



**Tulsa FOP 93 Health
& Welfare Trust**

Benefits Guide

2025-2026 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.

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Open Enrollment & Plan Changes

2025 Open Enrollment
April 21st—May 9th

This booklet contains information and instructions on your 2025-2026 benefit plan enrollment. Please take the time to carefully review your options.

The annual Health Fair will be held in the Police Academy gym on April 22nd and 23rd from 0700-1300.

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 2026-2027. 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. Current clinic members can use the CareATC app to schedule your PHA. Members not opted into clinic access can call CareATC at 918-948-6360 to schedule their PHA.

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 Program Premium Incentive Program 2025-2026 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 clinic agreements, the Trust Board now offers the members (including their dependents if applicable) the choice if they want the CareATC clinic benefit. **IF YOU OPT IN TO THE CareATC CLINIC 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). If you currently have the clinic, you will be re-enrolled in the clinic. If you do NOT currently have the clinic, you will NOT be enrolled in the clinic. If you would like to opt IN to the clinic option, you will need to log in and complete that task at www.tulsafoptrust.com. **The health plan you pick will be followed by the words "and Clinic Access" if you are enrolled.** No exceptions for changes will be granted after the close of open enrollment. Follow on screen instructions for your username and password.

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. 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.



Wellness Plan

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 22 and 23.

FOR THE PLAN YEAR BEGINNING 7/1/2025

On the wellness plan, the participant (and spouse, if enrolled on the plan) must qualify in at least 3 out of 5 categories to receive the With Wellness Incentive.

- Green or yellow in the **A1C (glucose) category**
- Green or yellow in the **heart health category** (cholesterol, triglycerides)
- **Negative nicotine results**
- Green or yellow in the **blood pressure category**
- **Waist/height ratio** of 0.52 or less or a 5% weight decrease from the last previously sanctioned PHA



- Earn the **With Wellness** deduction by successfully completing at least 3 of the 5 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.



TULSA FOP 93 HEALTH AND WELFARE TRUST

April 2025

PERSONAL HEALTH ASSESSMENT (PHA) POLICIES

During each annual open enrollment Tulsa FOP 93 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 beginning March 1 through August 31. If you fail to complete your screening by the deadline you will not qualify for the premium incentives. The following exceptions, if they fall outside of the current PHA time period, will require the PHA to be completed during the next PHA time period.

- 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 any eligible member to the plan.
- 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, which includes a 90-day waiver after your release.
- Academy graduation

If one of these exceptions applies to you, contact Rooney Insurance. Fop93@rooneyinsurance.com



Medical & Prescription Drug Plans

2025-2026 Health Insurance Benefit	Standard	Value - Select	HDP Select (high deductible plan)	PPO – Out of Area Only
	In Network / Out of Network	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 and coinsurance	\$40 copay	\$40 copay 3 VISIT LIMIT	\$40 copay / deductible and coinsurance
Specialist Physician Office Copay Telehealth SJ & SF \$40 copay	\$40 copay / deductible and coinsurance	\$40 copay	Deductible	\$40 copay / deductible and coinsurance
Pediatrician Office Copay Through Age 18	\$25 copay / deductible and coinsurance	\$25 copay	\$25 copay 3 VISIT LIMIT	\$25 copay / deductible and coinsurance
Most Preventive Care	100% no copay / deductible and coinsurance	100% no copay	100% no copay	100% no copay / deductible and coinsurance
Mental Health Therapy (Synergy & Axis \$20)	\$40 copay / deductible and coinsurance	\$40 copay	Combined with 3 PCP visit limit / Deductible	\$40 copay / deductible and coinsurance
Urgent Care (Med Wise \$40)	\$60 copay / deductible and coinsurance	\$60 copay	Deductible	\$60 copay / deductible and coinsurance
Emergency Care	Deductible and coinsurance / same as in network	Deductible and coinsurance in or out of network	Deductible	Deductible and coinsurance / same as in network
Hospital Inpatient per admission	Deductible and coinsurance / Deductible and coinsurance	Deductible and coinsurance	Deductible	Deductible and coinsurance / Deductible and coinsurance
CareATC Clinics IF ENROLLED IN THE CLINIC OPTION	\$0 copay for services and drugs at clinic	\$0 copay for services and drugs at clinic	\$0 copay for services and drugs at clinic	\$0 copay for services and drugs at clinic
Generic Preferred Brand	\$15	\$15	\$15	\$15
Non Preferred Brand Specialty	\$35	\$35	\$35	\$35
Prescriptions \$1000 or > Mail Order & Retail	\$60	\$60	\$60	\$60
	\$200 copay for < \$1000 script 20% coinsurance 90 days for 2X copay	\$200 copay for < \$1000 script 20% coinsurance 90 days for 2X copay	\$200 copay for < \$1000 script 20% coinsurance 90 days for 2X copay	\$200 copay for < \$1000 script 20% coinsurance 90 days for 2X copay
Prescription Out of Pocket Single/Family	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000	\$2000 / \$4000
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

MEDICAL & PRESCRIPTION DRUG PLANS (CON'T)

2025-2026 Monthly Health Insurance Benefit Rates	Standard	Value - Select	HDP Select	PPO – Out of area Only
ACTIVE BASIC				
Single	\$276	\$238	\$100	\$276
Family	\$772	\$688	\$406	\$772
ACTIVE WITH WELLNESS				
Single	\$176	\$138	\$0	\$176
Family	\$572	\$488	\$206	\$572
RETIREE BASIC				
Single	\$456	\$442	\$327	\$456
Family	\$1182	\$1109	\$847	\$1182
RETIREE WITH WELLNESS				
Single	\$356	\$342	\$227	\$356
Family	\$982	\$909	\$647	\$982
SPOUSE/DEP CONT. BASIC				
Single	\$518	\$491	\$378	\$518
Family	\$1315	\$1240	\$958	\$1315
SPOUSE/DEP CONT. WITH WELLNESS				
Single	\$418	\$391	\$278	\$418
Family	\$1115	\$1040	\$758	\$1115
COBRA BASIC				
Single	\$824	\$758	\$659	\$824
Family	\$2209	\$2018	\$1731	\$2209
COBRA WITH WELLNESS				
Single	\$724	\$658	\$559	\$724
Family	\$2009	\$1818	\$1531	\$2009

