2025
BENEFIT GUIDE

ACTIVE EMPLOYEES

January 1 – December 31, 2025

TULSA COMMUNITY COLLEGE

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WELCOME!

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect and support your health, your family and your way of life. This guide answers some of the basic questions you may have about your benefits. For more specific questions, refer to the resource in this guide.

Benefits At-a-Glance

Coverage	Plan/Benefit
Medical - State of Oklahoma Plans	• BCBS BlueLincs HMO • Community Care HMO • GlobalHealth HMO • HealthChoice High and Alternative PPO • HealthChoice Low and Alternative PPO
Dental - State of Oklahoma Plans	• BCBSOK BlueCare High • BCBSOK BlueCare Low • Cigna High • Cigna Low • Delta PPO High • Delta PPO Low • MetLife High • MetLife Low • HealthChoice • SunLife
Vision - State of Oklahoma Plans	• Primary Vision (PVCS) • Superior Vision • Vision Care Direct • Vision Service Plan (VSP)
Group Life & AD&D	• BCBSOK
Voluntary Life & AD&D	• BCBSOK
Long Term Disability	• BCBSOK
Flexible Spending Account (FSA)	• Navia Administration
Accident & Critical Illness	• BCBSOK

BENEFIT ELIGIBILITY

Who is Eligible

The following individuals are eligible to participate in medical, dental and/or vision through the State Insurance program:

Active, full-time employees working 30 or more hours per week.

Dependents are eligible only for coverage in which the employee is enrolled.

For all elected coverage, if one eligible dependent is covered, all eligible dependents must be covered. An employee can exclude eligible dependents with proof of health, group dental or vision coverage. Also, the employee can elect not to cover dependents who do not reside with them, are married, are not financially dependent on them for support, have other coverage or are eligible for military health or IHS benefits. Refer to Excepted Benefits in the Glossary section.

When an employee's spouse also works for an EGID-recognized employer and is covered under or eligible for benefits under EGID, the spouse and dependent children cannot have duplicate coverage. This means dependents cannot be covered under two plans with EGID, even if they are with different companies. Dependent benefits can only be covered under one primary insured.

Dependents are not required to have health coverage to be eligible for dental or life coverage. Only the primary member must have health coverage.

Spouse

A spouse can be enrolled in coverage unless a divorce or legal separation has not been filed. Likewise, a spouse cannot be dropped from coverage while in the process of divorce or legal separation. Please note the following:

Common-law spouse – Common-law marriage is recognized by EGID. A new employee can add a common-law spouse at the time of enrollment. A current employee can request coverage on a common-law spouse during the annual Option Period or in the event the common-law spouse loses other coverage. To enroll a common-law spouse, the employee and spouse must sign the Common-Law Spouse Certification on the appropriate form. Once a common-law marriage is publicly declared, it can be dissolved only through a legal divorce.

Excluding a spouse

An employee can exclude their spouse from health, dental and/or vision coverage without proof of other coverage, even if they cover dependent children. To exclude their spouse while covering dependent children, the spouse must sign the Spouse Exclusion Certification on the appropriate form.

BENEFIT ELIGIBILITY (CONTINUED)

Who is Eligible

The following individuals are eligible to participate in medical, dental and/or vision through the State Insurance program:

Dependent children

Eligible dependent children include:

- Daughter, son, stepdaughter, stepson, eligible foster child, adopted child, child for whom the employee has been granted legal guardianship or child legally placed with the employee for adoption, up to age 26, whether married or unmarried.
- A dependent, regardless of age, who is incapable of self-support due to a disability diagnosed prior to age 26. For additional information, refer to Special rules for a disabled dependent below.
- Other unmarried children up to age 26 who live with you and for whom you are primarily responsible. This requires completion and approval of an Application for Coverage for Other Dependent Children. A tax return showing dependency can be provided in lieu of the application.

If both parents are primary members under EGID, dependent children can be covered under either parent's health, dental and vision plan (but not both) even if covered under different companies.

Special rules for a disabled dependent

A disabled dependent child must be incapable of self-support because of mental or physical incapacity that existed prior to age 26. The dependent is eligible to continue coverage as long as they meet all eligibility rules. To apply to continue coverage for a disabled dependent beyond age 25, the primary member must:

- Submit a copy of their most recent federal or state tax returns to provide proof of dependent status.
- Complete a Disabled Dependent Assessment form and return it to EGID according to the time frames below:
    - New employees must submit the form within 30 days of enrollment.
    - Current employees must submit the form at least 30 days prior to the dependent's 26th birthday.
    - Former employees who added or continued coverage on a disabled dependent at retirement must submit the form at least 30 days prior to the dependent's 26th birthday.

NOTE: The Disabled Dependent Assessment form must be approved by EGID before coverage begins or is continued. If the form is not received within the designated time frame, coverage or continuation of coverage is denied.

BENEFIT ENROLLMENT

New Hires:

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

If you fail to enroll on time, you will not have benefits coverage (except for company-paid benefits) until you enroll during our next annual Option Period period, or you have a Qualifying Life Event (QLE)*.

Option Period: October 2024

Changes made during Option Period are effective January 1, 2025.

When Coverage Ends

Medical, dental and vision coverage for you and your family will end on the last day of the month following your termination date. Life, Disability, Critical Illness and Accident will end on your last day of the month following your termination date.

COBRA

If your health care coverage ends, you and your family may have coverage continuation rights under the federal law known as COBRA. If your coverage terminates, you will be notified of your COBRA rights

Between Enrollment Periods

Generally, once you enroll, you cannot make changes to your enrollment selections until the next Option Period period unless you experience a Qualifying Life Event (QLE), as defined by the IRS. Benefit changes must also be consistent and made within 30 days of the QLE. Qualifying life events (QLEs) that may allow you to make benefit changes:

Change in legal marital status

- Marriage
- Divorce, legal separation, annulment
- Death of your spouse

Change in your eligibility

- Taking or returning from a leave of absence
- Change in work schedule or status that causes a gain or loss of eligibility
- Change in family member's eligibility
- Change in work schedule or status that causes them to gain or lose eligibility

Change in the number of eligible children

- Birth, adoption or death of a child
- Child gains or loses eligibility for coverage under
  the plan

Dependent gains a benefit option or lose coverage

- New coverage choices made during their employer's annual enrollment
- You or your family member's COBRA coverage from another employer expires
- You or your family member becomes eligible for or loses Medicare or Medicaid

OPTION PERIOD DETAILS

Remember, Option Period is an opportunity to make changes to your benefits without a qualifying life event. During this time, you can:

- Add, cancel or change your coverage
- Add or remove eligible family members
- Enroll in the health care and/or dependent care FSAs (**Note:** The IRS requires you to re-enroll in the FSAs each year)

MARK YOUR CALENDARS

Option Period Begins:

October 21st, 2024 – November 1st, 2024

Deadline to Enroll:

November 1st, 2024

Benefits in Effect:

January 1, 2025

In person/online benefits information sessions:

October 21 – October 25th, 2024

Important Changes

Each year Tulsa Community College reviews all the benefits programs to ensure our partners provide comprehensive and affordable coverage. **This year, we're pleased to announce new offerings for to all full-time (30+ hours) employees for Medical, Dental and Vision through the State of Oklahoma to help you better manage your health and well-being in the new year.**

2025 Updates At-a-Glance

- **You will be required to complete your enrollment in medical, dental, vision coverages effective January 1st, 2025.**
- You must actively re-enroll in the health care and dependent care FSAs to participate in 2025.
- **You must log into your www.MyTCC.com account to enroll or waive all coverages for 2025.**
- You may choose to keep your Supplemental Life & AD&D, Accident and or Critical Illness insurance.

BENEFIT ENROLLMENT

Enrollment Periods

Annual Option Period

Tulsa Community College conducts an Option Period. This is where you evaluate your needs and elect benefit options for the new plan year. TCC's 2025 Option Period is October 2024 for an effective date of January 1, 2025.

Each eligible employee will have the opportunity to complete or change benefit elections during October 2024.

All Active full-time employees will have the opportunity to enroll in one of the State of Oklahoma Medical, Dental and or Vision plans as well as many other voluntary plan options.

To enroll for your benefits, you must follow the instructions below.

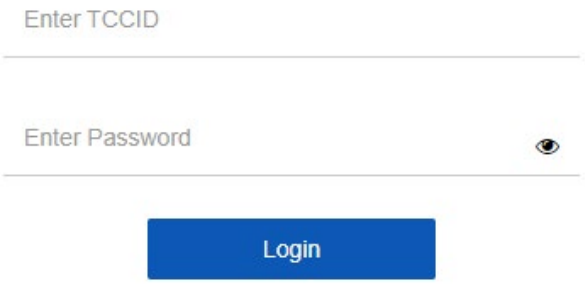
Log in to MyTCC,

Select the Employee Tab,

Select Benefits,

Select Benefit Enrollment App,

Login with your TCC credentials to be taken to the benefit enrollment platform.



