

20
26



CITY OF OKLAHOMA CITY
EMPLOYEE BENEFITS GUIDE

City of Oklahoma City

Dear City of OKC Employee,

Over the past year, our team has shown incredible resilience. Despite challenges, your dedication to serving our community remains at the heart of everything we do. This spirit is reflected in our core values: *Service First, Respect Always, Own the Outcome, and Keep Getting Better*. We are truly *One City, One Team*.

The Total Rewards Team remains committed to supporting you with benefits and services that fit your schedule.

As we prepare for 2026, here are a few important updates:

- **Roth retirement savings** options will be available for 2026. See the VOYA section in this guide for details.
- **Medical premiums** will increase for the first time in three years.
- **Dental benefits** have been updated to help you maximize your yearly coverage.
- **Long-Term Disability** now offers a new 30-day waiting period option, in addition to the traditional 180-day waiting period.

Please take a few minutes to log in to **One OKC Cloud** and review your benefits to ensure they still meet your needs. If enrolling onsite, bring your **Multi-Factor Authentication (MFA)** credentials. IT support will be available for login assistance.

Stay informed about Open Enrollment updates through **InsideOKC**, okc.gov/oe, and your department communications.

We're proud to be named 20th in **Forbes' Top 35 Places to Work in Oklahoma for 2025**—a reflection of your contributions. Our Total Rewards package represents an average of **\$22,000 per employee annually** in benefits and retirement. Because when *you* thrive, *our city* thrives.



Aimee Maddera Chief HR Officer

What's New

⚠ Important Notice

At the time of publication, the City of Oklahoma City is in negotiations with applicable collective bargaining groups. As such, **benefits and/or rates referenced in this guide are subject to change**. Employees will be notified if any changes occur.

Additional Long Term Disability Option

NEW Beginning in 2026, two waiting period options will be available for Long Term Disability:

- **NEW:** A 30 day waiting option will be available for Long Term Disability benefits. Please visit with American Fidelity for pricing and enrollment.
- **CURRENT:** The 180 day waiting period will remain in place as an option. For those currently enrolled in LTD, your coverage for 2026 will remain at the 180 day waiting period.

BCBS Dental Enhancement

NEW Beginning in 2026, the following changes will be made to the dental benefit plans:

- **Routine Cleanings:** Routine dental cleanings will no longer count toward the annual benefit period maximum. This allows employees to receive preventive cleanings without impacting their available benefit balance.
- **Removal of missing tooth exclusion:** For 2026, this plan will cover replacement of tooth/teeth missing prior to your effective date under this policy
- **Graduated Annual Maximum:** Incremental \$100 annual increase (max \$300 after 3 years with continuous enrollment) in Benefit Period Maximum.

457 Plan Updates

NEW What's New for 2026?

Beginning early 2026, employees will have the opportunity to elect **Roth (after-tax) contributions** to their 457 retirement plan, offering greater flexibility in retirement planning. This new option allows you to pay taxes on contributions now, so qualified withdrawals in retirement are tax-free - a valuable strategy for long-term financial planning.

We encourage all employees to:

- Review your current retirement savings strategy
- Consider how Roth contributions may align with your future goals
- Consult a financial advisor if needed to explore the benefits of pre-tax vs. after-tax contributions

Enrollment information will be shared once the plan is ready, with announcements expected in February 2026.



For full details and additional plan updates, please refer to pages 42-43 of this guide.

Beneficiary Update Reminder

As part of the City's transition to **Oracle Cloud**, all employees are required to **re-enter their Group Life Insurance beneficiaries** in One OKC Cloud. While historical records from PeopleSoft are retained, employees must:

- Designate Group Life beneficiaries in **One OKC Cloud**
- Periodically review and update beneficiary information as needed



Beneficiary updates can be made **any time throughout the year**.



Reminder: Keeping your beneficiary information current ensures that your benefits are properly distributed in the event of a life event or emergency.

Important Dates to Remember

2026 Employee Open Enrollment Guide

Important Dates to Remember

- **On-Site & Virtual Enrollment:**
October 27 – October 31, 2025
8:00 AM – 4:00 PM
Oklahoma City Convention Center
100 Mick Cornett Drive —
Parking validated
► Schedule at: americanfidelity.com/okc
- **Self-Service Online Enrollment:**
October 20 – November 4, 2025
► See following page for additional information

- **COTPA On-Site Enrollment:**
October 22 | 12:00 PM – 6:00 PM
October 23 | 6:00 AM – 9:00 AM
2000 S. May

**Enrollment Deadline
(All Changes & Documents Due):
November 4, 2025**

**Coverage Period:
January 1 – December 31, 2026**

Shuttle Transportation

EMBARK will provide shuttle service from the downtown campus to the Convention Center. Please check **InsideOKC** for shuttle schedules and additional updates.

What You Need to Do

1. Review available benefits and select plans that best meet your needs.
2. Verify dependent eligibility — documentation may be required.
3. Update your contact info with Human Resources.

Medical, dental, vision, life, and voluntary plans will continue with updated premiums with no changes.
FSAs (Health & Dependent Care) require new elections annually.

 **No Action = No FSA Coverage in 2026**

Important Reminders

- Submit **all legal documents** by **November 4, 2025** for dependent eligibility.
- If your **spouse or dependent** eligibility changes during the year, notify Employee Benefits within **31 days** of the event.
- Coverage for the next year will only continue if eligibility documentation is received.

Update Your Information

Make sure to:

- Update **beneficiaries**
- Remove **ineligible dependents**
- Report **divorces or guardianship changes**
- End coverage for:
 - Ex-spouse (all benefits)
 - Ineligible stepchildren

For more info or help, visit www.okc.gov/oe

Important Dates to Remember

Two Easy Ways to Enroll in 2026 Benefits

1. Enroll Online (Self-Service)

Enroll from anywhere using **One OKC Cloud Self-Service** for:

- Medical
- Dental
- Vision
- Flexible Spending Accounts (FSA)

Visit: www.okc.gov/oe → *Employee Benefits Section*

► Follow instructions posted on the Open Enrollment page

Voluntary Plans (below) require in-person or virtual enrollment with an American Fidelity representative:

- Long-Term Disability
- Cancer Insurance
- Accident Only
- Individual Term Life
- Permanent Life Insurance
- Hospitalization

 *Note: American Fidelity enrollees cannot make changes to City group plans.*

2. Enroll On-Site or Virtually

Attend an **on-site or virtual enrollment** event for assistance with:

- Reviewing or changing your self-service elections
- Enrolling in **voluntary benefits**
- Submitting **dependent documentation** (if required)

 **Bring your multi-factor authentication (MFA)** to log in at on-site kiosks. Staff will be available on-site to help employees enroll through **One OKC Cloud**. All employees are encouraged to log in and make their benefit elections independently. For access and instructions, visit: www.okc.gov/oe.

 **Up to 2 hours of paid leave** is available to attend — *supervisor approval required in advance*.

What You Can Enroll In On-Site or Virtually:

• Medical	• Cancer Insurance	• Flexible Spending Accounts
• Dental	• Accident Only Insurance	• 457(b) Retirement Savings
• Vision	• Individual Term Life	
• Group Term Life	• Permanent Life	
• Long-Term Disability		

Documents You May Need (for new dependents or changes):

• Birth Certificate	• Adoption Papers	• Common Law Marriage Affidavit & Supporting Documents
• Social Security Card	• Legal Guardianship Documents	
• Medicare Card	• Dependent Eligibility Form	
• Marriage License		
• Divorce Decree		

 *Current dependents do not require resubmission of documents if already on file.*

Table of Contents

2026 Benefits Enrollment

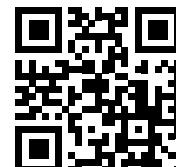
Rates.....	7
Section 125 Cafeteria Plan.....	8
Health Plan Benefits Comparison.....	9
Health Plans	12-13
Employee Medical Center.....	14-15
Blue Access for Members	16
Dental Plan.....	17-21
Vision Plan	22-23
Fitness Center.....	24-27
Flexible Spending Accounts	28
Group Term Life Insurance and AD&D (City Employees Only).....	29-30
Individual Term Life Insurance.....	31
Universal Life Insurance.....	32
Accident Only Insurance	33
Cancer Insurance	34
Long-Term Disability Income Insurance.....	35
Hospital Indemnity	36
Short Term Disability Insurance (COTPA Employees Only).....	37-38
Group Term Life Insurance and AD&D (COTPA Employees Only).....	39-41
IRC 457 Deferred Compensation.....	42-44
Employee Assistance Program	45-46
Guide to Life Events / Change in Status.....	47
Benefit Highlights for New Employees	48
OKC Employees Payroll Calendar	49
COTPA Employees Payroll Calendar	50
Benefits Resource Directory	Back Cover

Additional information regarding the eligibility, administration, policies, and/or regulations that govern the City of Oklahoma City benefit programs can be found in the Disclosures and Supplemental Benefit Information Guide. Revisions and updates to the Disclosures and Supplemental Information Guide will be posted on the Benefits page of InsideOKC as well as www.okc.gov/oe.

American Fidelity Benefit Site information can be found by scanning the QR code:



OKC Open Enrollment can be found by scanning the QR code:



Rates

Benefit Plan		Total Premium	Employer	Employee
Frequency of Deductions		Twice each month for a total of 24 times annually (1st and 2nd paycheck of the month)*		
BlueCross BlueShield PPO	Employee Only	\$451.15	\$360.92	\$90.23
	Employee + Spouse	\$852.69	\$682.15	\$170.54
	Employee + Child	\$631.62	\$505.30	\$126.32
	Employee + Children	\$812.08	\$649.66	\$162.42
	Employee + Family	\$1,150.45	\$920.36	\$230.09
BlueCross BlueShield EPO	Employee Only	\$482.97	\$410.52	\$72.45
	Employee + Spouse	\$1,086.79	\$923.77	\$163.02
	Employee + Child	\$845.28	\$718.49	\$126.79
	Employee + Children	\$1,038.49	\$882.72	\$155.77
	Employee + Family	\$1,497.38	\$1,272.77	\$224.61
BlueCross BlueShield Dental Low Plan	Employee Only	\$13.01	\$8.00	\$5.01
	Employee + 1	\$26.04	\$8.00	\$18.04
	Employee + 2 or more	\$41.63	\$8.00	\$33.63
BlueCross BlueShield Dental High Plan	Employee Only	\$19.18	\$8.00	\$11.18
	Employee + 1	\$38.35	\$8.00	\$30.35
	Employee + 2 or more	\$61.36	\$8.00	\$53.36
VSP Vision Plan	Employee Only	\$3.50		\$3.50
	Employee + 1	\$6.49		\$6.49
	Employee + 2 or more	\$10.44		\$10.44
BCBS (formerly Dearborn National) Basic Life	Coverage \$20,000	\$1.10	\$1.10	
BCBS Basic AD&D	Coverage \$5,000	\$0.08	\$0.08	
BCBS Voluntary Employee Life (1,2, or 3 x's annual salary)**	Coverage 1/2x, 1x, 2x, or 3x	\$0.14		** see formula below
BCBS Voluntary AD&D	Coverage \$5,000	\$0.08		\$0.08
	Coverage \$10,000	\$0.16		\$0.16
	Coverage \$15,000	\$0.24		\$0.24
	Coverage \$20,000	\$0.32		\$0.32
BCBS Voluntary Dependent Life - Spouse	Coverage \$10,000	\$1.43		\$1.43
	Coverage \$20,000	\$2.85		\$2.85
	Coverage \$40,000	\$5.70		\$5.70
	Coverage \$60,000	\$8.55		\$8.55
	Coverage \$80,000	\$11.40		\$11.40
	Coverage \$100,000	\$14.25		\$14.25
BCBS Voluntary Dependent Life - Child	Coverage \$2,500	\$0.27		\$0.27
	Coverage \$5,000	\$0.53		\$0.53
	Coverage \$7,500	\$0.79		\$0.79
	Coverage \$10,000	\$1.05		\$1.05

* For complete details, see the 2026 payroll calendar on page 61.

** Voluntary Life Calculation: Coverage Amount/\$1,000 * rate = Cost

If you are an employee of a participating Trust of the City of Oklahoma City, your premium contribution rates are included on your Benefit Enrollment form.

Section 125 Plan

What Is the Section 125 Cafeteria Plan?

As a **full-time employee**, you're eligible to participate in the City's **Section 125 Cafeteria Plan**, which allows you to pay for certain benefit premiums using **pre-tax dollars**.

This can:

- Lower your **taxable income**
- Potentially **increase your take-home pay**

Eligible Pre-Tax Benefits Under the Plan:

- **Medical Insurance**
- **Dental Insurance**
- **Vision Insurance**
- **Flexible Spending Accounts (FSA)**
- **Group Term Life Insurance**

(Up to \$50,000 face amount for employee coverage)

Section 125 Example

Pre-Tax Example		After-Tax Example
\$2,500.00	Monthly Gross Salary	\$2,500.00
-\$280.00	Pre-Tax Medical Insurance	\$0.00
-\$25.00	Pre-Tax Dental Insurance	\$0.00
\$2,195.00	Adjusted Monthly Gross Salary	\$2,500.00
-\$439.00	Estimated Federal Tax (20%)	-\$500.00
-\$167.92	Estimated FICA (7.65%)	-\$191.25
\$0.00	After-Tax Medical Insurance	-\$280.00
\$0.00	After-Tax Accident Insurance	-\$25.00
\$1,588.08	Take-Home Pay	\$1,503.75

* Taxes are a sample average of State, Federal and FICA taxes. Your average tax rate may vary.

