

Oklahoma County

2025 Benefits Enrollment Guide

Annual Enrollment is your opportunity to enroll, change or cancel insurance coverage.

Eligible employees may enroll in coverage for themselves and their eligible dependents during the annual enrollment period.

The annual enrollment period will take place during November 2024 for coverage effective dates January 1, 2025 thru December 2025.

Coverage will become effective on January 1, 2025, unless the eligible employee has not satisfied the mandatory waiting period. In the event the waiting period has not been met, an employee, and their eligible dependents, will become effective on the 1st day of the month following completion of the waiting period.



Inside this issue

Annual Enrollment	1
Eligibility & Changes.....	1
Optional Benefits.....	2
2025 Premiums.....	3
Save Money on Healthcare....	3
Maintenance Medications.....	3
OK County Paid Benefits.....	4
Annual Enrollment Forms.....	4
Vision Insurance	4
Retirement	5
Dental Insurance	5
Gym Memberships.....	6-8
AffirmedRX Prescriptions.....	9-10
Connect Benefit	11-17

Changes to your insurance coverage can **only** be made during this annual Open Enrollment period, or when you have a **qualifying** change in family status.

The following is a list of *qualifying* changes in family status:

- NEW EMPLOYEE
- LOSS OF COVERAGE
- MARRIAGE
- BIRTH / ADOPTION
- DIVORCE
- DEATH OF A CHILD
- DEATH OF A SPOUSE

Oklahoma County Benefits and Retirement Department

Oklahoma County Benefits and Retirement Website:
www.oklahomacounty.org/departments/benefits-retirement

Email: Benefits@oklahomacounty.org

Optional Benefits are available!

OK County offers many *optional* Benefits and are paid via your paycheck deductions.

- Retirement 457 Account
- Supplemental Life insurance for you, your spouse & children
- Cancer Insurance
- Critical Care Insurance
- Accident Insurance
- Hospital Confinement Insurance
- Disability Insurance
- Long-Term Care Insurance
- Gym Membership Discounts
- Flexible Spending Accounts
- Legal Assistance



2025 Health Insurance Package Includes:

- Medical Insurance
- Prescription Drug Plan
- Dental Insurance
- Vision Insurance

Employee Only Coverage: \$164/month

Family Coverage: \$385/month

(OK County still pays the majority of all premium costs)



Participate in the Annual Health Testing and get your November insurance premiums waived!



Save money on your maintenance medications!

Maintenance prescriptions are medications used on a long-term basis to treat chronic disease and conditions.

Do you want to save money and avoid going to the pharmacy every month to pick up refills? If so, there are a couple options for you — The OK County Pharmacy and Amazon mail order service.

The OK County Pharmacy

- Generic maintenance medications
- 90-day supply fills
- \$0 cost to all health plan participants

5905 N. Classen Court, Suite 302

Mon- Fri
8:00am-3:30pm
(closed 12-1pm)

405-713-1893

sspharmacy@oklahomacounty.org

Amazon Mail-Order Service

- Generic & Brand-Name maintenance medications
- 90-day supply fills
- Lower co-pay than a retail pharmacy

www.amazon.com/homedelivery-meds

Every person, covered on the OK County Health plan, has access to many high quality, low or no cost options. By utilizing these options, plan participants pay less out of their pocket! These options help sustain our health plan long-term. **The following providers and services are provided at Zero out-of-pocket costs for all plan participants:**



Same or next day appointments for primary care treatment.

- Routine wellness & preventative care, annual physical exams
- Common illnesses
- Minor procedures & injuries
- Wound care, skin conditions
- Chronic disease evaluation & management
- EKGs

Midtown OKC
405-778-8552



- X-Ray, CT scans, MRI, Ultrasounds, Physical Therapy Preventative Body Scan & Virtual colonoscopy. Cardiology Services

3209 NW Expressway
405-486-7444



If you need an outpatient medical procedure, surgery, services, equipment, etc. contact Connect Benefit!

- **Procedures/Surgeries:** Orthopedic, Urologic, Gastrointestinal, General, Cardiac, Robotic, Cataract, Hand, Foot, Ankle, Female, etc.
- **Services:** Pain Injections, Medication Infusions, Port placement, Dialysis, Shunt placement, Imaging, PT, Cancer, Chemo-therapy, Urgent care, Maternity care, Dermatology Chiropractic, Heart Care, ER & MORE!
- **Equipment/Testing:** Durable Medical Equipment, take-home Sleep Studies, Outpatient Diagnostic Testing, etc.

To arrange medical services and see if a voucher is required, please contact: Phone: **405.655.5678 or**

Text Message: 405.267.2472

info@connectbenefits.com



ALL DLO Locations are covered under Quest.

