



**WELCOME TO OPEN
ENROLLMENT 2019**



October 15, 2018

Dear Members:

We are very pleased to announce that we will be experiencing a rate decrease on our health plan this year. Part of the credit for that is due to the City of Tulsa's increase towards our premiums but another large portion of the credit goes to each of you covered under the Trust. The Board has conveyed for years that our premiums are a direct result of our claims. We have implemented strategies to reduce our overall claims experience (mandatory mail order on some RX's, Surgical Management, Envision Imaging, Connect DME, CareATC, etc). This year we had favorable claims experience so most will see a reduction in premiums charged. Since the High Deductible Health Plan is already at a \$0 cost for actives... we can't reduce the premium, but we did reduce the individual out of pocket maximum by \$500 per individual/\$1000 per family on the HDHP. **As a reminder, our payroll deductions remained the same from July 2016 through December 31, 2017. We then had a rate decrease in January 2018, and we will experience another decrease in January 2019...which is unheard of today with rising health care costs. In summary, over a 42 month timeframe, we are paying less for our insurance and we have not increased deductibles on existing plans or made major plan changes.** That's something to be proud of!

Some other news is that the City of Tulsa did not notify the Trust in a timely fashion that they were no longer going to contribute towards any City employee's dental insurance for 2018. We were notified *after* our open enrollment ended and we voted not to change payroll deductions, which resulted in a shortfall on dental of about \$30 per employee per month. The Trust has determined to use a portion of what the City is paying towards active firefighters medical to fund the dental shortfall for 2019 and you will see no change to your dental premiums.

Our Vision Plan with VSP will renew again with a 2 year rate guarantee and VSP will now cover standard progressive lenses. Previously they only covered lined bifocals and trifocals. Our increase is under 10% and is calculated on a very small premium so the result increase is minimal.

Life Insurance rates for voluntary life are unchanged but if you aged up to the next age band then your rates will increase in January. (see age bands/rates in the pages to follow)

You will need to go online to enroll/make changes (see instructions for Employee Navigator attached to this document) **If you are not making changes, then you are not required to go online as your benefits will carry forward to the next year.**

We are all very happy to deliver this good news to you for the 2019 Plan Year.

Your Board Members

Jim Nance

Josh Lamb

Kevin Caywood

John Buck

Aaron Goins

Colt Herren









PICK THE BEST BENEFITS FOR YOU AND YOUR FAMILY.

Tulsa Firefighters Health and 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 Open Enrollment 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 Tulsa Firefighters Health and 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, 2019. If you have questions about any of the benefits mentioned in this guide, please don't hesitate to reach out to the insurance office @ 918-359-6000.

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WELCOME TO OPEN ENROLLMENT

WHO IS ELIGIBLE?

If you are an active Tulsa Firefighter or a retiree who has maintained your coverage, then you're eligible to enroll in the benefits outlined in this guide. 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 who are your natural children, stepchildren, adopted children, or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

How to enroll

Are you ready to enroll? The first step is to review your current benefit enrollment in Employee Navigator. Did you move recently or get married? Verify all of your personal information and make any necessary changes.

Once all your information is up to date, it's time to make your benefit elections. *Please see online enrollment instructions included in this guide.*

