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2022

BENEFITS ENROLLMENT

JANUARY 1 – DECEMBER 31

# Welcome

Tulsa Firefighters Health & Welfare Trust strives to provide you and your family with a comprehensive and valuable benefits package. We want to make sure you're getting the most out of our benefits—that's why we've put together this Benefits Guide.

Open Enrollment is a short period each year when you can make changes to your benefits. This guide will outline all of the different benefits the Tulsa Firefighters Health & Welfare Trust offers, so you can identify which offerings are best for you and your family.

Elections you make during Open Enrollment will become effective on **January 1, 2022**. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to the Benefits Team (at HUB International) at 918-359-6150 or [OKL.TulsaFireBenefits@hubinternational.com](mailto:OKL.TulsaFireBenefits@hubinternational.com).

## Eligibility

If you're an Active, full-time Tulsa Firefighter who works 30+ hours per week, or Retiree who has maintained your coverage, you are eligible to enroll in the benefits outlined in this guide (some exceptions apply to retirees). In addition, the following family members are eligible for medical, dental and vision coverage:

- Legal spouse and dependent children under the age of 26
- Children up to age 26 (includes natural children, stepchildren, and legally adopted children)
- Disabled children age 26 or older who meet certain criteria

## Making Changes

Due to IRS regulations, you cannot change your elections until the next Open Enrollment period, unless you experience a life-changing qualifying event. Qualifying events include things like:

- Marriage, divorce or legal separation
- Birth or adoption of a child
- Change in child's dependent status
- Death of a spouse, child or other qualified dependent
- Involuntary loss of coverage through another plan

Please review your Summary Plan Description for specific timelines for enrollment for Qualifying events.

## Enrollment

Open Enrollment begins **November 15, 2021** and runs through **December 3, 2021**. The benefits you choose during open enrollment will become effective on **January 1, 2022**.

You may select any combination of medical, dental and/or vision plan coverage. For example, you could select medical for you and your entire family, but select dental and vision coverage only for yourself. The only requirement is that you, as an eligible employee, must select coverage for yourself in order to elect any dependent coverage. Additionally, Active members must enroll in at least single medical coverage. The only exception is for Retirees who become Medicare eligible with their spouse already covered. They may drop their medical coverage and their spouse may take over their membership on the medical plan.

The first step is to review your current benefits in our online benefit enrollment system, Employee Navigator. Verify all of your personal information and make any necessary changes. Once your information is up to date, it's time to make your benefit elections for 2022.

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# Enrollment

Visit [https://](https://www.employeenavigator.com)

[www.employeenavigator.com](https://www.employeenavigator.com) to find detailed information about the plans available to you and instructions for enrolling.

# Cost of Benefits

Your contributions toward the cost of benefits are automatically deducted from your pay check before taxes. The amount will depend upon the plan you select and if you choose to cover eligible family members.

**Required Information**—When you enroll, you will be required to enter a Social Security number (SSN) for all covered dependents. The Affordable Care Act (ACA), otherwise known as health care reform, requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

# Medical Plans



We are proud to offer you a choice between two different medical plans that provide comprehensive medical and prescription drug coverage. **There were no changes to health plan benefits for 2022; just a few additions to the network.**

Both plans include CareATC and also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan. Reminder: If you are a Retiree and drop the medical plan, you are ineligible to re-enroll.

**PPO Plan with Copays:** This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the HealthCare Highways or Provider Partners network. This plan provides office visit copays, Rx copays, MRI Copays, Urgent Care copays, and \$300 surgeries at select surgical facilities, etc. The calendar-year deductible must be met before certain services are covered.

**HDHP:** Like the PPO plan, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice, but utilizing a Healthcare Highways or Provider Partners network provider will maximize your benefits and reduce your out-of-pocket costs. There are no copays under this plan (except for the newly added MedWise Urgent Care copay of \$40). Preventive care and some preventive medications are covered prior to deductible but all other services are subject to deductible.