100% Covered!

- Blood testing, Urine testing
 - Cytology, Pathology, Cultures
- 1.800.646.7788 QuestSelect.com



- Behavioral & Mental Health services
 - Psychotherapy
 - Individual & Family Counseling
- Primary Care now available!

2301 W. I-44 Service Rd, Suite 300
405-607-2233

No Cost OK County - paid Employee Benefits

OK County provides all Full-Time employees the following benefits at no cost:

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

Benefit amount is 1.5 x your annual salary (up to \$100,000 maximum)

Mutual of Omaha
benefits@oklahomacounty.org
405-713-2249, 405-713-1535



Employee Assistance Program

- Free for all members of your household
- Short-term confidential Counseling sessions (3)
- "Ask an expert" service
- Personal Health & Wellness Coach
- Financial and Legal assistance
- Retiree Assistance
- Childcare & Eldercare Resources
- College Resources

Deer Oaks EAP
866-327-2400 (24 hours a day)
www.deeroakseap.com

Click on: **Live Well Wellness Program**
Username: **Oklahoma** | Password: **County**



For EAP on the go, get the iConnectYou App
Passcode: **46109**



Identity & Credit IDShield

- Identity and Credit monitoring from 3 major credit bureaus
- Monthly alerts and Credit score tracker
- Consultation, advice and restoration
- \$1 Million protection policy
- Direct access to Licensed Private Investigators
- Social Media monitoring
- Mobile App

IDShield
888-807-0407 (7am-7pm CST)
www.benefits.legalshield.com/oklahoma



If you wish to add your family to the plan, please send an email to:
benefits@oklahomacounty.org

2025 Enrollment Forms

1. Please review your 2025 Benefits enrollment form as soon as possible.
 - a) **If you DO NOT want any changes in 2025**, initial in the box that states "I have made **NO CHANGES** in Coverage or Payroll Election stated Herein."
 - b) **If you DO want changes in 2025**, initial the box that states "I have made **CHANGES** in my Coverage or Payroll Election stated herein."
2. Indicate changes on your form, sign, date and *initial* the form.
3. Please make a copy for your personal records and return the form to the Benefits Dept.

***** Forms will be returned to you if they are not *****

initialed (do not check mark boxes).

If we do not receive your annual enrollment form by November 30th 2025, all of your current year's enrollment elections will remain the same, with the **exception** of Flexible Spending Accounts. FSA's must be re-elected every year.

Vision Insurance

Vision Insurance coverage is administered through the **VSP Network**.

ANNUAL EXAM (1x every year)

- \$5.00 co-pay

FRAMES (1x every year) OR

- \$90-\$180 allowance towards Frames
- 20% savings on amount over your allowance

CONTACTS (1x every year)

- \$210 allowance towards contacts
- 15% savings on contact lens Exam

No Vision Insurance ID card is needed, coverage is listed under employee's SSN.



www.VSP.com
800-877-7195

Retirement Plans

Defined Contribution 12% Retirement Account

As a benefit to all Full-Time employees, OK County provides a 12% monthly contribution into your Retirement account.

This account is administered by Bank of Oklahoma.

After 5 years of employment:

- You are 100% vested
- You can borrow against your retirement account and pay yourself back through payroll deductions
- If you leave employment, the money in your retirement account is yours to keep.

Phone: 1-800-876-9557 www.startright.bokf.com

Mobile App: Start Right app from the App Store or Google Play



Retirement Rules

Rule of 60: Employees are eligible for retirement with health insurance coverage when their age + years of service equal 60. Employees must be vested in the retirement plan in order to retire (5 years). To retire with the health insurance, employees must be covered under it at the time of retirement.

Both years of service and age round up at the 6 month point.

457 Retirement Account

Employees can contribute their own pre-tax money to save for Retirement. Start a 457 Retirement account at any time. Contact the Benefits Dept. for details.

benefits@oklahomacounty.org

405-713-1803



 DELTA DENTAL®

Dental Insurance

Dental coverage is administered by **Delta Dental of Oklahoma**. You have access to both the **PPO Network & Premier Network**.

Plan covers 100%:	Preventive & Diagnostic Services <i>Cleanings (2 visits allowed in 12 mo), Sealants, fluoride, annual X-Rays</i>
Plan covers 80%:	Basic Restorative, Oral Services <i>Fillings, Crowns, Root Canal, Extractions, Denture Repair</i>
Plan covers 70%:	Major Restorative, Implant Services <i>Bridges, Dentures, Implants</i>
Plan covers 80%:	Orthodontic Services <i>Braces only for dependent children under 26 (\$1,200 every year)</i>

No Dental Insurance ID card is needed, coverage is listed under employee's SSN.