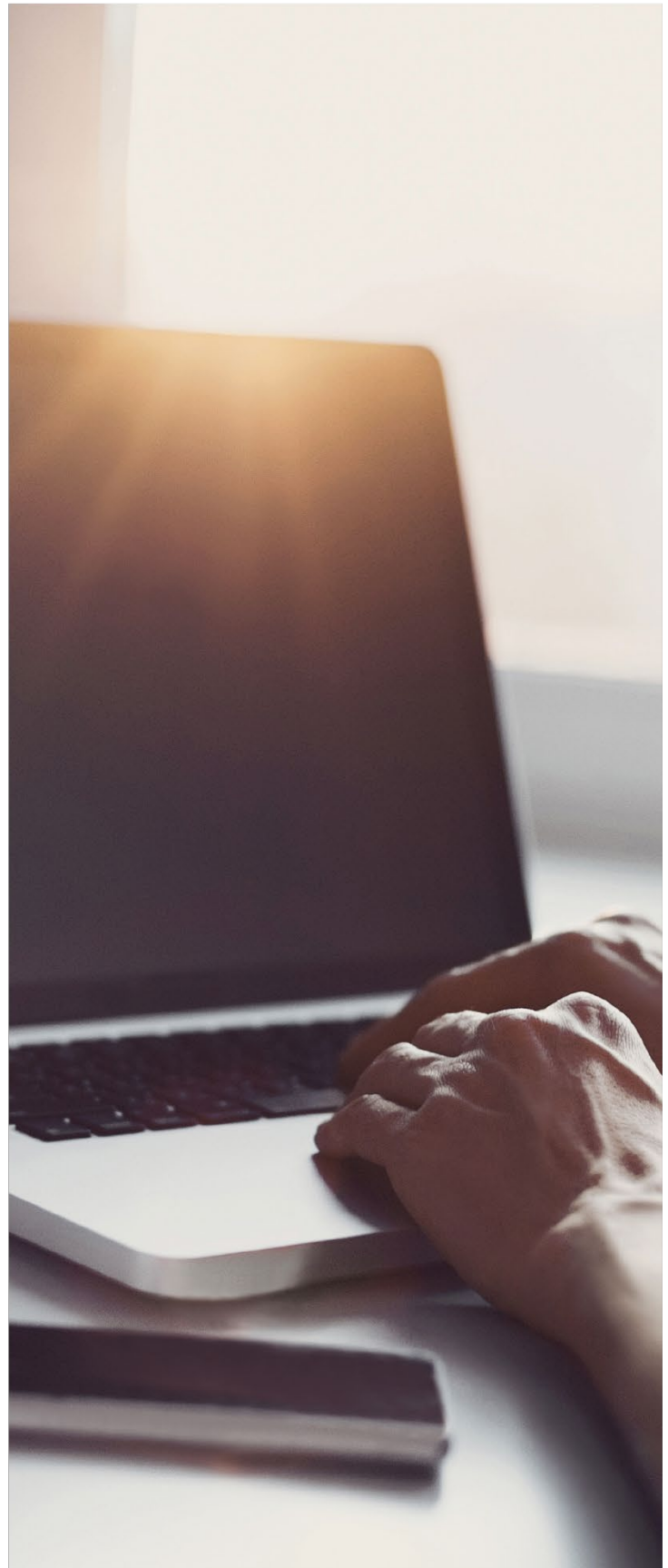
When to enroll

Open enrollment begins on November 1st and runs through November 30th. The benefits you choose during open enrollment will become effective on January 1, 2019..

How to make changes

Unless you experience a life-changing qualifying event, you cannot make changes to your benefits until the next open enrollment period. 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
- Change in employment status or a change in coverage under another employer-sponsored plan





WHAT'S NEW FOR:

Health Insurance

The following chart compares the two health plans offered by the Trust. Please note items in red are changes effective January 1, 2019.

	PPO Plan with Copays (PHA Participant)	High Deductible Health Plan (PHA Participant)
Services	In-Network	In-Network
Deductible (Jan 1-Dec 31) - Individual - Family <i>\$500 PHA participation credit illustrated</i>	\$1200 per person Max Deductible per family is \$3600	\$4500 per person Max Deductible per family is \$9,000
Out-of-Pocket Max (Jan 1-Dec 31) - Individual - Family	<i>(includes deductibles and copays but does not include RX)</i> \$4,000 \$8,000	<i>(includes deductible and coinsurance)</i> \$6,050 \$12,100
CareATC Wellness Clinic	\$0 Copay (FREE) Generic drugs dispensed here are also free.	\$0 Copay (FREE) Generic drugs dispensed here are also free. <small>If you contribute to an HSA you can pay a copay of \$40 for non preventive visits to remain compliant with HSA regulations</small>
Physician Visit	<u>Visits up to \$500:</u> \$25 Copay/PCP or \$50 Copay/SCP <u>Visits over \$500-</u> Deductible + 20%	Deductible + 20%
1-800-MD (telemedicine)	\$0 Copay	\$0 Copay
Hospitalization	Deductible + 20%	Deductible + 20%
Outpatient Surgery	Provider Partners: \$300 Copay Deductible + 20% at all other facilities	Provider Partners:Deductible only <small>(Coinsurance waived)</small> Deductible + 20% at all other facilities
Preventive Care	Covered @ 100%	Covered @ 100%
Urgent Care	<u>Visits up to \$750:</u> \$50 Copay <u>Visits over \$750:</u> Deductible + 20%	Deductible + 20%
Labwork	\$0 at CareATC clinic and also \$0 if done in conjunction with your office visit on the insurance plan using any in network physician	\$0 at CareATC Wellness clinic Deductible + 20% with any other lab
Complex Imaging (MRI's, etc)	\$50 copay if using Provider Partners 20% Copay with One Call Medical Deductible + 20% other facilities	Provider Partners:Deductible only <small>(Coinsurance waived)</small> Deductible + 20% at all other facilities