Important Note for OCERS Participants

If you're enrolled in the Oklahoma City Employees Retirement System (OCERS):

- Pre-tax benefit elections reduce your reported average compensation at retirement.
- This could affect your retirement benefit calculation.

🔍 According to City Code § 40.51.6, compensation used to calculate your retirement benefits excludes amounts deducted under the Section 125 Plan.

📞 Questions About Retirement Impact? Contact OCERS directly: 405-297-3413 or 405-297-2408

Medical Plan Options

The City of Oklahoma City offers two major medical plans through **BlueCross BlueShield of Oklahoma (BCBSOK)**: Regardless of plan you choose, both provide same broad network — choose almost any doctor or hospital and same prescription drug coverage:

• PPO Plan (Preferred Provider Organization)

- ✓ Out-of-network care partially covered
- ⚠ Deductible/Co-Insurance plan
- Pros:** More provider flexibility
- Cons:** Higher out-of-pocket costs

• EPO Plan (Exclusive Provider Organization)

- ✓ Out-of-network not covered
- ⚠ Co-pay plan (No Deductible or Co-Insurance)
- Pros:** Lower out-of-pocket costs
- Cons:** Limited provider choices

📝 You choose the plan that best fits your needs. See the next pages for a side-by-side comparison of both plans. *In case of discrepancies, official plan documents and contracts will apply.*

Need Help Finding a Provider?

Visit www.okc.gov/oe or see the back cover of this guide for vendor contact info.

Health Plan Benefits Comparison

Plan Features	PPO Plan Network	PPO Plan Non-Network	EPO Plan
Selection of Doctors	Member selects from Blue Preferred network of providers	Member selects the provider of choice	Member selects from Blue Preferred network of providers
Network Provider Exceptions	N/A	Penalty Applies (higher deductibles, coinsurance, & out-of-pocket maximums)	No benefits outside of network
Deductible - Person	\$250*	\$300*	\$0
- Family	\$500	\$900	\$0
	* Accumulators for network and non-network deductibles are separate. For example, an individual could have a total deductible of \$550 (\$250 network + \$300 non-network).		
Coinurance Maximum - Individual	\$1,000	\$3,000	N/A
Out-of-Pocket Maximums - Individual	Deductible + Coinsurance	Deductible + Coinsurance	\$1,500
- Family	\$3,500	Individual maximums apply for each family member	\$3,000
Lifetime Benefit Maximum	No lifetime maximum	No lifetime maximum	No lifetime maximum
Contact Information for Additional Questions	BlueCross BlueShield of Oklahoma 877-219-4301 www.bcbsok.com/okc		

How You and Your Insurer Share Costs - PPO Plan Network Example

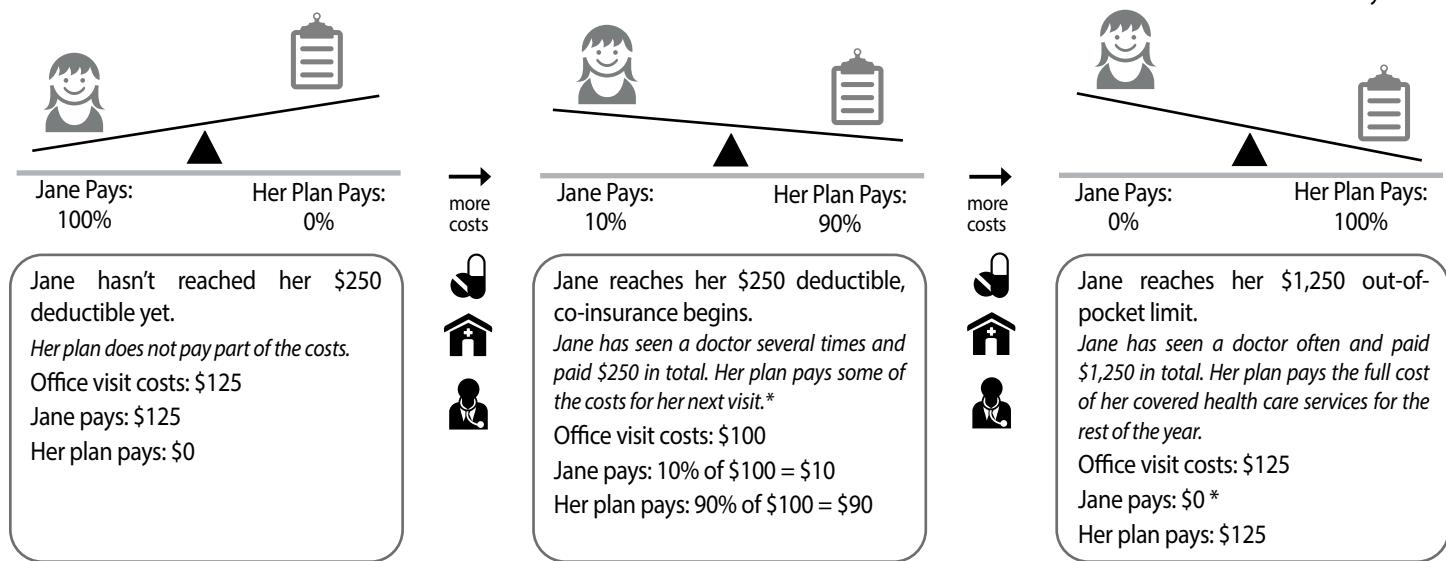
Jane's Plan Deductible: \$250

Co-insurance: 10%

Out-of-Pocket Limit: \$1,250

January 1st - Beginning of Policy Period

December 31st - End of Policy Period



Health Plan Benefits Comparison

Common Medical Event	Services You May Need	PPO Plan Network	PPO Plan Non-Network	EPO Plan
If you visit a health care provider's office or clinic...	Primary care visit to treat an injury or illness	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$30 copayment per visit
	Specialist visit	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$30 copayment per visit
	Preventative Care/Screening/Immunization	Plan pays 100%	Plan pays 100%	Plan pays 100%
	Chiropractic Care	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$30 copayment
	Virtual Visit / Telehealth	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$25 copayment
If you have a test...	Diagnostic Test (x-ray, blood work)	\$15 copayment + Deductible + 10% of eligible charges	\$15 copayment + Deductible + 30% of eligible charges	\$0
	Imaging (CT/PET Scans, MRIs)	\$50 copayment + Deductible + 10% of eligible charges	\$50 copayment + Deductible + 30% of eligible charges	\$0
If you need drugs to treat your illness or condition...	Generic Drugs	\$15	No Benefit	\$15
	Preferred Brand	\$30	No Benefit	\$30
	Non-Preferred Brand	N/A	No Benefit	\$65
	90-day Mail Order	2 copayments for up to a 90-day supply	No Benefit	2 copayments for up to a 90-day supply
	Website for more information	www.myPrime.com		
If you become pregnant...	Prenatal and postnatal care	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$30 copayment first visit
	Delivery and all inpatient services	\$50 copayment + deductible + 10% of eligible charges Plan pays 100% for birthing centers and related physician expenses	\$50 copayment + deductible + 30% of eligible charges Plan pays 100% for birthing centers and related physician expenses	\$100 copayment per admission
If you need immediate medical attention...	Emergency medical transportation	EMSA paid at 100%, deductible waived. Non-EMSA providers: Deductible + 10% of eligible charges	EMSA paid at 100%, deductible waived. Non-EMSA providers: Deductible + 30% of eligible charges	\$0 copayment (prior authorization required except for emergencies)
	Emergency Room	\$50 copayment + deductible + 10% of eligible charges	\$50 copayment + deductible + 30% of eligible charges	\$50 copayment, waived if admitted
	Urgent Care	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$30 copayment

Health Plan Benefits Comparison

Common Medical Event	Services You May Need	PPO Plan Network	PPO Plan Non-Network	EPO Plan
If you have outpatient surgery...	Facility fee (e.g. ambulatory surgery center)	\$50 copayment + deductible + 10% of eligible charges	\$50 copayment + deductible + 30% of eligible charges	\$50 copayment
	Physician/Surgeon fee	Deductible + 10% of eligible charges	Deductible + 30% of eligible charges	\$0 copayment per visit
If you have a hospital stay...	Facility Fee (e.g. hospital room)	\$50 copayment + deductible + 10% of eligible charges	\$50 copayment + deductible + 30% of eligible charges	\$100 copayment per admission
	Physician/Surgeon Fee	Deductible + 10% of eligible charges	Deductible + 30% of eligible charges	\$0
If you have mental health, behavioral health, or substance abuse needs...	Mental/Behavioral Health Outpatient Services	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$30 copayment per visit
	Mental/Behavioral Health Inpatient Services	\$50 copayment + deductible + 10% of eligible charges	\$50 copayment + deductible + 30% of eligible charges	\$100 copayment per admission
	Substance Use Disorder Outpatient Services	\$15 copayment + deductible + 10% of eligible charges	\$15 copayment + deductible + 30% of eligible charges	\$30 copayment per visit
	Substance Use Disorder Inpatient Services	\$50 copayment + deductible + 10% of eligible charges	\$50 copayment + deductible + 30% of eligible charges	\$100 copayment per admission
If you have recovery or other special health needs...	Home Health Care	Deductible + 10% of eligible charges (Maximum of 120 days)	Deductible + 30% of eligible charges (Maximum of 120 days)	\$0
	Rehabilitation Services	Deductible + 10% of eligible charges	Deductible + 30% of eligible charges	\$100 copayment per admission
	Skilled Nursing Care	Deductible + 10% of eligible charges (Limited to 120 days)	Deductible + 30% of eligible charges (Limited to 120 days)	\$0 (Limited to 100 consecutive Inpatient days per disability)
	Durable Medical Equipment	Deductible + 10% of eligible charges	Deductible + 30% of eligible charges	\$0 (\$5,000 maximum benefit per Calendar Year)
	Hearing Services (Adult)	\$500 Benefit for Hearing Aid every 24 months	\$500 Benefit for Hearing Aid every 24 months	\$0 copayment (Limited to one hearing aid every 3 years)
If your child needs dental, eye care, or hearing services...	Eye Exam	No benefit	No benefit	\$30 copayment (One visit per year)
	Glasses	No benefit	No benefit	No benefit
	Dental Check-up	No benefit	No benefit	No benefit
	Hearing Services	Deductible + 10% of eligible charges on hearing aids for children age 17 and under	Deductible + 30% of eligible charges on hearing aids for children age 17 and under	No copayment on hearing aids for children age 17 and under

The Summary of Benefits and Coverage for each plan is available at the following location:

BlueCross and BlueShield: www.bcbsok.com/okc/coverage

Health Benefit Plans

**BlueCross BlueShield of Oklahoma
Prime Therapeutics**

BlueCross BlueShield of Oklahoma administers the City's Group EPO and PPO health plans. Under these health plans you may go to any physician. However, it is to your advantage to go to a network provider to maximize your health plan's benefits and lower out-of-pocket expenses. For questions regarding the plan or a list of Blue Cross Blue Shield of Oklahoma providers, visit the account representative on-site during the enrollment period, contact a representative of the Employee Benefits Division or visit the City's Blue Cross Blue Shield of Oklahoma web site at www.bcbsok.com/okc.

Prescription Plan

Prime Therapeutics is the pharmacy manager for these plans. For questions, regarding your pharmacy benefits please contact the 1-877-546-2779. Please visit, www.myPrime.com, or download the MyBlueRxOK app to compare drug costs, prescription refill reminders, search for in-network pharmacies, find drug costs, coverage information and any additional self-help inquires. The City of Oklahoma employees utilize the Basic drug list for medications approved for use and/or covered by the plan.

The Advantage network does not include CVS pharmacies. If you have prescriptions with CVS, you must transfer your prescriptions to an in-network pharmacy in order to receive benefits.

Mail Order

If you are taking a covered, maintenance (or long-term) medicine, consider using the home delivery pharmacy service, Express Scripts® Pharmacy. With home delivery, you enjoy the ease of having your maintenance drugs delivered anywhere in the U.S. You could also save time and possibly money. To start using the home delivery pharmacy service visit express-scripts.com/rx. Click on "Register Now" or "Get Started" to create an account using your Member ID and follow the steps, or you can call (833) 715-0942. Your doctor can send a new prescription electronically to EXPRESS SCRIPTS HOME DELIVERY, or by phone or fax.

Specialty Pharmacy

Specialty medicines are used to treat conditions like multiple sclerosis, hepatitis C and rheumatoid arthritis. These prescriptions that are approved for self-administration (like oral capsules or injections you can give yourself) must be filled through an in-network specialty pharmacy to avoid paying higher out-of-pocket costs. Your drug list may have a mark for specialty drugs, and if it requires prior authorization.

