



Group Information Summary

Plan Year 2016

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For the most current and detailed information on the various health, dental and vision plans available through EGID, visit our website at www.sib.ok.gov or email group management at egid.groupmanagement@omes.ok.gov.

Office of Management and Enterprise Services
Employees Group Insurance Department
3545 N.W. 58th St., Ste. 110
Oklahoma City, OK 73112
1-405-717-8701 or toll-free 1-800-543-6044

Introduction

Thank you for considering the Office of Management and Enterprise Services (OMES) Employees Group Insurance Department (EGID) for your insurance needs. EGID provides health, dental, life and vision insurance to state, education and local government employees and other non-profit groups as authorized by the *Oklahoma Employees Insurance and Benefits Act*. For more information about the act, refer to 74 O.S. 2013, §§ 1301 et seq. and 74 O.S. 1985, § 1302.

This guide summarizes plan benefits, eligibility and administration guidelines. These guidelines are not all-inclusive and are not intended to supersede or conflict with EGID's

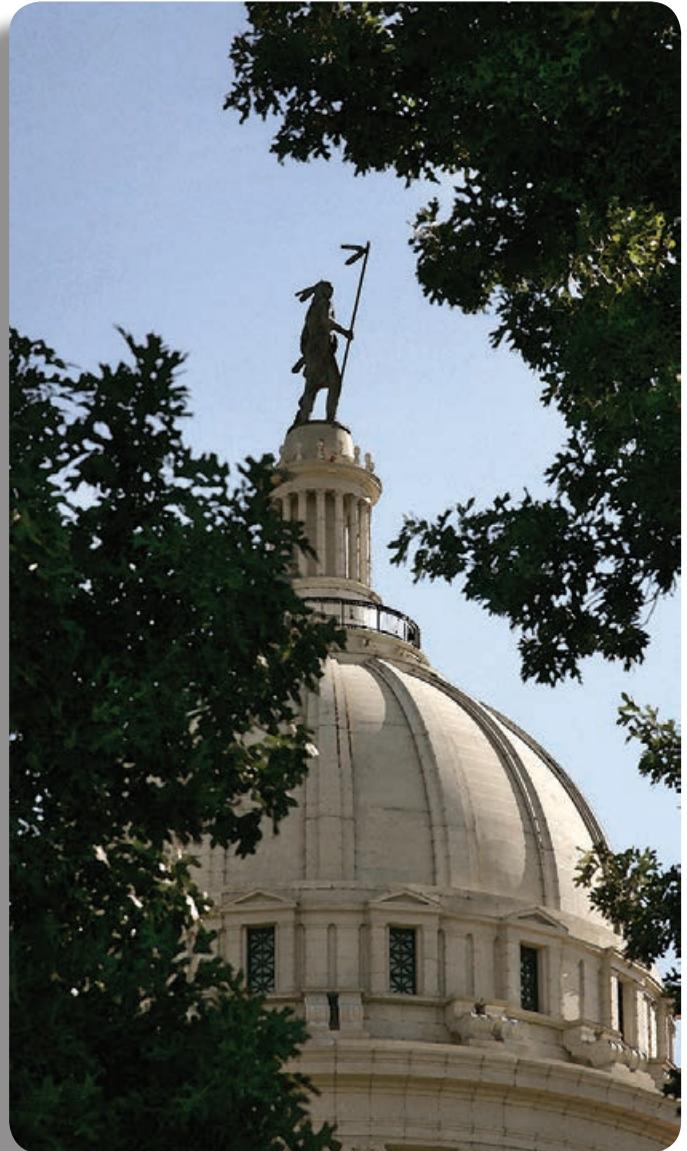
Administrative Rules (rev. January 2016) or Oklahoma

statutes which are subject to change. For the most current copy of the *Administrative Rules*, go to www.sib.ok.gov.

If you have any questions concerning the information in this guide, contact EGID Member Services Group Management at 1-405-717-8780 or toll-free 1-800-752-9475, option 3, or email egid.groupmanagement@omes.ok.gov.

After you review this information, please sign the last page to indicate you have read it and return that page to group management.

EGID serves approximately 900 employer groups.



Plans Available Through EGID

Health Plans

- Aetna INTEGRIS HMO
- BlueLincs HMO
- CommunityCare HMO
- GlobalHealth HMO
- HealthChoice High and High Alternative
- HealthChoice Basic and Basic Alternative
- HealthChoice High Deductible Health Plan (HDHP)
- HealthChoice USA

A Summary of Benefits and Coverage for each health plan is available online at www.sib.ok.gov.