If you need assistance with your enrollment, please contact your TCC Human Resources at

benefits@tulsaacc.edu
or
918-595-7859

MEDICAL COVERAGE

HMO

Each of the Health Maintenance Organization (HMO) plans, provided through the State of Oklahoma includes a network of providers and hospitals that discount their services.

With HMO plans, you select a primary care provider (PCP) from the participating network of providers, who will coordinate your health care needs, refer you to specialists (if needed) and approve further medical treatment.

Services received outside of the HMO's network are not covered, except in the case of emergency medical care.

For HMOs, premiums and out-of-pocket costs are typically low as long as you stay within the HMO plan's network.

How You Pay for Services

- You pay a predetermined flat dollar amount—or copay—for services received from your PCP.
- You must obtain a referral for treatment from outside specialists and certain types of tests and procedures. ***Note:*** *Women generally do not need a referral to see an obstetrician/gynecologist or OB-GYN for routine care.*
- If you go outside of the HMO's network, you are responsible for 100% of the cost of the services you receive, unless you experience a Life or Limb emergency, then you should go to the nearest emergency room.

To find a primary care provider, log into the website listed above your elected medical plan on page 8 of this guide.

MEDICAL COVERAGE - HMO PLAN OPTIONS

The following HMO plan Options are offered by Tulsa Community College through the State of Oklahoma for employees that reside in the plan's covered service area.

Check The State of Oklahoma Employee Benefit Option Guide for a list of service area zip codes.

If you chose an HMO plan you will need to select a Primary Care Provider to direct your medical care. The HMO plan options will provide you with **In-Network benefits only. The only exception is if you experience a life or limb emergency, then you will need to go to the nearest emergency room.**

The following is a high-level overview of your medical plan options. For complete coverage details, please refer to The State of Oklahoma Employee Benefit Option Guide.

Key Benefits	BCBS BlueLincs HMO www.bcbsok.com	CommunityCare HMO www.ccok.com	GlobalHealth HMO wwwglobalhealth.com
	In Network	In Network	In Network
Deductible (Individual)	None	None	None
Deductible (Family)	None	None	None
Out-of-Pocket Max (Individual)	$4,000	$4,000	$4,000
Out-of-Pocket Max (Family)	$12,000	$8,000	$12,000
Office Visits	$25 Primary $50 Specialist	$35 Primary $50 Specialist	$0 Primary $50 Specialist
Telehealth/Telemedicine	Covered services are covered at regular plan provisions MDLIVE: $0	$35 Primary $50 Specialty $0 Preventative	Covered same as office visit if provider offers Telehealth/telemedicine
Routine preventative Care	No Charge	No Charge	No charge
Diagnostics (lab/X-ray)	$25 Copay	$0 Copay	$10 Copay
Complex Imaging	$250 Copay	$200 Copay	$250 Preferred Facility $750 Non-Preferred Facility
Emergency Room	$300 Copay	$200 Copay	$400 Copay
Urgent Care Facility	$50 Copay	$50 Copay	$25 Copay
Inpatient Hospital Stay	$1,000 per day; $3,000 max per admit	$350 per day $1,750 Max per admit	$300 per day; $900 Max per admit
Outpatient Surgery	$750 Copay per visit	$300 Copay per visit	$300 Preferred Facility $800 Non-Preferred Facility

- Deductibles and out-of-pocket maximums are per calendar year (January – December)
- Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.

PRESCRIPTION COVERAGE – HMO PLANS

Retail Pharmacy

When you fill a prescription at a participating retail pharmacy, you may purchase up to a 30-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network. To find a participating pharmacy near you, visit ***the website below your selected plan.***

Specialty Program

With a rare or complex medical condition (e.g., cancer, hepatitis, hemophilia, rheumatoid arthritis or HIV), the appropriate use of specialty medications can be critical to maintaining or improving a patient's health and quality of life. Your selected plan pharmacy program will make these medications accessible and cost effective for plan members. It will provide focused, specialized support to individuals with complex medical conditions that often require multiple specialty medication therapies.

Save Money on Medications

Ask for Generic Drugs

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.

Use Mail Order

If you require regular medication for a long-term or chronic condition, such as arthritis or diabetes, you can save money by using your plan's mail-order service.

Key Benefits	BCBS BlueLincs HMO www.bcbsok.com	CommunityCare HMO www.ccok.com	GlobalHealth HMO wwwglobalhealth.com
	In Network	In Network	In Network
Retail Pharmacy (30-day Supply)			
Prescription Deductible Individual/Family	None	None	None
Preferred Generic	$5 Copay	$0/$15 Copay	Tier 1 - $20 Copay
Non-Preferred Generic	$15 Copay		Tier 2 - $65 Copay
Preferred Brand	$40 Copay	$40 Copay	Tier 3 - $90 Copay
Non-Preferred Brand	$80 Copay	$70 Copay	Tier 4 $200/$400 Copay
Specialty	$100 Copay	$160 Copay	
Non-Preferred Specialty	$200 Copay	$160 Copay	
Insulin	No more then a $30	No more then a $30	No more then a $30
Mail Order Pharmacy (90-Supply)			
	3 X Retail	3 X Retail	2 X Retail

MEDICAL COVERAGE

PPO

The Preferred Provider Organization (PPO) plans, provided through the State of Oklahoma, gives you the freedom to seek care from any provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.

A PPO plan relies on a network of health care clinics, hospitals and professionals who have agreed to provide their services at discounted rates. These preferred providers are considered "in-network." In general, you will pay less for in-network services than you would were you to seek care outside the network.

How You Pay for Services

- You pay a flat dollar amount–or copay–for covered health care treatments and services, such as doctor's office visits and prescription drugs.
- Once you satisfy your annual deductible, you will pay a percentage–or coinsurance–of the cost of the visit, and the plan will cover the rest.
- Once you hit your annual out-of-pocket maximum, the plan will cover 100% of the cost of covered services for the rest of the year.

To find an in-network provider, log into the website listed above your elected medical plan on page 11 of this guide.

MEDICAL COVERAGE – PPO HIGH PLAN

The following PPO plan options are offered by Tulsa Community College through the State of Oklahoma. If you chose a PPO plan you will have In-Network and Out-of-Network benefits. It is always best to stay in your network of providers to have the lowest out of pocket cost.

If you are enrolling in one of the HealthChoice PPO plans, you must complete the HealthChoice Tobacco-Free Attestation during your enrollment.

The following is a high-level overview of your medical plan options. For complete coverage details, please refer to The State of Oklahoma Employee Benefit Option Guide.

Key Benefits	HealthChoice PPO www.healthchoiceok.com		
	In Network High Non-Tobacco	In Network High Alternative Tobacco User	Out of Network
Deductible (Individual)	$750	$1,000	Combined with In-Network Deductible
Deductible (Family)	$2,000	$2,750	Combined with In-Network Deductible
Out-of-Pocket Max (Individual)	$3,300	$3550	High-$3,800 High Alt-$4,050
Out-of-Pocket Max (Family)	$8,400	$8,400	$9.900
Office Visits	$30 Primary $50 Specialty	$30 Primary $50 Specialty	Deductible + 50%
Telehealth/Telemedicine	Deductible + 20% $30 Primary $50 Specialty Copay may apply SwiftMD: $45 fee until Deductible is met. $0 fee after Deductible	Deductible + 20% $30 Primary $50 Specialty Copay may apply SwiftMD: $45 fee until Deductible is met. $0 fee after Deductible	Not Included
Routine preventative Care	No Charge	No Charge	Deductible + 50%
Diagnostics (lab/X-ray)	Deductible + 20%	Deductible + 20%	Deductible + 50%
Complex Imaging	Deductible + 20%	Deductible + 20%	Deductible + 50%
Emergency Room	$200 Copay + Deductible + 20%	$200 Copay + Deductible + 20%	Deductible + 50%
Urgent Care Facility	$30 Copay + Deductible + 20%	$30 Copay + Deductible + 20%	Deductible + 50%
Inpatient Hospital Stay	Deductible + 20%	Deductible + 20%	$300 Admit + Deductible + 50%
Outpatient Surgery	Deductible + 20%	Deductible + 20%	Deductible + 50%

- Deductibles and out-of-pocket maximums are per calendar year (January – December)
- Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
- If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

PRESCRIPTION COVERAGE - PPO HIGH PLAN

Retail Pharmacy

When you fill a prescription at a participating retail pharmacy, you may purchase up to a 30-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network. To find a participating pharmacy near you, visit ***the website below your selected plan***

Specialty Program

With a rare or complex medical condition (e.g., cancer, hepatitis, hemophilia, rheumatoid arthritis or HIV), the appropriate use of specialty medications can be critical to maintaining or improving a patient's health and quality of life. Your selected plan pharmacy program will make these medications accessible and cost effective for plan members. It will provide focused, specialized support to individuals with complex medical conditions that often require multiple specialty medication therapies.

Save Money on Medications

Ask for Generic Drugs

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.