In addition to choosing the right plan for you and your family, it is important to choose the right provider. Follow these guidelines to help you determine where to go first to get care:

**\$ Telehealth:** Allergies, anxiety issues, cold/flu symptoms, ear infections, headaches/migraines

**\$\$ Doctor's Office:** Annual exams, general health issues, cold/flu symptoms, minor aches and pains, vaccinations

**\$\$\$ Urgent Care:** Diagnostic x-rays, lab tests, minor broken bones, minor infections, sprains, strains, cuts, stomach pain

**\$\$\$\$ Emergency Room:** Chest pain, shortness of breath, heavy bleeding, major broken bones, major lacerations and burns

Insurance Terminology:

- **Deductible:** If you have the benefit of a copay under your plan, then you do not have to meet your deductible first for that service. Otherwise, covered services apply to your deductible and you are responsible for the allowable charge that is applied to your deductible and coinsurance.
  - **Coinsurance:** This is the shared expenses you pay after deductible. For example, the plan pays 80% and you pay 20% after your deductible is met.
  - **Copay:** A flat dollar amount you pay for specific covered services upon each visit to the provider. It is not impacted by the plan deductible, coinsurance or out-of-pocket maximum.
  - **Out-of-Pocket Maximum:** Copays, coinsurance, and deductibles all accumulate towards the out-of-pocket maximum on both plans. Once this number is reached, then the health plan pays 100% of your covered claims for the remainder of the calendar year. Please note that the PPO Plan with copays has a separate out of pocket maximum for prescription drugs.
  - **In and Out-of-Network Providers:** Benefit plans develop networks by contracting with doctors, hospitals, labs, etc., who have agreed to provide health care services to members at negotiated rates. You generally pay less out of pocket when you use in-network providers.
  - **Health Savings Account (HSA):** Only available to those on the High Deductible Health Plan. You may contribute to an HSA to help offset your annual deductible and pay for qualified health care expenses. To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs.  
**Please Note:** Neither the Trust or City of Tulsa sponsor HSAs. You must open and manage your account through the bank of your choice and it is your responsibility to make sure you are compliant with all regulations.  
Your HSA is yours for life. The money is yours to spend or save. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for your and/or your dependents' doctor's visits, prescriptions, braces, glasses — even laser vision correction surgery.
- HSA Contribution Limits for 2022:**  
\$3,650 for Employee Only; \$7,300 for Family;  
additional catch-up of \$1,000 for age 55+.

# Medical Plans

Key Medical Benefits	PPO			HDHP		
	In-Network Illustrated			In-Network Illustrated		
<b>Deductible</b>	<b>PHA:</b> \$1,200 Member / \$1,200 Spouse / \$1,200 Child / \$3,600 Family <b>Non-PHA:</b> \$1,700 Member / \$1,700 Spouse / \$1,200 Child / \$4,600 Family			<b>PHA:</b> \$4,500 Member / \$4,500 Spouse / \$4,500 Child / \$9,000 Family <b>Non-PHA:</b> \$5,000 member / \$5,000 Spouse / \$4,500 Child / \$10,000 Family		
<b>Out-of-Pocket Maximum</b>	\$4,000 Individual/ \$8,000 Family (includes deductibles and copay, excludes Rx)			\$6,050 Individual / \$12,100 Family (includes deductibles)		
<b>CareATC Wellness Clinic</b>	\$0 Copay			\$0 Copay / \$40 Copay for non-preventive service, if contributing to HSA		
<b>Physician Visit</b>	<b>Visits up to \$500:</b> \$25 PCP / \$50 SCP <b>Visits over \$500:</b> Deductible + 20%			Deductible + 20%		
<b>Preventive Care</b>	Covered 100%					
<b>1.800 MD Telemedicine</b>	\$0 Copay; See page 7 for more information					
<b>Urgent Care</b>	<b>Visits up to \$750:</b> \$50 Copay <b>Visits over \$750:</b> Deductible + 20% <b>MedWise Urgent Care:</b> \$0 Copay			Deductible + 20% <b>MedWise Urgent Care:</b> \$40 Copay		
<b>Emergency Room</b>	\$250 Copay + 20%			Deductible + 20%		
<b>Hospitalization</b>	Deductible + 20%					
<b>Outpatient Surgery</b>	<b>Provider Partners:</b> \$300 Copay <b>Other Facilities:</b> Deductible + 20%			<b>Provider Partners:</b> Deductible only <b>Other Facilities:</b> Deductible + 20%		
<b>Lab Work</b>	\$0 at CareATC Clinic; or \$0 if done in conjunction with your office visit using any in-network physician (up to \$750)			\$0 at CareATC Clinic Deductible + 20% at any other lab		
<b>Complex Imaging</b>	<b>Provider Partners:</b> \$50 Copay <b>One Call Medical:</b> \$0 Copay <b>Other Facilities:</b> Deductible + 20%			<b>Provider Partners:</b> Deductible only <b>One Call Medical:</b> Deductible only <b>Other Facilities:</b> Deductible + 20%		
<b>Prescription Drugs</b> (Tiers: Generic / Preferred Brand / Non-Preferred Brand)						
<b>Rx Out-of-Pocket Max</b>	\$2,600 Individual / \$5,200 Family			No separate OOP Max. All Rx accumulate towards the Medical OOP Max.		
<b>Retail Pharmacy (30)</b>	\$15 / \$35 + 5% / \$50 + 5% (max copay of \$300)			Deductible + 20%  Deductible waived for preventive medications		
<b>Mail Order (90)</b>	\$45 / \$105 / \$150					
<b>Specialty</b>	\$10 / \$40 / \$50					

