individual life insurance policy. Premiums may be higher than those paid by active employees.

Enroll

Enroll and designate your beneficiaries at tulsafoptrust.com.

If evidence of insurability (EOI) is needed, follow the link to the instructions at tulsafoptrust.com. If you have questions, please contact Rooney Insurance.

This is a summary of plan provisions related to the insurance policy issued by Minnesota Life Insurance Company to Tulsa FOP 93 Health and Welfare Trust. In the event of a conflict between this summary and the policy and/or certificate, the policy and/or certificate shall dictate the insurance provisions, exclusions, all limitations and terms of coverage. All elections or increases are subject to the actively at work requirement of the policy.

Products are offered under policy form series MHC-96-13180.35.

Securian Financial is the marketing name for Securian Financial Group, Inc., and its affiliates. Minnesota Life Insurance Company is an affiliate of Securian Financial Group, Inc.



INSURANCE
INVESTMENTS
RETIREMENT



400 Robert Street North
Suite 1880
St. Paul, MN 55101-7734
ochs@ochsinc.com
651-665-3789
1-800-392-7295

lifebenefits.com

400 Robert Street North, St. Paul, MN 55101-2098
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Long Term Disability Plan



Long Term Disability

All eligible employees with less than 20 years of service are enrolled in LTD coverage. The benefit amount is 60% of covered earnings to a maximum of \$6,667.00 in covered earnings per month. Benefits waiting period is 90 days and is payable until age 65 or later, dependent on age at which disability occurs. The cost for the first \$1,500 of monthly covered earnings is provided by the Trust, and employee pays the cost of coverage in excess of \$1,500 per month of covered earnings.

Other Voluntary Insurance Plans



American Public Life

American Public Life offers two voluntary products. These products supplement your major medical policy and are paid for by the employee via payroll deduction.

Cancer policy—helps offset out of pocket health care costs incurred based on diagnosis and other costs such as lodging.

Accident policy—will reimburse you a flat dollar amount based on the type of accident to use as you see fit.

The costs for these products can vary based on age and corresponding health plan choice. Pricing can be calculated while enrolling online

SISLINK

Sislink (formerly known as Medlink)—more commonly known as a “gap policy” helps offset deductible costs.

For rates and details on these voluntary plans please visit www.tulsafoptrust.com



Virtual Primary Care

See your CareATC physician from the comfort and safety of your home.



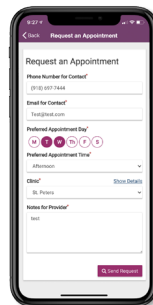
We have you covered

Virtual Primary Care is available via telephone or an online face-to-face video visit, depending on availability and your specific symptoms. Virtual visits are with a CareATC provider during normal CareATC clinic hours. Virtual visits can cover most needs, including everyday sick visits, well visits, follow-ups, medication reviews, and more.

Want to be seen in person?

Visit www.careatc.com/clinic-locations to find a health center in your area or download the CareATC app to map the nearest location.

Managing your health has never been easier or more convenient!



Three ways to schedule

- 800.993.8244 (hablamos español)
- www.careatc.com/patients
- CareATC app

Need to activate your CareATC patient account to schedule? Go to www.careatc.com/activate, or download the CareATC app and follow the “New here?” prompts.

Tulsa Area Clinic Locations

Tulsa
15th Street Clinic (x-rays)
1810 E 15th St, Ste C

Tulsa
Yale Clinic (x-rays)
7153 S Yale

Bixby
Bixby Clinic
12800 S Memorial

Muskogee
Muskogee Clinic
3300 Chadler Rd
Ste 107

Owasso
Owasso Clinic
8751 N 117th E Ave
Ste H

Sand Springs
2nd Street Clinic
302 W 2nd St
Ste 600

Tulsa
First Place Tower Clinic
15 E 5th St, Ste 1600

Tulsa
Jackson Clinic
4500 S 129th E Ave



THE
POWER
TO BE WELL.

Virtual Visits and 24/7 Online Care

Virtual 24/7 Immediate Appointments *designed for after hours and weekends*

Introducing 24/7 Online Care. This option will provide easy access for immediate care and allow member access to a local health care professional. This service is being provided at NO COST for FOP members.

When the 24/7 Online Care option is selected from the FOP microsite or member portal, the member will be asked to choose which health system they prefer for their care, Ascension St. John or Saint Francis Health System. Once a selection is made, their online visit will begin with a health care professional.

Virtual Scheduled Appointments *designed to replace in person visits during business hours*

Traditional virtual care with your network PCP or Specialist is still available through the provider's online patient portal. Members can initiate an online appointment with their provider of choice. PCP virtual visits are at NO COST for FOP members. Specialist virtual visits remain at the \$40 Specialist copay.

Members should contact their physician's office for guidance in using virtual visit services through a patient portal.

If you have questions, please contact Customer Service at **(918) 594-5201**.