Find a participating provider, or to check coverage details:
www.deltadentalok.org 405-607-2100

The YMCA Membership

The **one-time joining fee** has been reduced by half to **\$35.00 for a single membership** and **\$52.50 for a household membership**. A household membership is defined as up to two (2) adults and all children through the age of 23 years living in the same household. Household memberships include free child care (for up to 2 hours while parents are working out), free sports for any children on the membership (dependents living in the household) and discounted fees for swimming lessons, Before & After School Care, Summer Day Camp, Resident Camp, etc.

The **monthly membership dues** have also been reduced to **\$21.00 for a single membership** and **\$51.00 for a household membership**.

If you join, the County is also contributing an amount monthly on your behalf - in addition to what you pay!

Both the one-time joining fee and the monthly membership dues will be payroll deducted after tax.

New membership applications must be turned into the benefits/retirement office by the 24th of each month to be active on the first (1st) of the next month.

The membership application is available at: <https://www.oklahomacounty.org/departments/benefits-retirement>

Once completed, please turn in your membership application to the benefits/retirement office. You can also email us your completed application: benefits@oklahomacounty.org

You can check out all the YMCA has to offer at: <http://ymcaokc.org/>

If you currently have a YMCA membership and would like to take advantage of the reduced cost and the payroll deduction, please email us: benefits@oklahomacounty.org

OKLAHOMA COUNTY

SPECIAL UNBELIEVABLY LOW RATES!



\$19

A MONTH
+ TAX

**Payroll deducted for
your convenience!**



ACCESS TO ALL THESE LOCATIONS!

MIDWEST CITY
711 S. AIR DEPOT
737-8441

SOUTH OKC
1020 SW 104TH
691-0037

NORTHWEST EXPWY
6209 NW EXPWY
728-3600

EDMOND
KELLY PLAZA
816 W. EDMOND ROAD
562-1100

NORMAN
24TH & MAIN
2255 W. MAIN ST.
364-9494

FAMILY MEMBERS

\$5
ONLY EACH
/PAYCHECK + TAX

**OPEN
ENROLLMENT**

**QUESTIONS?
Call Scott!
(918) 809-1717**

www.10gym.com



GOOD

BETTER

**OK COUNTY
BEST**

**OKLAHOMA COUNTY
OPEN
ENROLLMENT
CALL SCOTT! 918-809-1717**

\$10
A MONTH

\$19⁹⁹
/MO
PER PERSON

\$19⁰⁰
/MO
**PAYROLL
DEDUCTED**

\$39
TO START

\$1 TO START

\$0 TO START

Bring a Guest FREE Everyday!
Bring the same guest or a different guest everyday!

UNLIMITED FREE Tanning

UNLIMITED FREE Group Fitness
Certified Instructors

FREE **ZUMBA[®]**
FITNESS

FREE Yoga, Power Yoga, & Pilates

FREE Cardio Kickboxing & Bootcamp

**FREE Cardio Dance, Core Strength,
Step Classes, & Pump Fusion**

**Private Group Fitness Studios with
High Performance Group Fitness Floors**

UNLIMITED use of ALL & FUTURE LOCATIONS

FREE Wi-Fi Internet Access

Dry Saunas

Supervised Childcare Available*

Locker Rooms with Showers & Private Daily Lockers

Fitness Assessment with a Certified Personal Trainer

**Cutting Edge Cardio Equipment w/
Private Flat Screen TVs**

State of the Art Weights & Resistance Equipment

More Locations, and the Best Amenities in Oklahoma

OPEN 24 HOURS

Add a Family Member only \$5

**\$49⁹⁹ Annual Membership
Fee**

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

Not Available

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

Not Available

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

✓

NONE



Effective Date: October 1, 2023

Welcome to AffirmedRx!

Dear Valued Member:

AffirmedRx welcomes you to Oklahoma County's new pharmacy benefit management program!

On October 1, 2023, AffirmedRx will replace your current pharmacy benefit manager (PBM) for employees and dependents enrolled in the Oklahoma County benefit plan.

AffirmedRx has worked closely with your employer to design a best-in-class pharmacy benefit program for you and your dependents. AffirmedRx is committed to providing you with access to resources and services that were thoughtfully designed to help you access clinically appropriate and low-cost medications.

What are my next steps?

Please see the enclosed new health plan ID card.

This ID card is updated with the new AffirmedRx pharmacy benefit information that your pharmacy will need to process your prescriptions.