## 2022 Monthly Rates

	PPO			HDHP		
	Active	Retiree	PPO Medicare Eligible	Active	Retiree	HDHP Medicare Eligible
Member	\$135.50	\$503	\$745	\$0	\$415	\$640
Member + Spouse	\$459.50	\$1,205	\$1,764	\$74.50	\$1,038	\$1,489
Member + Child(ren)	\$435.50	\$1,137	\$1,698	\$71.50	\$970	\$1,421
Member + Family	\$518.50	\$1,370	\$1,929	\$81.50	\$1,203	\$1,654

# Dental Plans



The Trust offers two dental plans through **Delta Dental**, our new provider for 2022. Both plans use the **PPO & Premier Network** which allows for a larger network of dentists. Members have access to both networks. However, PPO providers charge less than Premier providers. Below is an outline of **in-network** benefits and the amount you pay. Summary Plan Documents can be found on the Trust's website: [www.tffhwt.org](http://www.tffhwt.org) where you can view out of network benefits along with more details on the plan. Reminder: Retirees who drop dental coverage are not able to enroll at a future date.

Key Dental Benefits	HIGH PLAN	LOW PLAN
<b>Deductible</b>	\$0	\$50, max of 3 per family
<b>Annual Maximum:</b> Per Individual / Calendar Year; Preventive, Basic and Major Services combined	\$1,500	
<b>Diagnostic &amp; Preventive:</b> Exams, x-rays, cleanings, fluoride, space maintainers, topical sealants	\$0	
<b>Basic:</b> Fillings, stainless crowns, root canals, treatment for gum disease, simple extractions	\$0	20%
<b>Major:</b> Crowns, inlays, outlays, bridges and dentures, repairs and adjustments	40%	50%
<b>Orthodontia:</b> Available to eligible dependent children & adults; \$3,000 lifetime max	40%	50%
<b>2022 Monthly Rates (Active &amp; Retiree)</b>	<b>Single:</b> \$41 <b>Family:</b> \$133	<b>Single:</b> \$31 <b>Family:</b> \$100

# Vision Plan

Vision insurance can help you maintain your vision as well as detect various health problems. The Trust provides you and your family access to quality vision care through **VSP**. There were no changes to vision benefits or rates for 2022. **In-network** benefits are displayed below:



Key Vision Benefits	Copay	Frequency
<b>Well Vision Exam</b> Focuses on your eyes and overall wellness	\$10	Every calendar year
<b>Prescription Glasses</b>	\$20	*See frames and lenses
<b>Frames</b> \$130 allowance, \$150 for featured brands, \$70 at Costco/Walmart, save 20% over allowance	Included in Prescription Glasses	Every other calendar year
<b>Lenses</b> Single vision, lined bifocal / trifocal Polycarbonate lenses for dependent children		Every calendar year
<b>Lens Enhancements</b> Standard progressive lenses Premium progressive lenses Custom progressive lenses	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
<b>Contact Lenses</b> (instead of glasses) \$130 allowance; copay does not apply Contact lens exam (fitting and evaluation)	Up to \$60	Every calendar year
<b>Diabetic Eyecare Plus Program</b>	Ask your VSP doctor for details	As needed
<b>2022 Monthly Rates (Active &amp; Retiree)</b>	<b>Single:</b> \$6.78 / <b>Family:</b> \$19.32	

# Life Insurance

Life insurance can help provide for your loved ones if something were to happen to you. The Trust provides Active members with a benefit as well as the opportunity to enroll in Dependent Life and Supplemental Life benefit through Hartford.

