

**Oklahoma State and Education Employees Group Insurance Board
2011 OPTION PERIOD ENROLLMENT/CHANGE FORM
CURRENT EMPLOYEE**

SECTION A: EMPLOYEE INFORMATION

ATTICUS FINCH
MACOMB COUNTY COURTHOUSE
123 E ALABAMA ST
MACOMB GA 99999-9999

Entity: MACOMB COUNTY
Member ID: 99999999
Birth Date: 9/7/1941
Phone: (555) 555-1234
Alt Phone: (555) 555-2345
Marital Status: SINGLE

**SECTION B: IF YOU DO NOT MAKE CHANGES, YOUR
1-1-2011 BENEFITS ARE SHOWN BELOW.**

Vision Humana/CompBenefits VisionCare Plan
Health HealthChoice High
Dental HealthChoice
Life \$280,000

		HEA	DEN	VIS	LIFE
ALEXANDRIA	1/2/1945	X	X	X	\$20,000
JEAN L	2/4/1962	X	X	X	\$10,000
JEREMY A	1/3/1961	X	X	X	\$10,000
CHARLES B	6/5/1963	X	X	X	\$10,000

**SECTION C: EMPLOYEE CHANGES TO BE EFFECTIVE 1-1-2011
See back side of form for required signatures and dependent changes.**

Health Plan

To ADD or CHANGE plans,
check a box to the right.

- No Change
 Drop All Health

- HealthChoice High Basic USA S-Account
CommunityCare HMO Standard Alternative
GlobalHealth HMO Standard Alternative
PacifiCare HMO Standard Alternative

Employee Primary Physician
(HMO Plans Only)

- New Patient Current Patient

Dental Plan

To ADD or CHANGE plans,
check a box to the right.

- No Change
 Drop All Dental

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

Employee Primary Dentist
(Prepaid Plans Only)

- New Patient Current Patient

Vision Plan

To ADD or CHANGE plans,
check a box to the right.

- No Change
 Drop All Vision

- Humana/CompBenefits VisionCare Plan
 Primary Vision Care Services
 Superior Vision Plan
 UnitedHealthcare Vision
 Vision Service Plan

Employee Life Plan

Employee life CANNOT be added or increased by more than \$20,000 using this form. A Life Insurance Application must be completed to add or increase life by more than \$20,000.

- No Change Drop All Life Insurance

- Add or Increase Life Insurance \$20,000*

*Employee annual salary: \$ _____
(Required only for a \$20,000 increase in Life Insurance)

- Decrease Life Insurance To: \$ _____
(Employee life insurance retained in \$20,000 increments)

Dependent Life Plan (Employee Life Insurance Required)

- No Change
 Drop Dependent Life
 Add or Increase to Premier Option
 Add or Increase/Decrease to Standard Option
 Add or Decrease to Low Option

FOR IC USE ONLY	FOR OSEEGIB USE ONLY

TEST_PULL 1 I have made changes on the back of the form for my dependents. Yes No

SECTION D: DEPENDENT CHANGES

SPOUSE*

Add Drop

<input type="checkbox"/>	<input type="checkbox"/>	Health	Name: _____	SSN: _____
<input type="checkbox"/>	<input type="checkbox"/>	Dental	Date of Birth: _____	<input type="checkbox"/> New Patient <input type="checkbox"/> Current Patient
<input type="checkbox"/>	<input type="checkbox"/>	Vision	Primary Physician: _____	<input type="checkbox"/> New Patient <input type="checkbox"/> Current Patient
<input type="checkbox"/>	<input type="checkbox"/>	Dependent Life	Primary Dentist: _____	<input type="checkbox"/> New Patient <input type="checkbox"/> Current Patient

*Does your spouse currently have coverage through OSEEGIB? Yes No (If yes, list Name and SSN above)

CHILD

Add Drop

<input type="checkbox"/>	<input type="checkbox"/>	Health	Name: _____	SSN: _____
<input type="checkbox"/>	<input type="checkbox"/>	Dental	Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/>	<input type="checkbox"/>	Vision	Primary Physician: _____	<input type="checkbox"/> New Patient <input type="checkbox"/> Current Patient
<input type="checkbox"/>	<input type="checkbox"/>	Dependent Life	Primary Dentist: _____	<input type="checkbox"/> New Patient <input type="checkbox"/> Current Patient