Starting October 1, 2023, the next time you have a prescription for a new medication or require a refill for an existing medication, present this new ID card at the pharmacy so that your prescription can be filled.

Explore your new pharmacy benefits at <https://affirmedrx.com/employee-member/>. You'll find information about covered medications, mail order and specialty pharmacy options and be able to sign up for your pharmacy benefits portal. Your existing mail order prescriptions will be handled by Amazon Mail Order. Please sign up for an Amazon Mail Order account at www.amazon.com/homedelivery-meds.

If you have questions about your pharmacy benefit, please contact AffirmedRx Member Services by phone at 1-888-460-1579 or e-mail at help@AffirmedRx.com - 24 hours a day, 7 days a week.

We are excited to be part of your health care team!

Sincerely,
The AffirmedRx Team

Please Note: Coverage at the County Pharmacy remains as it is today.



Patient Care Advocates are here to help!



[Learn More](#)

AffirmedRx is on a mission to improve health care outcomes by bringing clarity, integrity and trust to pharmacy benefit management. With a clinically focused, patient-centric approach, we are committed to making pharmacy benefits easy to understand, straightforward to access and always in the best interest of employers and the lives they impact. We accomplish this by bringing total clarity to business practices, leading with a clinical approach and utilizing state-of-the-art technology.

We promise to do what's right. Always.

If you need help with:



Medication Assistance



Adherence Support



Prior Authorization Support



Medication Synchronization



Benefits Explanations/Questions



Financial Assistance

The AffirmedRx Patient Care Advocates are a resource to you. If you need assistance navigating your pharmacy benefit, please reach out to our team via phone or email. Additionally, our team may reach out to you proactively to assist.

Member Advocacy

AffirmedRx's Patient Navigation team functions as the patient advocate between provider and pharmacy - minimizing disruptions, relieving common frustration and eliminating back and forth communication for patients. Our Patient Navigation team understands the pharmacy ecosystem and leverages that to create a patient-centric approach to pharmacy benefit management.

We are here to help you get the best medication for you at the lowest cost - contact us today!



1-888-975-3683



PCA@AffirmedRx.com



ConnectBenefit

Connect Benefit

Your employer may be able to waive your deductible, copays and out of pocket expenses for some of your medical services.

Steps to see if you qualify:

Step 1. Talk to your physician to see if you require testing or a specialist.

Types of services include:

General Surgery	Medical Equipment	Ear, Nose, Throat Surgery	Digestive Procedures
Orthopedic Surgery	Physical Therapy	Eye Surgery	Preventative Care
Women's Health	Podiatry	Cardiovascular Surgery	Vascular Procedures
Oncology	Dermatology	Urology Procedures	Chiropractic Services
Imaging	Infusions	Pain Management	Heart Care and more!

Step 2. Call your Connect Team at 405-655-5678, or text 405--267-2472 or email us at info@connectbenefit.com. You will be emailed a medical voucher.

Step 3. Our Connect Benefit providers will call you to schedule your appointment.

If approved, your claims will be paid at 100%

All you have to worry about is your health. No worries. You pay ZERO!

ConnectBenefit

New enhancement coming October 1, 2023

Connect Benefit is excited to announce a new way for our clients to connect to your dedicated team members.

Announcing: Text servicing

How does it work:

- 1) text your message to 405-267-2472
- 2) a member of your Connect Benefit team will respond in minutes

Need a voucher? Need to ask a question? Need to know where to go next? Don't have time to talk on the phone? Text Us!

405-267-2472





PRIMARY CARE:

RIVUS Wellness & Research Institute
Dr. Kerrie McDaniel, APRN
2301 West 1-44 Service Road, Suite 300 - Oklahoma City,
OK 73112
405-607-2233

Premise Health

Oklahoma City – Downtown
136 NW 10th Street, Suite 110
Oklahoma City, OK 73103
405-778-8552

Oklahoma Family Wellness Center

1705 Renaissance Blvd. Suite 120, Edmond, Oklahoma 73013
(405) 844-8572
<http://oklahomafamilywellness.com/>
Hours: Monday – Thursday 8:00 am – 5:00 pm
Friday 8:00 am – 12:00 noon

First Med Urgent Care (Primary Care only)

13310 North Eastern Avenue, Oklahoma City, Oklahoma 73131
(405) 513-7333
Hours: Monday - Thursday 8:30 am – 3:00 pm
Friday – 8:30 am – 1:00 pm <https://www.firstmed.health/>

Healthcare One Clinic

1900 South Country Club Road, El Reno, OK 73036
(405) 295-2900
Hours: Monday – Saturday 9:00 am – 6:30 pm
Sunday – 1:00 pm – 5:00 pm

When visiting an urgent care, you must provide your Connect Benefit card. The Connect Benefit information is listed on your Medical ID Card.