WELCOME TO OPEN ENROLLMENT

	PPO Plan with Copays (PHA Participant)	High Deductible Health Plan (PHA Participant)
Services	In-Network	In-Network
Emergency Room	\$250 Copay + 20%	Deductible + 20%
Prescription Drugs	<p><u>Retail Network Pharmacy/ 1 month supply:</u> Generic: \$15 Formulary Brand \$35+5% Non Formulary Brand: 50+5% (max copay of \$300)</p> <p>Injectable Testosterone Copay is \$45 All other forms \$150 +5%</p> <p><u>Mail Order Pharmacy/90 day supply</u> Generic: \$45 Formulary Brand: \$105 Non Formulary Brand \$150</p> <p><u>Specialty Drugs (Mandatory Mail Order)</u> Generic: \$10 Formulary Brand: \$40 Non Formulary Brand: \$50</p> <p>Prescription out of pocket maximum is \$2,600/Individual or \$5,200 /Family</p> <p><u>(copays are higher than the above if filled at Walgreens)</u></p>	<p>Deductible + 20%</p> <p>Deductible is waived for “preventive” medications (see attached list from Scriptcare in the HDHP section)</p> <p>All prescriptions accumulate towards the out of pocket maximum listed previously. There is no separate RX out of pocket maximum.</p>

Just a reminder, it is your responsibility to know the regulations on opening and contributing to a Health Savings Account. The Trust provides the High Deductible Health plan only and does not monitor your finances/contributions to HSA's.

Retirees cannot re-enter a plan that they have dropped previously. (except for the vision plan)



YOUR COST IN 2018 vs. YOUR COST IN 2019

2018 MONTHLY MEDICAL DEDUCTIONS					
	Single/Active	Family/Active	Single/Retiree	Family/Retiree	Medicare Eligible Retiree/Family
PPO	\$116.10	\$531.00	\$498.60	\$1,329.50	\$648.60 / \$1,479.50
HDHP	\$0	\$0	\$404.50	\$1,145.50	\$554.50 / \$1,295.50
2019 MONTHLY MEDICAL DEDUCTIONS					
	Single/Active	Family/Active	Single/Retiree	Family/Retiree	Medicare Eligible Retiree/Family
PPO	\$100.00	\$420.00	\$448.60	\$1,229.50	\$648.60 / \$1,479.50
HDHP	\$0	\$0	\$365.50	\$1,070.50	\$554.50 / \$1,295.50



DENTAL INSURANCE

In addition to protecting your smile, dental insurance helps pay for dental care and usually includes regular checkups, cleanings and X-rays. Several studies suggest that oral diseases, such as periodontitis (gum disease), can affect other areas of your body—including your heart. Receiving regular dental care can protect you and your family from the high cost of dental disease and surgery.

We're happy to say that there are no plan or cost changes to your dental benefits for 2019. The following chart outlines the dental benefits we offer.

HIGH PLAN	
Services	Amount You Pay at In-Network Providers (Out-of-Network benefits are reduced)
Preventive Services	Exams, cleanings, x-rays, sealants, fluoride treatments – \$0 (once every 6 months)
Deductible	\$50 (Maximum of 3 deductibles per family)
Basic Services	Fillings, simple extractions – you pay \$0 (composite fillings covered on all teeth if you use an in network dentist)
Major Services	Dentures, Crowns, Implants- you pay 40%
Orthodontia	You pay 40%
Annual Maximum for Dental Services	\$1500
MONTHLY DEDUCTION	<div> Active: Single – \$3.00 Family – \$82.00 </div> <div> Retiree: Single- \$37.00 Family-\$117.00 </div>
LOW PLAN	
Services	Amount You Pay at In-Network Providers (Out-of-Network benefits are reduced)
Preventive Services	Exams, cleanings, x-rays, sealants, fluoride treatments– \$0 (once every 6 months)
Deductible	\$50 (Maximum of 3 deductibles per family)
Basic Services	Fillings, simple extractions –You pay 20%(composite fillings covered on all teeth if you use an in network dentist)
Major Services	Dentures, crowns, Implants – you pay 50%
Orthodontia	You pay 50%
Annual Maximum	\$1500
MONTHLY DEDUCTION	<div> Active: Single – \$0 Family-\$54.00 </div> <div> Retiree: Single-\$28.00 Family-\$89.00 </div>



VISION INSURANCE

Driving to work, reading a news article and watching TV are all activities you likely perform every day. Your ability to do all of these activities, though, depends on your vision and eye health. Vision insurance can help you maintain your vision as well as detect various health problems.