Use Mail Order

If you require regular medication for a long-term or chronic condition, such as arthritis or diabetes, you can save money by using your plan's mail-order service.

Key Benefits	HealthChoice PPO www.healthchoiceok.com		
	In Network High Non-Tobacco	In Network High Alternative Tobacco User	Out of Network
Retail Pharmacy			
Prescription Deductible Individual/Family	$100/$300 + Copay	$100/$300 + Copay	Combined with Rx In-Network Deductible
Preferred Generic	$10 Copay	$10 Copay	50% + dispensing fee
Non-Preferred Generic	$10 Copay	$10 Copay	50% + dispensing fee
Preferred Brand	$45 Copay	$45 Copay	50% + dispensing fee
Non-Preferred Brand	$75 Copay	$75 Copay	50% + dispensing fee
Specialty	$10/$100/$200	$10/$100/$200	50% + dispensing fee
Non-Preferred Specialty	$10/$100/$200	$10/$100/$200	N/A
Insulin	No more then a $30	No more then a $30	Deductible + 50%
Mail Order Pharmacy (90-Supply)			
	3 X Retail	3 X Retail	N/A

MEDICAL COVERAGE – PPO BASIC PLAN

The following PPO plan options are offered by Tulsa Community College through the State of Oklahoma. If you chose a PPO plan you will have In-Network and Out-of-Network benefits. It is always best to stay in your network of providers to have the lowest out of pocket cost.

If you are enrolling in one of the HealthChoice PPO plans, you must complete the HealthChoice Tobacco-Free Attestation during your enrollment.

The following is a high-level overview of your medical plan options. For complete coverage details, please refer to The State of Oklahoma Employee Benefit Option Guide.

Key Benefits	HealthChoice PPO www.healthchoiceok.com		
	In Network Basic Non-Tobacco User	In Network Basic Alternative Tobacco User	Out of Network
Deductible (Individual)	Plan pays 1st $500 per Member, next $1,000 member Deductible, after the Deductible, the member pays 50%	Plan pays 1st $250 per Member, next $1,250 member Deductible after Deductible, the member pays 50%	Combined with In-Network Deductible
Deductible (Family)	Plan pays 1st $500 per Member, next $1,500 member Deducible, after the Deductible, the member pays 50%	Plan pays 1st $1,250 per Member, next $1,750 member Deductible, after the Deductible, the member pays 50%	Combined with In-Network Deductible
Out-of-Pocket Max (Individual)	$4,000	$4,000	$4,000
Out-of-Pocket Max (Family)	$9,000	$9,000	$9,000
Office Visits	1st Dollar + Deductible + 50%	1st Dollar + Deductible + 50%	Deductible + 50%
Telehealth/Telemedicine	First –dollar coverage then 50% of allowable after Deductible SwiftMD: $0 fee	First –dollar coverage then 50% of allowable after Deductible SwiftMD: $0 fee	Not Included
Routine preventative Care	No Charge	No Charge	Not Included
Diagnostics (lab/X-ray)	1st Dollar + Deductible + 50%	1st Dollar + Deductible + 50%	Deductible + 50%
Complex Imaging	1st Dollar + Deductible + 50%	1st Dollar + Deductible + 50%	Deductible + 50%
Emergency Room	1st Dollar + Deductible + 50%	1st Dollar + Deductible + 50%	Deductible + 50%
Urgent Care Facility	1st Dollar + Deductible + 50%	1st Dollar + Deductible + 50%	Deductible + 50%
Inpatient Hospital Stay	1st Dollar + Deductible + 50%	1st Dollar + Deductible + 50%	$300 Admit + Deductible + 50%
Outpatient Surgery	1st Dollar + Deductible + 50%	1st Dollar + Deductible + 50%	Deductible + 50%

- Deductibles and out-of-pocket maximums are per calendar year (January – December)
- Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
- If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

PRESCRIPTION COVERAGE - PPO BASIC PLAN

Retail Pharmacy

When you fill a prescription at a participating retail pharmacy, you may purchase up to a 30-day supply. At the participating pharmacy, you will need to present your ID card and an applicable payment. Most major pharmacies are in our plan's pharmacy network. To find a participating pharmacy near you, visit ***the website below your selected plan***

Specialty Program

With a rare or complex medical condition (e.g., cancer, hepatitis, hemophilia, rheumatoid arthritis or HIV), the appropriate use of specialty medications can be critical to maintaining or improving a patient's health and quality of life. Your selected plan pharmacy program will make these medications accessible and cost effective for plan members. It will provide focused, specialized support to individuals with complex medical conditions that often require multiple specialty medication therapies.

Save Money on Medications

Ask for Generic Drugs

You can save money by asking for generic drugs. The FDA requires that generic drugs have the same high quality, strength, purity and stability as brand-name drugs. The next time you need a prescription, ask your doctor to prescribe a generic drug if it is available and appropriate.

Use Mail Order

If you require regular medication for a long-term or chronic condition, such as arthritis or diabetes, you can save money by using your plan's mail-order service.

Key Benefits	HealthChoice PPO www.healthchoiceok.com		
	In Network Basic Non-Tobacco User	In Network Basic Alternative Tobacco User	Out of Network
Retail Pharmacy			
Prescription Deductible Individual/Family	$100/$300 + Copay	$100/$300 + Copay	Combined with Rx In-Network Deductible
Preferred Generic	$10 Copay	$10 Copay	50% + dispensing fee
Non-Preferred Generic	$10 Copay	$10 Copay	50% + dispensing fee
Preferred Brand	$45 Copay	$45 Copay	50% + dispensing fee
Non-Preferred Brand	$75 Copay	$75 Copay	50% + dispensing fee
Specialty	$10/$100/$200	$10/$100/$200	50% + dispensing fee
Non-Preferred Specialty	$10/$100/$200	$10/$100/$200	N/a
Insulin	No more then a $30	No more then a $30	Deductible + 50%
Mail Order Pharmacy (90-Supply)			
	3 X Retail	3 X Retail	N/a

MEDICAL BENEFIT TERMINOLOGY

Allowed amount

This is the amount agreed upon between the provider and the insurance company for the service provided. It is almost always less than the billed amount, which is why enrollees see different amounts on their Explanation of Benefit statements (EOBs). For example, a provider may charge $120 per hour of psychotherapy, but the insurance company pays them $95—the allowed amount for that service.

Balance billing

When an out-of-network provider bills you for the difference between the provider's charge and the allowed amount. For example, if the provider's charge is $100 and the allowed amount is $70, the provider may bill you for the remaining $30. An in-network provider cannot balance bill you for the covered services.

Beneficiary

A person who is designated as the recipient of proceeds from an insurance policy.

Coinsurance

Your share of the costs of a covered medical service calculated as a percent of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. Consider an example in which the medical plan's allowed amount for a medical service is $100 and you've met your deductible. If your plan pays 70%, then you are responsible for the remaining 30%, which is $30.

Copayment

Oftentimes referred to as a "copay," this is the amount you are responsible for paying when seeing a doctor, picking up a prescription, or visiting an urgent care facility or emergency room.

Deductible

The amount you must pay for eligible expenses before the plan begins to pay benefits. A deductible may be per service, per visit, per supply or per coverage year. For example, if your individual deductible is $1,500, your plan will not pay anything for certain medical services until you have paid $1,500. The deductible may not apply to all services, such as services that are covered by a copay.

Diagnostic test

Medical tests designed to establish the presence (or absence) of disease as a basis for treatment decisions in symptomatic or screen positive individuals. Note that diagnostic tests are different than screening tests. Screenings are primarily designed to detect early disease or risk factors for disease in apparently healthy individuals.

Network

The facilities, providers and suppliers that participate in your plan's network that have contracted with your carrier to provide medical services at a pre-negotiated discount. Your out-of-pocket expenses will be lower, and you will not be responsible for filing claims if you visit a participating in-network provider.

Preauthorization

A medically necessary determination by a health insurance carrier for a medical service, treatment plan, prescription drug, medical or prosthetic device or certain types of durable medical equipment. Sometimes called preauthorization, prior authorization or prior approval, many plans require preauthorization for certain services before you can receive them, except in cases of emergency. Preauthorization isn't a promise your medical plan will cover the cost.

PREVENTATIVE CARE

What is preventative Care?

Regular preventative care can help you stay well, catch problems early on and may be potentially lifesaving. The ACA requires that certain preventative care services are provided for no cost, copayment or coinsurance. All medical plans cover preventative care services like screenings, immunizations and exams. When you visit in-network providers, you don't have to worry about any out-of-pocket costs for preventative care services. If you use an out-of-network provider, a deductible and out-of-network expenses may apply.

preventative vs. Diagnostic Care

preventative care is generally precautionary. For example, if your doctor recommends having a colonoscopy because of your age or family history, this would be considered preventative care. But if your doctor recommends a colonoscopy to investigate symptoms you're having, this would be considered diagnostic care, and your plan cost share will apply.

