



# The City of Oklahoma City Group Indemnity Health Plan

## Summary of Benefits

**Plan Sponsor**

The City of Oklahoma City  
Self-Insured Group Health Plan

Employee Benefits Division 405-297-2144  
OCMFA TIN 73-1031504

**Plan Administrator**

**Group Number: 19574**  
Monday - Friday 8:00 am to 8 pm (Central Time)

Blue Cross Blue Shield of Oklahoma  
PO Box 3283  
Tulsa, OK 74102  
877-219-4301  
[www.bcbsok.com/okc](http://www.bcbsok.com/okc)

**Preferred Provider Organization (Network)**

Blue Cross Blue Shield Choice PPO Network  
PO Box 3283  
Tulsa, OK 74102  
877-219-4301  
[www.bcbsok.com/okc](http://www.bcbsok.com/okc)

**Prescription Plan**

Express Scripts - Q7MV  
P.O. Box 390873  
Bloomington, MN 55439-0873

Member Services Phone Number  
1-800-737-4484  
[www.expressscripts.com](http://www.expressscripts.com)

*When utilizing a participating pharmacy under contract with the prescription plan administrator:*

**Retail copay (34 days supply)**  
Generic: \$10.00  
Brand Name: \$25.00

**Mail Order copay (90 days supply)**  
Generic: \$20.00  
Brand Name: \$50.00

**Eligible Class Participant:**

- \* a regular, full-time active employee
- \* an employee on disability leave due to an on-the-job injury or illness who was a regular, full-time active employee on the date the disabling injury or illness occurred
- \* a retired employee who qualifies under Chapter 40 of the Oklahoma City Code, 1997 as amended
- \* an elected official of the City
- \* a regular, fulltime active employee of an approved participating municipal trust
- \* a COBRA participant
- \* a surviving spouse or surviving minor child of a deceased eligible employee or retiree but not including new spouses or dependents of the survivor

**Dependent Eligibility:**

- An eligible class participant's
- \* Spouse, except for a new spouse of a survivor
- \* Unmarried children to the age of twenty (20) and who qualify as dependents under the Internal Revenue Code
- \* Unmarried children up to the age of twenty-four (24) enrolled in an accredited university, college, trade or vocational school, nine or more hours per semester who qualify as dependents under the Internal Revenue Service
- \* Unmarried children who are physically or mentally incapable of self support on the date coverage would otherwise end

**Children are defined as:**

Stepchildren, adopted children, and children for whom the participant is the legal guardian and qualify as a dependent under the Internal Revenue Code.

**Eligibility Date:**

The first day of the month following one full month of employment (excluding the month of hire).