The administrative costs of the HealthChoice plans are consistently among the lowest in the nation.

Dental Plans

- Assurant Freedom Preferred
- Assurant Heritage Plus with SBA (Prepaid)
- Assurant Heritage Secure (Prepaid)
- CIGNA Dental Care Plan (Prepaid)
- Delta Dental PPO
- Delta Dental PPO Plus Premier
- Delta Dental PPO - Choice
- HealthChoice Dental

Please refer to the Employee Benefit Options Guide for specific benefit information and plan contact information.

Vision Plans

- Humana Vision Care Plan
- Primary Vision Care Services
- Superior Vision
- UnitedHealthcare Vision
- Vision Care Direct
- Vision Service Plan (VSP)

Life Plan (Group Term Life)

- HealthChoice Life Insurance Plan



Insurance Coordinator Training and Duties

The insurance coordinator (IC) is an employee of your group who is responsible for your employees' insurance enrollment and eligibility changes and premium billing reconciliation. The IC is the primary contact between your group and EGID Group Management. Prior to a group's insurance effective date, your IC receives training, either face-to-face or through a webinar. Topics include:

- Eligibility
- Plan Benefits
- Forms
- HIPAA Compliance
- Claims
- Retirement
- COBRA

Every employer must designate an individual, known as an insurance coordinator, to manage their group's insurance administration

The IC is strongly encouraged to participate in EGID's yearly IC Option Period and spring training meetings. A schedule of these meetings and webinars

is sent to the IC's email address on file. The IC can also access the meeting schedule and register for meetings through the calendar on the EGID website.

The web support unit holds separate training sessions to instruct ICs on the use of EGID's "Web Enrollment" application, V3 Browser. Each IC must participate in a two hour, hands-on training session before access to "Web Enrollment" can be granted. This training provides information on how to make online eligibility changes and enrollments and how to review and/or download the "Premium Billing Statement." To

schedule a training session, contact web support at 1-405-717-8707 or toll-free 1-800-543-6044, ext. 8707.



Eligibility – Employee

An eligible employee is defined as an employee who is:

Education — Eligible to participate in the Oklahoma Teachers Retirement System and working a minimum of four hours a day or 20 hours per week.

Local government — Regularly scheduled to work at least 1,000 hours a year and not classified as a temporary or seasonal employee.

Eligibility starts on the first day of the month following the employment date or following any employer probationary period, not to exceed 60 days. An



employee who does not elect coverage when they are first eligible must wait until the next annual Option Period to enroll; some limitations to coverage may apply.

An employee can make coverage changes during the annual Option Period or within 30 days of a midyear qualifying event as defined by Title 26, Section 125, of the *Internal Revenue Code*. The changes must also be allowed by the employer's Section 125 plan document and administrator.

Local and County Government Employers

All eligible employees must be enrolled in a health plan through EGID or provide proof of other group or qualified individual health insurance.

Dental and life coverage is available only if the employee is enrolled in one of the health plans offered through EGID or can provide proof of other group or qualified individual health coverage.

An employee does not have to be enrolled in group health coverage to be eligible for vision coverage.

Eligibility – Dependents

Dependents can be enrolled in only the same types of coverage and in the same plans as the employee.

Eligible dependents include:

- Legal spouse (including common-law)
- Daughter, son, stepdaughter, stepson, eligible foster child, adopted child, or child legally placed with the member for adoption up to age 26, whether married or unmarried; documentation may be required
- A dependent, regardless of age, who is incapable of self-support due to a disability that was diagnosed prior to age 26. A “Disabled Dependent Assessment” form must be submitted at least 30 days prior to the dependent’s 26th birthday. The “Disabled Dependent Assessment” form must be approved by EGID before coverage begins or is extended beyond age 26.
- Other unmarried dependent children up to age 26, upon completion and approval of an “Application for Coverage for Other Dependent Children.” Guardianship papers or a tax return showing dependency can be provided in lieu of the application.

If one eligible dependent is enrolled in a benefit, all eligible dependents must be enrolled in that same benefit. Some exceptions apply.

An employee can exclude eligible dependents who do not reside with them, are married, are not financially dependent upon them for support, have

other group coverage in effect, or are eligible for Indian or military benefits.