## Basic Life / AD&D Insurance

The Trust provides the following benefit to Active members (as of April 1, 2001)

**BENEFIT:** 2X Annual Salary + \$10,000 of Supplemental Life

**COST:** \$0

## Dependent Life Insurance

Employees have the opportunity to purchase Dependent Life insurance on their legal spouse and/or dependents.

**BENEFIT:** Spouse \$20,000 / Child(ren): \$10,000

**COST:** \$2.90/month

## Supplemental Life Insurance

While the Trust provides Basic Life/AD&D insurance, it may not be enough to cover expenses in a time of need. Employees may purchase additional Supplemental Life to protect their family.

**\*Special Open Enrollment option for 2022:** Automatic approval with no health questions asked for employees and their

**ELIGIBILITY:** Full-time employees (with at least 1 year of service) may cover their legal spouse, unmarried dependent children under age 19. Employees must enroll in the benefit to be able to purchase coverage for their dependents.

**BENEFIT:** **Employee:** \$10,000 increments; \$20,000 minimum; 2x your annual salary up to \$150,000 maximum  
**Spouse:** \$20,000 minimum; \$30,000 maximum  
**Child(ren):** \$5,000 or \$10,000 of coverage

**GI:** **Employee:** Lessor of \$150,000 or 2x annual earnings; **Spouse:** \$30,000; **Child(ren):** \$10,000

**COST:** Refer to the age-rated chart below.

### Monthly Cost for Employee and Spouse: Per Every \$1,000

Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+*
Cost	\$0.11	\$0.12	\$0.14	\$0.19	\$0.31	\$0.56	\$1.01	\$1.20	\$1.99	\$3.22

Monthly Cost for Dependent Children: \$0.75 for \$5,000 per child / \$1.50 for \$10,000 per child

# Voluntary Benefits

Our benefit plans are here to help you and your family live well— and stay well. You can strengthen your coverage even further with voluntary benefits through **Aflac** or **Manhattan Life**. Benefits from these plans are paid directly to you, and coverage is also available for your spouse and dependents.

You can enroll in these plans during Open Enrollment—they're completely voluntary, which means you are responsible for paying for coverage at affordable group rates.

Depending on which vendor and benefits you choose, the following options may be available: **Accident Insurance, Critical Illness, Hospital Indemnity Insurance, Cancer Indemnity**

Contact the vendor directly to enroll or change your current enrollments. Contact information is located on page 8.

Firefighters and their families have access to several CareATC wellness clinics in the Tulsa area for non-emergency needs.

#### Clinic Highlights:

- FREE annual Personal Health Assessment (PHA)
- \$0 Sports Physicals
- Generic drugs dispensed free
- Unlimited appointments (includes eligible spouses and dependents (age 2+))
- On-site x-rays
- Most laboratory testing

**Type of Visits:** sick, allergies, asthma, headaches, annual exams, well-woman exams, pap smears, STD testing/screening, chronic disease management (high blood pressure, high cholesterol, diabetes), minor injuries, sports physicals.

**How to Access:** Download the CareATC app, log in at [careatc.com/patients](http://careatc.com/patients), or call 1-800-993-8244. Same day appointments available; not a walk-in clinic.

\*HDHP participants who contribute to an HSA can pay a \$40 copay and be in compliance.



Provider Partners is a value-based partnership between The Tulsa Firefighters Health & Welfare Trust and Health Care Providers. These providers are centered around a culture of quality, service, transparency and efficiency.

This valuable benefit provides reduced-cost imaging and select surgeries to Trust members. Common outpatient procedures include:

- Orthopedic
- Spine
- Pain Management
- Ophthalmology
- Endoscopy
- Colonoscopy
- General Surgery
- Cardiac
- Gynecology
- Podiatry
- Ear, Nose & Throat
- MRI, CT Scans, Ultrasounds, X-ray

Members participating in the PPO Plan will have a \$300 copay for covered surgical procedures and a \$50 copay for covered high-tech imaging services.

Members participating in the HDHP can take advantage of the contracted pricing at these facilities. In accordance with HDHP regulations, deductibles will apply to covered services at select facilities.