VIRTUAL VISITS

A Telehealth program is a convenient and cost-effective way to get quick medical advice by phone, online or on your mobile device about many non-emergency conditions.

Why Use Telehealth?

It's Affordable

Telehealth is an alternative to keeping your out-of-pocket cost low, whenever seeking non-emergency medical care.

It's Convenient

Long wait times at the ER, urgent care center or doctor's office are an unfortunate reality for many. Whether you are at home or work or on the road, a medical professional is available 24/7/365.

It's Easy to Use

See your plan for more details.

Common Reasons to use Telehealth

Allergies
Anxiety issues
Back problems
Bronchitis
Cold and flu symptoms
Ear infections
Diarrhea or constipation
Headaches and migraines
Rash and skin problems
Sore throat and stuffy nose
Sprains and strains
Urinary tract infections

DENTAL COVERAGE

PPO Dental Options

You have the option to elect one of the 10 dental plans offered. The plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in your plans network. Your out-of-pocket costs will be lower if you utilize a PPO Provider in-network dentist.

To find an in-network provider log into the website above each of the dental plans.

The following is a high-level overview of your medical plan options. For complete coverage details, please refer to The State of Oklahoma Employee Benefit Option Guide.

Key In-Network Benefits	BlueCare High	BlueCare Low	Cigna High	Cigna Low	Delta PPO	Delta Choice PPO
	www.bcbsok.com		www.cigna.com		www.deltadentalok.com	
Deductible (Individual/Family)	$25/$75	$50/$150	$0/$0	$0/$0	$25 Per Person	$100 Per Person(Ortho)
Annual Benefit Maximum (per person)	$2,500	$1,500	None	None	$2,500	$2,000
Preventative Services	0%	0%	0%	0%	0%	0%
Basic Services	Deductible + 15%	Deductible + 15%	$0 Copay + Fee based on Procedure	$5 Copay + Fee based on procedure	Deductible + 15%	Deductible + Copay based on procedure
Major Services	Deductible + 40%	Deductible + 50%	$0 Copay + Fee based on procedure	$5 Copay + Fee based on procedure	Deductible + 40%	Deductible + Copay based on procedure
Orthodontic Services (Lifetime Max)	Child up to 19 50% to $5,000	Child up to 19 50% to $1,500	Adult & Child $0 Copay based on procedure Child $2,040 OOP Adult $2,376 OOP	Adult & Child $5 Copay based on procedure Child $2,472 OOP Adult $3,384 OOP	Adult & Child up to 26 40% up to $2,000 LTM	Adult & Child up to 26 Plan pays up to $1,800 LTM

- Deductibles and out-of-pocket maximums are per calendar year (January – December)
- Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
- If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

DENTAL COVERAGE

PPO Dental Options (continued)

Your dental plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in your plans network. Your out-of-pocket costs will be lower if you utilize a PPO Provider in-network dentist.

To find an in-network provider log into the website above each of the dental plans.

The following is a high-level overview of your medical plan options. For complete coverage details, please refer to The State of Oklahoma Employee Benefit Option Guide.

Key Benefits	MetLife High	MetLife Low	HealthChoice	SunLife
	www.metlife.com		www.healthchoiceok.com	www.sunlife.com
Deductible (Individual/Family)	$25/$75	$50/$150	$25/$75	$30 Per Person
Annual Benefit Maximum (per person)	$5,000	$1,500	$2,500	$1,750
Preventative Services	0%	0%	0%	0%
Basic Services	Deductible + 15%	Deductible + 30%	Deductible + 15%	Deductible + 15%
Major Services	Deductible + 40%	Deductible + 50%	Deductible + 40%	Deductible + 40%
Orthodontic Services	50% to $5,000 Per Person	50% to $2,000 Per Person	Child up to 19 50% to Unlimited (12-month wait)	Child up to 19 40% to $1,500 (12-month wait)

- Deductibles and out-of-pocket maximums are per calendar year (January – December)
- Coinsurance percentages and copay amounts shown in the above chart represent what the member is responsible for paying.
- If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

VISION COVERAGE

Vision Plan Options

Your eyesight is an integral part of your overall health and a key component of safety.

You may choose one of the vision plans below. Your plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in your carrier's network. If you decide to use an out-of-network provider, you will pay the provider in full at the time of your appointment and submit a claim form for reimbursement up to the amount allowed by the plan.

Receiving benefits from a network provider is as easy as making an appointment with the provider of your choice from the list of providers. The provider will coordinate all necessary authorizations you supply in your membership information.

Special discounts are offered on non-covered services, such as an additional pair of glasses, special lens options, and LASIK.

To find an in-network provider log into the website above each of the dental plans.

The following is a high-level overview of your medical plan options. For complete coverage details, please refer to The State of Oklahoma Employee Benefit Option Guide.

Key In-Network Benefits	Primary Vision (PVCS)	Superior Vision	Vision Care Direct	Vision Services Plan (VSP)
	www.pvcs-usa.com	www.superiorvision.com	www.visioncaredirect.com	www.vsp.com
Frequency	Eye Exam: Unlimited Lenses: Unlimited Contact Lenses: Unlimited Frames: Unlimited	Eye Exam: 12 months; Lenses: 12 months; Contact Lenses: 12 months; Frames: 12 months	Eye Exam: Unlimited Lenses: Unlimited Contact Lenses: Unlimited Frames: Unlimited	Eye Exam: 12 months; Lenses: 12 months; Contact Lenses: 12 months; Frames: 12 months
Exam Copay	$0 Copay	$10	$15	$10
Materials Copay	$0 Copay	$25	$15	$25
Frames	Wholesale cost	$150 Allowance	$150 Allowance	$170 Base or $220 + 20% Featured Brand Allowance
Lenses				
Single Vision	Wholesale cost	$25	$15	$25
Bifocal	Wholesale cost	$25	$15	$25
Trifocal	Wholesale cost	$25	$15	$25
Contact Lenses				
Medically Necessary	$0 + Wholesale cost	$25 Copay	Covered in Full	$120 Allowance
Elective	Wholesale cost	$150 Allowance	$150 Allowance	$25 Copay

VISION COVERAGE (CONTINUED)

Vision Plan Notes

PVCS: The only Oklahoma owned and operated vision care plan with unlimited network services. Member must select either network or non-network for entire year. Network services are unlimited. Non-network services (one eye exam, one set of eyeglasses or contacts) are limited to once annually. A $50 copay applies to soft contact lens fittings; a $75 copay applies to rigid or gas permeable contact lens fittings or refittings; and a $150 copay applies to hybrid contact lens fittings or refittings. Simple replacements are not assessed with these fees. Limitations/exclusions include the following: 1) Medical eye care, 2) Vision therapy, 3) Non-routine vision services and tests, 4) Luxury frames, 5) Premium prescription lenses, and 6) Nonprescription eyewear. For more information and details, call 888-357-6912 or visit our website at **pvcs-usa.com/okstate**.

Superior: Vision Plan information/detail is available at **superiorvision.com/stateofoklahoma/benefits**. Materials copay applies to lenses and/or frames. Discounts for lens add-ons will be given by contracted providers with DP in their listing. Exams, lenses and frames are provided once per calendar year. Progressive lenses (no-line bifocals) – you pay the difference between the retail price of the selected progressive lens and the retail price of the lined trifocal. The difference may also be subject to a discount with provider offices that accept our discount plans. Standard contact lens fitting applies to an existing contact lens user who wears disposable, daily wear or extended wear lenses only. The specialty contact lens fitting applies to new contact lens wearers and/or members who wear toric, gas permeable or multifocal lenses.

Vision Care Direct of Oklahoma: Oklahoma Owned and Operated by Optometrists. With VCD of OK, you get your exam, frames, and lenses with free enhancements (progressive lenses with premium anti-reflective and UV coatings) for as little as $30. Our Frame/Contact Lens Allowance is $150 and our Medically Necessary Contact Allowance is $750. With our plan we allow you to use your Contact Lenses Allowance to pay for your Fitting Fee and/or to purchase contacts. This allows you to use your allowance to pay for your fitting and potentially a portion of your contacts, whichever makes the best financial sense for you. Other plans offer discounts for materials such as UV, Scratch, UV Coatings, and Progressive lenses but VCD of OK takes a different approach and includes these extras at NO ADDITIONAL COST! When you compare the total cost of your premiums and what you spend in the doctor's office, in most cases, we offer a plan that will save you money. Choosing an OK company means your customer service is in state to help you. It also means that you support your local community and schools when you buy a plan based in Oklahoma! VCD of OK is not an insurance company so our focus is on delivering the very best patient care with quality materials at a very affordable price because we want you to SEE THE DIFFERENCE. Visit **okstate.vision** for more information and to search for providers in your area. (To get the free upgrades mentioned above simply look for the "VCD Plus" logo when searching for a provider.)