March 2022

Additional Benefit Programs Available



Envision Imaging is again the preferred imaging partner to the FOP Trust plan. Envision provides **FREE** radiology and complex imaging services to eligible Trust members and their covered dependents at **NO COST** to the members. Imaging services are a high cost area for health plans. Having a direct contract with Envision helps the Trust receive a greater value for these services. Envision has a nice, clean, and friendly office and offers great quality service. If your provider prescribes radiology let them know you would like it scheduled at Envision. There are cards available if you would like one but they are not required. Please contact Envision for a full list of services.



Prescription prices are on a rapid rise, quickly becoming a third of the total plan cost. Prescription costs can vary among pharmacies therefore consumers are encouraged to shop pharmacies for the best value. The Trust has made direct agreements with Reasor's Pharmacy and Couch Pharmacy to offer over 300 medications (including diabetic supplies) for **FREE** to **FOP Trust** members and their covered dependents. Medications listed on the formulary guide, which can be found on the Trust website www.tulsafoptrust.com, will receive a \$0 copay benefit. The provider must write Tulsa FOP on the prescription for the pharmacy to know you are eligible for this benefit.

Health Coaching

Reasonable Accommodation

- Identify and prioritize your health goals and develop and take manageable steps towards achieving those goals.
- Participant-generated solutions and strategies.
- Provides greater focus and awareness of health choices and accountability.
- While nutrition and exercise might be discussed during health coaching, it is not a diet or personal training program.
- Health coaches have a degree in health education and a health coaching or related certification.
- Tobacco cessation is available through health coaching.
- If a health coach determines there is a need outside their scope of practice, such as nutritional counseling, referrals are available for services. Nutritional counseling and referrals to another healthcare provider count for health coaching.
- Confidential and compassionate.
- 10 weeks.
- Between 15 – 45 minutes each session.
- Video conference, phone and in-person options.
- Some participants have expressed that they felt intimidated or that they will be judged before starting health coaching. Based on the surveys, the participants felt very comfortable and many said that they would attend again.
- Available to all Tulsa FOP 93 Health & Welfare Trust members.
- Coaches
 - **Anne Farrell** – health coach and former professional basketball player.
 - **Amber Jaworsky** – health coach, yoga instructor, tobacco cessation.
 - **Nichelle Slavens** – health coach, yoga instructor, exercise physiologist.
 - **Sloan Taylor** – Registered Dietitian and Registered Sports Dietitian.

Health coaching is a reasonable alternative for A1C, Heart Health, Blood Pressure, Tobacco Cessation and Waist to Height ratio risk factors if started by Saturday, October 1, 2022 and completed by Saturday, December 31, 2022

To schedule an appointment, please email Nichelle Slavens at nichelle@wbs.health or call her at 918-344-4859.

Chiropractic & Physical Therapy Benefits

The Trust is partnering with Dr. Mark Peery at Eastern Oklahoma Wellness Center to provide chiropractic and physical therapy FREE to the members. Members can still see other chiropractic and physical therapy providers in their chosen network, but a specialist copay will apply. There is a 60-visit limit on each chiropractic and physical therapy service. If you utilize Dr. Peery, the first 30 visits (of each benefit) are FREE. Visits 31-60 are subject to a specialist copay (HDP subject to deductible. Physical therapy visits will still require a prescription from the referring doctor. Please advise the office staff that you are a member of the Tulsa FOP 93 Health & Welfare Trust to obtain this benefit.

THIS 60-VISIT LIMIT IS A COMBINED LIMIT FOR ANY CHIROPRACTOR YOU SEE ON THIS PLAN.



OAKWOOD SPRINGS HOSPITAL

13101 Memorial Springs Court Oklahoma City, OK 73114
Help for Heroes Program

1. Oakwood Springs is an in-network provider with CommunityCare. Contact CommunityCare Behavioral Health Services Department at 918-594-5262, Option 1 to verify your benefit coverage.
2. Treatment first begins with a confidential assessment by a qualified mental health professional at Oakwood Springs Hospital. An order or referral from your primary care physician is not required.
3. Through the confidential assessment process, the qualified mental health professional will determine medical necessity and appropriate treatment/level of care. If inpatient admission determination is made, Oakwood Springs Hospital will contact CommunityCare and request a pre-certification/preauthorization for the admission and treatment.
4. To schedule your confidential assessment, call one of the phone numbers below.
First Responders
Phone: 405-400-0255
Fax: 405-438-3001
5. Benefit Coverage
Active and Retired Officers:
 - Inpatient treatment will be paid at 100% by the Trust. This means that you may access this program with \$0 cost share.
 - Outpatient Treatment is available subject to normal plan benefits.**Dependents**
 - This program is also available for dependents subject to normal inpatient and outpatient plan benefits.
 - Please consult your benefit guide for plan benefits or contact CCOK at the above number and identify yourself as a dependent.
 - If you happen to be a dependent who is also a sworn TPD officer or retired officer, please advise CCOK and your benefits will be paid at 100%.
6. Customer Service. Should you have any questions regarding the Help for Heroes Program, you may call Kelly Myers directly to discuss.