Download the **My90DB** app, create an account, start searching, then connect with a guide to assist you with setting up an appointment.

Tulsa Fire members and their covered dependents have 24/7/365 access to a telemedicine benefit through 1800MD. With board-certified physicians in all 50 states, those in need can obtain diagnosis, treatment and a prescription, when necessary, through the convenience of a telephone and digital communications.

**Common Treated Conditions:** allergies, arthritic pain, cold/flu, tonsillitis, laryngitis, pharyngitis, skin infections, gastroenteritis, ear infections, pink eye, insect bites, minor burns, respiratory infections, sinusitis, sprains/strains, urinary tract infections.

#### How it Works:

- Activate your account online at [www.1800MD.com](http://www.1800MD.com) or by calling member services at 1-800-530-8666. Once activated, you will need to set up your member profile and complete your electronic health record.
- Request a consult. Login to your account online or call member services to request a consult anytime 24/7.
- Receive care. Obtain diagnosis and treatment, giving you quality care and peace of mind where ever you are.



Protect your pets with pet insurance through Pets Best. You can save up to 90% on your pet's veterinary bills with Accident plans that start at just \$6\*. As a Trust member, you will get a 5% discount on pet health insurance, plus another 5% if you have multiple pets.

You can get a quote and enroll your pet by visiting [www.petsbest.com/tfhwpet](http://www.petsbest.com/tfhwpet) or by calling 1-888-984-8700 and mentioning code **TFHWPET**.

# Contact Information

Benefit Type	Carrier / Contact	Phone #	Website / Email
<b>General Questions</b>	Benefits Team at HUB International	(918) 359-6150	www.tffhwt.org Email: OKL.TulsaFireBenefits@hubinternational.com
<b>Medical</b>	90 Degree Benefits, formerly Healthcare Solutions Group (HSG)  Contact for status of claims, billing questions, EOBs, Medical ID cards  Group #: M8086	1(800) 749-1422	www.90degreebenefits.com App: hciactive.my90db Email: customerservice@hsg.com Member Portal: https://portal.90degreebenefits.com
	Healthcare Highways	1(866) 945-2291	www.healthcarehighways.com
	Provider Partners	1(800) 749-1422	www.tulsafire.providerpartners.com
	CareATC	1(800) 993-8244	www.careatc.com
	ConnectDME	(918) 851-6249	Ritchie@ConnectDME.com
	1.800MD (Telemedicine)	1(800) 530-8666	www.1800md.com
<b>Pharmacy</b>	RxBenefits	1(800) 334-8134	RxHelp@rxbenefits.com
	Express Scripts	1(800) 282-2881	www.express-scripts.com
	Accredo (Specialty)	1(800) 922-8279	www.accredo.com
<b>Dental</b>	Delta Dental Group #: 0017370	1(800) 522-0188	www.deltadentalok.org
<b>Vision</b>	Vision Service Plan (VSP) Group #: 30034074	1(800) 877-7195	www.vsp.com
<b>Life / AD&amp;D Insurance</b>	Hartford Policy #: GP-100527	(918) 359-6150	Contact your HUB team
<b>Pet Insurance</b>	Pets Best	1(888) 984-8700 Ref code: TFHWPET	www.petsbest.com/tfhwpet
<b>Voluntary Benefits</b>	Aflac: Angela Karr (Enrollment)	(405) 612-0704	angela_karr@us.aflac.com
	Aflac: Crystal Switzer (Claims)	(918) 505-9671	cswitzeraflac@gmail.com
	Manhattan Life: Candice Barber	(901) 482-8868	candice@cbenefits.com



## Additional Benefit Resources

Scan the QR code below with your smartphone camera or use a QR Code Reader app to view a voiced-over presentation of your benefits at any time.



Download the **Benefit Spot** app from the Apple App Store or Google Play or scan the blue QR code. After launch, enter company code: **TulsaFire** (case sensitive) to access our plan information, call the Benefits Team directly, watch educational videos, and more.



**DISCLAIMER:** The material in this benefits brochure is for informational purposes only and is neither an offer of coverage or medical or legal advice. It contains only a partial description of plan or program benefits and does not constitute a contract. Please refer to the Summary Plan Description (SPD) for complete plan details. In case of a conflict between your plan documents and this information, the plan documents will always govern. **Annual Notices:** ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. The company will distribute all required notices annually.