Healthcare One Clinic (continued)

315 West Kansas Avenue, Okarche, OK 73762
(405) 263-7557

Hours: Monday and Wednesday: 9:00 am – 8:00 pm
Tuesday, Thursday, Friday: 9:00 am – 6:00 pm
Closed on Saturday and Sunday

5100 OK-37, Tuttle, OK 73089
(405) 381-5111

Hours: Monday - Saturday 9:00 am - 6:30 pm
Sunday 1:00 pm – 5:00 pm

508 W Vandament Ave. Suite 100, Yukon, OK 73099
(405) 350-8100

Hours: Monday - Friday: 9:00 am – 5:00 pm
Closed on Saturday and Sunday

<https://myhealthcare1.com/>

Classen Family Medicine

2818 Classen Blvd., Norman, Oklahoma 73071
(405) 701-7111

Hours Monday – Friday: 7:00 am – 5:00 pm

1015 SW 4th St., Moore, Oklahoma 73160
(405) 378-2001

Hours Monday – Friday: 7:00 am – 5:00 pm

<https://www.classenmedicalcomplex.com/norman-classen-urgent-care-clinic/>

URGENT CARE:

First Med Urgent Care

7807 S Walker Ave, Oklahoma City, Oklahoma 73139
(405) 636-0767

Hours: Monday – Sunday 8:00 am – 7:00 pm

First Med Urgent Care

4510 NW 39th St, Oklahoma City, Oklahoma 73122
(405) 495-5841

Hours: 8:00 am – 7:00 pm

<https://www.firstmed.health/>

When visiting an urgent care, you must provide your Connect Benefit card. The Connect Benefit information is listed on your Medical ID Card.





Classen Urgent Care

2818 Classen Blvd., Norman, Oklahoma 73071
(405) 701-7111
Hours 7:00 am – 10:00 pm

1015 SW 4th St., Moore, Oklahoma 73160
(405) 378-2001
Hours 7:00 am – 8:00 pm

<https://www.classenmedicalcomplex.com/norman-classen-urgent-care-clinic/>

Quick Urgent Care

2212 North Broadway Avenue, Moore OK 73160
(405) 285-7222
Hours: Monday – Sunday 7:00 am – 8:00 pm

1421 NW 122nd Street, Oklahoma City, OK 73114
(405) 286-2888
Hours: Monday – Sunday 7:00 am – 8:00 pm

<https://quickurgentcareok.com/>

QuickCare Urgent Care

709 Better Now Plaza, Ada, OK 74820
(580) 310-9899
<https://quickcareoklahoma.com/>

Xpress Wellness Urgent Care

411 W Grand Ave., Chickasha, Oklahoma 73018
(405) 224-0053
Hours: Monday – Saturday 8:00 am – 8:00 pm
Sunday 1:00 pm – 7:00 pm

1201 S Division St., Guthrie, Oklahoma 73044
(405) 293-4504
Hours: Monday – Saturday 8:00 am – 8:00 pm
Sunday 1:00 pm – 7:00 pm

4296 North Harrison St., Shawnee, Oklahoma 74804
(405) 788-4102
Hours: Monday – Saturday 8:00 am – 8:00 pm
Sunday 1:00 pm – 7:00 pm

When visiting an urgent care, you must provide your Connect Benefit card. The Connect Benefit information is listed on your Medical ID Card.





Xpress Wellness Urgent Care (continued)

1817 Arlington St., Ada, OK 74820

(580) 279-0985

Hours: Monday – Saturday 8:00 am – 8:00 pm

Sunday 1:00 pm – 7:00 pm

12 E MacArthur St., Shawnee, Oklahoma 74804

(405) 275-1001

Hours: Monday – Saturday 8:00 am – 8:00 pm

Sunday 1:00 pm – 7:00 pm

<https://xpresswellnessurgentcare.com/>

Healthcare One Clinic

1900 South Country Club Road, El Reno, OK 73036

405-295-2900

Hours: Monday – Saturday 9:00 am – 6:30 pm

Sunday – 1:00 pm – 5:00 pm

315 West Kansas Avenue, Okarche, OK 73762

(405) 263-7557

Hours: Monday and Wednesday: 9:00 am – 8:00 pm

Tuesday, Thursday, Friday: 9:00 am – 6:00 pm

Closed on Saturday and Sunday

5100 OK-37, Tuttle, OK 73089

(405) 381-5111

Hours: Monday - Saturday 9:00 am - 6:30 pm

Sunday 1:00 pm – 5:00 pm

508 W Vandament Ave. Suite 100, Yukon, OK 73099

(405) 350-8100

Hours: Monday - Friday: 9:00 am – 5:00 pm

Closed on Saturday and Sunday

<https://myhealthcare1.com/>

EMERGENCY ROOM - For true medical emergencies only

OK ER and Hospital

15103 N Pennsylvania Ave., Edmond, Oklahoma 73013

(405) 251-2300

Hours: Open 24 hours

When visiting an urgent care, you must provide your Connect Benefit card. The Connect Benefit information is listed on your Medical ID Card.