Prior Authorization

A prior authorization is a requirement that the physician obtain approval prior to prescribing a specific medication. Your physician will be responsible for submitting the required documentation.

Step Therapy

Some medications require that alternatives be prescribed and determined to be ineffective or not appropriate treatment options. Your physician will be responsible for submitting the required documentation.

The BlueCard Program

The BlueCard Program allows you to use a BlueCross BlueShield of Oklahoma EPO/PPO Physician or Hospital outside the state of Oklahoma and to receive the advantages of EPO/PPO benefits and savings.

Health Plan Provisions

Coverage is provided only for a service or supply, which is "necessary for diagnosis, care or treatment of a physical or mental condition involved." Only that part of a charge that is "reasonable and customary" is payable.

Pre-Certification is required for inpatient hospital services, skilled nursing facility services, services received in a Coordinated Home Care Program, and private duty nursing services, at least one day prior to the scheduling of the admission.

Private room limit is the Institution's semi-private rate. If the institution does not offer a semi-private rate, a semi-private rate will be utilized for coverage.

Medical or dental benefits paid by "other plans" will be taken into account when determining benefits under this Plan. Medicare benefits will be calculated before the medical benefits of this Plan are determined.

Claims

Claims must be filed with the Claims Administrator within twelve (12) months of the date of service. Claims received after twelve (12) months will be denied.

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

BlueCross BlueShield of Oklahoma has established a process to review your dissatisfactions, complaints and/or appeals. If you have a question or complaint, an initial attempt should be made to resolve the problem by directly communicating with a BlueCross BlueShield of Oklahoma Service Representative. In most cases, a Customer Service Representative will be able to provide you with a satisfactory solution to your problem. However if a resolution cannot be reached in an informal exchange, you may request an administrative review of the problem through the appeal process described in the Oklahoma City Medical Plan Document.

Health Benefit Plans

BlueCross BlueShield of Oklahoma
Prime Therapeutics

Plan Modification and Amendment

The Mayor and City Council may modify or amend the Plans from time to time at its sole discretion and such amendments or modifications may affect Covered Persons, which could include elimination of any Plan.

Right of Subrogation

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.), the Plans will pay eligible claims. However, the Plans reserve the right to recover expenses paid on your or your dependent's behalf, from the negligent third party or from you if you receive a monetary settlement. You are required to notify the Plan Administrator of all such injuries.

PPO Plan – Group ID# 019574

Coinsurance

Patient's responsibility of 10 percent or 30 percent applies to coinsurance annual maximum of \$1,000 network and \$3,000 non-network per individual.

Prescription Plan

Retail Copay (up to a 34-day supply)

Generic: \$15
Name Brand: \$30

Mail Order Copay (up to a 90-day supply)

Generic: \$30
Name Brand: \$60

EPO Plan – Group ID# 293447

In order to have medical visits covered by the plan, the provider must be included in the BlueCross BlueShield Preferred Network of Providers. Services received from a non-network provider are not covered by the plan.

Prescription Plan

Retail Copay (up to a 34-day supply)

Generic: \$15
Name Brand: \$30
Non-Preferred Brand: \$65

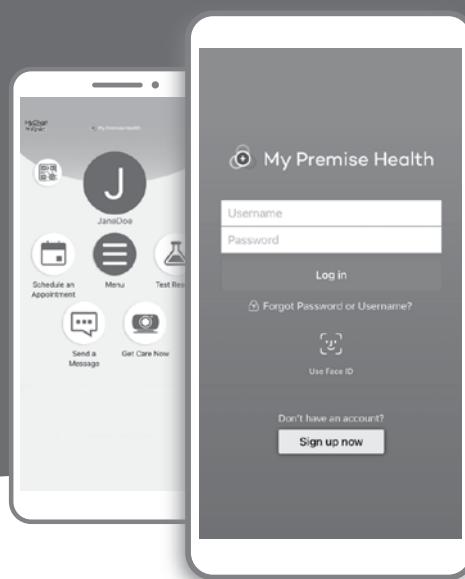
Mail Order Copay (up to a 90-day supply)

Generic: \$30
Name Brand: \$60
Non-Preferred Brand: \$130

Employee Medical Center

OKCCare Employee Medical Center

Get, stay and
be connected.



My Premise Health is your secure patient portal that you can access online at mypremisehealth.com or through the **My Premise Health app**. It provides you with convenient access to your providers, health records, vital history, test results and more.

Convenience

- Schedule appointments
- Conduct virtual visits
- Get appointment confirmations and reminders
- Complete forms before your visit

Health management

- View lab results
- Manage medications
- Pay your bill
- View your visit history



Activate your account.

My Premise Health app | mypremisehealth.com

OKC Care Employee Medical Center
424 Colcord Drive, Ste A, Oklahoma City, OK
73102 Monday – Friday, 7:30 a.m. – 4:30 p.m.
(405) 276-2030

Premise Health. 

OKC Care
EMPLOYEE MEDICAL CENTER

© 2022 Premise Health. All rights reserved.

The My Premise Health App is powered by MyChart®
licensed from Epic Systems Corporation, © 1999 – 2022.



My Premise Health

Helpful resources

- Find directions, hours and contact information
- Access to health and wellness education

Secure communication

- Exchange private, secure messages with your providers
- Ask a question, get advice, confirm a result or get an update on your condition

Virtual health

- Online and mobile visits allow you to engage your providers remotely
- eVisits offer treatment for common conditions via secure messaging – without the need for a face-to-face encounter

How to activate your account:

- 1 Download the My Premise Health app or visit mypremisehealth.com.
- 2 Select “Sign up now.” For assistance, call your wellness center or email mypremisehealthsupport@premisehealth.com. You can also visit mypremisehealth.com and click “Contact Support.”

Who can use these services?

Eligible to all employees, retirees and dependents on the health plan.



© 2022 Premise Health. All rights reserved.

Managing your healthcare just got easier.



Schedule appointments



Conduct virtual visits



View lab results



Message your providers



Manage medications



Complete forms



Pay your bill



And more

Blue Access for Members

Online Access for Medical and Dental Plans

BlueCross BlueShield of Oklahoma



BlueCross BlueShield of Oklahoma



Blue Access for MembersSM

Puts your health care at your fingertips

BAMSM gives you simple online access to information about your health benefits. Log in from your desktop, laptop or mobile device. View your coverage details whenever you want and wherever you are.

Coverage

See benefit highlights for your medical, dental and pharmacy plans.

Claims

Quickly view claims summaries or download your Explanation of Benefits.

Wellness

Take control of your wellbeing with preventive care guidelines, information and health tips for managing health conditions and living a healthier life.

Find Care

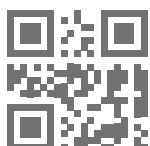
Find in-network doctors, hospitals and other health care providers quickly and easily.

Spending

Keep track of your deductible and out-of-pocket expenses.

Member ID Card

Once you've registered, you can view, print or download your member ID card.



It's easy to get started.

Scan the QR code or go to bcbsok.com to register.

Get BAM to go: Text BCBSOKAPP to 33633* to get the app.

*Message and data rates may apply. See terms and conditions and our privacy policy at bcbsok.com/member/account-access/mobile/text-messaging.

Dental Plan

BlueCross BlueShield of Oklahoma



BlueCross BlueShield of Oklahoma



BlueCare DentalSM Member Resources

Blue Cross and Blue Shield of Oklahoma makes it easy for you and your family to access helpful dental resources online. Find the care and information you need by accessing these online tools when you enroll in our **BlueCare Dental PPOSM**.

TO FIND A DENTIST: The Largest Network in the Country¹

We have **more than 151,000 unique providers** in our network, giving you a wide range of choices and significant discounts.



Visit bcbsok.com to search for an in-network dentist or use our QR code to get started.

Dental High Plan

BlueCross BlueShield of Oklahoma

BlueCare DentalSM
PPO High Plan



City of Oklahoma City

Effective: 1/1/2026

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracted or non-contracted provider. Your plan allows you to see any licensed dentist, but using an in-network provider may minimize your out-of-pocket expenses.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional detailed benefit information.

Summary of Dental Benefits		
PROGRAM BASICS	In-Network Dentist	Out-of-Network Dentist UCR 90th
Benefit Period Maximum: Calendar Year	\$1,500	\$1,500
Deductible: Calendar Year	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Three Month Deductible Carryover Applies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Prior Carrier Deductible Credit Applies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COVERED SERVICES		
Class 1: Preventive Services (Deductible applies) Problem Focused Oral Evaluations Sealants Space maintainers Palliative Treatment (emergency care to relieve pain)	100%	100%
Class 1: Preventive Services (Deductible does <u>not</u> apply) Periodic Oral Evaluations Comprehensive Oral Evaluations Prophylaxis/routine cleanings X-rays Full-Mouth, Pano, Bitewing, Periapical Topical Fluoride	100%	100%
Class 2: Basic Restorative Services Amalgam & Composite Fillings Non-surgical Extractions Perio Maintenance Full Mouth Debridement Scaling & Root Planning Denture Reline/Rebase Oral Surgery & Surgical Extractions Endodontics (root canal) Major Periodontics Deep Sedation/General Anesthesia	80%	80%
Class 3: Major Restorative Services Bridges & Dentures Implants: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Crowns, Inlays, Onlays Repairs – Crown & Bridge	50%	50%
Class 4: Orthodontics Orthodontic Diagnostic Procedures & Treatment Coverage for Adults & Dependent Children (to age 26)	50%	50%
Lifetime Maximum Ortho Benefit per Participant	\$1,200	\$1,200

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation,
a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Dental High Plan

BlueCross BlueShield of Oklahoma

BlueCare DentalSM
PPO High Plan



Benefit Limitations & Frequencies:

Oral Evaluations	2 per year
Comprehensive Evaluations	1 per 36 months
X-rays: Bitewings	2 per year
X-rays Full mouth panoramic	1 per 36 months
Prophy/Cleanings	2 per year
Fluoride Application	2 per year for children up to age 19
Sealants (per tooth)	1 every 5 years up to age 16
Space Maintainers	1 per lifetime up to age 16
Amalgam & Composite Fillings	1 per tooth per 24 months
Crowns/Dentures/Bridges	Replacement every 7 years
Denture Reline/Rebase	1 per 36 months
Perio Maintenance	2 per year

Included Plan Features:

Missing Tooth Exclusion: This plan covers replacement of tooth/teeth missing prior to your effective date under this policy.

No Benefit Waiting Period: There is no required period of time a member must be covered under the plan before receiving coverage for dental procedures.

Preventive Services: Costs for preventive procedures do not apply toward the plan benefit period maximum.

Enhanced Dental Benefit: Participants diagnosed and receiving active medical care for cardiovascular disease, diabetes, prediabetes or pregnancy qualify for one of the following enhanced dental benefits after standard benefits are exhausted: one additional cleaning, periodontal scaling and root planing or periodontal maintenance. Enhanced benefit services will apply toward your plan benefit period maximum.

Finding a Provider: For a list of in-network general and specialty dentists, go to bcbso.com and click on **Find Care** and then on **Find a Dentist** on the left side of the page. You can search for a dentist near your home, school or office.

QR Code to Provider Finder site



Graduated Annual Maximum: Incremental annual increase in Benefit Period Maximum. Only applicable to members that remain enrolled in this dental plan year after year until the maximum benefit increase has been met.

- **Start Date:** 1/1/2026
- **Increment Amount:** \$100
- **# of Increments:** Three (3)
- **Graduated Benefit Maximum:** \$1800 for both In-Network & Out-of-Network benefits

Predetermination of benefits is recommended, but not required, for services in excess of \$300

This summary is intended to highlight the most common services and frequencies under the dental plan. For complete and detailed descriptions of services, limitations, and exclusions, please refer to the certificate of coverage.

Dental Low Plan

BlueCross BlueShield of Oklahoma

BlueCare DentalSM
PPO Low Plan



City of Oklahoma City

Effective: 1/1/2026

The following is a listing of common services available through your BlueCare Dental PPO network. The member's share of the cost is determined by whether care is received from a contracted or non-contracted provider. Your plan allows you to see any licensed dentist, but using an in-network provider may minimize your out-of-pocket expenses.

This information only provides highlights of this program. Please refer to the BlueCare Dental Certificate for additional detailed benefit information.