The Tulsa Firefighters Health and Welfare Trusts's vision insurance pays for specific eye care benefits. Our policy covers routine eye exams and provides specified dollar amounts for the purchase of eyeglasses and contact lenses.

Our premiums did increase this year but are guaranteed for two years. Standard Progressive lenses will now be a benefit under our plan.

Single: \$6.77/month Family: \$19.32/month
(Previous 2 years the rates were \$6.35 and \$17.50)

Your VSP Vision Benefits Summary

TULSA FIREFIGHTER HEALTH AND WELFARE TRUST and VSP provide you with an affordable eyecare plan.



VSP Coverage Effective Date: 01/01/2019

VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
Your Coverage with a VSP Provider			
WellVision Exam	• Focuses on your eyes and overall wellness	\$10	Every calendar year
Prescription Glasses		\$20	See frame and lenses
Frame	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance • \$70 Costco® frame allowance 	Included in Prescription Glasses	Every other calendar year
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every calendar year
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every calendar year
Contacts (instead of glasses)	<ul style="list-style-type: none"> • \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year
Diabetic Eyecare Plus Program	• Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.	\$20	As needed
Extra Savings	Glasses and Sunglasses <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. 		
	Retinal Screening <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam 		
	Laser Vision Correction <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		
Your Coverage with Out-of-Network Providers			
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.			



BASIC LIFE INSURANCE

Life insurance can help provide for your loved ones if something were to happen to you. Tulsa Firefighters Health and Welfare Trust provides active full-time employees with 2 times your annual salary in group life and accidental death and dismemberment (AD&D) insurance. In addition, the Trust purchased supplemental life on everyone who was an “active firefighter” on or after April 1, 2001.

GROUP DEPENDENT LIFE INSURANCE

The Tulsa Firefighters Health and Welfare Trust offers full-time employees the opportunity to purchase Dependent Life insurance on their spouse and/or children. The payroll deduction for this Dependent Life insurance program is \$2.90/month and covers your legal spouse and eligible dependent children for the following amounts:

1. Spouse/\$20,000
2. Child(ren)/\$10,000

VOLUNTARY LIFE INSURANCE

While Tulsa Firefighters Health and Welfare Trust offers basic life insurance, some active employees may want to purchase additional coverage. Think about your personal circumstances. Are you the sole provider for your household? What other expenses do you expect in the future (for example, college tuition for your child)? Depending on your needs, you may want to consider buying supplemental coverage.

With voluntary life insurance, you are responsible for paying the full cost of coverage through payroll deductions. You can purchase coverage for yourself or for your spouse in \$10,000 increments. The minimum coverage level is \$20,000 and the maximum is 2x's your annual salary up to \$150,000 for employees. You must enroll in the program to be able to purchase coverage on your dependents. The maximum coverage for a spouse is \$30,000 and for a child is \$10,000

The chart below outlines the monthly costs of purchasing additional coverage. *You must have been an employee for one year to be eligible for Voluntary Life.*

Monthly Cost for Every \$1,000 of Employee and/or Spouse Life Insurance Coverage										
Age	<30	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 +
Life	\$0.11	\$0.12	\$0.14	\$0.19	\$0.31	\$0.56	\$1.01	\$1.20	\$1.99	\$3.22
	Coverage Terminates at Age 75									
Dependent Children	\$0.75 per month for \$5,000 per child (up to age 26) \$1.50 per month for \$10,000 per child (up to age 26)									



FLEXIBLE SPENDING ACCOUNTS

The Trust does not offer a Flex plan, but the City of Tulsa does offer this to all of its employees. You will need to go online as a City of Tulsa Employee to sign up for the Flex. Remember, you cannot contribute to a Flex AND an HSA at the same time.

HEALTH SAVINGS ACCOUNTS

Health savings accounts (HSAs) are a great way to save money and budget for qualified medical expenses. HSAs are tax-advantaged savings accounts that accompany high deductible health plans (HDHPs). HDHPs offer lower monthly premiums in exchange for a higher deductible (the amount you pay before insurance kicks in).

WHAT ARE THE BENEFITS OF AN HSA?

There are many benefits of using an HSA, including the following:

- **It saves you money.** HDHPs have lower monthly premiums, meaning less money is being taken out of your paycheck.
- **It is portable.** The money in your HSA is carried over from year to year and is yours to keep, even if you leave the company.

The maximum amount that you can contribute to an HSA in 2019 is \$3,500 for individual coverage and \$7,000 for family coverage.