MEDICAL & PRESCRIPTION DRUG PLANS (CON'T)

2025-2026 Monthly Health Insurance Benefit Rates	Standard WITH CLINIC ACCESS	Value-Select WITH CLINIC ACCESS	HDP Select WITH CLINIC ACCESS	PPO – Out of area Only WITH CLINIC ACCESS
ACTIVE BASIC				
Single	\$302	\$264	\$126	\$302
Family	\$798	\$714	\$432	\$798
ACTIVE WITH WELLNESS				
Single	\$202	\$164	\$26	\$202
Family	\$598	\$514	\$232	\$598
RETIREE BASIC				
Single	\$482	\$468	\$353	\$482
Family	\$1208	\$1135	\$873	\$1208
RETIREE WITH WELLNESS				
Single	\$382	\$368	\$253	\$382
Family	\$1008	\$935	\$673	\$1008
SPOUSE/DEP CONT. BASIC				
Single	\$544	\$517	\$404	\$544
Family	\$1341	\$1266	\$984	\$1341
SPOUSE/DEP CONT. WITH WELLNESS				
Single	\$444	\$417	\$304	\$444
Family	\$1141	\$1066	\$784	\$1141
COBRA BASIC				
Single	\$850	\$784	\$685	\$850
Family	\$2235	\$2044	\$1757	\$2235
COBRA WITH WELLNESS				
Single	\$750	\$684	\$585	\$750
Family	\$2035	\$1844	\$1557	\$2035

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 5 categories, 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 3 out of the 5 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.

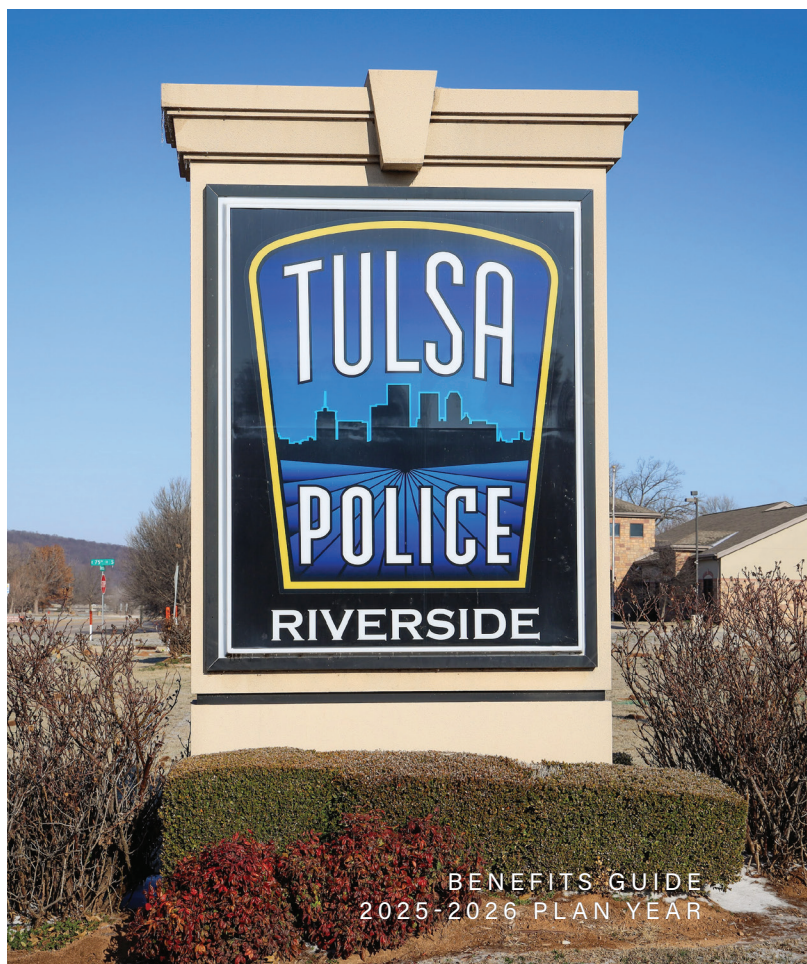
The Value and HDP plan have in network benefits only. The network for these plans is the CCOK HMO Select Network. If an out of network provider is used benefits are only available for emergencies that are life or limb threatening or are sudden and serious. Please note, follow up care should be provided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

The PPO out of area plan uses the Valenz Health 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, along with Hillcrest. 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 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, along with Hillcrest. 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

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. 90-day retail supply available at 2 Copayments.

Tier 1 - Preferred Generic Drugs	\$0 Copayment <i>Generic prescriptions not subject to coinsurance</i>
Tier 2 - Non-Preferred Generic Drugs	\$15 Copayment <i>Generic prescriptions not subject to coinsurance</i>
*Tier 3 - Preferred Brand Drugs	\$35 Copayment <i>Brand Prescriptions \$1,000 or more 20% Coinsurance</i>
*Tier 4 - Non-Preferred Brand Drugs	\$60 Copayment <i>Prescriptions \$1,000 or more 20% Coinsurance Copayment</i>

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	\$0 Copayment <i>Generic prescriptions not subject to coinsurance</i>
Tier 2 - Non-Preferred Generic Drugs	\$30 Copayment <i>Generic prescriptions not subject to coinsurance</i>
*Tier 3 - Preferred Brand Drugs	\$70 Copayment <i>Brand Prescriptions \$1,000 or more 20% Coinsurance</i>
*Tier 4 - Non-Preferred Brand Drugs	\$120 Copayment <i>Prescriptions \$1,000 or more 20% Coinsurance Copayment</i>

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 <i>Prescriptions \$1,000 or more 20% Coinsurance Copayment</i>
Biosimilars	Biosimilars \$15 Copayment <i>Biosimilars not subject to coinsurance</i>

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.

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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 medications 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, the member will be responsible for their remaining deductible/OOP amounts.
- 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

Wellness Program Premium Incentive Program 2025-2026

Qualifies you for Premium Incentives for 2026-2027.

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. In 2009, health care costs for smokers were \$21,000.00 higher over a lifetime than costs for non-smokers.¹ 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) must complete the PHA and qualify for 3 out of the 5 categories in order to receive the With Wellness incentive.

- Negative nicotine results
- Green or yellow in the heart health category (total cholesterol, LDL, triglycerides)
- Green or yellow in the A1C (glucose) category
- Waist/height ratio of .52 or less or a 5% weight decrease from the previous year
- 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 3 of the above categories, they will earn the With Wellness deduction for the next plan year.