Summary of Dental Benefits		
PROGRAM BASICS	In-Network Dentist	Out-of-Network Dentist MAC
Benefit Period Maximum: Calendar Year	\$1,000	\$1,000
Deductible: Calendar Year	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Three Month Deductible Carryover Applies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Prior Carrier Deductible Credit Applies	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
COVERED SERVICES		
Class 1: Preventive Services (Deductible applies) Problem Focused Oral Evaluations Sealants Space maintainers Palliative Treatment (emergency care to relieve pain)	100%	100%
Class 1: Preventive Services (Deductible does <u>not</u> apply) Periodic Oral Evaluations Comprehensive Oral Evaluations Prophylaxis/routine cleanings X-rays Full-Mouth, Pano, Bitewing, Periapical Topical Fluoride	100%	100%
Class 2: Basic Restorative Services Amalgam & Composite Fillings Deep Sedation/General Anesthesia Non-surgical Extractions	80%	60%
Class 3: Major Restorative Services Perio Maintenance Full Mouth Debridement Scaling & Root Planning Denture Reline/Rebase Bridges & Dentures Implants: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Crowns, Inlays, Onlays Repairs – Crown & Bridge Oral Surgery & Surgical Extractions Endodontics (root canal) Major Periodontics	50%	30%
Class 4: Orthodontics Orthodontic Diagnostic Procedures & Treatment Coverage for Adults & Dependent Children (to age 26)	50%	30%
Lifetime Maximum Ortho Benefit per Participant	\$1,000	\$1,000

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

Dental Low Plan

BlueCross BlueShield of Oklahoma

BlueCare DentalSM
PPO Low Plan



Benefit Limitations & Frequencies:

Oral Evaluations	2 per year
Comprehensive Evaluations	1 per 36 months
X-rays: Bitewings	2 per year
X-rays Full mouth panoramic	1 per 36 months
Prophy/Cleanings	2 per year
Fluoride Application	2 per year for children up to age 19
Sealants (per tooth)	1 every 5 years up to age 16
Space Maintainers	1 per lifetime up to age 16
Amalgam & Composite Fillings	1 per tooth per 24 months
Crowns/Dentures/Bridges	Replacement every 7 years
Denture Reline/Rebase	1 per 36 months
Perio Maintenance	2 per year

Included Plan Features:

Missing Tooth Exclusion: This plan covers replacement of tooth/teeth missing prior to your effective date under this policy.

No Benefit Waiting Period: There is no required period of time a member must be covered under the plan before receiving coverage for dental procedures.

Preventive Services: Costs for preventive procedures do not apply toward the plan benefit period maximum.

Enhanced Dental Benefit: Participants diagnosed and receiving active medical care for cardiovascular disease, diabetes, prediabetes or pregnancy qualify for one of the following enhanced dental benefits after standard benefits are exhausted: one additional cleaning, periodontal scaling and root planing or periodontal maintenance. Enhanced benefit services will apply toward your individual annual maximum.

Finding a Provider: For a list of in-network general and specialty dentists, go to bcbsok.com and click on **Find Care** and then on **Find a Dentist** on the left side of the page. You can search for a dentist near your home, school or office.

QR Code to Provider Finder site



Graduated Annual Maximum: Incremental annual increase in Benefit Period Maximum. Only applicable to members that remain enrolled in this dental plan year after year until the maximum benefit increase has been met.

- **Start Date:** 1/1/2026
- **Increment Amount:** \$100
- **# of Increments:** Three (3)
- **Graduated Benefit Maximum:** \$1300 for both In-Network & Out-of-Network benefits

Predetermination of benefits is recommended, but not required, for services in excess of \$300

This summary is intended to highlight the most common services and frequencies under the dental plan. For complete and detailed descriptions of services, limitations, and exclusions, please refer to the certificate of coverage.

Vision Care Plan

VSP

A Look at Your VSP Vision Coverage

With VSP and CITY OF OKLAHOMA CITY,
your health comes first.



Enroll in VSP® Vision Care to get access to savings and personalized vision care from a VSP network doctor for you and your family.

Value and savings you love.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras which provide offers from VSP and leading industry brands totaling over \$3,000 in savings.

Provider choices you want.

With private practice doctors and Visionworks retail locations to choose from nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.



Preferred private practice and retail in-network choices
private practice doctors Visionworks

Quality vision care you need.

You'll get great care from a VSP network doctor, including a WellVision Exam®. An annual eye exam not only helps you see well, but helps a doctor detect signs of eye conditions and health conditions, like diabetes and high blood pressure.

Using your benefit is easy!

Create an account on vsp.com to view your in-network coverage, find the VSP network doctor who's right for you, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

VSP
vision care

More Ways to Save

**Extra
\$20
to spend on
Featured Frame Brands[†]**

bebe Calvin Klein
COLE HAAN DRAGON
FLEXON LONG CHAMP
and more

See all brands and offers
at vsp.com/offers.



**Up to
40%
Savings on
lens enhancements[‡]**

Enroll through your employer today.
Contact us: **800.877.7195** or vsp.com

Vision Care Plan

VSP

Your VSP Vision Benefits Summary
CITY OF OKLAHOMA CITY and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/2026



BENEFIT	DESCRIPTION	COPAY	FREQUENCY		
Your Coverage with a VSP Provider					
WELLVISION EXAM	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness Routine retinal screening 	\$10 Up to \$39	Every calendar year		
ESSENTIAL MEDICAL EYE CARE	<ul style="list-style-type: none"> Retinal imaging for members with diabetes covered-in-full Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. Coordination with your medical coverage may apply. Ask your VSP network doctor for details. 	\$20 per exam	Available as needed		
PRESCRIPTION GLASSES					
FRAME*	<ul style="list-style-type: none"> \$190 Featured Frame Brands allowance \$170 frame allowance 20% savings on the amount over your allowance \$95 Costco frame allowance \$170 Walmart/Sam's Club frame allowance 	Included in Prescription Glasses	Every calendar year		
LENSES	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Impact-resistant 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 30% on other lens enhancements 	\$0 \$95 - \$105 \$150 - \$175	Every calendar year		
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none"> \$150 allowance for contacts Contact lens exam (fitting and evaluation) 	Up to \$60	Every calendar year		
ADDITIONAL SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none"> Discover all current eyewear offers and savings at vsp.com/offers. 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam. 				
	Laser Vision Correction <ul style="list-style-type: none"> Average of 15% off the regular price; discounts available at contracted facilities. 				
	Exclusive Member Extras for VSP Members <ul style="list-style-type: none"> Contact lens rebates, lens satisfaction guarantees, and more offers at vsp.com/offers. Save up to 60% on digital hearing aids with TruHearing®. Visit vsp.com/offers/special-offers/hearing-aids for details. Enjoy everyday savings on health, wellness, and more with VSP Simple Values. 				
YOUR COVERAGE GOES FURTHER IN-NETWORK					
<p>With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to vsp.com to find an in-network provider.</p>					

*Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.

¹Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

²Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

©2024 Vision Service Plan. All rights reserved.
VSP, Eyeconic, and WellVision Exam are registered trademarks, and VSP LightCare and VSP Premier Edge are trademarks of Vision Service Plan. Flexon and Dragon are registered trademarks of Marchon Eyewear, Inc. All other brands or marks are the property of their respective owners. 102898 VCCM

Classification: Restricted

Fitness Center



GOLD'S GYM & THE CITY OF OKLAHOMA CITY HAS JUST MADE JOINING THE GYM EASIER!



Join Gold's Gym through your employer and add a family member.

Scan the QR code or visit link below to enroll or change your GOLD'S membership.

goldsgymcorporatefitness.com/okc

Please contact **eb@okc.gov** if you wish to terminate your membership.

MULTI CLUB MEMBERSHIP

\$19.95

+ TAX MONTHLY

Some restrictions apply. Select Gold's Gym memberships available to employees & family members only. Agreement and waiver of liability must be signed for membership to be activated. Must be 18 years old and a local resident with valid ID. Not redeemable for cash. Participating Gold's Gyms only. Other restrictions may apply. © Gold's Gym.

Fitness Center



THERE'S A Y IN EVERY COMMUNITY

CITY OF OKLAHOMA CITY

MEMBERSHIP PERKS



Group Exercise

Enjoy dozens of group classes like cycling, HIIT, Zumba® and more!*



Aquatics

Make a splash! From lap swim to water aerobics, you'll be ready to dive in.*



Free WiFi

Stay connected and stream your favorite apps while you work out.



Discounts

Household members save money on camps and programs.*



YMCA360

Live-stream classes, access on-demand workouts, earn points and more with our mobile app.



Personal Fitness Assessments

Enjoy a complimentary Personal Fitness Assessment by a Certified Personal Trainer to help you formulate your fitness goals.



Child Watch

Enjoy FREE on-site child care while you work on your health & fitness goals!*



Nationwide Access

Traveling? Members can stay active on the go with access to participating Ys across the nation.



Towel Service

Relax and leave the towels to us. Our FREE towel service has you covered.*



24/7 Locations

Work out any hour of the day at our 24/7 locations.*

*Offering varies by location.

SPECIAL MONTHLY RATES

Young adult (20-25) - \$38.00

Adult - \$38.00

Household - \$65.00

YMCA360 (Digital Only Membership) - \$10.00

*YMCA360 is included with any of the facility memberships listed above.

PROGRAMS FOR ALL

SOCIAL RESPONSIBILITY

- 16-week FREE anti-poverty classes
- Feeding programs
- Volunteer opportunities with sports, teens, and more

HEALTHY LIVING

- Chronic disease prevention programs
- Free group exercise classes
- On-demand classes in group fitness studios
- Personal training
- YMCA360 app

YOUTH DEVELOPMENT

- Before- school care & after-school care
- Father-and-child group outings and community-building program
- Leadership development programs for teens
- Overnight Camp at YMCA Camp Classen
- Summer school-aged care
- Swim lessons
- Teen mentorship program
- Youth sports & esports

PROGRAMS	NON-MEMBER	HOUSEHOLD MEMBER*	**
Youth Sports	\$110*	\$10	**Rates represent preferred pricing for Household memberships. Rates may vary based on location and program selected. Preferred pricing options may be available for other membership types but will not reflect Household based rates. Prices subject to change and may vary by location.
Swim Lessons	\$70*	\$35	
Before & After School Care	\$110/week	\$80/week*	
Summer Day Camp	\$220/week	\$165/week	
Camp Classen Overnight Camp	\$950	\$713	

*Rates represent preferred pricing for Household memberships. Rates may vary based on location and program selected. Preferred pricing options may be available for other membership types but will not reflect Household based rates. Prices subject to change and may vary by location.

**General out-of-school childcare options available. Visit our website for more details.

**START YOUR
MEMBERSHIP TODAY!**

1/2 PRICE JOINING FEES! ACTIVATE AT YOUR LOCAL Y
-OR- ONLINE WITH CODE "CITYOFOKC"

Fitness Center



Fitness and Fun! at Willa D. Johnson Recreation Center

909 Frederick Douglass Ave., Oklahoma City, OK 73117

405-297-1435

Weekdays: 7 a.m. to 8 p.m.

Saturday: 9 a.m. to 6 p.m.

Child Watch: \$2/hour for up to two hours

Monthly Memberships	GOLD	SILVER	DAY PASS
Family	\$55	-	-
Adult	\$25	\$15	\$6
Youth*	\$15	\$10	\$5
Fitness Center	●	●	●
Open Gym	●	●	●
Open Swim	●	●	●
Gaming Lounge	●	●	●
Computer Stations	●	●	●
Passive Spaces	●	●	●
Child Watch	●		
Cooking	●		
Social	●		
Sports	●		
Games	●		
Art	●		

Programs

* \$5/month youth discount available through scholarship endowment

Premium Programming Available:
Camps • Leagues • Swim Lessons •
Lap Lane Rentals • Facility Rentals



OKC PARKS



WELCOME TO 10GYM

BE YOUR BEST AT OUR OKLAHOMA GYMS

Welcome to the best gyms in Oklahoma! If you're in Oklahoma City, Edmond, Midwest City, or Norman, Oklahoma — our fitness centers are perfect for your workouts. Looking for a gym family? You've found it.

At 10GYM, we offer services that include fitness cub services, personal training, tanning, hydromassage, and dry saunas. 10GYM is open and staffed 24/7, and offers childcare (additional cost).

Swing by one of Oklahoma 10GYM fitness centers today and check out our awesome services and amenities! For enrollment information, call Scott Matlock at 918-809-1717 or by email to smatlock@10gym.com.

Membership Includes:

- Access to All Locations: 10GYM
- Free Unlimited Guest Privileges
- Unlimited Group Fitness
- Free Unlimited Tanning
- Personal Training: Responsibility of the member/employee no payroll deduction allowed for these expenses.
- Childcare (Kid Fun Zone): \$5 + tax per pay period of one child; \$7.50 + tax per pay period for two or more children.

To enroll, find a location near you at www.10gym.com. The facility will handle all enrollment paperwork and will notify us of your payroll deductions.

Membership:

\$9.50 + tax per pay period for employee only.

Additional Family Member:

\$2.50 + tax per pay period.

The City will facilitate employee membership payments by permitting payroll deduction for the membership fees. Deductions will be taken out of 24 pay periods annually. Membership contracts are between the employee and 10GYM should payroll deductions cease for any reason, members are personally and financially responsible for the payment of their membership fees to 10GYM.

MEET OUR 10GYM FITNESS APP!

THE FITNESS, CALORIE, AND GOAL TRACKER

No matter where you are, you can easily track your fitness journey. Get our app and stay updated with your goals and progress, check class schedules & check-in at the gym. Plus, you can personalize a To-Do list with your unique daily routine.

It's easy! Join today and you'll receive an email invite to download our app NOW!

This app is available for Android, iPhone, iPad, and Apple Watch.