## Benefit Features and Services

<b>Plan Services/Provisions</b>	<b>Participant Pays Network</b>	<b>Participant Pays Non-Network</b>
<b>Annual Deductible</b>  * Per Person * Per Family	\$200 \$400	\$300 \$900
	In-network and out-of-network deductibles are separate. For example, an individual could have a total deductible of \$500 ( \$200 in-network and \$300 out-of-network.)	
<b>Annual Out-of-Pocket Limits (Coinsurance)</b>  * Per Person	\$1,000 + deductible Individual maximums apply to each family member	\$3,000 + deductible Individual maximums apply to each family member
<b>Lifetime Benefit Maximum</b>	\$2,000,000.00 Per Participant	\$2,000,000.00 Per Participant
<b>Physician's Office Visits</b>  * Office Copay * Participant Responsibility	\$5 + participant responsibility 10% of eligible charges + deductible	\$5 + participant responsibility 30% of eligible charges + deductible
<b>Preventive Care</b>  <b>Well Baby Care</b> <i>Misc. preventive care provisions with limitations</i> Mammography screening Child Immunization Coverage (required by state law) Bone Density Test Annual Prostate Screening Annual Cancer of the Cervix	100% up to \$200 per individual; \$500 per family toward the preventative care of your choice Plan pays 100% of OSDH schedule Plan pays up to \$115, no deductible Plan pays 100%, no deductible Plan pays up to \$150, subject to deductible Plan pays up to \$65, no deductible 10% of eligible charges, subject to deductible	100% up to \$200 per individual; \$500 per family toward the preventative care of your choice Plan pays 100% of OSDH schedule Plan pays up to \$115, no deductible Plan pays 100%, no deductible Plan pays up to \$150, subject to deductible Plan pays up to \$65, no deductible 30% of eligible charges, subject to deductible
<b>Preoperative Testing</b>	Plan pays 100% of fee schedule	Plan pays 100% of fee schedule
<b>Birthing Centers and related Physicians expenses</b>	Plan pays 100% of fee schedule	Plan pays 100% of fee schedule
<b>Hospitalization and Surgery</b>  Inpatient Outpatient <i>Recertification is required for inpatient services.</i>	10% of eligible charges + deductible 10% of eligible charges + deductible	30% of eligible charges + deductible 30% of eligible charges + deductible
<b>Ambulance Services</b> <i>EMSA is paid at 100% Deductible waived</i>	10% of eligible charges + deductible	30% of eligible charges + deductible
<b>Mental/Nervous</b>  Inpatient Outpatient <i>\$5 copay does not apply to the deductible or coinsurance.</i>	10% of eligible charges + deductible \$5 copay/visit + 10% of eligible charges + Deductible (Outpatient includes day treatment and residential )	30% of eligible charges + deductible \$5 copay/visit + 30% of eligible charges + Deductible (Outpatient includes day treatment and residential )
<b>Substance Abuse</b>	10% of eligible charges + deductible (day treatment, residential, & freestanding included)	30% of eligible charges + deductible (day treatment, residential, & freestanding included)
<b>Chiropractic Treatment</b>	Maximum of 30 annual visits 10% of eligible charges + deductible	Maximum of 30 annual visits 30% of eligible charges + deductible
<b>Convalescent Nursing Care</b>	Maximum of 120 days 10% of eligible charges + deductible	Maximum of 120 days 30% of eligible charges + deductible
<b>Hospice Care</b>	10% of eligible charges + deductible	30% of eligible charges + deductible
<b>Home Health Care</b>	Maximum of 120 days 10% of eligible charges + deductible	Maximum of 120 days 30% of eligible charges + deductible
<b>AM/PM Neighborhood Clinics</b> <i>Initial visit must be outside normal physician hours.</i>	10% of eligible charges + deductible	30% of eligible charges + deductible

## **Plan Provisions**

<b>Plan Provisions</b>	Coverage is provided only for a service or supply, which is "necessary" for the diagnosis, care or treatment of the physical or mental condition involved. Only that part of a charge which is "reasonable" is covered.
<b>BlueCard Program</b>	The BlueCard Program allows you to use a Blue Cross and Blue Shield PPO Physician or Hospital outside the state of Oklahoma and to receive the advantages of PPO benefits and savings. Refer to the Plan document for additional details.
<b>Coinsurance</b>	Patient's responsibility of 10% or 30% applies to coinsurance annual maximum of \$1,000 in network and \$3,000 out of network per individual.
<b>Inpatient Precertification</b>	Precertification is required for inpatient hospital admissions at least fourteen (14) days before the date the individual is scheduled to be admitted. There is a 30% penalty for noncompliance.
<b>Hospitalization</b>	Private room limit is the Institution's semi-private rate. If the institution does not offer a semi-private rate, a semi-search rate will be utilized for coverage.
<b>Exclusions</b>	Please note that "General Exclusions" are listed in the Medical Expense Coverage section of the Plan Booklet.
<b>Benefit Year</b>	A benefit year is a calendar year, from January 1 through December 31.
<b>Claims Filing Deadline</b>	Claims must be filed with the Claims Administrator within twelve months of the date of service. Claims will be denied if received after twelve months.
<b>Coordination of Benefits</b>	Medical or dental benefits paid by "other plans" will be taken into account when determining benefits under this Plan.
<b>Coordination with Medicare</b>	Medical Expense Coverage under this Plan will be changed for any individual while eligible for Medicare. All medical expenses under this Plan will be reduced by any Medicare benefits available for those expenses, before the regular medical benefits of this Plan are determined. In order to comply with Medicare Secondary Payer (MSP) laws, it is very important that you promptly and accurately complete any requests for information from the City or the Claims Administrator regarding Medicare eligibility of you, your spouse and covered dependent child becomes eligible for Medicare, or has Medicare eligibility terminated or changed, please contact the City or your group administrator promptly to ensure that your claims are processed in accordance with applicable MSP laws.
<b>Right of Subrogation</b>	In the event you are injured in an accident caused by the negligence of a third party, i.e. automobile accident, supermarket slip and fall, etc, your health plan will pay eligible claims, however, the Plan reserves the right to recover from the negligent third party or from you if you recover damages. You are required to notify the Plan of all such injuries.
<b>Preexisting Conditions</b>	Coverage is provided only for the first \$4,000.00 for Covered Medical Expenses incurred during the first twelve (12) months of a participant's current period of coverage for treatment of a "pre-existing condition". Pre-existing limitations are waived under the Health Insurance Portability Accountability Act, "HIPPA", if the insured provides the City proof of continuous health insurance coverage. Individuals have the right to request a certificate of creditable coverage from prior health issuers. The Plan will assist an individual in obtaining a certificate from any prior plan or issuer, if necessary.
<b>Maternity</b>	Treated as any other illness for employee or dependent.
<b>Vision Care</b>	Only claims for eye injury, eye disease, and other related eye problems will be