VSP: Exam, lenses and frame benefit provided annually. The $25 materials copay applies to lenses or frames, but not to both. Copays/prices listed are for standard lens options. Premium lens options will vary. If choosing a frame valued at more than the allowance, member saves 20% on out-of-pocket costs when using a VSP doctor. Member receives an extra $50 toward frame allowance when selecting a Marchon or Altair frame brand. Contact lenses are in lieu of spectacle lenses and frame. The $120 network allowance applies to the contact lenses. With a VSP provider, the contact lens exam (fitting and evaluation) is covered in full after a copay up to $60. The $105 non-network allowance applies to the contacts and contact lens exam. Contact lens exam is performed in addition to your routine eye exam to check for eye health risks associated with improper wearing or fitting of contacts. Prescription glasses – member receives an extra 20% off additional complete pairs of glasses, sunglasses or lens options at any VSP provider within last 12 months from exam. Contact VSP or visit **vsp.com** to learn more. VSP members can now use and integrate their benefits online, via **eyeconic.com**. Oklahoma enrollees can virtually try on each pair in the extensive catalog of glasses and sunglasses. Members can order glasses and contacts while using their VSP benefit. In addition to your VSP vision insurance, any additional savings will automatically be applied at the time of purchase. Frames can be sent directly to your door, or your provider's office for a final fitting, adjustment, and confirmation that you are completely satisfied.

FLEXIBLE SPENDING ACCOUNTS (FSA)

The flexible spending accounts (FSAs), provided through Navia, are tax-advantaged accounts that can help you cover certain qualified out-of-pocket expenses. The money you set aside for eligible expenses, will be deductible from your paycheck on a pre-tax basis. Each account works in much the same way but has different eligibility requirements, list of qualified expenses, and contribution limits. You may choose to enroll in the following accounts.

	Health Care FSA (HCFSA)	Dependent Care FSA (DCFSA)
Eligibility Requirements	Available to all full-time employees	Available to all full-time employees
Examples of Qualified Expenses	• Coinsurance • Copayments • Deductibles • Dental treatment • Eye exams/eyeglasses • LASIK eye surgery • Orthodontia • Prescriptions	• Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers • Care of household members who are physically or mentally incapable of caring for themselves and who qualify as your federal tax dependent
Annual Contribution Limit	$300 - $3,200	$5,000 per family (or $2,500 each if you are married and file separate tax returns)

Important FSA Rules

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

- **You must enroll each year to participate.**

- **HealthCare FSA:**

  Your full HCFSA pre-taxed annual contribution will be available to you as of January 1,2025 for any eligible expenses incurred.

  Your plan includes a grace period that allows you an extension of time to spend your remaining FSA funds after the end of your plan year.

  The grace period deadline is March 15, 2026. All claims incurred between 1/1/2025 through 3/15/2026 must be submitted no later than March 31, 2026. Any unused funds after the grace period deadline, will be forfeited.

- **Dependent Care FSA:**

  Your DCFSA contributions will be deducted on a pre-tax basis from each of your paychecks. DCFSA funds are made available for eligible expenses only as your money is added to your DCFSA account.

  Unused funds will NOT be returned to you or carried over to the following year.

- For a complete list of eligible and ineligible expenses, visit www.IRS..gov and review publications 502 and 503.

LIFE INSURANCE

Life insurance, provided through BlueCross BlueShield, provides your named beneficiaries with a benefit following your death, while accidental death and dismemberment (AD&D) insurance provides a benefit to you following a covered accident that leads to dismemberment (such as the loss of a hand, foot or eye). Should your death occur due to a covered accident, both the life benefit and the AD&D benefit would be payable.

Tulsa Community College provides this benefit to all active full-time employees at no cost.

Group Life and AD&D (employer-paid)

Coverage Tier	Benefit Amount
Employee	2 x your annual salary up to a maximum of $600,000

Your Life benefit reduces 35% @ 65; 50% @ 70 years of age.

Your coverage includes an Accelerated Death Benefit, Waiver of Premium and Portability.

IMPUTED INCOME

Imputed income is the value of non-monetary compensation or benefits provided to you by the company, such as health insurance premiums and life insurance coverage. Even though these benefits are not received in cash form, they are considered part of your overall compensation package and are subject to taxation.

Under federal tax law, if the total coverage of your company-paid basic life insurance is more than $50,000, the premium paid for the coverage above $50,000 is considered imputed income and will be added to your W-2 earnings. You must pay federal, state and Social Security taxes on this amount.

Supplemental Life and AD&D (employee-paid)

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

To determine your premiums, please see page 26 of your guide.

Supplemental Life Insurance

If you are currently enrolled in the Supplemental Life plan, you have the option to keep your current election of
either $20,000 at $3.60 per month or $40,000 at $7.20 per month through BlueCross BlueShield. You are not eligible for this benefit if you were not previously enrolled.

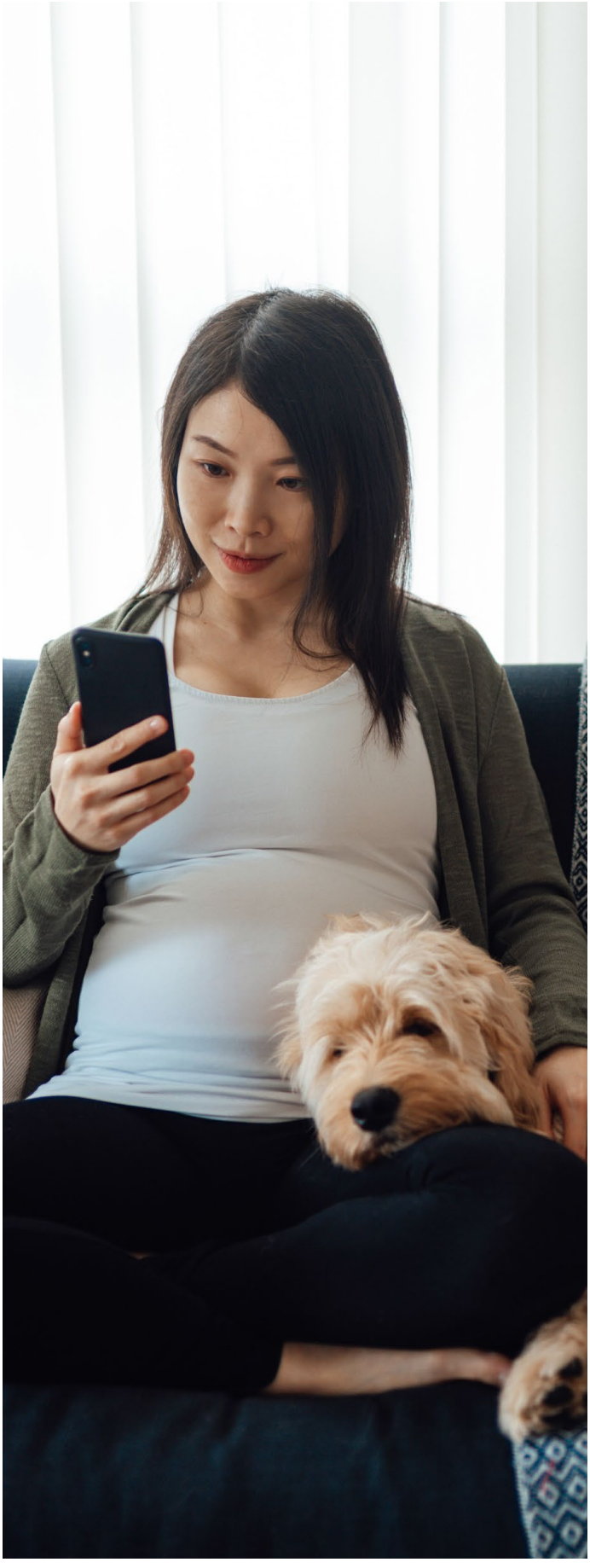
Coverage Tier	Benefit Amount	Guaranteed Issue Amount
Employee	$10,000 up to the Lesser of 5X Annual Earnings up to $500,000	$200,000
Spouse/Domestic Partner	$5,000 up to the Lesser of $100,000 not to exceed 100% of Employee's benefit	$50,000
Child(ren)	$10,000	$1,000 birth to 6 months $10,000 at 6 Months to age 26

Note: During your initial eligibility period, you can secure coverage up to the Guaranteed Issue limits without the need for Evidence of Insurability (EOI, or information about your health). Please note that coverage amounts requiring EOI will only go into effect once the insurance carrier approves them.

LONG-TERM DISABILITY INSURANCE

Long-Term Disability insurance, provided through BlueCross Blue Shield, provides benefits that replace part of your lost income when you cannot work due to a covered illness or injury.

Tulsa Community College offers Long-Term Disability to all active, full-time employees at no cost to the employee.



Long-Term Disability

Provided at no cost to you.	
Benefit	70% of base monthly earnings
Maximum monthly benefit	$15,000
Elimination Period	
Disability benefit	After 60 consecutive calendar days of disability and exhaustion of all paid leave.
Catastrophic Disability benefit	After 90 days of Disability
Own Occupation	24 Months
Pre-existing Limitation	6 months prior/12 months after effective date/you will not receive a benefit until you have been treatment free for 12 consecutive months.