Flexible Spending Accounts

American Fidelity Assurance Company

Flexible Spending Accounts (FSA) are great cost savings tools to help with common medical and/or dependent care expenses not covered by your insurance. You can elect a portion of your pay to be deducted, on a pre-tax basis, from each paycheck to use for reimbursement of qualified out-of-pocket expenses throughout the plan year.

Flexible Spending Account Savings Example

With FSA		Without FSA
\$30,000	Annual Gross Income	\$30,000
-\$2,850	Health FSA Election	\$0
-\$5,000	Dependent Care Account Election	\$0
\$22,300	Taxable Gross Income	\$30,000
-\$4,430	Estimated Federal Tax (20%)	-6,000
-\$1,695	Estimated FICA (7.65%)	-2,295
\$16,025	Annual Net Income	\$21,705
\$0	Cost of Medical Expenses	-\$2,700
\$0	Cost of Dependent Care Expenses	-\$5,000
\$16,025	Spendable Income	\$14,005
With an FSA you have a potential annual savings of: \$2,020		

By using an FSA to pay for eligible recurring expenses, you can cut down on your taxable income which will result in additional spendable income.

Healthcare Flexible Spending Account (Healthcare FSA)

A Healthcare FSA allows you to allocate money on a pre-tax basis to reimburse yourself for qualified medical expenses for you and your family. Qualified expenses include anything from copayments, medical deductibles, prescriptions and much more.

Minimum Annual Deposit: \$150

Maximum Annual Deposit: \$3,300

Carryover Provision - Typically, any Healthcare FSA amounts not used by the end of the plan year are forfeited. The Internal Revenue Service (IRS) guidance gives employers the ability to allow Healthcare FSA participants to carry over up to \$660 of unused contributions from one plan year to the next. This carryover amount may then be used to reimburse eligible medical expenses incurred anytime during the next plan year.

Healthcare FSA Funds Availability

Your full annual election is available to you on the first day of the plan year.

For a complete list of eligible FSA expenses,
please visit www.americanfidelity.com

Benefits Debit Card

American Fidelity will provide a Benefits Debit Card to all employees who elect to participate in a Healthcare FSA (where offered by your employer.) The debit card gives immediate, convenient access to Healthcare FSA funds at the point of sale for prescriptions, copays, and other common qualified medical expenses. The card can only be used for the Healthcare FSA and is not available for the DCA.

Using Your Benefits Debit Card

Simply swipe your card like you would with any other credit card. Whether at the doctor's office or the dentist, the amount of your eligible expenses will be automatically deducted from your Healthcare FSA. Save ALL receipts!

Cards for Healthcare FSAs can be used at:

- Health care related facilities which include: hospitals, physician offices, dental offices, vision offices; and,
- Merchants participating in the Inventory Information Approval System (IIAS).
- The card is for medical expenses only; dependent day care expenses are not eligible.
- The card cannot be used for over-the-counter drugs filled with a prescription. You will need to file a manual claim for these types of expenses.

Dependent Day Care Account

A (DCA) allows you to allocate money on a pre-tax basis to reimburse yourself for the cost of dependent care services such as after school care and dependent day care centers.

Minimum Annual Deposit: \$240

Maximum Annual Deposit*: \$7,500

If you participate in a DCA, you must provide the IRS with the name, address and taxpayer identification number (TIN) or Social Security number of your dependent care provider(s) by completing either Schedule 2 of Form 1040A or Form 2441 and attaching it to your annual income tax return. Be sure that you follow the current instructions given by the IRS for preparing your annual income tax return. Failure to provide this information to the IRS could result in loss of the pre-tax exemption for your dependent care expenses.

Dependent Care Account (DCA) Funds Availability

Unlike the Healthcare FSA, the entire elected amount is not available on the first day of the plan year, but rather as contributions are received.

*Highly Compensated Employees as defined by IRS Tax Code § 414(q) may be required to reduce their elected amount based on nondiscrimination testing.

Group Term Life Insurance and AD&D

BCBS of Oklahoma

City Employees Only - COTPA life insurance on page 36



**BlueCross BlueShield
of Oklahoma**

Group Benefit Program Summary for **THE CITY OF OKLAHOMA CITY** **GAE00255**

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss*

	Principal Sum
Loss of life	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of speech and hearing	100%
Loss of sight of both eyes	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of sight of one eye	50%
Loss of one hand or one foot	50%
Loss of speech or hearing	50%
Loss of thumb and index finger of same hand	25%
Uniplegia	25%

*Loss must occur within 365 days of accident.

AD&D PRODUCT FEATURES INCLUDED:

- ▲ Seatbelt and Airbag Benefits
- ▲ Repatriation Benefit
- ▲ Education Benefit

EXCLUSIONS

Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof
2. infections, except those from an accidental cut or wound
3. suicide or attempted suicide
4. intentionally self-inflicted injury
5. war or act of war
6. travel or flight in any aircraft while a member of the crew
7. commission of, or participation in a felony
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician or
9. intoxication as defined in the jurisdiction where the accident occurred
10. participation in a riot

This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage.

Group Term Life Insurance and AD&D

BCBS of Oklahoma

City Employees Only - COTPA life insurance on page 36

Group Benefit Program Summary for

CITY OF OKLAHOMA CITY – GAE00255-1

Voluntary Life and Accidental Death & Dismemberment (AD&D)

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With our Voluntary Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

Eligibility	All Eligible Active Full Time Employees who regularly works a minimum of 30 hours per work.
Voluntary Term Life/AD&D Benefit:	Employee choice of one-half (.5), one (1), two (2) or three (3) times your Annual Earnings rounded to the next higher multiple of \$1,000
Guarantee Issue Amount – Employee	\$500,000 or 2 times annual salary, whichever is less
Age Reduction Schedule	Life and AD&D benefits reduce by 35% of the original amount at age 65 and further reduce by 40% of the original amount at age 70, 25% of the original amount at age 75.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of 6 months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 50% of the employee's Life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$5,000. Maximum: \$150,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege (Life coverage)	Included.
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers deal with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

This piece is for illustrative purposes only. The disability and life insurance policies referenced may not be available in all states. All policies are subject to issue limitations, exclusions, and other coverage conditions, which may include a waiting period for pre-existing conditions. Only the policy can provide the actual terms of coverage.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Oklahoma is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Individual Term Life Insurance

American Fidelity Assurance Company

Life insurance is an important factor to any family. It serves as a foundation to help in the case of a loved one's premature death. Plan today to make the right move for your loved ones.

American Fidelity Assurance Company offers a Term Life Insurance policy to help with your financial needs for your short-term and long-term goals.

How the Plan Works

Individual Term Life Insurance has a death benefit with no cash accumulation feature. The policy is initially written for a 10, 20 or 30-year term period, but may be renewed at the insured's option for the same level renewal period depending upon the term chosen.

The last level renewal period is no later than age 70 for the 10-year term policy and age 60 for the 20-year term policy. Thereafter, premiums are renewable annually up to age 90. The 30-year term policy is renewable annually after the initial 30-year term period up to age 90. Renewal rates will be based on the insured's age at the time of renewal.¹

Optional Riders

Enhance your base plan with the following riders:

- **Spouse Term**
- **Children's Term**
- **Waiver of Premium**
- **Accidental Death & Dismemberment**
- **Accelerated Benefit for Long Term Illness (30 Year Term Only)**

Coverage Feature	What It Means To You
Three Plan Options: 10, 20 and 30-Year Level Term Coverage	Choose the coverage period to meet your financial needs.
Guaranteed Death Benefit	Your death benefit is guaranteed as long as the policy is active.
Accelerated Death Benefit for Terminal Condition	Receive a portion of the chosen death benefit if you are diagnosed with a covered Terminal Condition. Limitations and exclusions may apply.
Conversion Benefit	Turn your policy into a permanent plan any time up to age 70. The rate for your new plan will be based on your attained age.
Guaranteed Renewable	Renew your policy up to age 90 regardless of your health. ¹
Interim Coverage for Death	Death benefit coverage starts when the life insurance application has been signed and underwriting guidelines have been met.
Express Issue Application	Only 3 express issue health questions are required to issue coverage. ²
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

¹Premiums are subject to increase upon renewal. ²Issuance of the policy may depend on the answer to these questions.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details, Policy Form Series ICC14 RCTL14. Not generally qualified benefits under Section 125 Plans.

Learn more at americanfidelity.com/info/Life

Universal (Texas) Life Insurance

Texas Life Insurance Company

It is impossible for life insurance to emotionally compensate for a loss, but it may help ease the financial obligations placed on your loved ones. Individual life insurance products can help.

Universal Life Insurance

(PureLife-Plus)

A voluntary permanent¹ life insurance product that guarantees life insurance to age 121. (Underwritten by Texas Life Insurance Company)

Did You Know?

More than 100 million individuals in the United States don't have sufficient coverage to provide their families with financial security in case of a tragedy.²

Voluntary permanent life insurance can be an ideal complement to the Group Life Insurance coverage provided by your employer. Ask your AFES or AWD representative about the benefits of owning voluntary permanent life, the coverage you can keep after your employment ends.

Consider a PureLife-Plus Contract!

Ask your Employer or American Fidelity Representative how you can secure your permanent⁷ life insurance with a product that provides:

- Guaranteed death benefit to age 121.¹
- Minimal cash value – premiums dedicated primarily to the purchase of life insurance.
- Long premium guarantees.³
- Limited right to partial refund of premium if future premium required to continue coverage increases.³
(Conditions apply)
- Take it with you when you leave employment.
- Coverage available for employee, spouse, children and grandchildren.⁴

¹Provided required premiums are paid timely.

²Insurance Barometer Study, 2021. Life Happens & LIMRA, p8.

³After the guaranteed period, premiums may go down, stay the same or go up.

⁴Coverage not available in WA on children or on grandchildren in WA or MD. In MD, child must reside with the applicant to be eligible for coverage.

⁵Some limitations apply. See brochure for details.

⁶Conditions apply. In Kansas, Temporary Insurance applies. Form 16M050.

⁷Issuance of this policy may depend on the answer to these questions.

Coverage Feature	What It Means To You
Several Product Options	Choose the coverage to meet your financial needs.
Guaranteed Premium ³	Your premiums are guaranteed for each applicable period.
Guaranteed Death Benefit ⁵	Your death benefit is guaranteed for the life of the contract provided premiums are paid when due.
Interim Coverage ⁶	Coverage normally begins when you complete the application and the authorization for your employer to deduct premiums from your paycheck. Two year suicide and contestability provisions apply. (one year in ND).
Enhance Your Coverage	Additional riders may be available on certain products to expand your policy.
Easy Application	No medical exams and minimal health questions. ⁷
Portable	You own the policy. Take the coverage with you if you choose to leave your current job.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

This product is not available in NY and is not generally qualified under Section 125 Plans. Underwritten by Texas Life Insurance Company. Not affiliated with American Fidelity Assurance Company.

As with most life insurance products, Texas Life contracts and riders contain certain exclusions, limitations, exceptions, reductions of benefits, waiting periods and terms for keeping them in force. Please see product summaries for costs and complete details. Flexible Premium Adjustable Life Insurance to age 121. PureLife-plus is underwritten and issued by Texas Life Insurance Company, 900 Washington Avenue, Waco, Texas 76701. Texas Life is licensed to do business in the District of Columbia and every state but NY. See the PureLife-plus brochure for details. Form ICC18-PRFNG-NI-18, Form Series PRFNG-NI-18 or PRFNG-NI-20-OHIO.

Accident Only Insurance

Limited Benefit Accident Only Insurance

American Fidelity Assurance Company

From weekend warriors to active families and those of us just living everyday life, accidents can happen without warning anytime, anywhere. As healthcare expenses continue to rise, are you financially prepared for the unexpected costs resulting from an injury?

Limited Benefit Accident Only Insurance may help manage out-of-pocket expenses to treat injuries resulting from a covered accident. This plan pays benefits directly to you, and may help you with unplanned accident medical expenses. And, for some policies, the Accident Screening Benefit pays annually for routine physical exams, preventive testing and more.

How the Plan Works

Our Accident Only Insurance policy pays according to a wide-ranging schedule of benefits. In addition, the policy provides 24-hour coverage for accidents that occur both on and off the job.

All benefits are only paid as a result of Injuries received in an Accident that occurs while coverage is in force. All treatment, procedures, and medical equipment must be diagnosed, recommended and treated by a Physician. All benefits are paid once per Covered Person per Covered Accident unless otherwise specified in the Limitations and Exclusions section. Twenty-four-hour (24-hour) coverage not applicable on Non-Occupational policies. Refer to your brochure and/or policy for details.