ConnectBenefit

OK ER and Hospital (continued)

717 West 71st St. South, Tulsa, Oklahoma 74132

(918) 517-6300

Hours: Open 24 hours

https://okerhospital.com/?utm_source=google&utm_medium=search&utm_campaign=business

Oklahoma Heart Hospital Emergency Room

5200 E I 240 Service Rd, Oklahoma City, Ok 73135

(405) 628-6000

Hours: Open 24 hours


4050 W Memorial Rd, Oklahoma City, OK 73120

(405) 608-3200


Hours: Open 24 hours

<https://www.okheart.com/>

For customer service, provider locations and preauthorization call us today.



Mail Claims to:
ConnectBenefit
 5930 E 31st Suite 300
 Tulsa, OK 74135

 855-624-SAVE

Prices shown on your card are subject to change at any time, without notice. Before scheduling a Covered Service, please confirm pricing by calling us or emailing claims@connectbenefit.com.

ConnectBenefit

Member Card	Co-Pay Amounts
Subscriber Name: Pay Zero	Specialist \$0.00
Identification Number: 2022CB	Consulation \$0.00
Group Number: CHB22	Surgery \$0.00
	Procedure \$0.00

*Note: This card must be accompanied by a Connect Benefit Medical Voucher in order to be valid for any appointment or procedure.

When visiting an urgent care, you must provide your Connect Benefit card.





Skyler Health

CONNECT BENEFIT

Get your workforce moving with improved mental health and beyond pain while lowering costs. All services are 100% confidential and provided through tele-health.

Services We Offer

- ✓ **Counseling & Therapy for Mental Health**
- ✓ **Trauma Counseling**
- ✓ **Pain Counseling**
- ✓ **Medication Titration Counseling**
- ✓ **Psychological Evaluation for Surgical Clearance**



Daily Appointments. Improvements within a few sessions.



Comprehensive & personalized counseling by licensed, accredited counselors.



Private, Secure & Confidential



Zero out-of-pocket costs for members covered under the County's Health Plan.

Learn More: www.skylerhealth.com

email: care@skylerhealth.com

phone: 1-650-208-3893



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.umar.com or by calling 1-800-826-9781. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at www.umar.com or call 1-800-826-9781 to request a copy.

Important Questions	Answers	Why this Matters:
<p>What is the overall deductible?</p>	<p>\$500 person / \$1,500 family In-network \$1,000 person / Unlimited family Out-of-network</p>	<p>Generally, you must pay all the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the plan, each family member must meet their own individual deductible until the total amount of deductible expenses paid by all family members meets the overall family deductible.</p>
<p>Are there services covered before you meet your deductible?</p>	<p>Yes. Preventive care services are covered before you meet your deductible.</p>	<p>This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible. See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/</p>
<p>Are there other deductibles for specific services?</p>	<p>No.</p>	<p>You don't have to meet deductibles for specific services.</p>
<p>What is the out-of-pocket limit for this plan?</p>	<p>\$3,000 person / \$9,000 family In-network Unlimited Out-of-network</p>	<p>The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own out-of-pocket limits until the overall family out-of-pocket limit has been met.</p>
<p>What is not included in the out-of-pocket limit?</p>	<p>Penalties, premiums, balance billing charges, and health care this plan doesn't cover.</p>	<p>Even though you pay these expenses, they don't count toward the out-of-pocket limit.</p>
<p>Will you pay less if you use a network provider?</p>	<p>Yes. See www.umar.com or call 1-800-826-9781 for a list of network providers.</p>	<p>This plan uses a provider network. You will pay less if you use a provider in the plan's network. You will pay the most if you use an out-of-network provider, and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware, your network provider might use an out-of-network provider for some services (such as lab work). Check with your provider before you get services.</p>
<p>Do you need a referral to see a specialist?</p>	<p>No.</p>	<p>You can see the specialist you choose without a referral.</p>