Additionally, if you are age 55 or older, you may make an additional “catch-up” contribution of \$1,000. You may change your contribution amount at any time throughout the year as long as you don’t exceed the annual maximum. Remember that the Trust doesn’t track whether you have opened a Health Savings Account.

ADDITIONAL BENEFIT OFFERINGS

You are also eligible to enroll or participate in the following voluntary programs:

AFLAC and Central United Life/Manhattan Life

The information in this Enrollment Guide is presented for illustrative purposes and is based on information provided by the employer. The text contained in this guide was taken from various summary plan descriptions and benefit information. While every effort was taken to accurately report your benefits, discrepancies or errors are always possible. In case of discrepancy between the guide and actual plan documents, the actual plan documents will prevail. All information is confidential, pursuant to the Health Insurance Portability and Accountability Act of 1996. If you have any questions about the guide, please contact HR.



QUESTIONS & ANSWERS

IF I DON'T WANT TO MAKE ANY CHANGES DO I HAVE TO DO ANYTHING ?

- NO

IF I DO WANT TO MAKE CHANGES, DO I HAVE TO DO ANYTHING ?

- YES, you must go online through "Employee Navigator" to make changes.

Where do I find information of how to go online and enroll?

- See attached document.

Other Information:

- If you do not make changes to your current medical, vision, life and dental elections, those elections will remain the same for the plan year Jan. 1 to Dec. 31, 2019.

If you want to view any information on the plans outside of the online enrollment system, we have had a website for 2 years where all of the benefit information is housed. That website address is www.tffhwt.org

How to enroll in your 2019 Tulsa Fire Health and Welfare benefits!

Step 1: go to <https://www.employeenavigator.com> → Click 'Login' in the upper right hand corner



If you have previously signed on and have a Username and Password, use those credentials to login. If you have forgotten your credentials, click “Reset a forgotten password” and you will receive a reset password email at the email address you used when you first registered. If you are a new user follow Step 2.

Step 2: Click ‘Register as a new user’

The image shows the 'Create Your Account' page on the Employee Navigator website. At the top, there is a login section with fields for 'Username' and 'Password', and a 'Login' button. Below this, there are links for 'Reset a forgotten password' and 'Register as a new user'. The 'Register as a new user' link is circled in red. At the bottom, there is a 'Next >' button. The page also includes a footer with 'Privacy Policy', 'Terms of Use', and 'Legal Notice'.

Step 3: Fill in the following areas

- First Name
- Last Name
- Company Identifier – ‘Tulsa Firefighters HWT’
- Pin (Last 4 of SSN)
- Birth Date

Create Your Account

First, let's find your company record

The image shows the 'Create Your Account' form. It has fields for 'First Name', 'Last Name', 'Company Identifier', 'PIN', and 'Birth Date'. A red arrow points from a yellow box containing the text 'Company Identifier – Tulsa Firefighters HWT' to the 'Company Identifier' field. The 'Next >' button is at the bottom.

Company Identifier –
Tulsa Firefighters HWT

Once you click next you will be prompted to create a username and password

These credentials will be important if you ever want to re-login and update or change things in the future so please remember to save them. Click ‘Next’ and it will take you to your home screen.

This is the screen you will see when you login if you are a return user, if this is your first time your screen may look a little different but just click the task or start button and you are on your way!



Open Enrollment

Let's get rock En-rolling!

Before getting started, you'll want to have your personal information and information for your dependents ready.

The enrollment process includes:

1. Verifying your personal & dependents' demographic information
2. Electing your benefits & completing any related forms
3. Signing your enrollment confirmation summary

Get Started

Step 4: If you are a new user you will be prompted to begin enrollment which includes an electronic signature. Click, "Next" to advance screen.

Electronic Signature and Consent

Pending signature

I agree that by using the e-signature feature on this website I am applying my electronic signature which is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I also agree that no certification authority or other third party verification is necessary to validate my e-signature.

I also agree to receive electronic disclosures of all health and welfare benefits Notices including Summary Plan Descriptions (SPDs) and any Notice a similarly situated employee would consider to be related to employee benefits. For the purpose of this agreement, a Notice is any document, disclosure, policy, procedure, form or other written material required to comply with federal, state, or a governmental safety or regulatory body and any disclosure provided by my company to comply with any of the aforementioned requirements or to communicate company or employment specific information to me. I confirm I have the necessary equipment to view and print these materials and understand that if I cannot access these materials, I may ask for them to be printed for me by my employer. I authorize my employer to send notices electronically and agree to accept the delivery of notices via email as well as the requirements to view notices on this portal.