CHILD

Add Drop

<input type="checkbox"/>	<input type="checkbox"/>	Health	Name: _____	SSN: _____
<input type="checkbox"/>	<input type="checkbox"/>	Dental	Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/>	<input type="checkbox"/>	Vision	Primary Physician: _____	<input type="checkbox"/> New Patient <input type="checkbox"/> Current Patient
<input type="checkbox"/>	<input type="checkbox"/>	Dependent Life	Primary Dentist: _____	<input type="checkbox"/> New Patient <input type="checkbox"/> Current Patient

CHILD

Add Drop

<input type="checkbox"/>	<input type="checkbox"/>	Health	Name: _____	SSN: _____
<input type="checkbox"/>	<input type="checkbox"/>	Dental	Date of Birth: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/>	<input type="checkbox"/>	Vision	Primary Physician: _____	<input type="checkbox"/> New Patient <input type="checkbox"/> Current Patient
<input type="checkbox"/>	<input type="checkbox"/>	Dependent Life	Primary Dentist: _____	<input type="checkbox"/> New Patient <input type="checkbox"/> Current Patient

**PLEASE USE THE DEPENDENT ATTACHMENT FORM TO ADD MORE DEPENDENTS
(This form is available from your Insurance Coordinator)**

SECTION E: CERTIFICATION SIGNATURES

Employee Signature: _____ **Date:** _____

SPOUSE MUST SIGN IF SPOUSE IS COMMON-LAW OR EXCLUDED FROM HEALTH AND/OR DENTAL COVERAGE.

COMMON-LAW SPOUSE CERTIFICATION: I certify that the person listed as my spouse and I have an actual and mutual agreement between ourselves to be husband and wife, that this is a permanent relationship, and that our relationship is exclusive as proven by our cohabitation as man and wife; and do hereby hold ourselves out publicly as husband and wife. **I am aware that this relationship can only be dissolved by legal divorce.**

SPOUSE EXCLUSION CERTIFICATION (Required only if children are covered and spouse is not): I certify that I am aware I am being excluded from Health and/or Dental coverage as indicated on this form. I am also aware that an employee who elects to cover all eligible dependent children and NOT his/her spouse will not have the opportunity to enroll his/her spouse until either the next annual Option Period or a change of status event occurs.

Spouse Signature: _____ **Date:** _____

I certify that on this date, the employee's annual salary as listed on Page 1 (if required) is correct to the best of my knowledge. I further certify (if required) the employee is both living and working outside of Oklahoma and Arkansas for more than 90 consecutive days and is eligible for enrollment in HealthChoice USA. (Required only if member is adding \$20,000 unit of Life Insurance and/or is enrolling in the HealthChoice USA plan)

Insurance Coordinator Signature: _____ **Date:** _____

Plan Year 2011

January 1 through December 31, 2011

It's Time to Select Your Benefits for Plan Year 2011

New! The Oklahoma State and Education Employees Group Insurance Board (OSEEGIB) is doing its part to save our natural resources by **Going Green** and reducing the amount of paper we use during Option Period. This year, the *Employee Benefit Options Guide* is available to you online at www.sib.ok.gov or www.healthchoicook.com.

If you need a printed version of the *Employee Benefit Options Guide*, you can request one by:

- ◆ Completing the online request form available on the HealthChoice website.
- ◆ Calling 1-405-717-8780 or toll-free 1-800-752-9475. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436.

You will need your OSEEGIB member ID number, located in Section A of your *Option Period Enrollment/Change Form*.

Important: Be sure you make your request for a printed version of the *Employee Benefit Options Guide* early enough to receive it, make your benefit selections, and return your *Option Period Enrollment/Change Form* by your Insurance Coordinator's due date.

This Option Period/Enrollment Packet includes:

- ◆ Your personalized *Option Period Enrollment/Change Form*
- ◆ Plan Changes for 2011
- ◆ Monthly Premium Chart
- ◆ How to Access the Online Provider Networks
- ◆ Plan Contact Information

2011 PLAN CHANGES

Notice of Eligibility to Age 26

- ◆ Your children are now eligible up to age 26, whether married or unmarried. Your election to re-enroll a dependent terminated due to turning age 25 must be made on your *Option Period Enrollment/Change Form* and submitted to your Insurance Coordinator by the due date.