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 Wellness Education Programs will be available for employees/retirees and their spouses who take the PHA and do not achieve the required parameters outlined in the Premium Incentive Policy.

*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.*

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.

2025-2026		
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 (% covered)	100 / 100	100 / 80
Basic Services (% covered)	100 / 80	80 / 60
Major Services (% covered)	60 / 50	50 / 40
Calendar year deductible (\$)	0 / 75	75 / 75
Calendar year benefit maximum (\$)	5000 / 2000	5000 / 2000
Orthodontia (% covered)	60 / 50	50 / 50
Lifetime orthodontia maximum (\$)	unlimited / 1500	unlimited / 1500
Monthly Cost -- ACTIVE		
Single	\$36.00	\$26.00
Family	\$180.00	\$84.00
Monthly Cost -- Active <u>NO MEDICAL</u>		
Single	\$62.00	\$36.00
Family	\$206.00	\$114.00
Monthly Cost -- Retiree		
Single	\$59.00	\$35.00
Family	\$190.00	\$106.00
Monthly Cost -- Spouse Continuee/COBRA		
Single	\$63.00	\$34.00
Family	\$212.00	\$113.00

	VCD Standard Network	VCD PLUS Network	Out of Network
Benefit Frequency			
Eye Exam	12 Months	12 Months	12 Months
Frames	24 Months	24 Months	24 Months
Lenses	12 Months	12 Months	12 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 dilation	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
Lenticular: CR-39 plastic	100%	100%	\$100
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
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%	100%	\$210
LASIK			
In lieu of glasses and contacts. Allowance of \$200 toward LASIK procedure in the form of a reimbursement directly to the member. To file for Lasik reimbursement, go to members.visioncaredirect.com/lasik .			
Monthly Rate			
Employee Only – \$10.00			
Family – \$32.00			

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 members.visioncaredirect.com/oon.

SIMPLE. FLEXIBLE. AFFORDABLE.



ALLOWANCE SUMMARY

Tulsa FOP 93 Health and Welfare Trust
Plan: VCD Flex \$350.00

It's your vision plan, you should be able to use it how you want. The VCD FLEX vision plan allows you to choose any optometrist or optical location, use it as needed, and get the care you deserve.

Your VCD Flex plan can reimburse you for any number of routine vision related services not covered by your medical or vision care plans including:

- Deductibles and Co-payments
- Routine Eye Exams
- Glasses (including frames, lenses and lens enhancements)
- Contacts and Fitting Fees (including elective or medically necessary)

Monthly Rate

Employee Only -- \$16.00

Family -- \$42.00

	VCD Network	Out of Network
Benefit Frequency		
Eye Exam	12 Months	12 Months
Frames	12 Months	12 Months
Lenses	12 Months	12 Months
Contacts	12 Months	12 Months
Member Fees		
Eye Exam	\$0	\$0
Glasses	\$0	\$0
Contacts	\$0	\$0

Covered Services/Products

Eye Exam

Comprehensive eye health examination including refraction and dilation

Glasses

Any Frame, Lens or Lens Enhancements

Contacts

Elective or Medically Necessary Contact Lenses

Contact Lens Fitting Fees

Up to \$350.00 TOTAL

reimbursement in any combination of these services/products within 12 months period.

GENERAL LIMITATIONS AND EXCLUSIONS:

VCD Flex reimbursements are paid as a direct reimbursement to the member. VCD Flex does not cover any services or products covered by any medical or other vision plans. Reimbursement total is a rolling balance that must be used within a 12 months period. To submit a request for reimbursement, complete the online form along with submitting an itemized receipt by going to visioncaredirect.com/flex. Reimbursement requests must be submitted to VCD within 90 days following the original date of service.

Thank you for your business!

JAMES ASHFORD

Senior Account Executive

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!



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.

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.

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:

Total coverage
you need \$ _____

÷ 1,000 \$ _____

x your rate \$ _____

=

Monthly premium \$ _____

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 active 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—more commonly known as a “gap policy” helps offset deductible costs.

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



The Mobile App

Made to Keep You Moving



TULSA FOP 93
HEALTH AND WELFARE TRUST



Activate Your Account in Minutes to Access Your Patient Benefits

Unlock the power to be well with the CareATC mobile app and take your wellness with you - anywhere, anytime. Get access to your full CareATC benefits on the go with our easy-to-use, HIPAA-compliant app. From scheduling appointments and viewing medical records to refilling prescriptions and messaging your provider, managing your healthcare has never been easier or more convenient! To help everyone get the most from this benefit, it's important each member on your health plan age 18+ create their own account.

Get Started:

1. Download the **CareATC mobile app**.
2. **Verify your identity** with a short quiz. Personal info should match your employer records.
3. **Create your account**. Set your username and password. Provide a recovery phone and email.



Download the App to:

- Schedule in-person or virtual care appointments
- Message your primary care team
- Complete and review medical forms and documents
- View your medical records
- Submit prescription refill requests
- View your Personal Health Assessment (PHA) results
- Map health center locations
- Access exclusive health education content

Questions? Call 918.948.6360



Three easy ways to schedule an appointment:

📱 CareATC app 💻 www.careatc.com/patients ☎ 918.948.6360



Show Me
The App!





Health is Wealth



Health Care With No Out-of-Pocket

Whether your goal is disease prevention, chronic disease management, or convenient and fast care for an unexpected illness or injury, we're here for you. Your CareATC benefits give you access to:

- No out-of-pocket costs for office visits, labs, and medications provided at your visit
- Fast and easy appointment scheduling
- Little to no wait time
- More time with your provider

Under HIPAA regulations, all patient information is confidential.

Three Ways to Schedule

- 📱 CareATC app
- 💻 www.careatc.com/patients
- 📞 918.948.6360

Need to Activate Your Patient Account?

Activate your account by visiting www.careatc.com/activate or downloading the CareATC app and following the registration prompts.



Show Me
The App!