Kelly Myers

Phone: 918-760-2767

Email: kellymyers@spsh.com



Oklahoma Locations

Coweta (A)

11495 Ok-51
Coweta, OK 74429
Nearest Intersection:
111th and Hwy 51
P. 918-727-2780

Wagoner (A)

1520 SW 1st St
Wagoner, OK 74467
Nearest Intersection:
Hwy 51 and Hwy 69
P. 918-727-2790

Broken Arrow (B)

1095 N Aspen Ave
Broken Arrow, OK 74012
Nearest Intersection:
71st and 145th
P. 918-727-2870

Admiral & Sheridan (A)

6336 E Admiral Pl
Tulsa, OK 74115
Nearest Intersection:
E Admiral Pl and Sheridan
P. 918-727-2830

Sapulpa (A)

32 West Taft Ave
Sapulpa, OK 74066
Nearest Intersection:
Taft Ave and Main St
P. 918-727-2840

Sand Springs (A)

110 E 41st St
Sand Springs, OK 74063
Nearest Intersection:
41st and Hwy-97
P. 918-727-2860

Woodland Hills (A)

6701 S Memorial Dr
Tulsa, OK 74133
Nearest Intersection:
71st and Memorial Dr
P. 918-727-2810

Owasso (A)

86th St N. & Hwy 169
Owasso, OK 74055
Nearest Intersection:
86th and Hwy 169
P. 918-998-9960

Bixby (A)

14801 S Memorial Dr
Bixby, OK 74008
Nearest Intersection:
151st and Memorial
P. 918-727-2820

Collinsville (A)

East 116th St N
Collinsville, OK 74055
Nearest Intersection:N
132nd Ave & E 116th St
Opening March 2022

Broken Arrow South*

S Elm and Creek Turnpike
Broken Arrow, OK 74011
Nearest Intersection:
S Elm Pl Creek Turnpike
Opening April, 2022

81st and Yale*

81st and Yale
Tulsa, OK 74136
Nearest Intersection:
81st and Yale
Opening 2022

**location subject to finalization of contract for property*



MedWise
URGENT CARE

Clinic Hours: (A)

Monday – Friday
8am-8pm
Saturday – Sunday
10am -6pm

Clinic Hours: (B)

Monday – Friday
8am-8pm
Saturday – Sunday
8am-8pm

Please note that High Deductible Plan Members must meet their deductible prior to receiving benefits





Transformations Treatment Center

14000 S Military Trail, Suite #204A, Delray Beach, FL 33484

Help For Our Heroes Program

1. The Help For Our Heroes Program at Transformations Treatment Center is an in-network provider with CommunityCare. Contact CommunityCare Behavioral Health Services Department at 800-777-4890 opt 1, or visit www.ccok.com/members to verify your benefit coverage.
2. Treatment first begins with a confidential assessment by a qualified mental health professional at Transformations Treatment Center. An order or referral from your primary care physician is not required.
3. Through the confidential assessment process, the qualified mental health professional will determine medical necessity and appropriate treatment/level of care. If inpatient admission determination is made, Transformations Treatment Center will contact CommunityCare and request a pre-certification/preauthorization for the admission and treatment.
4. To schedule your confidential assessment, contact the admissions department (561) 894-7013.
5. *Benefit Coverage:
 - Coverage for officers and retired officers will be paid at 100% by the Trust. This means that you may access this program with \$0 cost-share.
 - This program is also available for dependants; however, the normal plan benefits apply. Please consult your benefits guide for plan benefits or contact CCOK. Identify yourself as a dependant. If you happen to be a dependent who is also a sworn TPD officer or retired officer, please advise CCOK and your benefits will be paid at 100%.
6. Customer Service: Should you have any questions regarding the Help For Our Heroes Program at Transformations Treatment Center, you may contact Adam Mogul directly to discuss.

Adam Mogul

Phone: (732) 330-8801

Email: adammm@transformationstreatment.com

*One admission per calendar year will be paid at 100 percent for Officers and Retired Officers. Subsequent visits will be paid at regular plan benefits subject to deductible and coinsurance



SYNERGY WELLBEING
Live your life better.

888-529-1156 | synergytulsa.com

Wellbeing is a sense of peace and contentment that endures through the trials and triumphs that life can bring. Synergy Wellbeing will help you move through difficult times toward a life with greater satisfaction and fulfillment.

- Has your life lost a sense of purpose?
- Are you struggling to balance all that life seems to demand of you?
- Are you having difficulty recovering from trauma?
- Are you concerned about the worry, fear, or sadness you feel?
- Have you lost someone close to you, either through death or separation?
- Are you ready to escape the hold that drugs, alcohol or another addiction has on your life?
- Are you trying to cope with a chronic illness or that of a loved one?
- Are you working harder than you think you should to maintain a relationship?
- Is your child struggling with school or with life in general? Are you needing parenting guidance?
- Are you wanting to learn how to Live Your Life Better?

The professionals at Synergy Wellbeing can help. We want to help you rediscover your happiness, regain peace of mind, alleviate anxiety and depression and revitalize your most treasured relationships.

**TIMELY, CONFIDENTIAL APPOINTMENTS
WITH A REDUCED \$20 COPAY!**

Officers, retired officers, spouses and dependents will be offered an appointment with a licensed mental health professional within 10 calendar days. Appointments for urgent concerns within a few days and if you are in crisis, within 24 hours. Evening and weekend appointments are also available.