All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-network (You will pay the least)	Out-of-network (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 Copay per visit; Deductible Waived	50% Coinsurance	100% coverage through Premise clinic and Connect Benefit clinics.
	Specialist visit	\$25 Copay per visit; Deductible Waived	50% Coinsurance	100% coverage through Connect Benefit. Please call to pre-arrange services at 1-405-655-5678.
	Preventive care/screening/immunization	No charge; Deductible Waived	Not covered	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for. 100% coverage – Premise and Connect Benefit clinics.
If you have a test	Diagnostic test (x-ray, blood work)	No charge; Deductible Waived Office setting & Preferred labs; 20% Coinsurance Outpatient setting	50% Coinsurance	Blood work: 100% covered through UMR preferred lab network. X-rays: 100% covered through Connect Benefit and Health Check Radiology.
	Imaging (CT/PET scans, MRIs)	20% Coinsurance	50% Coinsurance	100% coverage through Health Check Radiology or Connect Benefit.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-network (You will pay the least)	Out-of-network (You will pay the most)	
<p>If you need drugs to treat your illness or condition.</p> <p>More information about prescription drug coverage is available from Affirmed RX at affirmedrx.com</p>	Generic drugs	Retail 34 - \$5 Retail 90 - \$15 Mail 90 - \$10	No out-of-network benefit	<p>County Pharmacy: 100% coverage of 90 day supply for Generic (maintenance drugs only).</p> <p>There is a separate out-of-pocket limit for prescription drugs: \$3,600 individual / \$4,200 family</p> <p>Once the prescription out-of-pocket amount has been met, copays for covered prescription drugs will no longer apply for the remaining calendar year.</p> <p>Retail – 34 to 90 day supply. Mail order – 90 day supply. Amazon Mail Order Service for 90 day supply.</p>
	Preferred brand drugs	Retail 34– Formulary 20% with \$20 minimum and \$60 maximum Retail 90 – 20% with \$60 minimum and \$180 maximum Mail 90 - \$55		
	Non-preferred brand drugs	Retail 34 – Brand Name 30% with \$40 minimum and \$80 maximum Retail 90 – 30% with a \$120 minimum and \$240 maximum Mail 90 - \$75		
	Specialty drugs	<p>Prescription card benefit exclusively through CVS/Caremark Specialty Pharmacy - Mail order only: Generic - \$10 copay Preferred brand – \$55 copay Non-Preferred brand – \$75 copay</p> <p>Copay amounts may differ for specialty drugs covered under the major medical plan which are subject to the Copay Maximizer Program**</p>	No out-of-network benefit	<p>**This plan has implemented the Medical RX Advisor program in order to utilize financial rebates, discounts and/or assistance programs offered by third-party specialty drug manufacturers. The plan has imposed special utilization requirements for certain specialty drugs. The list of specialty drugs subject to this program can be found here: healthsmart.com</p> <p>For more information about the Medical RX Advisor Program, please call HealthSmart Rx at 1-800-681-6912</p>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-network (You will pay the least)	Out-of-network (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	20% Coinsurance	50% Coinsurance	100% coverage through Connect Benefit. Please call 1-405-655-5678 to arrange.
	Physician/surgeon fees	20% Coinsurance	50% Coinsurance	100% coverage through Connect Benefit. Please call 1-405-655-5678 to arrange.
If you need immediate medical attention	Emergency room care	20% Coinsurance	20% Coinsurance	In-network deductible applies to Out-of-network benefits. 100% coverage at OK ER and the Heart Hospitals.
	Emergency medical transportation	20% Coinsurance	20% Coinsurance	In-network deductible applies to Out-of-network benefits
	Urgent care	\$25 Copay per visit; Deductible Waived	50% Coinsurance	100% coverage through Connect Benefit.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% Coinsurance	50% Coinsurance	Preauthorization is required. 100% coverage available through Connect Benefit. Please call 1-405-655-5678 to arrange.
	Physician/surgeon fees	20% Coinsurance	50% Coinsurance	
If you have mental health, behavioral health, or substance abuse services	Outpatient services	\$25 Copay per visit; Deductible Waived Office visits; 20% Coinsurance other outpatient services	50% Coinsurance	Preauthorization is required for Partial hospitalization . 100% coverage available through Connect Benefit. Please call 1-405-655-5678 to arrange.
	Inpatient services	20% Coinsurance	50% Coinsurance	Preauthorization is required. 100% coverage available through Connect Benefit. Please call 1-405-655-5678 to arrange.
If you are pregnant	Office visits	No charge; Deductible Waived	50% Coinsurance	Cost sharing does not apply for preventive services . Depending on the type of services, deductible , copayment or coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC
	Childbirth/delivery professional services	20% Coinsurance	50% Coinsurance	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-network (You will pay the least)	Out-of-network (You will pay the most)	
	Childbirth/delivery facility services	20% Coinsurance	50% Coinsurance	(i.e. ultrasound). 100% coverage available through Connect Benefit. Please call 1-405-655-5678 to arrange.
If you need help recovering or have other special health needs	Home health care	20% Coinsurance	50% Coinsurance	Preauthorization is required. 100% coverage available through Connect Benefit. Please call 1-405-655-5678 to arrange.
	Rehabilitation services	20% Coinsurance	50% Coinsurance	100% coverage available through Connect Benefit. Please call 1-405-655-5678 to arrange.
	Habilitation services	20% Coinsurance	50% Coinsurance	Habilitation services for Learning Disabilities are not covered. 100% coverage available through Connect Benefit. Please call 1-405-655-5678 to arrange.
	Skilled nursing care	20% Coinsurance	50% Coinsurance	Preauthorization is required. 100% coverage available through Connect Benefit. Please call 1-405-655-5678 to arrange.
	Durable medical equipment	20% Coinsurance	50% Coinsurance	Preauthorization is required for DME in excess of \$500 for rentals or \$1,500 for purchases. 100% coverage available through Connect Benefit. Please call 1-405-655-5678 to arrange.
	Hospice service	20% Coinsurance	50% Coinsurance	100% coverage available through Connect Benefit. Please call 1-405-655-5678 to arrange.
If your child needs dental or eye care	Children's eye exam	Not covered	Not covered	Covered through VSP.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-network (You will pay the least)	Out-of-network (You will pay the most)	
	Children's glasses	Not covered	Not covered	Covered through VSP.
	Children's dental check-up	Not covered	Not covered	Covered through Delta Dental.

