



# 2021 BENEFITS GUIDE

January 1— December 31, 2021



**EMSA**

# Welcome

---

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

## Eligibility

You are eligible for benefits if you work 30 or more hours per week. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- Your legally married spouse
- Common Law Spouse or Registered Domestic Partner
- Your children who are your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

## When Coverage Begins

- **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the first of the month following 30 days.

If you fail to enroll on time, you will **NOT** have benefits coverage (except for company-paid benefits).

- **Open Enrollment:** Changes made during Open Enrollment are effective January 1 - December 31, 2021.

## Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualified life event during the year. Following are examples of the most common qualified life events:

- Marriage or divorce
- Birth or adoption of a child
- Child reaching the maximum age limit
- Death of a spouse, RDP, or child
- You lose coverage under your spouse's/RDP's plan
- You gain access to state coverage under Medicaid or CHIP

## Making Changes

**To make changes to your benefit elections, you must contact Human Resources within 31 days of the qualified life event (including newborns).** Be prepared to show documentation of the event such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to make your election changes.

---

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

---

# Inside

Medical Plans

Dental Plans

Vision Plans

Flexible Spending  
Accounts (FSAs)

Life and AD&D Insurance

Disability Insurance

Employee Assistance  
Program (EAP)

Voluntary Benefits

Valuable Extras

Cost of Benefits

Contact information

---

# Enrollment

Go to

[www.employeenavigator.com](http://www.employeenavigator.com)

There you will find detailed information about the plans available to you and instructions for enrolling.

# Medical Plans

We are proud to offer you a choice among three different medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a brief description of each plan.

## Blue Cross Blue Shield of Oklahoma Preferred PPO

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Preferred network. The calendar-year deductible must be met before certain services are covered.

## Blue Cross Blue Shield of Oklahoma Preferred HSA

Like the PPO plans, a High-Deductible Health Plan (HDHP) gives you the freedom to seek care from the provider of your choice. You will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Aetna network. In addition, the HDHP comes with a health savings account (HSA) that allows you to save pre-tax dollars<sup>1</sup> to pay for any qualified health care expenses as defined by the IRS, including most out-of-pocket medical, prescription drug, dental and vision expenses. For a complete list of qualified health care expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

Here's how the plan works:

- **Annual Deductible:** You must meet the entire annual deductible before the plan starts to pay for non-preventive medical and prescription drug expenses.
- **Coinsurance:** Once you've met the plan's annual deductible, you are responsible for a percentage of your medical expenses, which is called coinsurance. For example, the plan may pay 80 percent and you may pay 20 percent.
- **Out-of-Pocket Maximum:** Once your deductible and coinsurance add up to the plan's annual out-of-pocket maximum, the plan will pay 100 percent of all eligible covered services for the rest of the calendar year.



- **Health Savings Account (HSA):** You may contribute to your HSA through pre-tax payroll deductions to help offset your annual deductible and pay for qualified health care expenses. **To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

HSA Contribution Limit	2021
Employee Only	\$3,600
Family (employee + 1 or more)	\$7,200
Catch-up (age 55+)	\$1,000

**Important:** Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below. Your HSA is yours for life. The money is yours to spend or save, regardless of whether you change health plans<sup>2</sup>, retire or leave the company. There is no "use it or lose it" rule. Your account grows tax free over time as you continue to roll over unused dollars from year to year. You decide how or if you want to spend your HSA funds. You can use them to pay for you and your dependents' doctor's visits, prescriptions, braces, glasses—even laser vision correction surgery.

<sup>1</sup> Tax free under federal tax law; state taxation rules may apply

<sup>2</sup> You must be enrolled in a qualified health plan to contribute to an HSA.



# Medical Plans (Cont'd)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan

Key Medical Benefits	Blue Preferred PPO MOBPF0040		Blue Preferred HSA MOBPF1010		Blue Preferred HSA MOBPF1040	
	In-Network Only	Out-of-Network <sup>1</sup>	In-Network Only	Out-of-Network <sup>1</sup>	In-Network Only	Out-of-Network <sup>1</sup>
<b>Deductible</b> (per calendar year)						
Individual / Family	\$1,000 / \$3,000	\$1,500 / \$4,500	\$3,000 / \$6,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$7,500 / \$15,000
<b>Out-of-Pocket Maximum</b> (per calendar year)						
Individual / Family	\$3,000 / \$9,000	\$9,000 / \$27,000	\$3,000 / \$6,000	\$6,000 / \$12,000	\$5,000 / \$10,000	\$15,000 / \$30,000
<b>Covered Services</b>						
Office Visits (physician/specialist)	\$20 / \$20 copay	30%*	No charge *	No charge *	No charge *	30%*
Routine Preventive Care	No charge	30%*	No charge	No charge	No charge	30%*
Outpatient Diagnostic (lab/X-ray)	No charge	30%*	No charge *	No charge *	No charge *	30%*
Complex Imaging	20%*	40%*	No charge *	No charge *	No charge *	30%*
Chiropractic (25 visits per year)	20%*	40%*	No charge *	No charge *	No charge *	30%*
Ambulance	No charge		No charge *		No charge *	
Emergency Room	\$100 + 20%*		No charge *		No charge *	
Urgent Care Facility	20%*	40%*	No charge *		No charge *	30%*
Inpatient Hospital Stay	\$300 + 20%*	\$300 + 40%*	No charge *		No charge *	30%*
Outpatient Surgery	20%*	40%*	No charge *		No charge *	30%*
<b>Prescription Drugs</b> (Generic/Non-Preferred Generic/Brand/Non-Preferred Brand/Specialty/Non-Preferred Specialty)						
Retail Pharmacy (30-day supply)	\$0 / \$10 / \$35 / \$75 / \$150 / \$250	\$10 / \$20 / \$55 / \$95 / \$150 / \$250	No charge *	No charge * + 50% additional charge	No charge *	No charge * + 50% additional charge
Mail Order (90-day supply)	2.5 x Retail	N/A	No charge *	N/A	No charge *	N/A

**Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.**

**\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.**

**To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.**

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

# Dental Plans

We are proud to offer you a choice between three different dental plans.

**Delta Dental of Oklahoma DPPO:** These plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a dentist who participates in the Delta Dental of Oklahoma network.

Following is a high-level overview of the coverage available.

Key Dental Benefits	Delta Dental of Oklahoma		
	Choice Advantage	Base PPO Network	Buy-Up PPO Network
<b>Deductible</b> (per calendar year)			
Individual / Family	\$50 / \$150	\$50 / \$150	\$50 / \$150
<b>Benefit Maximum</b> (per calendar year; Preventive, Basic, and Major Services combined)			
Per Individual	\$1,500	\$1,000	\$2,500
<b>Covered Services</b>			
<b>Preventive Services</b>	Based on Fee Schedule	No charge	No charge
<b>Basic Services</b>	Based on Fee Schedule	20%	20%
<b>Major Services</b>	Based on Fee Schedule	50%	50%
<b>Orthodontia</b> (Child Only)	Based on Fee Schedule	Not covered	50%

Coinsurance percentages shown in the above chart represent what the member is responsible for paying.

\*Benefits with an asterisk ( \* ) require that the deductible be met before the Plan begins to pay.

1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.



# Vision Plan

We are proud to offer you a choice between two vision plans.

The **AXA** vision plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the **AXA** network.

Following is a high-level overview of the coverage available.

Key Vision Benefits	Base Plan	Buy-Up Plan
<b>Exam</b> (once every 12 months)	\$10	\$10
<b>Materials Copay</b>	\$25	\$25
<b>Lenses</b> (once every 12 months)		
Single Vision	No charge after materials copay	No charge after materials copay
Bifocal		
Trifocal		
<b>Frames</b> (once every 24 months)	Covered up to \$130 - \$150	Covered up to \$200
<b>Contact Lenses</b> (once every 12 months; in lieu of glasses)	Covered up to \$130	Covered up to \$200

# Flexible Spending Accounts

We provide you with an opportunity to participate in a flexible spending account (FSA) administered through ConnectYourCare. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

## Health Care FSA

For 2021, you may contribute up to \$2,750 to cover qualified health care expenses incurred by you, your spouse and your children up to age 26. Some qualified expenses include:

- Coinsurance
- Copayments
- Deductibles
- Prescriptions
- Dental treatment
- Orthodontia
- Eye exams/eyeglasses
- Lasik eye surgery

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p502.pdf](http://www.irs.gov/pub/irs-pdf/p502.pdf).

## Limited Purpose Health Care FSA (for HSA participants)

If you enroll in a HSA medical plan, you may only participate in a limited purpose Health Care FSA. This type of FSA allows you to be reimbursed for eligible dental, orthodontia, and vision expenses while preserving your HSA funds for eligible medical expenses.

## Dependent Care FSA

For 2021, you may contribute up to \$5,000 (per family) to cover eligible dependent care expenses (\$2,500 if you and your spouse file separate tax returns). Some qualified expenses include:

- Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit [www.irs.gov/pub/irs-pdf/p503.pdf](http://www.irs.gov/pub/irs-pdf/p503.pdf).

# FSA Rules

## YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

**Health care FSA:** Unused funds up to \$500 from one year can carry over to the following year. Carryover funds will not count against or offset the amount that you can contribute annually. Unused funds over \$500 will NOT be returned to you or carried over to the following year.

**Dependent care FSA:** Unused funds will NOT be returned to you or carried over to the following year.

*Maximum contribution amount is established by the IRS and your employer each year. See plan document for details.*

# Life and AD&D Insurance

## Life/AD&D Insurance

**Life Insurance** provides your named beneficiary(ies) with a benefit in the event of your death.

## Accidental Death and Dismemberment (AD&D) Insurance

provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot, or eye). In the event that your death occurs due to a covered accident, both the Life and the AD&D benefit would be payable.