Features

- Benefits paid directly to you
- A policy you own—take the policy with you if you leave your employer or retire
- Coverage for you, your spouse and children under age 26

Learn more at americanfidelity.com/info/accident

Coverage Feature	What It Means For You
Plan Options: Levels 1, 2, 3, 4	Choose the plan to meet your financial needs.
Four Choices of Coverage: Individual, Individual and Spouse, Individual and Child, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Benefits for many types of covered injuries.
Accident Screening Benefit	The plan pays an annual Accident Screening Benefit for one Covered Person to receive a covered screening including routine physical exams, preventive testing, and more.
Initial Treatment Benefit	Receive a benefit when treatment is received by a Physician or Medical Professional within 30 days of a covered accident.
Benefit Paid Directly to You, to use as you see fit	Use the benefit however best fits your financial needs.
Guaranteed Renewable	Keep your coverage as long as premiums are paid as required.
24-Hour Coverage	You are covered on or off the job. Twenty-four-hour (24-hour) coverage not applicable on Non-Occupational policies. Refer to your brochure and/or policy for details.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Refer to your policy for complete details, AO22. **This product is inappropriate for people who are eligible for Medicaid coverage.** The premium and amount of benefits provided vary dependent upon the plan selected. The company has the right to change premiums by class. The Accident Screening Benefit is not available in all states.

Cancer Insurance

Limited Benefit Cancer Insurance Policy

American Fidelity Assurance Company

A cancer diagnosis may be overwhelming. Even with a good major medical plan, the out-of-pocket costs of cancer treatment, such as travel, childcare, and loss of income, are considerable and may not be covered.

American Fidelity Assurance Company's Limited Benefit Individual Cancer Insurance offers a solution to help you focus your attention on fighting cancer. We offer plans that can help assist with out-of-pocket costs often associated with a cancer diagnosis.

How the Plans Work

Our plans are designed to help cover expenses if you are diagnosed with a covered Cancer. With over 20 benefits available to you, these plans can provide benefits for the treatment of cancer, transportation, hospitalization and more. We provide the benefit directly to you, to be used however you see fit.

Optional Riders

Enhance your base plan with the following riders:

- Critical Illness Rider**
May include option to choose lump sum benefit for diagnosis of internal cancer only, heart attack/stroke (first to occur) only or both.
- Hospital Intensive Care Unit Rider**

Learn more at americanfidelity.com/info/cancer

Coverage Feature	What It Means For You
Plan Options: Basic, Enhanced and Enhanced Plus	Choose the plan option to meet your financial needs.
Three Choices of Coverage: Individual, Single Parent Family, or Family	Choose the coverage that fits your lifestyle.
Wide-Ranging Schedule of Benefits	Covers a wide range of treatments.
Benefit Paid Directly to You	Use the money however best fits your financial needs.
Guaranteed Renewable	Policy is guaranteed renewable as long as premiums are paid as required.
Diagnostic and Prevention Benefit	Receive a benefit for visiting your doctor for a cancer screening test, which helps with early detection.
Transportation and Lodging	Receive benefits if you travel more than 50 miles from your home using the most direct route for covered treatment.
Portable	You own the policy. Take the coverage with you if you choose to leave your current job. Your premiums will remain the same.
Additional Coverage Options	Enhance the base plan by choosing from a selection of optional riders.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions and waiting periods apply. Please refer to your policy for complete details. **This product is inappropriate for people who are eligible for Medicaid coverage.** The company has the right to change premiums by class. The premium and amount of benefits provided vary dependent upon the plan selected. Availability of riders may vary by state. Diagnostic and Prevention Benefit is not available in all states.

Long-Term Disability Income Insurance

American Fidelity Assurance Company

A shorter wait, stronger support - Our new LTD plan starts at 30 days

We are excited to introduce a new Long-Term Disability (LTD) plan with a shorter 30-day waiting period. This enhancement is designed to provide quicker financial protection in the event you are unable to work due to a qualifying illness or injury. With this new option, you'll have peace of mind knowing income replacement benefits can begin sooner, helping you focus on recovery without added financial stress. Along with the new 30-day waiting period. The current 180-day wait Long-Term Disability (LTD) plan is available as well. These two options give you the ability to adjust your waiting period based on your financial needs each year.

How do you pay for your mortgage, bills, food and other monthly expenses? If your paycheck stopped today, could you maintain your current lifestyle?

American Fidelity Assurance Company's Long-Term Disability Income Insurance is designed to help protect you if you become disabled and cannot work due to a covered Accidental Injury or Sickness.

How the Plan Works

If you become disabled due to a covered accident or sickness, Long-Term Disability Income Insurance will pay the disability benefit once you have satisfied the elimination period. Your benefit amount is dependent on your salary and the amount you select at the time of application. Disability benefits will be payable up to the benefit period stated in your policy.

Optional Riders

Enhance your base plan with the following riders:

- **Hospital Indemnity Benefit Rider**
- **COBRA Premium Rider**
- **Survivor Benefit Rider**

Coverage Feature	What It Means To You
Accidental Injury and Sickness Coverage	You are covered in the case of a covered accident that occurs away from work or a covered sickness that causes you to be disabled.
Benefit Paid Directly to You, Regardless of Other Coverage	Use the money however best fits your financial needs, regardless of other insurance.
Waiver of Premium	Premiums are not required while you are disabled based on the length of your disability.
Age at Entry	Your premiums will be based on the date your policy becomes effective.
Accidental Death Benefit	Receive a benefit if you die as the direct result of an Accidental Injury and death occurs within 90 days after the date of the Accidental Injury.
Competitive Premiums	Your monthly premiums could be paid with only one hour of a week's paycheck.
Payroll Deducted	Enjoy the convenience of having your premiums deducted straight from your paycheck.

Limitations, exclusions, and waiting periods apply. Refer to your policy for complete details.

Learn more at americanfidelity.com/info/disability

Group Hospital Indemnity Insurance

Limited Benefit Group Hospital Indemnity Insurance

American Fidelity Assurance Company

If you experienced a medical emergency, would you be prepared to cover the out-of-pocket medical expenses? And, what about everything else that adds up—like bills, groceries, and housing?

Major medical insurance plans are designed to pay a large portion of your medical costs. But with a high deductible plan, you must pay out of your own pocket until you meet your deductible and plan maximum. That's where AF Hospital Assist™ can help.

How the Plan Works

Limited Benefit Group Hospital Indemnity Insurance, or AF Hospital Assist™, is a Health Savings Account (HSA)-qualified plan designed to help pay for out-of-pocket expenses, like an inpatient stay, while also allowing the tax benefit and potential savings from an HSA.

This plan includes a health screening benefit and provides benefits paid directly to you for hospitalization, unexpected accidents, and certain high-dollar critical illnesses.

Coverage Feature	What It Means For You
Simplified underwriting	No medical exams or health questions are required to apply
Health Savings Account compatible	Help offset your high deductible while allowing your HSA savings to grow
Multiple plan options: Basic, Enhanced, Enhanced Plus	Choose the plan to meet your financial needs
Three choices of coverage: You, your spouse, and your children	Choose the coverage that best fits your lifestyle
Benefits paid directly to you	Use the money however best fits your needs
Guaranteed renewable	Keep the policy as long as premiums are paid
Portable	Take the policy with you even if you change employers

This product may contain limitations, exclusions and waiting periods. **This product is inappropriate for people who are eligible for Medicaid coverage.** The insurer has the right to increase premiums.

Learn more at americanfidelity.com/info/hospital-indemnity

Group Short-Term Disability Insurance

Madison National Life

For COTPA Employees Only

Employer Paid benefit



Group Short Term Disability Insurance: Benefit Summary

Prepared for: Central Oklahoma Transportation & Parking Authority, dba "EMBARK"

Eligibility

To be eligible, you must be an active employee working a minimum of 30 hours per week.

Employee Eligibility Date

You are benefit eligible upon the first of the month following 30 days of active employment.

Benefit Amount

66-2/3% of your Predisability Earnings, up to a Maximum Weekly Benefit of \$500.

When Benefits Begin

Benefit payments will begin after one of the following timeframes:

For a covered Injury: 14 calendar days

For a covered Physical Disease: 14 calendar days

Minimum Benefit

\$25 per week

Earning Income While Disabled

Benefits may be reduced by other income you receive during a Disability, including Social Security or a State Retirement or Disability benefit plan. Please see your certificate of insurance for details.

When Benefits End

Benefits begin at the end of the Elimination Period and continue for 24 weeks or until Long Term Disability Benefits commence, whichever comes first.

Definition of Disability

As a result of Physical Disease, Injury, Mental Disorder, Substance Abuse or Pregnancy, you are considered Disabled if you are unable to perform one or more of the Material Duties of your Own Occupation. Please see your certificate of insurance for full definition.

When Coverage Ends *

Coverage ends on the earliest of the following: the date your Employer's coverage ends; the date you cease to be an Eligible Person; the date your premium payment is not paid when required; or your Retirement Date.

QUESTIONS

Contact Ochs

ochs@ochsinc.com

651.665.3789 • 800.392.7295

Group Short-Term Disability Insurance

Madison National Life

For COTPA Employees Only

Employer Paid benefit



Exclusions Include But Are Not Limited To *

- A. War.
- B. Criminal Conduct.
- C. Military Leave.
- D. Imprisonment.
- E. Intentionally Self-Inflicted Injury-Suicide.
- F. Occupational Disability. You are not covered for any Disability for which Worker's Compensation benefits are payable.

Limitations *

- A. **Foreign Residency.** Payment of Benefits is limited to 6 months for each period of continuous Disability while you reside outside of the United States or Canada.
- B. **Payment Limit.** In no event will the Benefit plus Deductible Income plus Work Earnings exceed 100% of Predisability Earnings.

* This brochure is not the insurance contract. It is a brief description of your insurance underwritten by Madison National Life Insurance Company, Inc. For complete details including all benefits, exclusions and limitations, refer to the certificate of insurance GSDI-C-0722-OK as issued by your employer.

Founded in 1961, Madison National Life Insurance Company, Inc. is headquartered in Madison, the rapidly growing capital city of Wisconsin. Madison National Life is licensed in 49 states and specializes in group life, disability and specialty health insurance. The company is a wholly owned subsidiary of Horace Mann Educators Corporation (NYSE:HMN), the largest financial services company focused on providing America's educators and school employees with insurance and retirement solutions.

Group Life and AD&D Insurance

Securian Financial

For COTPA Employees Only

Employer Paid benefit



Central Oklahoma Transportation & Parking Authority

Group Term Life and Accidental Death and Dismemberment (AD&D) Insurance

Insurance products issued by Minnesota Life Insurance Company or Securian Life Insurance Company and administered by Ochs.

Life Insurance Coverage Available - No Health Questions!

There are many reasons to consider Life Insurance and there are certain times in which you can enroll for Life Insurance coverage without answering health questions. **Below is a summary of those options.**

INITIAL ELIGIBILITY OPPORTUNITY

Initial eligibility refers to the first time an employee is eligible for coverage.

- ✓ **Employee** - up to \$200,000
- ✓ **Spouse** - up to \$30,000
- ✓ **Child** - all coverage

ANNUAL ENROLLMENT OPPORTUNITY

Available during your employer's annual enrollment period.

- ✓ **Child** - all coverage

QUALIFIED FAMILY STATUS CHANGE

If you experience a family status change, check with your employer within 31 days to confirm guaranteed coverage availability.

LOOKING FOR A HIGHER AMOUNT OF COVERAGE?

A full list of your Life Insurance coverage options is outlined on the following pages. To apply for coverage other than the above, health questions and underwriting approval is required.

Group Life and AD&D Insurance

Securian Financial

For COTPA Employees Only

Central Oklahoma Transportation & Parking Authority Employees Only

Your Basic and Supplemental Life Insurance Coverages:

Basic Life Coverage - 100% employer paid & automatically enrolled

Basic term life	\$25,000	✓ Includes a matching AD&D benefit ✓ Coverage reduces beginning at age 65
-----------------	----------	--

Supplemental Life Coverage - 100% employee paid

Supplemental term life and AD&D	Elect in \$10,000 increments Maximum \$500,000	✓ Includes a matching AD&D benefit
Spouse term life and AD&D	Elect in \$5,000 increments Maximum \$150,000	✓ Includes a matching AD&D benefit ✓ Any reference to spouse includes domestic partner
Child term life	\$10,000	✓ Includes a matching AD&D benefit ✓ Includes 1st newborn child benefit

If your spouse or child is eligible for employee coverage, they cannot be covered as a dependent. Only one employee may cover a dependent child. It is the employee's responsibility to notify their employer when dependents are no longer eligible.

Monthly Cost:

Employee or Spouse Supplemental Life and AD&D	
Employee's Age	Rate per \$1,000
<25	\$ 0.12
25-29	\$ 0.12
30-34	\$ 0.12
35-39	\$ 0.16
40-44	\$ 0.20
45-49	\$ 0.32
50-54	\$ 0.52
55-59	\$ 0.76
60-64	\$ 1.20
65-69	\$ 2.12
70-74	\$ 3.76
75-79*	\$ 6.20

*Rates beyond age 79 are available upon request.
Rates increase with age and all rates are subject to change.

Here's how to calculate your monthly premium:

Total supplemental term life coverage amount \$ _____
÷ 1,000 \$ _____
× your rate (based on your age) \$ _____
= Monthly premium \$ _____

Here's how Riley calculated their monthly premium:

Riley elected a total supplemental term life coverage amount of \$150,000
÷ 1,000 \$150.00
× Riley's rate (based on their age of 42) \$0.20
= Riley's monthly premium \$30.00

Child Life and AD&D

\$10,000

\$1.60

One premium covers all eligible children from live birth to age 26

Group Life and AD&D Insurance

Securian Financial

For COTPA Employees Only

Why Life Insurance?