Treatments and Services Include:

- Adult Immunizations
- Allergies
- Annual Physicals
- Asthma
- Colds / Congestion / Flu
- Diabetes Management
- Generic Medications
- High Blood Pressure
- High Cholesterol
- Lab Work / Tests
- Minor Injuries
- Personal Health Assessments (PHA)
- Sick Visits
- Skin Health Screenings
- Sport Physicals
- Thyroid Disorders
- Tobacco Cessation
- Weight Management
- Well Woman Exams

Area Health Center Locations

Tulsa

15th Street Health Center
(x-ray available)
1810 E 15th St, Ste C

Tulsa

Jackson Health Center
Corporate Wood Center
4500 S 129th E Ave, Ste 116

Tulsa

First Place Tower Health Center
ONE Gas Building
15 E 5th, Ste 1600

Broken Arrow

South Garnett Health Center
4716 W Urbana St, Suite 200

Muskogee

Muskogee Health Center
3300 Chandler Rd

Owasso

Owasso Health Center
13616 E 103rd St North

Sand Springs

Sand Springs (2nd St) Health Center
302 W 2nd St, Ste 600

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.

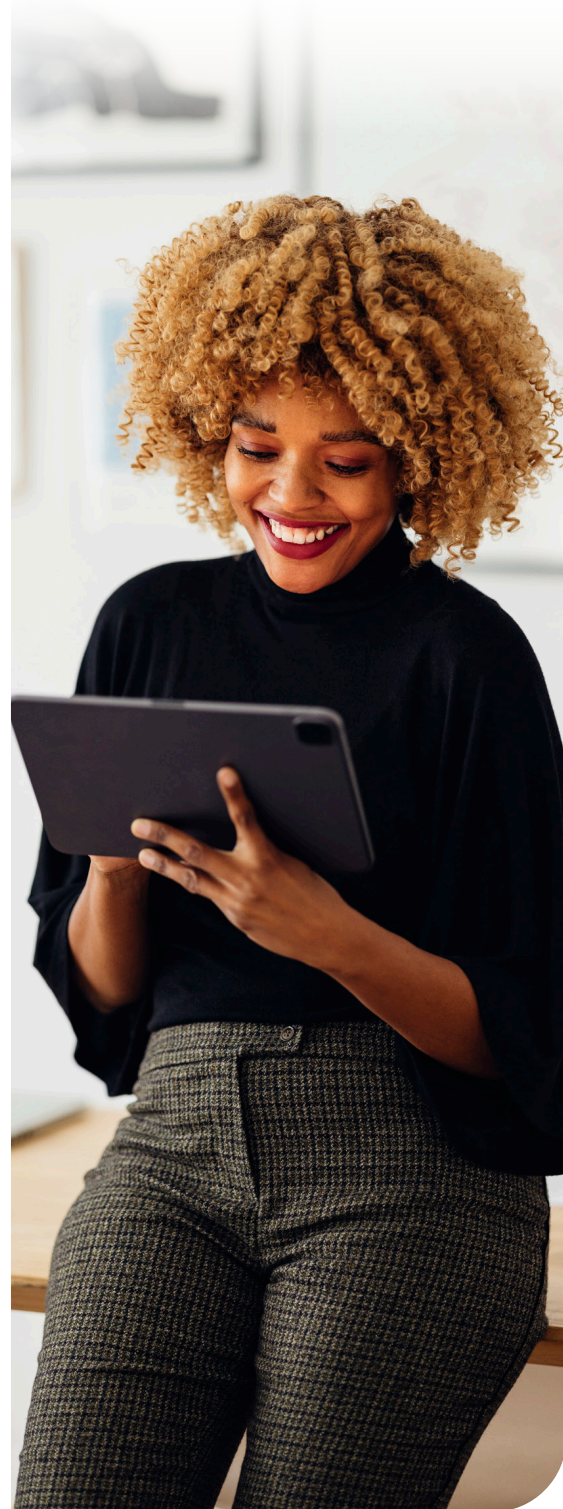
When the 24/7 Online Care option is selected from the FOP microsite at fop.ccok.com or member portal at www.ccok.com, the member will be asked to choose a health system. Once a selection is made, their online visit will begin with a health care professional.

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 2024

Additional Benefit Programs Available

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 (ACE certified), ergonomics certification and former professional basketball player.
- **Nichelle Slavens** – health coach, certified exercise physiologist, personal trainer, exam prep course instructor, ergonomics certification and yoga instructor.
- **Sloan Taylor** – Registered Dietitian, Registered Sports Dietitian and adjunct nutrition professor.

Health coaching is a reasonable alternative for A1C, Heart Health, Blood Pressure, Tobacco Cessation and Waist to Height ratio risk factors if started by 3/1/2025 – 2/28/2026, the latest start date of 12/6/2025.

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





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 or fax the phone numbers below.
5. Benefit Coverage
 - Coverage for officers and retired officers will be paid at 100% by the Trust for Inpatient Treatment. This means that you may access this program with \$0 cost share. Outpatient Treatment is available at normal plan benefits.
 - This program is also available for dependents; however, the normal plan benefits apply. Please consult your benefit guide for plan benefits or contact CCOK at the above number. 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%.

First Responders

Phone: 405-438-3000

Fax: 405-534-5222





Hormone Replacement Therapy, Psychiatry & Weight Loss Programs

Provided by Anointed Medical Spa & Axis Healthcare

Hormone Replacement Therapy (HRT)


- **Testosterone Cypionate Injections** for men and women.
- **Insurance covers labs & office visits** (only a \$20 co-pay, except for high-deductible plans).
- **Treatment Costs:**
 - Women: **Starting at \$385**
 - Men: **Starting at \$585**
- **Common Symptoms of Hormone Imbalance:**
 - Decreased energy, libido, or motivation
 - Sleep issues, hot flashes, erectile dysfunction
 - Accelerated aging symptoms
- **Benefits of HRT:** Restores hormonal balance, improves energy, and enhances overall well-being.
- **Special Discount:** \$150 off pellet therapy for active police officers & family members.

Psychiatry & Mental Health Services

- **\$20 co-pay (TPD preferred)**
- **Comprehensive care for:**
 - Depression, anxiety, PTSD, ADHD, sleep disorders, and mood disturbances.
- **Treatment Approach:**
 - Personalized medication management.
 - Insurance billing available.
- **Now Offering Spravato (Esketamine) Therapy**
 - FDA-approved for treatment-resistant depression.
 - Covered by most insurance plans.
 -

Medical Weight Loss Program

- **No consultation fees & no co-pays!** Only pay for your medication. (\$215 - \$520 depending on medication and dose)
- **Provider-monitored program with telehealth visits.**
- **Once-weekly injections** with semaglutide or tirzepatide for effective, sustainable weight loss.
- **New Patient Special:** Get your **first syringe FREE** when you sign up!
- **Referral Program:** Refer a friend who signs up, and you get **one FREE syringe** on your next purchase.