Please click the "Sign Document" button to confirm that you have reviewed and completed this task.

Sign Document

Back

Next

Step 5: Check all personal information. This information should auto populate with what you already have in your profile. You need to validate that all this information is accurate and make changes were necessary. **Please make sure the email is correct and complete if no email has been provided.** Click 'Save & Continue'.



Home Profile Benefits Required Tasks Resources

Personal Information

Progress: 0 of 10

View steps ➤

First Name Jackie

Middle Name

Last Name Demo

Suffix --Select--

Preferred Name

Gender ☐ Male ☒ Female

Date of Birth January 1 1980

SSN ***-**-0000

Tobacco User ☐ Yes ☐ No

Address 1 123 Gum Street

Address 2

City Tulsa

State Oklahoma

County Tulsa County


Zip Code 74136

Phone Number

Email Address jackdemo@gmail.com

Save & Continue

Step 6: In the dependent information section→ add any dependents you may have on any of your lines of coverage. You will need to complete this field if you are applying for supplemental or dependent group life as well.



Home Profile Benefits Required Tasks Resources

Dependent Information

Progress: 1 of 10

View steps ➤

add dependent +

No dependents were found.

Save & Continue

Click 'Save & Continue'

Step 7: You will now go through all your benefit elections. The dependents you added will appear at the top of the screen. If you want dependents on this line of coverage, 'Click' on spouse, children or "Select All". The premium will automatically adjust for the family rate. If you forgot to add a dependent, return to 'Profile' and select, 'Dependent Information'. You can make addition and return to enrollment.

Medical

Enrolling in Medical insurance can protect you from paying the full cost of medical services when you're injured or sick. Select a plan below to safeguard your financial security in the event of a health care emergency.

Progress: 2 of 10

View steps >

Who am I enrolling?

☒ Myself

☐ Select All

☐ Spouse Demo (Spouse)

☐ Child Demo (Child)

Which plan do I want?

2019 Active High Deductible Plan

\$0.00

Cost per pay period

Effective on 01/01/19

Employee

Compare Details Select

2019 Active PPO Plan

\$50.00

Cost per pay period

Effective on 01/01/19

Employee

Compare Details Select

My Selections

Open Enrollment:
No election yet

Current:
No election on file

Helpful Resources

[The Summary of Benefits and Coverage- Tulsa 2019](#)

[Tulsa Fire Fighters 2018 enrollment guide](#)

[Tulsa SBC 2019](#)

[WHAT'S NEW FOR 2018. PRESCRIPTION COVERAGE CHANGE ON TRADITIONAL PPO PLAN WITH COPAYS](#)

Save & Continue

Don't want this benefit?


- If you enroll in this benefit, you will then click 'Select Plan' → Save & Continue
- If you are choosing to waive coverage on this benefit, click 'Don't want this benefit?' → it will ask you to supply a reason.

REMEMBER:

Active- You must elect medical coverage. The HDHP is \$0.

Retired- If you have previously declined medical or dental, you are no longer eligible for this plan.

Step 8: Repeat step 7 for dental, vision, group dependent life and supplemental life.



HomeProfileBenefitsRequired TasksResources

Dental

Dental insurance is a form of health insurance designed to protect you from paying the full cost of routine or emergency dental care. Select a plan below to safeguard your financial security in the event you need to seek oral care.

Who am I enrolling?


Myself

☒ Select All

☒ Spouse Demo (Spouse)

☒ Child Demo (Child)

Which plan do I want?



2019 Active Dental Base Plan

\$27.00

Cost per pay period


Effective on 01/01/19

Employee + Family

Compare

Details

Selected



2019 Active Dental Buy up Plan

\$41.00

Cost per pay period

Effective on 01/01/19

Employee + Family

Compare

Details

Select

Save & Continue

Don't want this benefit?

Progress: 3 of 10

View steps

My Selections

Open Enrollment:

No election yet

Current:

No election on file


Helpful Resources

2016 Guardian Dental Base Plan Summary

Tulsa Fire Fighters 2018 enrollment guide

5

Step 9: Review your Group Basic Life Insurance. This amount is 2 X salary.



HomeProfileBenefitsRequired TasksResources

Life

Tulsa Firefighters Health and Welfare Trust is concerned about your financial security and we offer Benefit Plans designed to protect our employee. Below is the summary for our 2019 Group Life Insurance.

Life insurance can help provide for your loved ones if something were to happen to you. Tulsa Firefighters Health and Welfare Trust provides full-time employees with 2 times your annual salary in group life and accidental death and dismemberment (AD&D) insurance. In addition, the Trust purchased supplemental life on everyone who was an "active firefighter" on, or after April 1, 2001 in the amount of \$10,000.