All services are completely CONFIDENTIAL at a discrete location.

Private entrance available upon request.

Call 888-529-1156 to speak with one of our care navigators who will help connect you with the counselor that is the right fit for you. Or you can complete the survey on our website at synergytulsa.com.

2202 E 49TH ST, SUITE 400 | TULSA, OK 74105

Visit synergytulsa.com and click on "Our Counselors" to view the complete profiles for:



Abigail L. Bliss, LPC, ATR/BC

My goal is to give you a safe place to feel what you need to feel. If we agree to work together, we will work collaboratively to discover ways to cope with and recover from depression, anxiety, grief/loss, blended family concerns, bi-polar disorder or ADHD.



Robin Hicks, LPC, LADC

Depression, trauma, substance abuse, and unhealthy relationships are often debilitating. But after 25 years of working in the mental health field, I'm optimistic that you have the ability to move through and overcome difficulties. You are the expert on yourself.



Mark Ingram, LADC/MH

My strong faith, commitment to serve and passion for helping others live their best life led me to the counseling profession after retiring from the US military. I have been a Licensed Alcohol and Drug Counselor/Mental Health since 2007 and have worked in hospitals, drug court and private practice. I am EMDR certified for the treatment of trauma.



Glenda Ireton, LPC, LADC (Telehealth Only)

I believe in addressing the whole person – mentally, emotionally, physically, and spiritually. I help my clients address a variety of issues including anxiety, stress, depression, grief/loss, trauma, and PTSD and give my clients the tools they need to enhance their lives.



Dianna Jurena, LPC, CTTS

I work with individuals who have experienced trauma, are struggling with anxiety, phobias, PTSD, depression, and grief, and who have been diagnosed with personality disorders, or mood disorders such as Bi-Polar Disorder. My therapy dog in training, Shadow, is a "bringer of joy." She is attuned to feelings and will sometimes sit with you as you release your feelings – all without judgement.



Kathy Pitcock, LCSW

Throughout my career, I've been honored to walk alongside people who were ill, grieving, or struggling with any number of life's obstacles. I specialize in grief, stress, anxiety, depression, life transitions, parenting and chronic illness. I work with individuals who have been hurt by or are struggling with religion..



Jane Wright, LPC, LADC

I work with individuals and families who are dealing with addiction or mental health issues. I treat mood disorders such as depression and anxiety, addiction and intervention issues, grief and loss, trauma, life transitions and spirituality as it applies to recovery. I am a certified Stephen Minister, a volunteer layman who provides one-to-one pastoral care to those experiencing grief and loss.

To members of the Tulsa FOP 93 Health and Welfare Trust (and their families!)



- *Having Trouble Hearing in a Crowded Room?*
- *Turning the TV up too loud?*
- *Hear People Talking but Can't Understand the Words?*
- *Have Ringing in Your Ears?*



**Clear-tone Hearing Aid Labs now offers
Don't Ignore Your Symptoms...**

**Call for a FREE Hearing Test
918-838-1000**





ZERO COPAY • 100% BENEFIT

Home Sleep Studies

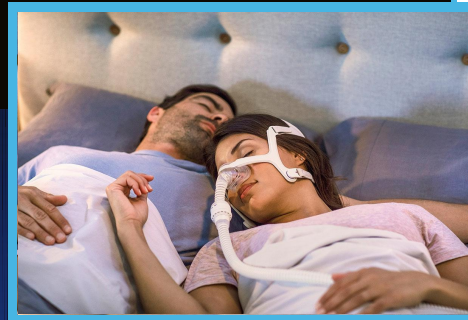
CPAP, BiPAP and Supplies

Now available by referral from any of your In network providers

No Cost to you or your family for covered items for members enrolled on the TFOP 93 Health & Welfare Plan.

Free: Set up and Training

We're here to support **you.**



Fax your Prescription to (918) 515-6171
CALL US TODAY (918) 600-5799

Connect  DME

Dramatically Lowering Costs for Home Medical Equipment and Services

Eligibility and Enrollment Highlights

WHO IS ELIGIBLE?

If you're a permanent, full-time sworn employee of the Tulsa Police Department, the Chief of Police, or an employee entering the police academy, you're eligible to enroll in the benefits outlined in this guide. *Note: Eligibility under the Long Term Disability Plan is limited to employees with less than 20 years of service.*

If you're a retiree from the Tulsa Police Department, you're eligible to enroll in the health, dental and vision benefits outlined in this guide. *Note: Retirees who do not maintain continuous coverage under the Health Plan shall not be eligible for re-entry in the Health Plan at a later date.*

In addition, the following family members are eligible for health, dental and vision coverage:

- Your legal spouse;
- Your “children” under the age of 26. Children includes (1) your own biological children; (2) your stepchildren, if you live with the children and the custodial parent; and (3) other children who live with you in a parent-child relationship and who depend upon you for support and maintenance, including, but not limited to, foster children, adopted children, or children “placed with you for adoption”, and grandchildren of whom you are awarded custody or guardianship by a court of competent jurisdiction. Stepchildren and other children who do not live with you are eligible if a court or agency of competent jurisdiction has placed responsibility with you for relevant expenses. *NOTE: A copy of a court order or a birth record may be required to demonstrate eligibility.*
- A Dependent also includes your unmarried fully handicapped child beyond age 26 subject to certain conditions.