 **For more information or to schedule an appointment:**

 www.anointedmedicalspa.com

 **Call:** 918-922-7686

EASTERN OKLAHOMA WELLNESS CENTER

DR. MARK PEERY, DC
DR. BEN BEELER, DC
DR. TRAVIS BRADLEY, DC

COVERED TECHNIQUES + THERAPIES AVAILABLE:

Diversified Adjusting
Thompson Drop Technique
Activator Technique
Prone Specific Technique
Gonstead Technique
Trigger Point Release

Disc Decompression Therapy
Intersegmental Traction Tables
Digital X-RAY

8165 S Mingo Road, Ste 200
Tulsa, OK 74133
Phone: 918.615.3433

Mon-Thurs: 9:00a-1:00p/3:00p-6:00p
Fri: 9:00a-11:00a

There is a 60-visit combined limit on the chiropractic benefit for any chiropractors you see. If you use EOWC the first 30 visits are a \$0 copay. Visits 31-60 are subject to a specialist copay (HDP subject to deductible) Please advise the office staff that you are a member of the Tulsa FOP 93 Health & Welfare Trust to obtain this benefit.



Phone/Text
918.615.6280
 Email
Info@tulsapts.com

Physical Therapy Services That Exceed Expectations

Here's What You Can Expect From Us

- Personalized treatment plan, wellness education and home exercises
- State-of-the-art facility where you're welcome, valued and encouraged as you recover
- Continuous assessment and communication to ensure you're getting maximum results
- Guidance and resources to help you stay strong and pain-free once your treatment is complete
- Service that exceeds expectations and provides lifelong benefits



Dr. Andrew Negley, DPT



Dry Needling



Cupping



Theragun



Spine Rehabilitation



Auto Accidents/Whiplash



Kinesio Taping



Myofascial



Infrared (Red) Light Therapy



Blood Flow Restriction



IASTM



Pre/Post Operation



Custom Foot Orthotics



Sports Therapy



Running

Tulsapts.com
2 Convenient Locations

Riverside

9716 Riverside Pkwy
 Suite 201
 Tulsa, OK 74137

Mingo

8165 S Mingo Rd
 Suite 101
 Tulsa, OK 74133

Hours

7am-6pm Mon-Thur
 7am-11am Fri

There is a 60 visit combined limit on the physical therapy benefit for any physical therapists you see. If you use PTS the first 30 visits are \$0 copay. Visits 31-60 are subject to a specialist copay (HDP subject to deductible). Please advise the office staff that you are a member of the Tulsa FOP 93 Health & Welfare Trust to obtain this benefit.



YOUR PARTNER IN BETTER HEALTH

COVERED SERVICES AVAILABLE

- Hormone management: testosterone injections
- Primary care services
- Symptomatic seasonal allergy treatment, steroid injection
- B12 injections
- Lab services

(ALL COVERED SERVICES REQUIRE A SCHEDULED OFFICE APPOINTMENT AND ARE SUBJECT TO COPAY: \$20.00)

NON-COVERED SERVICES AVAILABLE

(All prices are subject to change)

- Hormone management: pellet placement. \$450.00(men), \$375.00(women)
- Peptide therapy: Varies depending on chosen peptide.
 - CJC 1295/Ipamorelin: \$195.00
 - BPC157: \$239.00
- Botox injections: \$10.00/unit
- Immune support injections (Fluguard): \$30.00
- Aesthetic skin treatments: \$400.00
- B12 injections: \$15.00
- MICLipo injections (skinny shot): \$30.00 or series of 5 for \$100.00
- Weight loss (Semaglutide): \$350.00
- Multiple pharmaceutical grade supplements

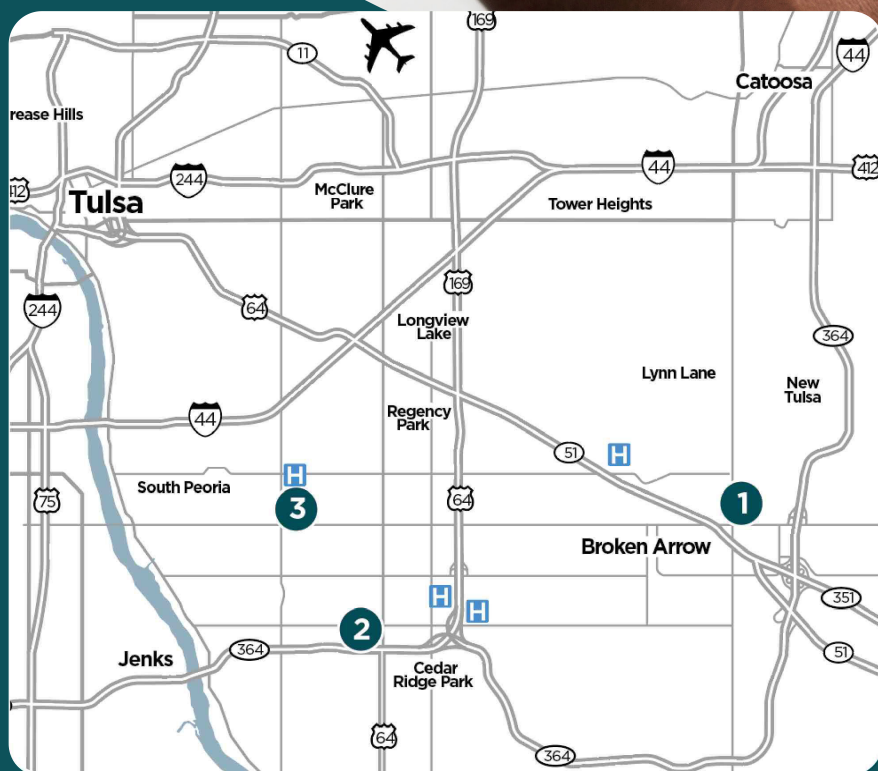
CONTACT US: 918-710-5924
8165 S. MINGO RD, STE 200
TULSA, OK 74133