If one eligible dependent is covered, all eligible dependents must be covered. You can elect not to cover dependents who do not reside with you, are married, are not financially dependent on you for support, or have other group coverage. Eligible dependents include:

- ◆ Your legal spouse (including common-law).
- ◆ Your daughter, son, stepdaughter, stepson, eligible foster child, adopted child, or child legally placed with you 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 that was diagnosed prior to age 26. Subject to medical review and approval.
- ◆ Other unmarried dependent children up to age 26, upon completion of an *Application for Coverage for Other Dependent Children*. Guardianship papers or a tax return showing dependency may be provided in lieu of the application.

Health Plan Changes

HealthChoice Health Plans

Patient Protection and Affordable Care Act Disclosure of Grandfather Status – HealthChoice believes it is a grandfathered health plan under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your HealthChoice health plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of certain preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to HealthChoice, 3545 N.W. 58th, Ste.110, OKC, OK 73112 or call 1-405-717-8780 or toll-free 1-800-752-9475. TDD users call 1-405-949-2281 or toll-free 1-866-447-0436. You may also contact the U.S. Department of Health and Human Services at www.healthreform.gov.

HealthChoice High Option and USA Plans

- ◆ Copays are being decreased to \$30 for primary care physician office visits and other copay-related services received from a primary care physician; however, the copay for specialist office visits and other copay-related services received from a specialist will remain \$50. The following are considered primary care physicians: General Practitioners, Internal Medicine physicians, OB/GYNs, Pediatricians, Physician Assistants, and Nurse Practitioners. HealthChoice members do not need to designate a primary care physician and can change physicians at any time.
- ◆ Preventive service visits for members and dependents under age 20 will be available with no copay through a Network Provider according to the following schedule:

Well Child Care Visits	Plan Year 2011
Age 0 to 12 months	8
Age 1 through 2 years	4
Age 3 through 5 years	2
Age 6 through 19 years	1

- ◆ One preventive service visit per calendar year, including one metabolic panel and one lipid panel, will be covered at 100% with no copay through a Network Provider for members and dependents age 20 and older.

HealthChoice Basic and S-Account Plans

All Plan provisions including deductibles, copays, and out-of-pocket maximums remain the same as Plan Year 2010; however, the above schedule of well child care visits applies.

HealthChoice Pharmacy Benefit

- ◆ The \$2 million lifetime limit on pharmacy benefits is being eliminated.
- ◆ HealthChoice offers certain prescription tobacco cessation medications for a \$5 copay. Additionally, HealthChoice partners with the Tobacco Settlement Endowment Trust (TSET) and Free and Clear to provide members with over-the-counter nicotine replacement therapy products (patches, gum, and lozenges) and telephone coaching at no charge to HealthChoice health plan members.

HMOs

- ◆ **Attention current Aetna members** – Aetna is not a participating HMO for Plan Year 2011. If you are currently enrolled in Aetna Standard or Alternative HMO, you **must** choose another health plan.
- ◆ HMO service areas may have changed. Check the ZIP Code List in the *Employee Benefit Options Guide*.
- ◆ A preventive office visit with a primary care physician will be covered at 100% with no copay.
- ◆ HMOs are removing the copay for immunizations for members age 19 and older.
- ◆ HMO Standard Option plans are removing the copay for hearing screenings for members and dependents through age 21. Age 22 and over will have a \$30 copay.
- ◆ GlobalHealth Alternative HMO is removing the copay for well child care visits and hearing screenings for members and dependents to age 21 and decreasing the copay for mental health and substance abuse outpatient visits from \$50 to \$25.
- ◆ PacifiCare Alternative HMO is removing the copay for hearing screenings, inpatient occupational or speech therapy, and inpatient physical therapy/physical medicine.
- ◆ CommunityCare Alternative HMO is removing the copay for hearing screenings.

HMOs Pharmacy Benefits

- ◆ The days supply for the HMO Standard Option plans and Community Care and GlobalHealth Alternative HMOs is 30 days.
- ◆ CommunityCare Alternative HMO is offering selected generic medications at \$0 copay.