ADDITIONAL BENEFIT PROGRAMS

Accident Insurance

If an accident occurs, you may be surprised how quickly expenses can add up. Accident Insurance is designed to help you pay for unexpected costs that result from an accidental injury. Accident Insurance includes benefits for a wide range of common injuries such as fractures, dislocations, burns, emergency room or urgent care visit, and physical therapy. Examples of payments include:

- Urgent Care Visit or Emergency Room Visit – $75
- Hip Fracture – $1,000 to $2,000
- Knee or Shoulder Dislocation from $500 to $800
- $40 Wellness Benefit per Calendar Year

If you or a covered family member suffers an accident, this plan will pay you a lump-sum, tax-free benefit. The amount of money you receive depends on the type and severity of your injury and can be used any way you choose. With this plan, you are eligible for a wellness benefit if you receive a covered Wellness Screening such as blood test, stress test, or a chest x-ray. BCBS of Oklahoma provides coverage for this program. Premiums are paid on a post-tax deduction.

Critical Illness Insurance

Critical Illness Insurance can help fill a financial gap if you experience a serious illness such as heart attack, stroke or cancer. Upon diagnosis of a covered illness, a lump-sum, tax-free benefit is immediately paid to you. Tulsa Community College offers two plans.

Plan 1 (Critical Illness) offers:

- $10,000 Benefit Employee / $5,000 Spouse or Domestic Partner
- $50 Wellness Benefit per Calendar Year
- Covered Conditions include:
  - Heart Attack – 100% of benefit
  - Stroke – 100% of benefit
  - Major Organ Transplant – 100% of benefit
  - Heart Surgeries – 25% of benefit
  - End Stage Renal Failure – 100% of benefit

Plan 2 (Critical Illness/Cancer) offers:

- $20,000 Benefit Employee / $10,000 Spouse or Domestic Partner
- $100 Wellness Benefit per Calendar Year
- Covered Conditions include:
  - Invasive Cancer – 100% of benefit
  - Heart Attack – 100% of benefit
  - Stroke – 100% of benefit
  - Major Organ Transplant – 100% of benefit
  - Carcinoma In Situ – 25% of benefit
  - Heart Surgeries – 25% of benefit
  - End Stage Renal Failure – 100% of benefit

Benefits can be used to help cover out-of-pocket medical costs like your plan deductible, copays, or related expenses such as transportation to and from the hospital, childcare, lost income from work or costs associated with adjusting to life following a covered critical illness.

You choose a benefit amount that fits your paycheck. You can cover yourself and your family members if needed. With this plan, you are eligible for a wellness benefit if you receive a covered Wellness Screening such as blood test, stress test, or a chest x-ray. BCBS of Oklahoma provides coverage for this program. Premiums are paid on a post-tax deduction.

Please note, if you or a dependent is enrolling in Critical Illness or Critical Illness/Cancer for the first time, there is a Pre-Existing Condition clause for one year. A Pre-Existing Condition is any illness or injury for which you or your dependents received medical treatment for, or advice was rendered, prescribed or recommended whether or not it was diagnosed at all or misdiagnosed within 12 months prior to the policy effective date. A pre-existing condition is not covered with the first 12 months of coverage.

EMPLOYEE ASSISTANCE PROGRAM (EAP)

Employee Assistance Program (EAP)

What is an EAP?

Provided by BHS, your Employee Assistance Program (EAP) provides you and your household members with free, confidential, in-the-moment support to help with personal or professional problems that may interfere with work or family responsibilities.

What Happens When You Call the EAP?

A Care Coordinator (master's level clinician) will confidentially assess the problem, assist with any emergencies and connect you to the appropriate resources. The Care Coordinator may resolve your need within the initial call; assess your need as a short-term issue, which can be resolved by an EAP counselor within the available sessions; assess your need as requiring long-term care and assist with connecting you to a community resource or treatment provider available through your health insurance plan.*

Common Reasons to Call Your EAP

RELATIONSHIPS
- Boss/Co-worker
- Customers
- Friends
- Spouse/Kids

LIFE EVENTS
- Birth/Death
- Health/ Illness
- Marriage/Divorce
- Promotion/ Retirement

RISKS
- Burnout/Anger
- Depression/ Anxiety
- Suicidal thoughts
- Substance abuse

CHALLENGES
- Daily responsibilities
- Financial/Legal Parenting
- Stress/ Conflict

Program Features

PROGRAM COST
This benefit is provided at NO COST* to you and is paid for by your employer.

CONFIDENTIALITY
BHS follows all federal and state privacy laws. When you speak with us, you can trust that your conversations and information will be kept completely confidential.

Information about your problem cannot be released without your written permission.

AVAILABLE 24/7
Services are available 24-hours a day.

7-days a week via a toll-free number.

Help is just a phone call away.
Call or text to access services.
800.327.2251

MyBHS Portal

The mobile-friendly MyBHS customer portal provides access to more than 500,000 tools and resources on a variety of well-being and skill-building topics.

- Program Information
- Access to Services
- Announcements
- Assessments
- Café Series Webinars
- Calculators
- Legal Forms
- News & Tips
- And more...

Access the MyBHS Portal online or via the app.portal.BHSonline.com

ID: TCC

* If you require a referral for long-term treatment, costs may be incurred. These are often covered by your health insurance plan.

PET INSURANCE

Pet Insurance

Tulsa Community College has partnered with Nationwide to provide employees the option of purchasing pet insurance for most furry friends. To shop the options and enroll in the direct bill program, please visit the Nationwide website directly at: benefits.petinsurance.com/tulsacc. Employees will not see a payroll deduction for this benefit program through payroll.

Protecting your four-legged family members in an uncertain world isn't always easy. Nationwide® pet insurance helps you provide for your pets—and protect your pocketbook—by reimbursing you for eligible veterinary bills related to accidents, illnesses, preventive care and more.

Best of all, you'll receive preferred pricing when you sign up at work, making this peace-of-mind protection even more affordable. Plans are available for dogs, cats, birds and exotic pets, and our members are free to use any veterinarian—even specialists and emergency care providers.

Nationwide is the nation's oldest and largest pet health insurance provider, and is the #1 choice in America for pet insurance.

- Employee preferred pricing
- Visit any vet, anywhere
- Choose from 70% and 50% reimbursement
- Low $250 annual deductible
- Save more on pet prescriptions with Nationwide® PetRxExpress
- Easy online claim submission
- Unlimited 24/7 pet health advice from experts at vethelpline®

Visit https://benefits.petinsurance.com/tulsacc or call 877.738.7874 for a fast, no obligation quote, today!

LEGAL PLAN

Cover the costs on a wide range of common legal issues with a Legal Plan.

Access experienced attorneys to help with estate planning, home sales, tax audits and more.

Powerful legal protection on your side

Quality legal assistance can be pricey. And it can be hard to know where to turn to find an attorney you can trust. With MetLife Legal Plans, you have access to the expert guidance and tools you need to navigate a broad range of personal legal needs. Whether you're buying or selling a home, starting a family, or caring for aging parents, the benefit provides protection at every step.

Reduce the out-of-pocket cost of legal services with MetLife Legal Plans.

How it works

Our service is tailored to your needs. With network attorneys available in person, by phone or by email and online tools to do-it-yourself — we make it easy to get legal help. And, you will always have a choice in which attorney to use. You can choose one from our network of prequalified attorneys, or use an attorney outside of our network and be reimbursed some of the cost.[1]

Best of all, you have unlimited access to our attorneys for all legal matters covered under the plan. For a monthly fee conveniently paid through payroll deduction, an expert is on your side as long as you need them.

Estate planning at your fingertips

Our website provides you with the ability to create wills, living wills and powers of attorney online in as little as 15 minutes. Answer a few questions about yourself, your family and your assets to create these documents instantly. In states where available, you also have access to sign and notarize your documents online through our video notary feature.[2]

How to use the plan

1. Find an attorney

Create an account at **members.legalplans.com** to see your coverages and select an attorney for your legal matter. Or, give us a call at **800-821-6400** for assistance.

2. Make an appointment

Call the attorney you select and schedule a time to talk or meet.

3. That's it!

There are no copays, deductibles or claim forms when you use a network attorney for a covered matter.

LEGAL PLAN (CONTINUED)

Helping you navigate life's planned and unplanned events.