OFFICE HOURS: MON, WED AND THURS: 9-1, 3-6



Tulsa FOP 93 Health &
Welfare Trust

Zero Out-of-Pocket Expense When You Choose



1

Envision Imaging Broken Arrow

MRI•CT•ULTRASOUND•X-RAY

2544E. Kenosha St.
Broken Arrow, OK 74014

P: (918) 505-2725
F: (918) 505-2720

2

Envision Imaging of Tulsa

MRI•CT•ULTRASOUND•X-RAY

7714 E. 91st St.
Tulsa, OK 74133

P: (918) 523-7714
F: (918) 523-7717

3

Envision Imaging of Yale

MRI•CT•ULTRASOUND

6757 S. Yale Ave.
Tulsa, OK 74136

P: (918) 523-0002
F: (918) 523-0030



To find a location nearest you,
visit envrad.com/ok



MedWise
URGENT CARE

***When you're
not at
your best,
we will be.***



MEDWISE URGENT CARE - CORE SERVICES



INJURIES • ILLNESSES • INFECTIONS

MedWise Urgent Care treats a variety of conditions for all ages including: skin conditions, allergies, colds, flu, cuts, wounds, and broken bones.



X-RAYS • TESTING (COVID-19 • FLU • STREP • RSV • AND MORE)

MedWise tests for common viral and bacterial infections including: COVID-19, Influenza A and B, strep throat, and RSV. We also offer lab testing, x-rays, EKG, women's and men's health screenings, E.G. testing for pregnancy and sexually transmitted infections (STI).



PHYSICAL EXAMS

MedWise provides a variety of physical exams to determine overall health. MedWise also conducts: sports physicals, school physicals, and camp physicals. Physical exams can be essential in determining the ability to perform certain tasks while avoiding injury.



VACCINATIONS • FLU SHOTS • MEDICATIONS

MedWise administers common vaccines and immunizations to help protect patients from infection. This includes: flu shot, tetanus and diphtheria (TD) shots associated with wounds, acellular pertussis/whooping cough (TDAP) and other medications.



TELEMEDICINE / VIRTUAL VISIT

MedWise offers telemedicine appointments for certain types of healthcare concerns. To schedule a telemedicine appointment with one of our providers call 1-833-863-3947 or visit www.medwiseuc.com




www.medwiseuc.com



MEDWISE LOCATIONS

Admiral & Sheridan **[A]**

6336 E Admiral Pl
Tulsa, OK 74115
Near Intersection:
E Admiral Pl & Sheridan
 918-727-2830

Bartlesville **[D]**

505 SE Washington Blvd Unit B
Bartlesville, OK 74006
Near Intersection:
Frank Phillips & Washington
 918-524-9760

Bixby **[A]**

14801 S Memorial Dr
Bixby, OK 74008
Near Intersection:
151st & Memorial
 918-727-2820

Broken Arrow East **[A]**

2550 N 9th St
Broken Arrow, OK 74012
Near Intersection:
61st & Lynn Lane
 918-727-2850


Broken Arrow North **[B]**

1095 N Aspen Ave
Broken Arrow, OK 74012
Near Intersection:
71st & 145th
 918-727-2820

Coweta **[A]**

11495 OK-51
Coweta, OK 74429
Near Intersection:
N 111th & Hwy 51
 918-727-2780

Owasso **[A]**

11760 E 86th St N
Owasso, OK 74055
Near Intersection:
86th and Hwy 169
 918-998-9960

Sand Springs **[D]**

110 E 41st St
Sand Springs, OK 74063
Near Intersection:
41st & Hwy 97
 918-727-2860


Sapulpa **[A]**

32 West Taft Ave Sapulpa,
OK 74066
Near Intersection:
Taft Ave & Main St
 918-727-2840

Tahlequah **[A]**

1930 S Muskogee Ave
Tahlequah, OK 74464
Near Intersection:
S Muskogee Ave & Hwy 51
 918-998-9970

Wagoner **[C]**

1520 SW 1st St
Wagoner, OK 74467
Near Intersection:
Hwy 51 & Hwy 69
 918-727-2790

Woodland Hills **[A]**

6701 S Memorial Dr
Tulsa, OK 74133
Near Intersection:
71st & Memorial Dr
 918-727-2810

[A] CLINIC HOURS

MON-FRI: 8AM-8PM
SAT-SUN: 10AM-6PM

[B] CLINIC HOURS

MON-FRI: 8AM-8PM
SAT-SUN: 8AM-8PM

[C] CLINIC HOURS

MON-FRI: 8AM-7PM
SAT-SUN: 10AM-6PM

[D] CLINIC HOURS

MON-FRI: 8AM-8PM
SAT-SUN: 8AM-4PM

www.medwiseuc.com

PLEASE NOTE:

The copay is \$40 except for the high deductible plan members who must meet their deductible prior to receiving benefits.





(918) 749-1840 option 4 | 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 a traumatic incident?
- 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.

****High Deductible Plan (HDP) members visits are subject to a 3-visit limit (combined with PCP) at a \$20 copay then subject to the deductible.****

**All services are completely CONFIDENTIAL at a discrete location.
Private entrance available upon request.**

Call (918) 749-1840 option 4 to speak with our care navigator who will help connect you with the counselor who 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 profile for:



Abigail Bliss, LPC, ATR/BC

Together we will discover ways to cope with and recover from depression, anxiety, bi-polar disorder, and grief/loss. I also enjoy working with blended families and people who are neurodivergent.



Mackenzie Gaut, LMFT

I work with couples, families, adolescents and adults who want to feel more empowered and fulfilled in their social connections. Loving yourself is the foundation for healthy relationships.



Mark Ingram, LADC/MH

My strong faith, commitment to serve and passion for helping others led me to the counseling profession after retiring from the U.S. military. I am EMDR certified for the treatment of trauma.



Dianna Jurena, LPC, CTS

As a Certified Trauma Specialist, my therapy dog, Shadow, and I will help you heal. I often use Thought Field Therapy with fast, effective results. I also find laughter integral to healing in therapy.



Katy Sandefur, LMFT

I am passionate about helping couples find healing, growth, and fulfillment. My past career as an actor provided a great foundation for my work as a therapist by helping me understand people's inner-life. Telehealth only



Jane Wright, LPC, LADC

Like my work with textiles to create quilted portraits, I want to help you knit together a life of clarity, focus and self-compassion; with hope for the future and confidence in yourself.