An employee can exclude

their spouse from health and/or dental coverage and cover their other eligible dependents by signing the “Spouse Exclusion Certification” located on the back of the “Insurance Enrollment Form” or “Insurance Change Form” or sign the “Exclusion for Spouse Coverage” form if the IC makes changes via the Web.

A spouse cannot be excluded from vision coverage by signing the “Spouse Exclusion Certification”; however, they can be excluded from vision coverage if they have other verifiable group vision coverage.

Duplication of Coverage

If a spouse is enrolled separately in one of the plans offered through EGID, dependents can be covered under only one parent’s health, dental and/or vision plan (but not both); however, both parents can cover dependents under Dependent Life insurance.

Dependents who are not enrolled within 30 days of the employee’s eligibility date or qualifying event cannot be enrolled until the next annual Option Period.



Enrollment

County, local government and eligible non-profit employers are required to have 100 percent participation in health insurance or provide proof that employees who do not participate have other group or qualified individual health coverage.

An employee can opt out of health insurance coverage through EGID if they currently have other group or qualified individual health coverage or are eligible for Indian or military health benefits.



Note: The employer can require an employee to sign a waiver if the employee waives coverage through EGID.

A new employee has 30 days following their employment date to enroll in coverage. They are eligible for coverage the first day of the month following their employment date or the first day of the month they become eligible following an employer probationary period, not to exceed 60 days. EGID does not

offer partial month coverage or prorate premiums.

The “Insurance Enrollment Form” is due to EGID within 45 days of the employee’s enrollment date or the date they become eligible for coverage.

An employee can make changes to benefits within 30 days of their enrollment date or the date they become eligible based on your employer’s rules. This is called a supersede change.

If an employee makes a change (supersede) in coverage, it is effective the first day of the month following the date the supersede form is signed.

A transferring employee is someone who moves from one EGID participating employer to another. They have the option to have coverage effective their first month of employment. They are responsible for the premiums for this first month of coverage.

An education employee can waive participation in the health, dental, vision and life plans offered through EGID. However, to elect dental and/or life coverage without enrolling in a health plan through EGID, the employee must provide proof of other group or qualified individual health coverage.

Group enrollment takes place at least 30 days prior to the effective date of your group’s coverage through EGID. Group management works with each new group to set enrollment meetings for current and former employees, including COBRA participants.

Enrollment, continued

Examples of proof of other group coverage include:

- “Certificate of Group Health Plan Coverage”/“Letter of Creditable Coverage”
- Military health ID card
- Indian Health Service ID card
- Medicare ID card
- “Confirmation Statement”

A family status change is a qualifying event that allows an employee to add, change or terminate coverage. Examples of midyear qualifying events are:

- Marriage of the primary member
- Divorce
- Birth of a child
- Death

The IC is responsible for keeping documentation to support all eligible midyear or family status changes. Documentation must be provided to EGID upon request.

To exclude a spouse from coverage while covering other dependents, the spouse must sign the “Spouse Exclusion Certification” on the “Insurance Enrollment Form” or “Insurance Change Form” or sign the “Exclusion for Spouse Coverage” form if the IC makes changes via the Web.



Group Term Life Insurance

The HealthChoice Life Insurance Plan provides group term life insurance. The Plan pays benefits upon the death of the insured; however, it has no cash surrender value.

Basic Life is the first \$20,000 unit of life insurance available to employees. Supplemental Life is additional amounts of life insurance that can be purchased in \$20,000 units.

A new employee can enroll in Basic Life in the amount of \$20,000 and then enroll in Supplemental Life in an amount up to two times their annual salary (known as Guaranteed Issue) without submitting a "Life Insurance Application". Guaranteed Issue is available only to new employees. The \$20,000 of Basic Life coverage is not included in the Guaranteed Issue amount.

A "Life Insurance Application" is required for Supplemental Life coverage greater than Guaranteed Issue.

An employee can request Supplemental Life coverage in \$20,000 units, up to a maximum of \$500,000.

During the annual Option Period, an employee can apply for additional life insurance coverage by completing a "Life Insurance Application." They can also add Dependent Life coverage.

An employee must enroll in Basic Life to elect Dependent Life. Dependent Life enrollment does not require a "Life Insurance Application."

An employee can enroll in up to \$500,000 of Supplemental Life. An approved "Life Insurance Application" is required.

Basic Life and the first \$20,000 of Supplemental Life include Accidental Death and Dismemberment (AD&D) benefits. AD&D benefits are

available only to current employees and apply when death, dismemberment or loss of sight occurs as the result of an accident.