Excluded Services & Other Covered Services:

Services Your [Plan](#) Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Dental care (Adult) | <ul style="list-style-type: none"> • Infertility treatment • Long-term care • Non-emergency care when traveling outside the U.S. | <ul style="list-style-type: none"> • Routine eye care (Adult) • Routine foot care • Weight loss programs |
|--|---|---|

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- | | | |
|--|--|--|
| <ul style="list-style-type: none"> • Bariatric surgery • Chiropractic care | <ul style="list-style-type: none"> • Hearing aids | <ul style="list-style-type: none"> • Private-duty nursing (Outpatient care) |
|--|--|--|

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is U.S. Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Other coverage options may be available to you too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#) or a [grievance](#) for any reason to your [plan](#). Additionally, a consumer assistance program may help you file your [appeal](#). A list of states with Consumer Assistance Programs is available at www.HealthCare.gov and <http://cciio.cms.gov/programs/consumer/capgrants/index.html>.

Does this [plan](#) Provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

Does this [plan](#) Meet the Minimum Value Standard? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$500
- [Specialist copayment](#) \$25
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

- [Specialist](#) office visits (*pre-natal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- [Diagnostic tests](#) (*ultrasounds and blood work*)
- [Specialist visit](#) (*anesthesia*)

Total Example Cost \$12,700

In this example, Peg would pay:

<i>Cost Sharing</i>	
Deductibles	\$500
Copayments	\$0
Coinsurance	\$1,700
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,260

Managing Joe's Type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$500
- [Specialist copayment](#) \$25
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

- [Primary care physician](#) office visits (*including disease education*)
- [Diagnostic tests](#) (*blood work*)
- [Prescription drugs](#)
- [Durable medical equipment](#) (*glucose meter*)

Total Example Cost \$5,600

In this example, Joe would pay:

<i>Cost Sharing</i>	
Deductibles *	\$500
Copayments	\$400
Coinsurance	\$100
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$1,060

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$500
- [Specialist copayment](#) \$25
- Hospital (facility) [coinsurance](#) 20%
- Other [coinsurance](#) 20%

This EXAMPLE event includes services like:

- [Emergency room care](#) (*including medical supplies*)
- [Diagnostic tests](#) (*x-ray*)
- [Durable medical equipment](#) (*crutches*)
- [Rehabilitation services](#) (*physical therapy*)

Total Example Cost \$2,800

In this example, Mia would pay:

<i>Cost Sharing</i>	
Deductibles *	\$500
Copayments	\$80
Coinsurance	\$400
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$980

Note: These numbers assume the patient does not participate in the [plan's](#) wellness program. If you participate in the [plan's](#) wellness program, you may be able to reduce your costs. For more information about the wellness program, please contact: www.umr.com or call 1-800-826-9781.

*Note: This [plan](#) has other [deductibles](#) for specific services included in this coverage example. See "Are there other [deductibles](#) for specific services?" row above.