When You and Your Spouse Are Both Covered Employees:

When both you and your spouse are covered employees, each of you must choose health, dental and/or vision coverage as either an employee or dependent. You may not be covered as both an employee and dependent.

Voluntary Products. Eligibility requirements for participation in any Voluntary Products are subject to the applicable carrier's eligibility rules and requirements.

HOW AND WHEN TO ENROLL?

New Hires: You must complete the online benefit election process within 30 days after you become eligible. *NOTE: If you fail to complete the online benefit election process within the 30-day period, you will not be eligible to enroll in the Plan until the next Open Enrollment Period or unless you experience a “Special Enrollment Event” or “Status Change Event” (as described in the Plan).*

During Annual Open Enrollment: You must complete the online benefit election process during each annual open enrollment period to enroll for coverage or make any benefit plan changes. *NOTE: If you do not need to enroll or make any changes, you and any covered family members will be re-enrolled in the Plans you currently have and you do not need to log in or contact Rooney Insurance unless you have questions.*

EMPLOYEE PREMIUM CONTRIBUTIONS

Your premium contributions for the benefit plan options you have elected will *automatically* be withheld from your paycheck on a “pre-tax” basis through the City of Tulsa’s Cafeteria Plan. This means you will save on federal income taxes and, in most cases, state income taxes as well. Also, your pre-tax contributions are not subject to Social Security (FICA) withholding taxes. As a result, your taxable income is reduced by the amount of your pre-tax contributions. Lower taxable income means you pay less taxes—**SO YOU SAVE MONEY!** Employee premium contributions for disability and life insurance benefit plan options may not be made on a pre-tax basis and will be payroll deducted on an “after-tax” basis.

NOTE: If you do not want to pay your employee premium contributions on a pre-tax basis, you must notify Rooney Insurance in writing before the end of your enrollment election period that you want to pay your premium contributions on a post-tax basis.

HOW TO MAKE CHANGES

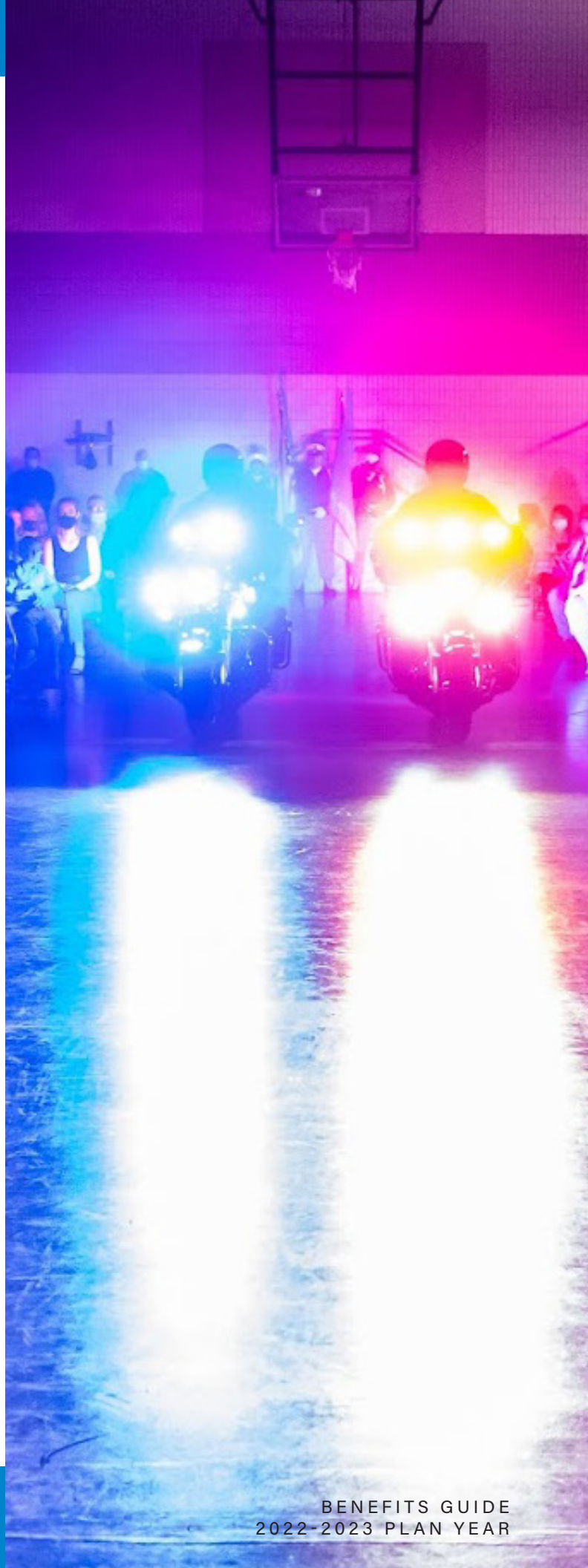
Unless you experience a “*special enrollment event*” or “*status change event*,” you cannot make changes to your benefits until the next annual enrollment period. Qualifying events include:

- Marriage
- Divorce or legal separation
- Birth or adoption of a child
- Dependent child loses eligibility
- Death of spouse or dependent child
- Spouse or dependent child gains or loses employment or coverage under their employer’s plan
- You or your spouse begin or return from a leave of absence
- You or your spouse change from full time to part-time status or vice versa

The situations listed above are the most common qualifying events and are not an all-inclusive list. If you think you are experiencing a qualifying event, please contact fop93@rooneyinsurance.com or call Rooney Insurance at 918-878-3425 for more information.