No matter where you are in life, there are many reasons to consider Life Insurance. Group Life Insurance protects you and your family from the unexpected loss of life and income during working years. AD&D Insurance provides additional financial protection if the insured's death or dismemberment is due to a covered accident, whether it occurs at work or elsewhere. Life and AD&D Insurance benefits are disbursed to you and/or your beneficiaries to help pay for things like:

- ✓ Your mortgage or rent
- ✓ Childcare or education costs
- ✓ Medical bills or other expenses
- ✓ Funeral and burial costs

How much Life Insurance do I need?

To estimate the amount of Life Insurance you need, you'll want to determine what you must protect in the event of your death. Determine your needs today.

Check out our Life Insurance calculator: [click here.](#)

Or scan here:



Naming a Beneficiary:

Naming a beneficiary is an important right of Life Insurance ownership; this determines who receives the death benefit. It is recommended that you review and update your beneficiaries periodically. Events such as marriage, birth/adoption of children, divorce or death may change how you want your Life Insurance benefit paid.

Continuation:

If you are no longer eligible for coverage as an active employee, you may be eligible to continue your coverage after employment. No health questions are needed and rates are generally higher than active rates. If you would like to continue your coverage, be sure to enroll within 31 days of your current coverage ending.



Questions



ochs@ochsinc.com



800-392-7295

Insurance products are issued by Minnesota Life Insurance Company or Securian Life Insurance Company, a New York authorized insurer. Minnesota Life Insurance Company is not an authorized New York insurer and does not do insurance business in New York. Both companies are headquartered in St. Paul, MN. Product availability and features may vary by state. Each insurer is solely responsible for the financial obligations under the policies or contracts it issues.

Products are offered under policy form series 14-31700.

Securian Financial is the marketing name for Securian Financial Group, Inc. and its subsidiaries. Securian Life Insurance Company and Minnesota Life Insurance Company are subsidiaries of Securian Financial Group, Inc.

Ochs, Inc.

A Securian Financial Company

400 Robert Street N, Ste. 1880, St. Paul, MN 55101

IRC 457 Deferred Compensation

Voya®

City of Oklahoma City 457(b) Deferred Compensation Plan

Compare your savings opportunities

What are your options?

The City of Oklahoma City offers a Roth after-tax contribution option under the 457(b) Deferred Compensation Plan. Depending on what is best for your personal circumstances and savings objectives, you can choose to make contributions on a Roth after-tax basis, on a pre-tax basis, or a combination of the two. The following chart will help you evaluate the differences between making pre-tax contributions and Roth after-tax contributions to the 457(b) Plan.

Visit voyadelivers.com/roth for further information about pre-tax and Roth contributions, including a calculator and sample scenarios to help you consider what's right for you.

	457(b) pre-tax	Roth 457(b) after-tax
Eligibility	Determined by the plan sponsor. No Adjusted Gross Income (AGI) eligibility limit.	Determined by the plan sponsor. No AGI eligibility limit.
Maximum annual contributions	\$23,500 in 2025* <small>* If you make both pre-tax and after-tax Roth contributions, this dollar limit applies to your total 457(b) contribution.</small>	\$23,500 in 2025*
Catch-up contributions	Age-based catch-up \$7,500 in 2025 for those reaching age 50-59 by the end of the calendar year and those 64 or older. \$11,250 in 2025 for those reaching age 60-63 by the end of the calendar year. Special catch-up Up to twice the annual maximum (\$47,000 in 2025) for three-years prior to the year of normal retirement age. Cannot use both catch-up provisions in same year but must use the catch-up provision which gives the greater amount.	Age-based catch-up \$7,500 in 2025 for those reaching age 50-59 by the end of the calendar year and those 64 or older. \$11,250 in 2025 for those reaching age 60-63 by the end of the calendar year. Special catch-up Up to twice the annual maximum (\$47,000 in 2025) for three-years prior to the year of normal retirement age. Cannot use both catch-up provisions in same year but must use the catch-up provision which gives the greater amount.
Rollovers in Compare your options for differences in cost, benefits, charges and other important features before you roll over assets. You may want to consult your legal or tax advisors.	Yes, if permitted by the plan document. Amounts rolled over from other non-457(b) eligible retirement plans (401(a); 401(k); 403(b); and traditional IRA) remain subject to the 10% IRS premature distribution penalty tax, unless an exemption applies.	Yes, if permitted by the plan document, directly from other designated Roth accounts. Note, a IRS 10% premature distribution penalty tax could apply if you were to roll designated Roth amounts from a 401(k) or 403(b) plan into a governmental 457(b) plan with a Roth feature if, when withdrawn, those amounts were considered non-qualified Roth distributions. The IRS does not permit a rollover from a Roth IRA.

IRC 457 Deferred Compensation

Voya®

	457(b) pre-tax	Roth 457(b) after-tax
Distributions Permitted	Available upon severance from employment, death, and: <ul style="list-style-type: none">• Attainment of age 70½*• Unforeseeable Emergency*• Qualified birth or adoption distribution up to \$5,000*• Qualified federally declared disasters of up to \$22,000*• Emergency Personal Expense and Domestic Abuse Victim distributions*	Subject to the same rules as the 457(b) pre-tax.
	* As permitted by the plan.	
Tax-Free Qualified Distribution	Not applicable. All distributions subject to ordinary income tax.	Provided you have a triggering event for a distribution, the following criteria must be met to ensure a tax-free qualified distribution: 5-year holding period and the participant has experienced one of these events: <ul style="list-style-type: none">• Disability• Death• Attainment of age 59½
Required Minimum Distributions (RMDs)	If you have a balance in the Plan, you are required to take an RMD by April 1 st of the calendar year following the later of the year in which you attain the applicable age or the year you retire from the employer sponsoring plan. Applicable age is based on a participant's date of birth and is defined as follows: <ul style="list-style-type: none">• Before July 1, 1949: 70½• On or between July 1, 1949 and December 31, 1950: 72• Born in 1951 through 1958: 73• Born in 1959: 73*• Born after 1959: 75 <i>SECURE 2.0 contained a drafting error regarding the effective date for commencing the applicable age at 75. In the absence of legislation technically correcting this issue and in light of the 2023 letter from Congress to the Treasury clarifying the intent was for individuals turning 73 after 2032 to have an increased applicable age of 75. The IRS has issued proposed regulations for an applicable age for individuals born in 1959 of 73.</i> If you do not begin taking RMDs as indicated, you may be subject to an IRS 25% penalty tax of RMD amount not taken timely.	Not during the participant's lifetime. However, RMDs are required to be taken by the beneficiary.



This material is provided for general and educational purposes only; it is not intended to provide legal, tax or investment advice. All investments are subject to risk. Please consult an independent legal or financial advisor for specific advice about your individual situation.

Products and services offered through the Voya® family of companies.

158660 1139535_1224 © 2024 Voya Services Company. All rights reserved. CN4094292_1226

IRC 457 Deferred Compensation

Voya®

Tap the app to
save in a snap

Download the
Voya Retire mobile app



The Voya Retire mobile app is an easy, secure and convenient way to access and manage your retirement account all in one place – so you can help boost your retirement savings and manage your money all while on the go.

Power in the palm of your hands

You'll have easy access to your:

- smart learning tools,
- resources and everything you need to confidently take control of your finances,
- retirement plan, health savings and investment accounts.

Intuitive, interactive and simple to use

With its clean design and intuitive global navigation, you can quickly view:

- your savings progress and quarterly statements,
- update contributions and beneficiaries,
- and transfer money or change investments and so much more.

Interactive tools allow you to

- simulate estimated retirement income using myOrangeMoney®,*
- get help with live chat capabilities,
- educate yourself with on-demand video learning or;
- get access to investment advice.**

Save more, securely

We value your privacy and never sell your personal data to anyone – ever:

- we protect your assets with our enhanced encryption, biometric voice ID available in our telephone call centers, multi-factor authentication and our S.A.F.E guarantee,
- so we can keep your money safe and secure, while keeping you on track and coming back.

Please see the full S.A.F.E. Guarantee at go.voya.com/datasecurity for more information.

Wherever life takes you, take the Voya Retire mobile app with you so you can retire well – with confidence.



Want to learn more about the Voya Retire Mobile app? Scan this QR code for more information.



iPhone is a trademark of Apple Inc., registered in the U.S. and other countries. Android is a trademark of Google LLC.

* **IMPORTANT:** The illustrations or other information generated by the calculators are hypothetical in nature, do not reflect actual investment results, and are not guarantees of future results. This information does not serve, either directly or indirectly, as legal, financial or tax advice and you should always consult a qualified professional legal, financial and/or tax advisor when making decisions related to your individual tax situation.

** Professional advice is based on the plan's options available to participants.

Not FDIC/NCUA/NCUSIF Insured | Not a Deposit of a Bank/Credit Union | May Lose Value | Not Bank/Credit Union Guaranteed | Not Insured by Any Federal Government Agency

Any insurance products, annuities and funding agreements that you may have purchased are sold as securities and are issued by Voya Retirement Insurance and Annuity Company ("VRIAC"). Fixed annuities are issued by VRIAC. VRIAC is solely responsible for meeting its obligations. Plan administrative services provided by VRIAC or Voya Institutional Plan Services, LLC ("VIPS"). Neither VRIAC nor VIPS engage in the sale or solicitation of securities. If custodial or trust agreements are part of this arrangement, they may be provided by Voya Institutional Trust Company. All companies are members of the Voya family of companies. Securities distributed by Voya Financial Partners, LLC (member SIPC) or other broker-dealers with which it has a selling agreement. All products or services may not be available in all states. Products and services offered through the Voya® family of companies.

165297 740125_0425 © 2025 Voya Services Company. All rights reserved. CN4435533_0427

PLAN | INVEST | PROTECT

VOYA

Employee Assistance Program

Alliance Work Partners

City of Oklahoma City

Employee Assistance Program (EAP)



Alliance Work Partners is
here for you as life happens.

AWP is proud to serve as your EAP, offering you and your household valuable, confidential services at no cost to you.

Your benefits are designed to help you manage daily responsibilities, major events, work stresses, or any issue affecting your quality of life.

All benefits can be
accessed by calling:

toll free

800-343-3822

for our deaf and hearing impaired
callers, please dial

7 - 1 - 1

teen line

800-334-TEEN (8336)

We are available to take your call
24 hours a day, 7 days a week.



Visit your EAP website at
awpnow.com



to create a
customized account.

Select "Access Your Benefits"
Registration Code:
AWP-OKC-2151

Your EAP Benefits:

LawAccess

Legal and Financial services provided by a lawyer or financial professional specializing in your area of concern. Available online or by telephone.

HelpNet

Customized EAP website featuring resources, skill-building tools, online assessments and referrals.

WorkLife

Resources and referrals for everyday needs.
Available by telephone.

SafeRide

Reimbursement for emergency cab fare for eligible employees and dependents that opt to use a cab service instead of driving while impaired.

1 to 6 Counseling Sessions

Per problem, per year. Short-term counseling sessions which include assessment, referral, and crisis services. *(Same day appointments available for urgent/crisis callers, or facilitation of immediate hospitalization)*

Newsletters
Webinar Training Series
Tips for Everyday Living

Here for you as life happens ...



City of Oklahoma City

Employee Assistance Program (EAP)

Criteria for Benefits Eligibility

Full Benefits:

- Employee, retiree, married/divorced spouse, partner, significant other
- Any household member, regardless of age or relationship, residing in employee's home, including significant other and their children
- All covered employees may bring anyone with them to their authorized/covered sessions regardless of relationship to employee.
- Children and grandchildren, age 26 or under, residing in US or Puerto Rico. This includes children and grandchildren of significant other or partner.
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for benefits up to 6 months from the date of employee's lay-off or termination. Benefits are extended for 6 months from date of employee's call within this timeframe.

Assessment & Referral:

- Children and grandchildren age 27 and over of employee, married/divorced spouse, partner, or significant other living outside employee's home
- Employee instructed by law to receive court-ordered counseling
- All crisis cases (suicidal/homicidal, domestic violence, chemical dependence, substance abuse, child/elderly abuse) not otherwise covered
- Any person meeting benefit eligibility prior to lay-off or termination of an employee will continue to be eligible for assessment and referral after 6 months and up to 1 year from the date of employee's lay-off or termination. Benefits are extended 1 year from date of employee's call within this timeframe.

Information & Referral:

- Anyone contacting Alliance Work Partners regardless of contract status

Children under the age of 18 must have a written, signed release by their guardian who has custody (whether living in the home or not) to attend counseling on their own. This release is given to their affiliate provider. Divorced parents who bring their children in for counseling must bring a copy of their divorce decree or have signed permission from the other parent before bringing a child into counseling. Grandparents who bring their grandchildren into counseling must have proof of guardianship or written permission from the child's parents.