Tate Freeman, LPC

I work with teens, families and couples who are members of sexual and gender minorities, or just trying to figure it out. I feel privileged to help clients discover a life with fewer barriers and more joy.



Robin Hicks, LPC, LADC

I believe in your capacity to learn from difficulties. You can expect a safe, non-judgmental atmosphere to heal, gain insight, and move forward. I am open minded and relational in my approach.



Glenda Ireton, LPC, LADC

My life is a rich tapestry of experiences. While traveling with my military husband I met people from many cultures. This, and my Christian faith, shape my holistic approach to therapy. Telehealth only.



Karis Poufpybitty, LMFT

I work with adolescents, young adults and families. I particularly love helping Indigenous folks and people of color reconnect with their cultural traditions and teachings as part of their healing journey. I am a Citizen of the Kiowa and Cherokee Nations.



Kay Todd, LPC

I want to help your trust their inner guidance and bravely explore the dark. My practice focuses on grief therapy, dream tending, mindfulness, active imagination, and other symbolic expression.



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...**

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918-838-1000**

**20%
Discount**



Saint Francis Health System

1. Cardiac Calcium Screening - \$99

Measures the calcified plaque in the arteries that supply blood to the heart. This non-invasive CT scan takes about 15 minute and helps calculate your risk of a heart attack.

2. Set of Three Cardiovascular Screenings - \$99

These quick and easy tests can help you identify potential risks for heart disease and other vascular conditions.

- o **Carotid Disease** – This simple ultrasound helps detect plaque in arteries that can cause a stroke.
- o **Abdominal Aortic Aneurysm (AAA)** – This test checks for enlargement of the part of abdominal aorta which suggests a risk for rupture.
- o **Peripheral Arterial Disease (PAD)** – This condition of the arteries in the legs is related to an increased risk of heart attack or stroke. This test will record blood pressure in both legs to evaluate blood circulation.

Call 918-494-6900 to schedule your appointment



Upon completion of the screening test, please complete the claim form and email to csssupport@ccok.com, fax to **918-877-9750**, or submit via postal mail to the address on the claim form.

CLAIM FORM CAN BE FOUND AT WWW.TULSAFOPTRUST.COM.

Ascension St. John

1. Cardiac Calcium Score - \$99

Left untreated coronary plaque may cause blockages and heart attacks. A multislice CT scanner measures the calcified plaque in the arteries that supply blood to the heart, and indirectly measures the amount of plaque inside the heart by taking a series of pictures in just a few seconds.

2. Choose any three - \$100

- o **Carotid Artery Evaluation** - Plaque in the carotid arteries can reduce blood flow to the brain and may increase the risk of stroke.
- o **Cardiac Function Evaluation** - An ultrasound probe is placed on your chest to evaluate heart function and calculate your ejection fraction, the amount of blood pumped out of the heart during each test
- o **Ankle-Brachial Index** - Blood pressure is recorded from both ankles and arms to screen for peripheral vascular disease.
- o **Abdominal Aorta Evaluation** - Abdominal aortic aneurysm is a localized enlargement of the abdominal aorta. An ultrasound is a highly specific, noninvasive test which measures the size of your abdominal aorta.

Call 918-744-3511 to schedule your appointment





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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.

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



Fax your Prescription to (918) 515-6171
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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 and meet the eligibility requirement for the Trusts plans, 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 with supporting documentation 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), Delta Dental (dental), and Vision Care Direct (vision). 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 supporting documentation will be required.

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**. Supporting documentation will be required.

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.

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.

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.



ADDITIONAL INFORMATION (CON'T)

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.

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.

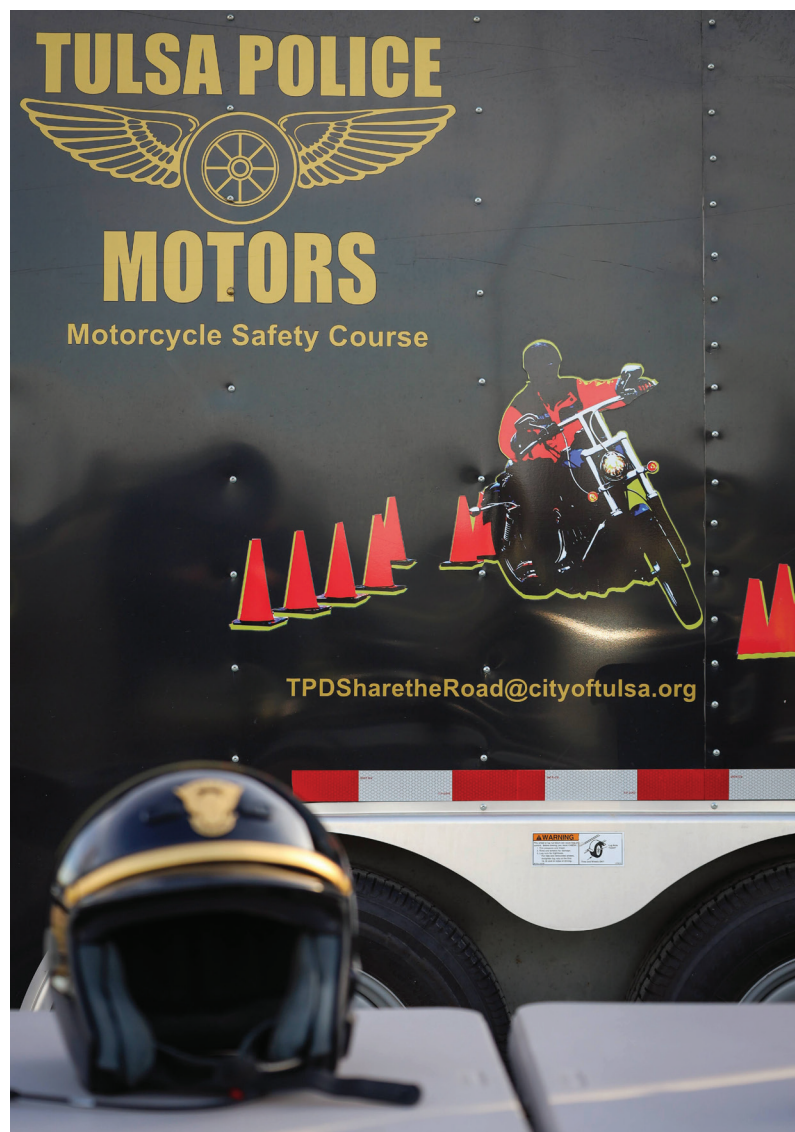
You are welcome to return the items however you please. You can scan and email them to fop93@rooneyinsurance.com or fax them to our secure fax at 918-420-9926.