IMPORTANT: You generally must notify Rooney Insurance within 30 days of the qualifying event. Otherwise, you will have to wait until the next annual enrollment period to make a change.

This is a summary of the eligibility and enrollment requirements. Additional information is available on the Tulsa FOP 93 website at tulsafoptrust.com, or you may contact Rooney Insurance at fop93@rooneyinsurance.com or call (918) 878-3425 for further details.



Additional Information

IF THE TRUST “IS THE INSURANCE COMPANY” WHAT DOES COMMUNITYCARE DO?

The simple answer is CommunityCare rents us their network of doctors and services at a discounted cost.

CommunityCare also does some administrative duties such as claims processing, case management, and customer services. They also review claims and ensure that they are eligible for payment, meaning that the services provided in the claim are covered under our insurance plan.

Although CommunityCare processes our claims, they do not pay for them. WE DO.

The Trust pays CommunityCare a fee for the use of their services.

WHAT ARE THE ROLES IN MY HEALTH, DENTAL, AND VISION PLANS AND HOW DO THEY WORK?

Let's first start with a couple of definitions.

Self-funded plan: An insurance arrangement whereby the Trust provides benefits to employees and dependents. In a self-funded plan, the Trust pays for claims with its own Trust funds.

Fully insured plan: An insurance arrangement whereby the Trust contracts with an insurance company to cover the employees and dependents. In a fully-insured plan, the insurance company (such as Aetna or Blue Cross Blue Shield) takes the risk and is the payer of the claims.

The Tulsa FOP 93 Health and Welfare Trust Health, Dental, and Vision Plans (“Plans”) are self-funded Plans. The Trust is the named Plan Administrator for the Plans. The Trust has contracted with independent third-party administrators (“TPAs”) to process claims and handle other duties for the Plans. The TPAs are CommunityCare (medical), MedalistRX (prescription drugs), and Delta Dental (dental). The TPAs do not assume liability for benefits payable under the Plans, as they are solely paying agents for the Plan Administrator. The Trust pays for our medical, prescription drugs, dental, and vision benefits out of the Trust's own funds, which are accrued by the premiums we pay and by the monies given to

the Trust from the City. The more claims we have, the more money the Trust spends. The fewer claims, the less money the Trust spends. Being self-funded gives the Trust some risks for high medical bills, but it also gives the Trust the freedom to adjust our health and benefits to our group's needs.

IF THE TRUST HEALTH, DENTAL, AND VISION PLANS ARE SELF-FUNDED, WHAT DO THE TPAS DO?

The simple answer is the TPAs rent the Plans their provider networks and services at a discounted cost when we use in-network providers.

The TPAs also do some administrative duties such as claims processing, case management, and customer services. They also review claims and ensure that they are eligible for payment, meaning that the services provided in the claim are covered under the Plans.

Although TPAs process our claims, they do not pay for them. **The Trust DOES.** The Trust pays the TPAs a fee for the use of their services.

WHAT DOES ROONEY DO?

Rooney is an insurance agency. They use their knowledge in the healthcare field to help guide the Trust to make educated decisions that will benefit their population the most. Rooney does the leg work on finding which companies are going to offer the best value. Rooney markets and negotiates with these companies on the Trust's behalf. For the Trust, Rooney also acts as the Human Resources department. Their staff is there to answer questions, help with claims, enroll, retire, etc. Rooney does not make any decisions on the Plans; they present the options, await a vote of the Trustees of the Trust, and implement the decision.

Should you have any further questions on how your health and dental plans are operated, please feel free to contact Rooney Insurance or a Trust Board member.

ADDITIONAL INFORMATION (CON'T)

CAN I MAKE MID PLAN YEAR CHANGES TO MY MEDICAL, DENTAL & VISION PLAN COVERAGE?

Elections for pre-tax group health insurance are generally irrevocable for the plan year under Section 125 of the IRS Code. However, the IRS provides specific instances when an employee can make mid plan year changes.

THE TRUST MUST BE NOTIFIED WITHIN 30 DAYS OF A "QUALIFYING LIFE EVENT"

- Change in your legal marital status
 - Marriage, divorce, legal separation, or death of spouse
- Change in number of your dependents
 - Birth, adoption, loss of dependent eligibility
- Change in employment status of employee, spouse or dependent that affects eligibility
 - Commencement of employment by spouse or dependent triggering eligibility under spouse's or dependent's plan
 - Loss of coverage due to change in hours
- Spouse or dependent open enrollment
- Medicare or Medicaid entitlement

The situations listed above are the most common qualifying life events, not an all-inclusive list.