For a monthly fee, you, your spouse and dependents get legal assistance for some of the most frequently needed personal legal matters — with no waiting periods, no deductibles and no claim forms when using a network attorney for a covered matter. And, for non-covered matters that are not otherwise excluded, your plan provides four hours of network attorney time and services per year.[3]

Money Matters	• Debt Collection Defense • Identity Theft Defense • Identity Restoration[4]	• Identity & Fraud Protection[4] • Negotiations with Creditors • Personal Bankruptcy	• Promissory Notes • Tax Audit Representation • Tax Collection Defense
Home & Real Estate	• Boundary or Title Disputes • Deeds • Eviction Defense • Foreclosure	• Home Equity Loans • Mortgages • Property Tax Assessments • Refinancing of Home	• Sale or Purchase of Home • Security Deposit Assistance • Tenant Negotiations • Zoning Applications
Estate Planning	• Codicils • Complex Wills • Healthcare Proxies • Living Wills	• Powers of Attorney (Healthcare, Financial, Childcare, Immigration)	• Revocable & Irrevocable Trusts • Simple Wills
Family & Personal	• Adoption • Affidavits • Conservatorship • Demand Letters • Divorce (20 hours) • Garnishment Defense • Guardianship • Immigration Assistance	• Juvenile Court Defense, Including Criminal Matters • Name Change • Parental Responsibility Matters • Personal Property Protection	• Prenuptial Agreement • Protection from Domestic Violence • Review of ANY Personal Legal Document • School Hearings
Civil Lawsuits	• Administrative Hearings • Civil Litigation Defense	• Disputes Over Consumer Goods & Services • Incompetency Defense	• Pet Liabilities • Small Claims Assistance
Elder-Care Issues	Consultation & Document Review for your parents: • Deeds • Leases	• Medicaid • Medicare • Notes • Nursing Home Agreements	• Powers of Attorney • Prescription Plans • Wills
Traffic & Other Matters	• Defense of Traffic Tickets[5]	• Driving Privileges Restoration	• Repossession

To learn more about your coverages, view our attorney network or grant your dependents access, create an account.

Your account will also give you access to our self-help document library to complete simple legal forms. The forms are available to you, regardless of enrollment.

Create an account at members.legalplans.com or scan the QR code.

Questions? Call the **MetLife Legal Plans Client Service Center** at **800-821-6400** Monday—Friday, 8:00 a.m. to 8:00 p.m., ET.

ADDITIONAL BENEFITS

Bereavement Leave

A paid leave of absence due to a death in the family may be granted as follows. Tier one family and a pregnancy loss not to exceed ten (10) days; tiers two and three family not to exceed five days and tier four not to exceed one day. Employees may take up to four hours of bereavement leave to attend the funeral of a fellow employee or retiree of the College, provided normal operations are not impeded. Exceptions require the approval of the Chief Human Resources Officer or designee.

Parental Leave Policy

Any full-time employee who has been employed by the college for at least 1 year prior to the request for leave shall be entitled to 3 weeks (15 workdays) of paid parental leave following the birth or adoption of the employee's child. After the paid 3 weeks (15 workdays), the employee may have the option to use sick or vacation leave as appropriate. If both parents work at the College and meet the 1-year eligibility, they will each be awarded 3 weeks (15 workdays).

Any full-time employee who has been employed by the college for at least two (2) consecutive years prior to the request for leave shall be entitled to 6 weeks (30 workdays) of paid parental leave following the birth or adoption of the employee's child. The 6 weeks (30 workdays) must be taken immediately after the birth or adoption of the child. After 6 weeks (30 workdays) of paid parental leave, the employee may have the option to use sick or vacation leave as appropriate. If both parents work at the college and meet the 2-year eligibility, both parents will be entitled to 6 weeks (30 workdays) of paid Parental Leave. Paid parental leave is in addition to and not in the place of sick or vacation leave. At the time of participation in parental leave, the employee's compensation will not include overtime pay. Parental leave runs concurrently with the Family Medical Leave Act (FMLA) Leave, which is referenced in the TCC Employee Handbook. All participating employees must contact Human Resources for Parental Leave and FMLA information and coordination.

Vacation & Sick Leave Allowances

Vacation			
Employee Category	**Days/Hours Per Year**	**Accrual Per Month**	**Max Carryover to New Fiscal Year (July-June)**
Cabinet	22 days/176 hours	14.66 hours	40 days/320 hours
Professional Staff	22 days/176 hours	14.66 hours	22 days/176 hours
15+ years	22 days/176 hours	14.66 hours	27 days/216 hours
Bi-weekly (non-exempt / hourly) Staff	14 days/112 hours	9.33 hours	22 days/176 hours
5+ years	17 days/136 hours	11.33 hours	22 days/176 hours
10+ years	20 days/160 hours	11.33 hours	22 days/176 hours
15+ years	22 days/176 hours	14.66 hours	22 days/176 hours

Telework Policy - TCC now offers eligible employees the option to telework one day a week. Telework must be approved by your supervisor. For more information, please visit the Employee Details & Time Reporting tab on MyTCC.

ADDITIONAL BENEFITS (CONTINUED)

Employee Education and Tuition Waivers - Tulsa Community College places great value on life-long learning. Full-time employees are encouraged to continue their educations by enrolling in coursework at TCC or at other institutions. These courses should be taken outside normal working hours. Schedules regarding work and class times should be discussed and approved by an immediate supervisor prior to enrollment. In addition to the support of lifelong learning, full-time employees of the College are eligible to receive tuition and fee waivers for credit classes taken at TCC. The College will waive one hundred percent (100%) of the cost of tuition and fees for full-time employees up to a maximum of nine (9) credit hours in the fall and spring semesters and up to six (6) credit hours in the summer semester. The annual total of twenty-four (24) credit hours of tuition and fee waivers may be used by a full-time employee, the full-time employee's spouse, or dependent child, as defined by the IRS rules, of the full-time employee up to the semester limit each year.

Paydays/Holidays

Paydays are the last regularly scheduled working day of the month for exempt faculty and staff; every other Friday for non-exempt (hourly) staff.

- Direct Deposit is required for all new full-time and part-time employees, including student employees.

Official Paid College Holidays: New Year's Day; Martin Luther King Jr.'s Birthday; Spring Break(subject to approval by the President); Memorial Day; Juneteenth; Independence Day; Labor Day; Wednesday preceding Thanksgiving; Thanksgiving Day, Friday following Thanksgiving; Winter Break(to be determined annually).

Shared Sick Leave Program - Employees may donate up to ten days or 80 hours of unused sick leave to the Sick Leave Sharing Bank, which provides additional sick leave days for employees who have a serious health condition as defined by the Family and Medical Leave. Eligible employees who have exhausted their sick leave, and who have no other form of compensation from the College to assist them can request sick leave hours. More information can be found in TCC's Employee Handbook or by contacting benefits@tulsacc.edu.

Family Medical Leave - The Family Medical Leave Act (FMLA) is designed to help employees balance their work and family responsibilities. FMLA provides eligible employees with up to 12 weeks of unpaid, job-protected leave for qualifying family and medical reasons:

- The birth of a child or placement of a child with the employee for adoption or foster care,
- The care for a child, spouse, or parent who has a serious health condition,
- A serious health condition that makes the employee unable to work, and
- Reasons related to a family member's service in the military, including
  - Qualifying exigency leave - Leave for certain reasons related to a family member's foreign deployment
  - Military caregiver leave – leave when a family member is a current service member or recent veteran with a serious injury or illness.

Eligibility

- Employee has worked at least 12 months for TCC.
- 1,250 service hours within the past 12 months.
- Leave requested qualifies under FMLA
- Must complete necessary forms and certifications
- During the leave period, employees approved under FMLA are required to use any available paid leave and it will run concurrent with approved FMLA. More information can be found in TCC's Employee Handbook or by contacting benefits@tulsacc.edu.

Public Service Loan Forgiveness (PSLF) Program - As a member of the TCC staff and faculty, employees have a great opportunity to participate in the Public program, and you must be employed at TCC as full-time.

Tulsa Community College is a recognized employer for the program.

- TCC certifies your employment as part of the application process to participate in PSLF.
- To learn more about PSLF go to https://studentaid.gov/manage-loans/forgiveness-cancellation/public-service

The YMCA at TCC - Membership is available to faculty and staff at no cost. To sign up for your Y@TCC membership, visit the location at your campus for more details.

RETIREMENT

Oklahoma Teacher's Retirement System

TCC values our employees by contributing to your retirement which plays a significant role in investing in your future!

The College contributes up to 7% of all full-time employee's salary and fringe benefits at new hire for professional (mandatory) employees or after two years of full-time continuous employment for staff (optional) employees should they elect to participate. Optional employee positions at new hire will have to make an irrevocable decision if they would like to participate in TRS. The College will pay 3.5% of the optional employee's contribution and the employee will be responsible for the other 3.5%. Should a new optional employee fail to decline participation within the first 30 days of new hire, deductions will automatically begin and any missed contributions will be caught up on the first available payroll. Should the employee decline, the employee will never be allowed to enroll in TRS at TCC or any other participating institution unless they receive a position that makes them a mandatory employee based on TRS definition of a mandatory employee.