Guide to Life Events Change in Status

Life Event	Documentation Requirements to Complete Changes	Life Event Changes Permitted			
		Add Coverage	Terminate Coverage	Change Carrier	Waive Coverage
It is the employee's responsibility to notify Employee Benefits within 31 days of any of the qualifying events listed below:	All required documents must be submitted and elections made within 31 days of the qualifying event date. Note: With the exception of Initial Enrollment and Open Enrollment, all changes must be consistent with the type of event. Employee Benefits reserves the right to determine eligibility of the qualifying event and which changes will be permitted. Supporting documentation provided must be in English.				
Initial Enrollment/Open Enrollment	Official State Issued Birth Certificate (Dependent Child), OR Marriage Certificate (Spouse), AND copy of Social Security Number, copy of official document	Y	Y	Y	Y
Marriage Common Law partner	Marriage Certificate OR Common Law Affidavit AND Social Security Number Note: Contact Benefits for additional Common Law requirements.	Y		Y	
New Dependent Child New Dependent Stephchild	Official State Issued Birth Certificate (required) AND Social Security Number Note: Hospital Birth Record acceptable for temporary enrollment of newborns.	Y		Y	
Adoption, Placement for Adoption, Legal Guardianship, or Legal Custody	Valid Adoption Decree/Order, OR Petition for Adoption, placement agreement, or other legal document that establishes guardianship or legal custody AND Requirements for New Dependent	Y		Y	
Divorce, Annulment (Spouse, Stepchildren)	First and last page of order with Judge's signature and court stamp that contains the date that the divorce or annulment is finalized. (Coverage can only be terminated for spouse/stepchildren)		Y	Y	
Death	Notify Employee Benefit Representative Note: Employee Benefits may require an original Death Certificate		Y		
Employee / Dependent becomes eligible for insurance through another plan	Employer letter, Certificate of Creditable Coverage, or other acceptable documentation indicating the date coverage began, type of plan(s) enrolled, and individuals covered		Y		
Employee / Dependent loses eligibility for insurance through another plan	Employer letter, Certificate of Creditable Coverage, or other acceptable documentation indicating the date coverage ended, type of plan(s) enrolled, and individuals covered	Y			
Dependent reaches maximum age to qualify for coverage	No document requirements		Y		
Dependent elects coverage through his/her employer	Letter, or other acceptable documentation indicating the date coverage began, type of plan(s) enrolled, and individuals covered		Y		
Disabled Dependent	Letter from Physician describing the dependent's medical condition, prospect of recovery and a diagnosis. (Documentation must be supplied upon request or every two years)	Y			
Significant change in premium cost or coverage attributable to spouse's employment	Acceptable documentation that illustrates the differences in cost or coverage	Y			

**Note: The effective date of the change is the date of the life event. Any change in premium will be based on the effective date of coverage.
The City of Oklahoma City does not prorate premiums for changes.**

It is your responsibility as the employee to notify the Employee Benefits division of the City's Human Resources Department within 31 days of the event. You will be held liable for any employer premiums paid on behalf of the ineligible dependent(s) that are not recoverable.

Benefit Highlights for New Employees

New Employee Orientation

The City of Oklahoma City provides specific details about available benefit options during the New Employee Orientation Sessions which are held biweekly for newly hired employees. Any full-time employee who desires more information regarding their current health and welfare plans are also welcome to attend. The employee must receive authorization from their supervisor. Once approved, contact a representative of the Employee Benefits Division to schedule your attendance.

Benefit Effective Date (for new employees)

Coverage begins on the first day of the month following the month of hire.

Coverage Ending Dates

In general, your group benefits will end on the last day of the month if:

- The Plan is terminated
- The premium ceases to be paid
- The employee no longer meets the Eligibility Requirements
- The employee voluntarily terminates his/her benefit(s)
- Employment terminates

Coverage Ending Dates for Dependents

In general, your group benefits for Covered Dependents will end on the last day of the month if:

- The Plan is terminated
- The premium ceases to be paid
- The dependent no longer meets the Eligibility Requirements
- The employee voluntarily terminates his/her benefits for the dependent
- Employment terminates
- The date the plan is amended to end coverage for a benefit program class of participants of which the dependent is a member
- The dependent ceases to be a dependent as defined by the Plan
- The employee fails to provide the required documentation for the dependent
- The employee dies and survivorship benefits are not available
- The legal guardianship or legal custody relationship is terminated for any reason

In the case of a dependent that is disabled, the last day of the month in which any of the following events occur:

- The date the child is no longer dependent on the employee for support
- The date the employee fails to provide any required proof of the uninterrupted continuation of the disability or fails to authorize and comply with any required examinations

Extension of Medical Benefits/Survivorship Benefit

In the event of the death of an Active or Retired Covered Employee, the previously Covered Dependents shall have the right to continue benefits under the Plan, subject to further provisions hereof:

- If the employee who died was Active and, at the time of death, was not entitled to any pension benefits, the surviving eligible Covered Dependents shall have the option to elect Continuation of Coverage under the provisions of COBRA.
- If the employee who has died was Active and, at the time of death, was entitled to any pension benefits but had continued as an active employee instead of choosing these pension benefits prior to the employee's death, the surviving eligible Covered Dependents shall have the option to continue health and dental coverage under which they had previously been covered through the COBRA option, or elect benefits that are provided to qualified survivor dependents.
- If the employee who died was retired at the time of death and was receiving pension benefits prior to their death, the surviving eligible Covered Dependents shall have the option to continue health and/or dental insurance benefits provided for retirees and their Eligible Dependents only if they were covered at the time of death of the retiree.
- Those surviving Eligible Dependents who choose to continue coverage under the retiree benefits shall have the right to continue benefits under that Plan, subject to further provisions hereof, until:
 - The date benefits for all individuals in this class are terminated
 - If dependent eligible children, the date that they no longer meet the definition of a Covered Dependent

IMPORTANT NOTICE: If dependent eligibility changes during the year you must notify the Employee Benefits Division of the Human Resources Department within 31 days of the qualifying event.

2026 Payroll Calendar

Employees are paid 26 times per year. Two of those paychecks, in the month where there are three pay periods, will not include premium deductions. This does not include other deductions you may have that include union dues, credit union deductions, federal and state taxes, and/or retirement contributions.

Pay Period Begins	Pay Period Ends	Pay Date	Month of Benefit Coverage	Coverage Period Premium Pays
12/19/25	01/01/26	01/09/26	January	January/1st half
01/02/26	01/15/26	01/23/26		January/2nd half
01/16/26	01/29/26	02/06/26	February**	February/1st half
01/30/26	02/12/26	02/20/26		February/2nd half
02/13/26	02/26/26	03/06/26	March**	March/1st half
02/27/26	03/12/26	03/20/26		March/2nd half
03/13/26	03/26/26	04/03/26	April**	April/1st half
03/27/26	04/09/26	04/17/26		April/2nd half
04/10/26	04/23/26	05/01/26	May**	May/1st half
04/24/26	05/07/26	05/15/26		May/2nd half
05/08/26	05/21/26	05/29/26	NO DEDUCTION	
05/22/26	06/04/26	06/12/26	June	June/1st half
06/05/26	06/18/26	06/26/26		June/2nd half
06/19/26	07/02/26	07/10/26	July	July/1st half
07/03/26	07/16/26	07/24/26		July/2nd half
07/17/26	07/30/26	08/07/26	August**	August/1st half
07/31/26	08/13/26	08/21/26		August/2nd half
08/14/26	08/27/26	09/04/26	September**	September/1st half
08/28/26	09/10/26	09/18/26		September/2nd half
09/11/26	09/24/26	10/02/26	October**	October/1st half
09/25/26	10/08/26	10/16/26		October/2nd half
10/09/26	10/22/26	10/30/26	NO DEDUCTION	
10/23/26	11/05/26	11/13/26	November	November/1st half
11/06/26	11/19/26	11/27/26		November/2nd half
11/20/26	12/03/26	12/11/26	December	December/1st half
12/04/26	12/17/26	12/23/26		December/2nd half

2026 COTPA Payroll Calendar

Employees are paid 26 times per year. Two of those paychecks, in the month where there are three pay periods, will not include premium deductions. This does not include other deductions you may have that include union dues, credit union deductions, federal and state taxes, and/or retirement contributions.

Pay Period Begins	Pay Period Ends	Pay Date	Month of Benefit Coverage	Coverage Period Premium Pays
12/14/25	12/27/25	01/02/26	January**	January/1st half
12/28/25	01/10/26	01/16/26		January/2nd half
01/11/26	01/24/26	01/30/26	NO DEDUCTION	
01/25/26	02/07/26	02/13/26	February	February/1st half
02/08/26	02/21/26	02/27/26		February/2nd half
02/22/26	03/07/26	03/13/26	March	March/1st half
03/08/26	03/21/26	03/27/26		March/2nd half
03/22/26	04/04/26	04/10/26	April	April/1st half
04/05/26	04/18/26	04/24/26		April/2nd half
04/19/26	05/02/26	05/08/26	May	May/1st half
05/03/26	05/16/26	05/22/26		May/2nd half
05/17/26	05/30/26	06/05/26	June**	June/1st half
05/31/26	06/13/26	06/18/26		June/2nd half
06/14/26	06/27/26	07/02/26	July**	July/1st half
06/28/26	07/11/26	07/17/26		July/2nd half
07/12/26	07/25/26	07/31/26	August**	August/1st half
07/26/26	08/08/26	08/14/26		August/2nd half
08/09/26	08/22/26	08/28/26	NO DEDUCTION	
08/23/26	09/05/26	09/11/26	September	September/1st half
09/06/26	09/19/26	09/25/26		September/2nd half
09/20/26	10/03/26	10/09/26	October	October/1st half
10/04/26	10/17/26	10/23/26		October/2nd half
10/18/26	10/31/26	11/06/26	November**	November/1st half
11/01/26	11/14/26	11/20/26		November/2nd half
11/15/26	11/28/26	12/04/26	December**	December/1st half
11/29/26	12/12/26	12/18/26		December/2nd half
12/13/26	12/26/26	12/31/26	NO DEDUCTION	

NOTES

Benefits Resource Directory

Core Benefits

BlueCross BlueShield of Oklahoma

PPO and EPO Medical Plans

(Group Number 019574 PPO)

(Group Number 293447 EPO)

Mon - Fri, 8 a.m. - 8 p.m. CST

877-219-4301

www.bcbsok.com/okc

Prime Therapeutics

Pharmacy Benefit Manager

PPO and EPO Medical Plans

(Group Number 019574 PPO)

(Group Number 293447 EPO)

Mon - Fri, 8 a.m. - 6 p.m. CST

877-546-2779

www.myPrime.com

BlueCross BlueShield of Oklahoma

Dental Plan

(Group Number K19574)

Mon - Fri, 8 a.m. - 8 p.m. CST

888-381-9727

www.bcbsok.com/okc

VSP

Vision Plan

(Group Number 30021658)

Mon - Fri, 7 a.m. - 9 p.m. CST

800-877-7195

www.vsp.com

BCBS of Oklahoma

Group Life Insurance

(Group Number GAE00255)

Mon - Fri, 7 a.m. - 7 p.m. CST

800-778-2281

OKCCare Employee Medical Center

Premise Health

Mon - Fri, 7:30 a.m. - 4:30 p.m. CST

405-276-2030

mypremisehealth.com

Voluntary Benefits and

Flexible Spending Accounts

American Fidelity Assurance Company

Term Life, Permanent Life, Accident Only, Cancer, Long-Term Disability Income and Hospital Indemnity

Mon - Fri, 7 a.m. - 7 p.m. CST

800-662-1113

www.americanfidelity.com

Alliance Work Partners

Employee Assistance Program

24 hours a day

800-343-3822

awpnow.com

Code: AWP-OKC-2151

10GYM, LLC

Mon - Fri, 9 a.m. - 6 p.m. (Administration)

918-809-1717 for enrollments

www.10GYM.com

Gold's Gym

Monday - Friday: 5am to 11 pm

Saturday & Sunday: 7am to 7 pm

210-577-2934

YMCA of Greater Oklahoma City

www.ymcaokc.org

Other Contact Information

City of Oklahoma City

Employee Benefits Division

Mon - Fri, 8 a.m. - 5 p.m. CST

405-297-2144

www.okc.gov/oe

EB@okc.gov

City of Oklahoma City

Accounting Services Division - Payroll

Mon - Fri, 8 a.m. - 5 p.m. CST

405-297-2196

Medicare

800-633-4227

www.medicare.gov

Pension Systems

Oklahoma Fire Fighters Pension

& Retirement System (Fire)

Mon - Fri, 8 a.m. - 4:30 p.m. CST

405-522-4600

800-525-7461

www.okfirepen.state.ok.us

Oklahoma Police Pension & Retirement System (Police)

Mon - Fri, 8 a.m. - 4:30 p.m. CST

405-840-3555

800-347-6552

www.opprs.ok.gov

Oklahoma City Employee Retirement System (OCERS)

Mon - Fri, 8 a.m. - 5 p.m. CST

405-297-3413

405-297-2408

Savings Plans

Municipal Employees Credit Union (MECU)

Mon & Fri, 8:30 a.m. - 5:30 p.m. CST

Tues - Thurs, 8 a.m. - 5 p.m. CST

405-813-5550

www.mecuokc.org

Voya

844-920-4013

OKC.voya.com