If you think you are experiencing a life event, please call Rooney Insurance for verification and assistance.

If you have questions or concerns, please email fop93@rooneyinsurance.com or call Rooney Insurance at 918-878-3425.

ARE YOU COMMITTING INSURANCE FRAUD?

One way to commit **insurance fraud** is by carrying a dependent on your policy that is not considered an eligible dependent. This commonly occurs when an employee fails to remove a spouse following a divorce. If you experience a divorce or legal separation, your spouse is no longer eligible on the policy. The spouse will be terminated on the last day of the month containing the date of the divorce.

It is the employee's responsibility to notify the insurance administrator (Rooney) WITHIN 30 DAYS OF THE EVENT.

If you fail to notify the administrator within 30 days that a divorce has occurred this is considered insurance fraud.

Not only are you committing fraud, but when the administrator becomes aware you have an ineligible dependent on your policy, that dependent will also be terminated back to the date of the qualifying event, i.e., divorce. If any claims have been paid on this dependent, the insurance carrier will reverse the payment, and the employee will be responsible for repaying the providers and the Trust. This can add up to THOUSANDS OF DOLLARS.

COB (coordination of benefits): Required notification of any other insurance coverage you or your dependents may have must be reported to either the carrier or Rooney.

COBRA :

If an employee is currently providing coverage for a spouse and experiences divorce or legal separation, it is the responsibility of the employee or spouse to notify the COBRA administrator (Rooney) of this "qualifying event" within 60 days from it becoming legal. If the COBRA administrator is not notified within 60 days of the event, The Trust does not have to offer COBRA to the spouse.



ADDITIONAL INFORMATION (CON'T)

BUT MY DIVORCE DECREE SAYS I HAVE TO CARRY MY SPOUSE ON MY INSURANCE FOR X AMOUNT OF TIME?

If your divorce decree states that you have to carry your spouse's insurance coverage, that is a judgment between the court, you, and your ex-spouse. [You are not allowed to carry your ex-spouse on your insurance with the Trust.](#) If you notify the COBRA administrator (Rooney) within 60 days, you can put your ex-spouse on COBRA and pay those premiums. Otherwise, you will need to find an individual policy to cover them. They cannot be on the Trust's insurance policy.

WORKERS COMPENSATION:

If you seek care due to a possible workers compensation claim, do not present your insurance card. Workers compensation claims are handled by the City, not the Trust. If you are sent for or seek medical care while on duty, do not show your insurance card. Advise the provider that this is a workers compensation issue. If it is later determined not to be workers compensation, the claims can then be filed with your insurance company. If you have a possible workers compensation situation, please contact Rooney Insurance immediately. Using your insurance benefits on a workers compensation claim is considered insurance fraud.

DEPENDENT AUDIT INFORMATION

Periodically, it is necessary to perform audits to ensure the integrity and value of the health plan in order to keep your costs as low as possible.

The Trust regularly conducts "dependent audits." This means we ask for documentation such as marriage licenses or birth certificates to verify the eligibility of the dependents you have listed for coverage on your policy. Whenever a member has a qualifying event such as birth or marriage, it is standard practice to obtain and retain this documentation.

If information is required of you, you will receive a letter, email, or phone call with specifics on the information needed and the timeframe to return it.

You are welcome to return the items however you please. You can scan and email them to fop93@rooneyinsurance.com or fax them to our secure fax at 918-420-9926.

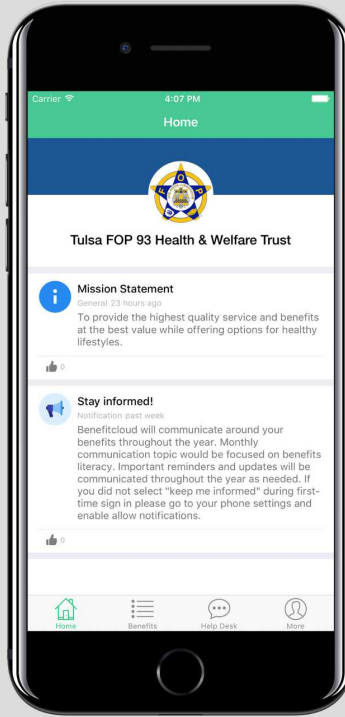
Copies are sufficient; we do not require originals. If you have any questions or concerns about an audit, please feel free to contact Rooney Insurance.

REQUIRED NOTICES

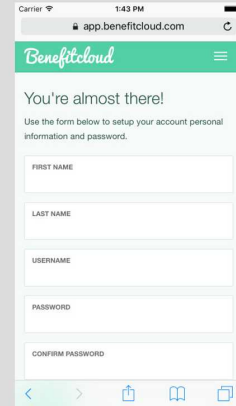
There are several documents that the Trust is required to make available to its members annually. The amount of these documents has increased over the years. The Trust has always posted the required documents on the website in addition to including them in this benefits guide.