Progress: 5 of 10

View steps >

My Selections

Open Enrollment:
No election yet

Current:
No election on file

Helpful Resources

[Group Life Plan Summary](#)
[Tulsa Fire Fighters 2018 enrollment guide](#)

Review Your Benefit

Plan:
Aetna 2019 Group Life Insurance

Your Life Insurance amount:
\$130,000.00


Effective on:
01/01/2019

Your cost per pay period:

\$0

Save & Continue

You will be prompted to update your beneficiary information.



HomeProfileBenefitsRequired TasksResources

Beneficiaries Form

[Claims Summary Report](#)

For: 2019 Group Life Insurance

A beneficiary is the recipient of financial benefit from an insurance policy after the insured dies. Beneficiaries are categorized as primary and contingent. If a primary beneficiary cannot receive the benefit after an insured dies because the primary beneficiary is deceased or refuses the inheritance, the rights are passed to the contingent beneficiary. The death benefit payout can be divided between multiple persons or entities so long as the total sum of shares is equal to 100% for each primary and contingent beneficiary sets.

Some states dictate if the insured is married, the spouse is the primary beneficiary. If a married individual designates a non-spouse as the primary beneficiary, the requirements of the state will be reviewed prior to claim payment.

Progress: 6 of 10

View steps >

Primary Beneficiaries

+ add a beneficiary


You are required to enter a primary beneficiary.

Contingent Beneficiaries

+ add a beneficiary

Continue

Step 10: Group dependent life is offered for firefighters that have dependent spouse and or children. This coverage is a flat amount of \$20,000 for spouse and \$10,000 for each child. The cost is \$2.90 per month. **You must complete/add dependent information on the ‘Profile’ page in order to enroll in this coverage.**



[Home](#) [Profile](#) [Benefits](#) [Required Tasks](#) [Resources](#)

2019 Group Dependent Life

Tulsa Firefighters Health and Welfare Trust is concerned about your financial security and we offer Benefit Plans designed to protect our employee. Below is the summary for our 2019 Group Dependent Life.

While Tulsa Firefighters Health and Welfare Trust offers basic life insurance, some employees may want to purchase additional coverage. You may purchase group dependent life insurance on your spouse and children. The amount of life insurance is set at \$20,000 for spouses and \$10,000 for dependent children. **The rate is \$2.90 per month.**

The enrollment options available for the Group Dependent life are \$20,000 for Spouse and \$10,000 for your children. The coverage tiers available correlate to the benefit amounts as follows:

- **EE SPOUSE:** \$20,000 benefit for Spouse Only
- **EE Child(ren):** \$10,000 benefit for Child(ren) Only
- **Family:** \$20,000 for Spouse and \$10,000 for Child(ren)

Choose the Desired Coverage Level

☐ Employee + Spouse

☐ Employee + Child(ren)

☐ Employee + Family

Save & Continue

Don't want this benefit?

Progress: 8 of 10

View steps >

Helpful Resources

[Group Life Plan Summary](#)

[Tulsa Fire Fighters 2018 enrollment guide](#)

Step 11: You may purchase supplemental life insurance coverage for you, your spouse and each child subject to the rules in the guide. You will also see the rules listed on the ‘Supplemental Life’ page of Employee Navigator.

Who am I enrolling?

Buy Guaranteed Issue

Myself

\$100,000

Slide to select →

Requested benefit	\$100,000
Requested per pay cost	\$6.95
Guaranteed Issue	\$0
Maximum Amount	\$510,000
Approved benefit	\$0
Approved per pay cost	\$0
Pending review of health history	\$100,000

My Spouse

\$50,000

Slide to select →

Requested benefit	\$50,000
Requested per pay cost	\$4.70
Guaranteed Issue	\$0
Maximum Amount	\$50,000
Approved benefit	\$0
Approved per pay cost	\$0
Pending review of health history	\$50,000

My Children (Child)

\$10,000

Slide to select →

Requested benefit	\$10,000
Requested per pay cost	\$0.55
Guaranteed Issue	\$0
Maximum Amount	\$10,000
Approved benefit	\$0
Approved per pay cost	\$0
Pending review of health history	\$10,000

My Selections

Open Enrollment:

No election yet

Current:

No election on file

Helpful Resources

[Group Life Plan Summary](#)

[Tulsa Fire Fighters 2018 enrollment guide](#)


Save & Continue

Don't want this benefit?

Once you select life amounts on yourself, if you have dependents listed on your ‘Profile’ you will be allowed to select life amounts on dependents within the guidelines.