The loss of individual life coverage is not a qualifying event to enroll in life coverage with EGID midyear. The employee must wait until the next annual Option Period to enroll.



Retiree Enrollment

The initial enrollment period for eligible former employees coincides with the enrollment period for current employees; however, their meetings are held separately.

Retirees can enroll in only the same benefits they have with the employer's current insurance carrier. If a retiree has only health coverage, they are eligible to enroll in only health coverage through EGID. Retirees can drop or reduce benefits later, but they cannot add benefits, except vision coverage.

Retirees can add dependents to coverage only if the dependents are newly acquired or they lost other group coverage within the past 30 days.



The employer is responsible for COBRA administration.

COBRA Enrollment

There is a process for COBRA employees who want to transfer their health, dental and/or vision coverage to EGID during the employer's initial enrollment period.

ICs must complete a "Group COBRA to COBRA Continuation Form" for each employee and include the emp[loyee's eligibility information and the balance of their COBRA continuation period.

If an employee's COBRA premiums under the current carrier are not current, COBRA eligibility cannot be continued through EGID.

Dependents of retired employees can be enrolled in only the same benefits they have with the employer's current insurance carrier.

Changes or Termination of Employer Coverage

If an employer wants to change the types of coverage it offers to its employees, such as adding or dropping dental coverage, a “Group Change Form” must be completed and submitted to EGID at least 30 days prior to the change.

If an employer decides to terminate coverage through EGID, a “Group Termination Form” must be completed and submitted to EGID at least 30 days prior to terminating coverage. Certain rules must be followed:

- a. When an employee terminates employment, their benefits as a former employee are tied to their most recent employer. According to 74 O.S. 2012, § 1308.1(6) and 70 O.S. 2001, §§ 5-117.5 (E) for education entities and 74 O.S. 2012, § 1315 (H) for local/ county governments, any employer that discontinues participation through EGID must cover all of its current and former employees with insurance benefits through its new carrier.
- b. Higher education and charter schools must take all former employees to their new carrier regardless of an employee’s retirement date.
- c. There is an exception that allows certain former employees to continue coverage through EGID even after their employer discontinues participation. This exception pertains to local government, education and career technology employees who retired with coverage through EGID prior to the following dates:
 - Local Government Jan. 1, 2002
 - Education (common schools or career techs) May 1, 1993

- d. When terminating coverage through EGID, it is the employer’s responsibility to notify all current employees that their decision to change insurance carriers may have an impact on their ability to continue coverage through the new carrier when they terminate employment. This notification must be sent to all current employees prior to the date coverage through EGID terminates.

To make a change to the types of coverage the employer offers, please notify group management at least 30 days prior to the change.



Changes or Termination of Employer Coverage, continued

EGID Administrative Rule 260:50-3-13(a) (c1) (rev. September 2014) allows former employees to continue coverage as retiree, vested or non-vested members only if their employer is currently participating with EGID and coverage is continuous. Once an employer terminates coverage through EGID, its former employees cannot obtain coverage through EGID at a later date.

Tracking former employees by employer involves manual processes, and occasionally, errors occur. If it is discovered a former employee's coverage through EGID is tied to an employer that changed insurers and no longer participates with EGID, the IC is notified and the employer is required to enroll the former employee with its new carrier.

If an employer terminates coverage through EGID and then later reinstates coverage, the employer's appointing

authority is required to attest that its returning retirees had continuous coverage that is at least as good as Medicare's standard coverage.



To discuss possible changes to your employer's coverage options, please contact group management at 1-405-717-8780 or toll-free 1-800-752-9475 or email egid.groupmanagement@omes.ok.gov.

Group Management

Group management is available to make presentations or meet with your organization to answer your and your employees' questions concerning health, dental, vision and life insurance.

To schedule a presentation or meeting, contact group management at 1-405-717-8780, option 3, or toll-free 1-800-752-9475.

For the most current and detailed information on the various health, dental, life and vision plans available through EGID, visit our website at www.sib.ok.gov.





The undersigned, as the authorized official, acknowledges that they have read and understand this OMES Group Information Summary.

Group Number

Division Number

Employer Name

Address City State ZIP

Employer Phone Number

Employer Fax Number

Insurance Coordinator (Please Print)

Insurance Coordinator's Email Address

Insurance Coordinator's Signature

Date

Authorized Official (Please Print)

Authorized Official's Signature and Title

Date