Starting this year, in order to save printing/ mailing costs and make this book a more effective and efficient guide for you, these will no longer be included in the paper version of this guide. Should you need to refer to one of these notices, you can visit the Trust website at www.tulsafoptrust.com or contact Rooney Insurance Agency. Examples of documents that will be available are (but not limited to) HIPAA Privacy, SBC (summary of benefits and coverage), Medicare Part D Notice, COBRA, CHIPRA, and WHCRA.

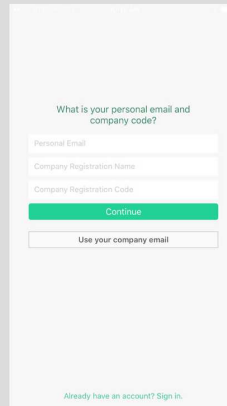




Step 4



Step 3



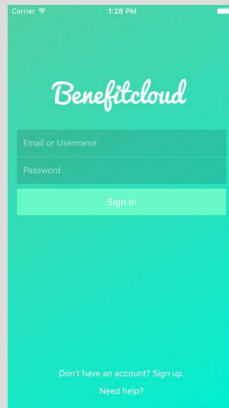
Click the activation link in the email from Benefitcloud.

It will open a web form in a browser on your phone.

Specify your First and Last name.

Pick a username and password.

Step 2



Specify personal email

Your Company Registration Name is **tulsafop93**

Your Company Registration Code is **67bf806d**

Tap on "Continue."

Step 1



Download App for either your iPhone or an Android phone.

Search for **benefitcloud** in the Apple App Store for iPhone or Google Play Store for an Android phone.

Tap on "Don't have an account? Sign up."

Tap on "Get Started."

Tap on "Use your personal email"

Registration Steps when using an Email other than one ending in @tulsafop.org

(469) 500-5105

benefitcloud.com

support@benefitcloud.com

Where To Go For Help

MEDICAL:

Administrator: CommunityCare of Oklahoma

Customer Service: 918-594-5201

Web: <http://fop.ccok.com>

Group Number: S07001

Network: CCOK Standard POS or CCOK Select

PRESCRIPTION DRUG:

Administrator: MedalistRX Member Services: 855-633-2579

Option #1

Web: www.medalistrx.com

RX BIN: 016580

Group #: 071601

FREE CLINIC INFORMATION:

Administrator: CareATC

Customer Service: 800-993-8244

Download CareATC app for appointment scheduling

Web: www.careatc.com

FREE RADIOLOGY INFORMATION:

Administrator: Envision Imaging

Customer Service: 918-523-7714

Web: www.mrioftulsa.com

DENTAL:

Administrator: Delta Dental of Oklahoma

Customer Service: 1-800-522-0188

Web: www.deltadentalok.org

Group Number: 9990012

Network: Delta Dental of Oklahoma (PPO, Premier, out of network)

VISION:

Administrator: Vision Care Direct

Customer Service: 877-488-8900

Web: www.visioncaredirect.com/#finddr

Group Number: 12275

CANCER/ACCIDENT/SISLINK:

Administrator: American Public Life

Customer Service: 800-256-8606

SisLink: 800-767-6811

SUPPLEMENTAL AND BASIC LIFE:

Administrator: Securian Financial (Minnesota Life)

Customer Service: 800-392-7295

LONG TERM DISABILITY:

Administrator: The Standard

Customer Service: 800-727-7112

COT ADMINISTERED FSA (FLEXIBLE SAVINGS ACCOUNT):

<http://benefits.cityoftulsa.org>

MEDWISE:

<https://medwiseuc.com/>

TRANSFORMATIONS, SUMMIT, & MENDING FENCES:

Adam Mogul

Phone: 732-330-8801

Email: adammm@transformationstreatment.com

OAKWOOD SPRINGS:

Kelly Myers

Phone: 918-760-2767

Email: kellymyers@spsh.com

EOWC CHIROPRACTIC BENEFITS:

918-615-3433

PHYSICAL THERAPY SPECIALISTS:

918-615-6280

ROONEY INSURANCE AGENCY

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Tulsa, OK 74146

Jo McDaniel: 918-878-3425

Sydney Jones 918-878-3373

Sandra Callahan 918-878-3360

Steve Curley 918-878-3350

Fax: 918-420-9926

fop93@rooneyinsurance.com

Benefit plan information is posted at www.tulsafoptrust.com. You can also log in to this website to view your elections.

Please download the Benefit Cloud smartphone app for important notifications and quick access to plan and contact information.

Since the Trust pulled out of the City plan and became self-funded, Rooney Insurance acts as the Trust's Human Resource office for employee benefits. If you have questions regarding Trust benefits, please feel free to contact Rooney.

This booklet gives you an overview of the main features of your benefit plans. The plans are administered according to legal plan documents and insurance contracts. We've tried to summarize the provisions of these legal documents clearly and accurately. If any information here conflicts with the legal documents, the legal documents will govern. For more detailed information on the plans and your legal rights under the plans, please contact the provider who offers the benefits. All benefit plans are subject to change and the Tulsa FOP 93 Health & Welfare Trust reserves the right to amend or cancel any benefits described in this booklet, with or without notice. This document does not guarantee any benefits.