considered for payment. Routine vision exams are excluded.

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## **Plan Provisions**

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### **Denial of Claim**

The Claims Administrator will have the discretionary authority to construe and interpret the Plan and to determine whether a particular claim is covered.

### **Claim Appeal**

The member has the right to appeal any benefit determination on a claim. The right to appeal is personal to the Employee and may not be assigned. To appeal the determination, the employee must state in writing the reason for the appeal and include any supporting documentation. The appeal must first be provided to the Claims Administrator for review. Upon denial of the appeal by the Claims Administrator, an appeal can be submitted to the Employee Benefits Manager. The Employee Benefits Manager will review the appeal and make a written determination. If for some reason the employee does not receive a written determination, the employee must assume the original claim determination has been upheld on review of the Employee Benefits Manager.

### **Termination of Coverage:**

Coverage under this plan terminates, the end of the month which the first to occur of:  
\* Employment ceases.  
\* When the Plan terminates as to the coverage.  
\* When you are no longer an Eligible Class Participant or dependent.

### **Continuation Coverage (COBRA)**

As a participant in the City's Group Indemnity Plan you are entitled to certain rights and protections under Title 22 of the Public Health Services Act (PHSA). PHSA provides that all plan participants shall be entitled to: Continue health care coverage for yourself, spouse or dependents if there was a loss of coverage under the plan as a result of a qualifying event. You and your dependents may have to pay for such coverage. Review this summary plan description and the documents governing the plan on the rules governing your COBRA continuation coverage rights.

### **Recovery**

If for any reason, the Claims Administrator makes any payment in excess of the maximum amount necessary to satisfy the intent of the Plan's provision, the Claims Administrator will have the right to recover any excess payments from any other company, organization, or individual to whom these payments have been made. This includes the right to recover excess payments from the Employee.  
Failure to notify the Personnel Department, Employee Benefits Division, of an accident in which you were injured by the negligence of a third party, may result in disciplinary action, up to and including termination and further legal action against the employee.

### **Plan Modification and Amendment**

The Mayor and City Council may modify or amend the Plan from time to time at its sole discretion and make such amendments or modifications which affect Covered Persons which may include elimination of any Plan provision(s).

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***This is a summary of benefits and not a contract or guarantee of benefits.  
For a complete description of benefits, exclusions and limitations, refer to a copy of the plan document.***

The actual benefits available and the full description of those benefits are governed in all cases by the relevant plan document, insurance contracts, and Ordinances and Resolutions of The City of Oklahoma City. If there are discrepancies between the Summary of Benefits and the actual plan documents, insurance contract, and Ordinances and Resolutions, the documents, contracts, and Ordinances and Resolutions will govern.