For more information regarding the Oklahoma Teachers' Retirement System, please visit the Benefit tab on MyTCC or **https://oklahoma.gov/trs.html.**

403(b) and 457(b) – Voya Financial

After two years of continuous full-time employment, the College will contribute 3% of your base salary per pay period towards an investment choice offered through Voya. In order to receive the 3% contribution from the College, the employee must contribute at least 1% of their base salary. The 403(b) plan is similiar to a 401(k), only it is for a non-profit organization. For more information on Voya and how to enroll, please visit the Benefit tab on MyTCC.

MEDICAL PLAN PREMIUMS

Your pre-taxed contributions toward the cost of some benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members.

Monthly HMO Premiums

Coverage	Per Paycheck Monthly Premiums		
	BCBS BlueLincs	Community Care	GlobalHealth
Employee Only	$0	$0	$328.70
Employee & Spouse	$219.64	$219.62	$1,257.48
Employee, Spouse & Child	$615.52	$406.12	$1,648.92
Employee, Spouse & Children	$1,209.66	$475.50	$1,823.34
Employee & Child	$181.72	$32.22	$570.14
Employee & Children	$775.86	$101.60	$744.56

Monthly PPO Premiums

Coverage	Per Paycheck Monthly Premiums	
	HealthChoice High	HealthChoice Basic
Employee Only	$0	$0
Employee & Spouse	$228.88	$0
Employee, Spouse & Child	$384.50	$11.66
Employee, Spouse & Children	$432.34	$13.06
Employee & Child	$5.62	$0
Employee & Children	$53.46	$0

DENTAL AND VISION PLAN PREMIUMS

Your pre-taxed contributions toward the cost of some benefits are automatically deducted from your paycheck. The amount will depend on the plan you select and if you choose to cover eligible family members.

Dental Plan Premiums

Coverage	Per Paycheck Monthly Premiums				
	BCBS High	BCBS Low	Cigna High	Cigna Low	Delta PPO
Employee Only	$0	$0	$0	$0	$0
Employee & Spouse	$37.58	$23.84	$10.98	$6.80	$37.72
Employee, Spouse & Child	$68.04	$44.44	$19.38	$11.42	$70.54
Employee, Spouse & Children	$115.26	$74.24	$25.42	$17.22	$120.66
Employee & Child	$30.46	$20.60	$8.40	$4.62	$32.82
Employee & Children	$77.68	$50.40	$14.44	$10.42	$82.94

Dental Plan Premiums

Coverage	Per Paycheck Monthly Premiums				
	Delta Choice PPO	HealthChoice	MetLife High	MetLife Low	SunLife
Employee Only	$0	$0	$0	$0	$0
Employee & Spouse	$40.50	$48.58	$53.22	$30.20	$36.90
Employee, Spouse & Child	$81.30	$87.86	$98.82	$56.10	$64.60
Employee, Spouse & Children	$139.52	$149.32	$166.16	$93.94	$111.26
Employee & Child	$40.80	$39.28	$45.60	$25.90	$27.70
Employee & Children	$99.02	$100.74	$112.94	$63.74	$74.36

Vision Plan Premiums

Coverage	Per Paycheck Monthly Premiums			
	PVCS	Superior	Vision Care	VSP
Employee Only	$10.40	$7.40	$15.48	$8.62
Employee & Spouse	$19.68	$14.74	$26.44	$14.28
Employee, Spouse & Child	$28.88	$21.70	$37.40	$19.86
Employee, Spouse & Children	$31.18	$29.04	$50.92	$26.50
Employee & Child	$19.60	$14.36	$26.44	$14.20
Employee & Children	$21.90	$21.70	$39.96	$20.84

SUPPLEMENTAL PLAN PREMIUMS

Your contributions toward the cost of voluntary benefits are automatically deducted from your paycheck after taxes. The amounts will depend upon the plan you select, your age (in some cases) and if you choose to cover eligible family members.

Employee and Spouse rates are based on the employee's age.

Supplemental Life & AD&D Premiums

Age	Per Paycheck Monthly Premiums		
	Employee Cost per $10,000 Unit	Spouse Cost per $5,000 Unit	Child(ren) Cost per $10,000 Unit
0 – 24	$0.60	$0.300	$1.70
25 – 29	$0.68	$0.340	
30 – 34	$0.85	$0.425	
35 – 39	$0.85	$0.425	
40 – 44	$1.02	$0.510	
45 – 49	$1.45	$0.725	
50 – 54	$2.13	$1.065	
55 – 59	$3.91	$1.955	
60 – 64	$4.59	$2.295	
65 – 69	$7.06	$3.530	
70 +	$11.05	$5.525	

Legal Plan Premium

Coverage	Per Paycheck Monthly Premium
	Legal Plan
Employee Only	$21.50

SUPPLEMENTAL PLAN PREMIUMS

Your contributions toward the cost of voluntary benefits are automatically deducted from your paycheck after taxes. The amounts will depend upon the plan you select, your age (in some cases) and if you choose to cover eligible family members.

Accident Insurance Premiums

Coverage	Per Paycheck Monthly Premiums
	Accident
Employee Only	$6.48
Employee + Spouse	$10.88
Employee + Child(ren)	$12.16
Employee + Family	$19.24

Critical Illness Only Premiums

Age	Per Paycheck Monthly Premiums			
	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
<30	$1.28	$1.71	$1.66	$2.09
30-39	$2.24	$3.10	$2.62	$3.48
40-49	$4.84	$6.67	$5.22	$7.05
50-59	$8.56	$12.22	$8.94	$12.60
60-64	$12.42	$18.03	$12.80	$18.41
>65	$19.18	$28.14	$19.56	$28.52

Critical Illness & Cancer Premiums

Age	Per Paycheck Monthly Premiums			
	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
<30	$10.60	$11.96	$11.66	$13.02
30-39	$13.68	$16.34	$14.74	$17.40
40-49	$23.16	$30.16	$24.22	$31.22
50-59	$40.28	$55.96	$41.34	$57.02
60-64	$59.80	$85.16	$60.86	$86.22
>65	$74.68	$107.54	$75.74	$108.60

IMPORTANT CONTACTS

Benefits	Carrier	Phone Number	Website/Email
Medical Plans			
BCBS BlueLincs HMO	BCBS of Oklahoma	855-609-5684	www.bcbsok.com/state
CommunityCare HMO	CommunityCare	918-594-5242 800-777-4890	www.state.ccok.com
GlobalHealth HMO	GlobalHealth	405-280-5600 877-280-5600	Globalhealth.com/orklahoma/mystateplan
HealthChoice PPO(s)	HealthChoice	800-323-4314	Healthchoiceok.com
HealthChoice Pharmacy	HealthChoice	877-720-9375	Caremark.com
Dental Plans			
BCBS BlueCare	BCBS of Oklahoma	855-609-5684	Bcbsok.com/state/dental
Cigna PrePaid Low & High	Cigna	800-244-6224	View.ceros.com/cigna/ok-ins-benefits
Delta PPO & PPO Choice	Delta Dental of Oklahoma	405-607-2100 800-522-0188	Deltadentalok.org
HealthChoice	HealthChoice	800-323-4314	Healthchoiceok.com
MetLife Classic & Low	MetLife	855-676-9443	Metlife.com/info/oklahoma
SunLife Preferred PPO	SunLife	800-442-7742	Onboard.sunlifeconnect.com
Vision Plans			
Primary Vision Care	PVCS	888-357-6912	Pvcs-usa.com/okstate
Superior Vision	Superior Vision	844-549-2603	Superiorvision.com/stateofoklahoma/benefits
Vision Care Direct	Vision Care Direct	877-488-8900	Okstate.vision
Vision Service Plan (VSP)	VSP	800-877-7195	Stateofok.vspforme.com
Flexible Spending Account	Navia Benefit Solutions	800-669-3539	www.naviabenfits.com
Life & AD&D	BCBS of Oklahoma	888-381-9727	ancillaryquestionsok@bcbsok.com www.bcbsok.com/ancillary
Disability	BCBS of Oklahoma	888-381-9727	ancillaryquestionsok@bcbsok.com www.bcbsok.com/ancillary
Accident/Critical Illness	BCBS of Oklahoma	888-381-9727	ancillaryquestionsok@bcbsok.com www.bcbsok.com/ancillary
Legal Insurance	MetLife	800-821-6400	Members.legalplans.com
Employee Assistance Program (EAP)	BHS	800-327-2251	www.BHSonline.com
Pet Insurance	Nationwide	877-738-7874	Benefits.petinsurance.com/tulsaacc
Retirement	Voya	Jessica Spencer Price 918-701-0044 Rebecca McGee 405-568-2889	www.voya.com
TCC Human Resources	Tulsa Community College Benefits	918-595-7859	benefits@tulsaacc.edu
State of Oklahoma EGID	State of Oklahoma EGID	405-717-8780 800-752-9475	Oklahoma.gov/omes
Client Advocacy Service Team (CAST) Claims & Benefits Assistance	HUB International	833-604-1493	HUBmid-America.ebclums@hubinternational.com
Benefit Advocate	HUB International	918-359-6701	Samantha.Eichor@hubinternational.com