## Basic Life/AD&D (Company-paid)

This benefit is provided at NO COST to you through AXA.

<b>Benefit Amount</b>	2x base annual earnings to a maximum of \$375,000
-----------------------	---

## Supplemental Life/AD&D (Employee-paid)

If you determine you need more than the basic coverage, you may purchase additional coverage through for yourself and your eligible family members.

	<b>Benefit Option</b>	<b>Guaranteed Issue*</b>
<b>Employee</b>	Coverage up to \$500,000	\$100,000
<b>Spouse</b>	Coverage up to \$100,000	\$25,000
<b>Child(ren)</b>	Coverage up to \$10,000	\$10,000

\*During your initial eligibility period only, you can receive coverage up to the Guaranteed Issue amounts without having to provide Evidence of Insurability (EOI, or information about your health). Coverage amounts that require EOI will not be effective unless approved by the insurance carrier.

# Disability Insurance

Disability insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

## Voluntary Short-Term Disability

Provided at an affordable group rate through AXA.

<b>Benefit Percentage</b>	60%
<b>Weekly Benefit Maximum</b>	\$1,500
<b>When Benefits Begin</b>	After 7th day of disability
<b>Maximum Benefit Duration</b>	12 weeks

## Short-Term Disability

Provided at NO COST to you through AXA.

<b>Benefit Percentage</b>	50%
<b>Weekly Benefit Maximum</b>	\$300
<b>When Benefits Begin</b>	After 7th day of disability
<b>Maximum Benefit Duration</b>	12 weeks

## Long-Term Disability

Provided at NO COST to you through AXA.

<b>Benefit Percentage</b>	60%
<b>Monthly Benefit Maximum</b>	\$10,000
<b>When Benefits Begin</b>	After 90th day of disability
<b>Maximum Benefit Duration</b>	Social Security Retirement Age

# Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing it is difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The employee assistance program (EAP) is provided at **NO COST** to you through AXA.

The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

## EAP Benefits

- Assistance for you and your household members
- Up to three in-person sessions with a counselor per issue, per year, per individual
- Unlimited toll-free phone access and online resources

# Voluntary Benefits

Our benefit plans are here to help you and your family live well—and stay well. But did you know that you can strengthen your coverage even further? It's true! Our voluntary benefits through Reliance Standard are designed to complement your health care coverage and allow you to customize our benefits to you and your family's needs. The best part? Benefits from these plans are paid directly to you! Coverage is also available for your spouse and dependents.

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

## Accident Insurance

Accident insurance can soften the financial impact of an accidental injury by paying a benefit to you to help cover the unexpected out-of-pocket costs related to treating your injuries.

## Critical Illness

Did you know that the average total out-of-pocket cost related to treating a critical illness is over \$7,000<sup>1</sup>? With critical illness insurance, you'll receive a lump-sum benefit if you are diagnosed with a covered condition that you can use however you would like, including to help pay for: treatment (e.g. experimental), prescriptions, travel, increased living expenses, and more.

## Hospital Indemnity Insurance

The average cost of a hospital stay is \$10,000<sup>2</sup>—and the average length of a stay is 4.8 days<sup>3</sup>. Hospital indemnity insurance can help reduce costs by paying you or a covered dependent a benefit to help cover your deductible, coinsurance and other out-of-pocket costs due to a covered sickness or injury related hospitalization.

1. MetLife Accident and Critical Illness Impact Study, October 2013

2. Costs for Hospital Stays in the United States, 2011. HCUP Statistical Brief #168. December 2013. Agency for Healthcare Research and Quality, Rockville, MD.

3. National Hospital Discharge Survey: 2010

# Valuable Extras

We also offer the following additional benefits:

- LifeLock
- Group Legal Plan

# Cost of Benefits

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

## Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	Blue Cross Blue Shield of OK	800-942-5837	www.bcbsok.com
Dental	Delta Dental	800-522-0188	www.deltadentalok.com
Vision	AXA	866-274-9887	www.us.axa.com
Flexible Spending Accounts (FSAs)	ConnectYourCare	877-292-4040	www.connectyourcare.com
Life/AD&D	AXA	866-274-9887	www.us.axa.com
Disability	AXA	866-274-9887	www.us.axa.com
Employee Assistance Program (EAP)	AXA	866-274-9887	www.us.axa.com
Voluntary Benefits	Reliance Standard	800-351-7500	www.reliancestandard.com
MetLaw	MetLaw	800-821-6400	www.members.legalplans.com

### Benefits Website

Our benefits website [www.employeenavigator.com](http://www.employeenavigator.com) can be accessed anytime you want additional information on our benefit programs.

### Questions?

If you have additional questions, you may also contact:

May Williams  
405-297-7134  
[mayw@emsa.net](mailto:mayw@emsa.net)



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