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You may also be required to complete an Evidence of Insurability form to submit to the Tulsa Fire insurance office (HUB) to qualify for additional coverages. You may complete this form on-line. You will have no coverage until you are approved by Aetna for the benefits requested.



HomeProfileBenefitsRequired TasksResources

Evidence of Insurability Form

If you have not already done so, please complete the Evidence of Insurability form and return as requested.



Attention: Health History Needed

You have elected over the Guaranteed Issue amount for this plan.

Employee requested **\$100,000** but is only pre-approved for **\$0**

Spouse requested **\$50,000** but is only pre-approved for **\$0**

Child(ren) requested **\$10,000** but is only pre-approved for **\$0**

Your designated beneficiary cannot receive the pending amount until this form has been submitted to, and approved by, the carrier.


[Evidence of Insurability](#)

Continue

Progress: 7 of 10

View steps

If you select supplemental life you will be required to complete the beneficiary information before going to the next step.



Jackie DemoHomeProfileBenefitsRequired TasksResources

Beneficiaries Form

[Claims Summary Report](#)

For: 2019 Supplemental Life Insurance

A beneficiary is the recipient of financial benefit from an insurance policy after the insured dies. Beneficiaries are categorized as primary and contingent. If a primary beneficiary cannot receive the benefit after an insured dies because the primary beneficiary is deceased or refuses the inheritance, the rights are passed to the contingent beneficiary. The death benefit payout can be divided between multiple persons or entities so long as the total sum of shares is equal to 100% for each primary and contingent beneficiary sets.

Some states dictate if the insured is married, the spouse is the primary beneficiary. If a married individual designates a non-spouse as the primary beneficiary, the requirements of the state will be reviewed prior to claim payment.

Primary Beneficiaries


+ add a beneficiary

Name	DOB	Gender	Relationship	Allocation %	
Edit Spouse Beneficiary		M	Spouse	100.00	remove

[Edit Percentages](#)

Contingent Beneficiaries

+ add a beneficiary



Reminder

Your designated beneficiary cannot receive the full amount until the Evidence of Insurability (EOI) form has been submitted to the carrier.

Continue

Progress: 10 of 10

View steps

Step 12: You can enroll in additional benefits with Aflac & Central United Life for voluntary Cancer, Critical Care, Accident and Short Term Disability. ‘Click’ on the link below under Aflac or Central United Life and you can enroll directly for these coverages on the carriers websites. If you have questions on these plans, contact the listed representatives.

AFLAC & Central United Life Plan Information

You are also eligible to enroll or participate in the following voluntary programs:

AFLAC and Central United Life/Manhattan Life/Cigna

You may click on the following links for information and to enroll in voluntary Cancer, Critical Care, Accident and Short Term Disability Plans.

For more information you may contact:

AFLAC:

Redell Brown

918-606-9667

Redell_brown@us.aflac.com

<http://www.aflac.com/tulsafirefighters>


Central United Life/Manhattan Life/Cigna:

Candice Barber

(901)482-8868- cell

(800) 752-3419- office

candice@cbenefits.com




Save & Continue

HELPFUL RESOURCES

[Tulsa Fire Fighters 2018 enrollment guide](#)

Step 13: When you have completed each step, you will be shown all the benefit options you selected and the total cost per pay period. Once you click ‘Sign to complete enrollment’” you will have enrolled in your 2019 benefits! Hit ‘print’ if you would like a paper copy.



HomeProfileBenefitsRequired TasksResources

Enrollment Summary

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.

!

Signature required

You've elected all your benefits but we still require a signature before advancing.

Please review the acknowledgment below

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.

Sign to complete enrollment


Click to Sign

Progress: 9 of 10

View steps

Enrolled Plans

Medical




2019 Active PPO Plan

Coverage: Employee + Family

Effective: 01/01/2019

Cost Per Pay: \$210

Dental




2019 Active Dental Base Plan

Coverage: Employee + Family

Effective: 01/01/2019

Cost Per Pay: \$27

Vision




2019 Active Vision Plan

Coverage: Employee

Effective: 01/01/2019

Cost Per Pay: \$3.99

Life



2019 Group Life Insurance


Coverage: Employee

Effective: 01/01/2019

Cost Per Pay: \$0

Benefit: \$190,000

Voluntary Life



2019 Supplemental Life Insurance

Coverage: Employee

Effective: 01/01/2019

Cost Per Pay: \$0

Benefit: \$0

YOU HAVE ENROLLED IN YOUR 2019 BENEFITS!

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