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.

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.



Welcome to Medefy

Your New Employee Benefits Navigation App



On-the-Go Access



Access \$0 Benefits



Digital Insurance Cards



Centralized App Hub

✓ Access Your \$0 Benefits

Find a \$0 provider to help save you time and money on virtual care, imaging, physical therapy, and more.

✓ Centralized App Hub

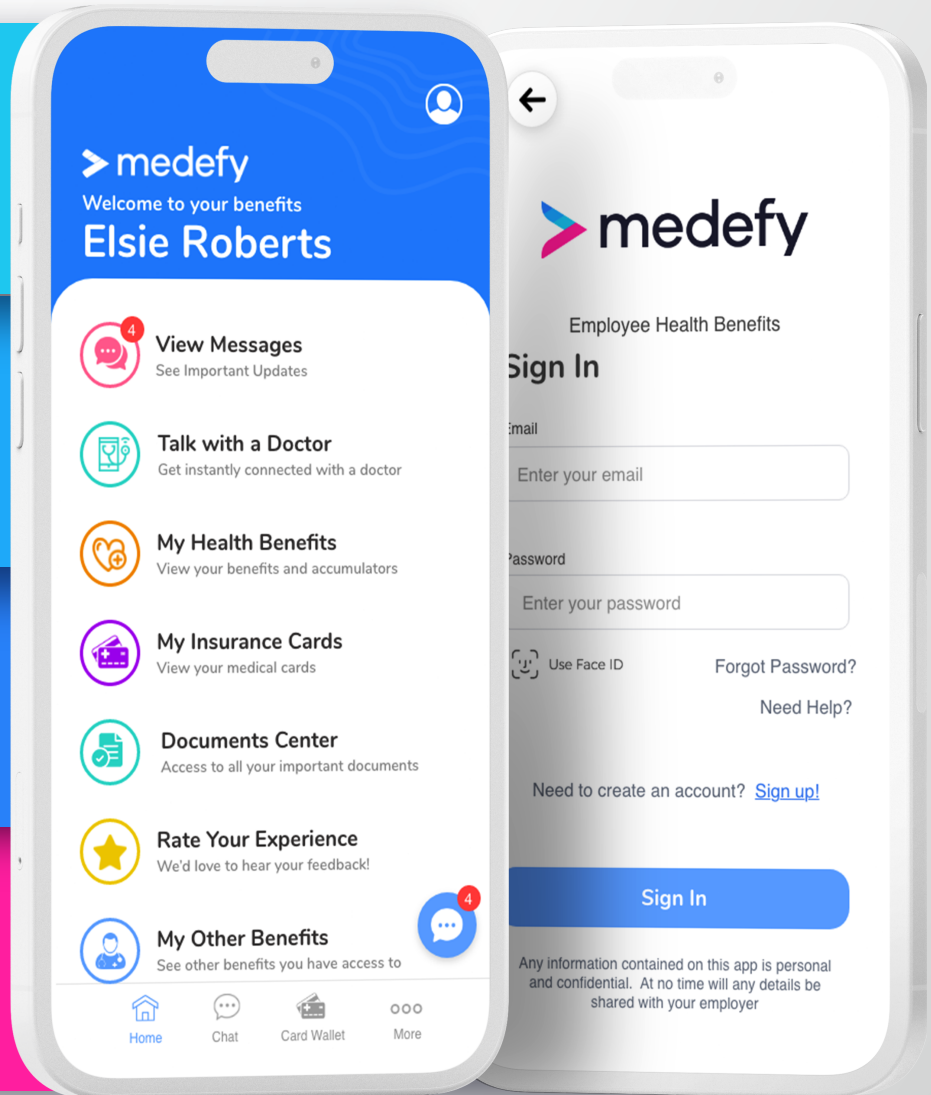
All your benefits, all in one place. You can access your benefits plan information 24/7 with Medefy.

✓ Digital Insurance Cards

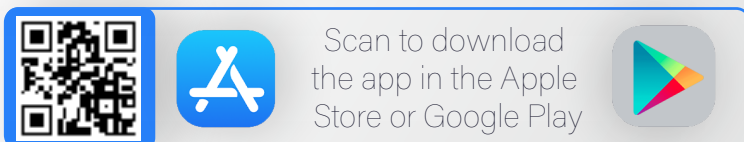
With digital insurance cards you'll never worry about forgetting your ID again.

✓ Important Messages

Receive important messages and updates about your health plan.



Provided by



Tulsa FOP 93 Health and Welfare Trust

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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

CAREATC CLINICS:

www.careatc.com/patients
(download mobile app)
918-948-6360

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)

AXIS/ANOINTED:

www.anointedmedicalspa.com
918-922-7686

VISION:

Administrator: Vision Care Direct
Customer Service: 877-488-8900
Web: www.visioncaredirect.com/#finddr
Group Number: 12275

CANCER/ACCIDENT:

Administrator: American Public Life
Customer Service: 800-256-8606
SisLink: 800-767-6811

SISLINK:

Administrator: 900
SisLink: 800-749-1422

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):

www.wageworks.com
877-924-3967

MEDWISE:

<https://medwiseuc.com/>

SYNERGY:

synergytulsa.com
918-749-1840 option 4

HEALTH COACHING:

918-344-4859

OAKWOOD SPRINGS:

Phone: 405-438-3000 | Fax: 405-534-5222

EOWC CHIROPRACTIC BENEFITS:

918-615-3433

PHYSICAL THERAPY SPECIALISTS:

918-615-6280

EOWC MEDICAL:

918-710-5924

ROONEY INSURANCE AGENCY

5100 E Skelly Dr Ste 1010
Tulsa, OK 74135

Jo McDaniel: 918-878-3425
Sydney Jones 918-878-3373
Sandra Callahan 918-878-3360
Steve Curley 918-878-3350
Eric Wright 918-261-4973
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 Medefy 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.