Dental Plan Changes

DMOs/Prepaid Dental

- ◆ Assurant Freedom Preferred is increasing the orthodontia lifetime maximum for members under age 19 to \$2,000 and decreasing the orthodontia waiting period to 12 months.
- ◆ CIGNA Dental is making the following changes:
 - ◆ Basic Care — The copay for amalgam, one surface, permanent teeth is increasing to \$21.
 - ◆ Major Care — The copay for a root canal, anterior is increasing to \$355.
 - ◆ Orthodontic Care — The out-of-pocket maximum for children through age 18 is increasing to \$2,280, and the out-of-pocket maximum for adults is increasing to \$3,120.
- ◆ Delta Dental is not offering the Delta Dental PPO - Point of Service plan for 2011. If you are currently enrolled in Delta Dental PPO – Point of Service, you must choose another dental plan for 2011.
- ◆ Delta Dental is offering 3 plans, Delta Dental PPO, Delta Dental Premier, and Delta Dental PPO – Choice.
- ◆ Delta Dental PPO is increasing the plan year maximum for Preventive, Basic, and Major Care to \$2,500 and increasing the orthodontia lifetime maximum to \$2,000.
- ◆ Delta Dental Premier is lowering the annual deductible for Preventive, Basic, and Major Care to \$50 and increasing the orthodontia lifetime maximum to \$2,000.

There are no vision plan changes for 2011. Additionally, there are no changes to the HealthChoice Life Insurance Plan or the HealthChoice Disability Plan.

Oklahoma State and Education Employees Group Insurance Board

Monthly Premiums for Current Employees Plan Year January 1, 2011 - December 31, 2011

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice High	\$ 449.48	\$ 682.74	\$ 228.20	\$ 352.08
HealthChoice Basic	\$ 391.64	\$ 598.48	\$ 201.82	\$ 310.80
HealthChoice S-Account	\$ 382.56	\$ 562.74	\$ 190.18	\$ 291.90
HealthChoice USA	\$ 688.82	\$ 688.82	\$ 226.22	\$ 348.86
CommunityCare Standard HMO	\$ 772.34	\$ 1,104.42	\$ 386.16	\$ 617.86
CommunityCare Alternative HMO	\$ 532.66	\$ 761.68	\$ 266.34	\$ 426.12
GlobalHealth Standard HMO	\$ 366.56	\$ 601.22	\$ 193.12	\$ 307.96
GlobalHealth Alternative HMO	\$ 333.26	\$ 546.58	\$ 175.62	\$ 279.98
PacifiCare Standard HMO	\$ 686.42	\$ 986.94	\$ 342.96	\$ 548.86
PacifiCare Alternative HMO	\$ 473.39	\$ 680.63	\$ 236.51	\$ 378.51
DISABILITY (Employee only)		\$9.10 (Limited county participation only)		
DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice Dental	\$ 29.84	\$ 29.84	\$ 24.88	\$ 64.56
Assurant Freedom Preferred	\$ 28.83	\$ 28.67	\$ 21.50	\$ 57.80
Assurant Heritage Plus with SBA (Prepaid)	\$ 11.74	\$ 8.86	\$ 7.60	\$ 15.20
Assurant Heritage Secure (Prepaid)	\$ 7.20	\$ 5.98	\$ 5.20	\$ 10.38
CIGNA Dental Care Plan (Prepaid)	\$ 9.26	\$ 6.06	\$ 7.08	\$ 15.32
Delta Dental PPO	\$ 31.14	\$ 31.14	\$ 27.10	\$ 68.56
Delta Dental Premier	\$ 35.52	\$ 35.52	\$ 30.90	\$ 78.20
Delta Dental PPO - Choice	\$ 13.94	\$ 31.64	\$ 31.90	\$ 77.42
VISION PLANS - Employee Paid	MEMBER	SPOUSE	CHILD	CHILDREN
Humana/CompBenefits VisionCare Plan	\$ 6.76	\$ 5.06	\$ 3.57	\$ 4.46
Primary Vision Care Services	\$ 9.25	\$ 8.00	\$ 8.50	\$ 10.75
Superior Vision Plan	\$ 6.98	\$ 6.90	\$ 6.60	\$ 6.60
UnitedHealthcare Vision	\$ 8.18	\$ 5.79	\$ 4.59	\$ 6.98
Vision Service Plan (VSP)	\$ 8.76	\$ 5.87	\$ 5.62	\$ 12.64
LIFE				
HealthChoice Basic Life (\$20,000) \$4.56		First \$20,000 of Supplemental Life \$4.56		
Age-Rated Supplemental Life – Cost Per \$20,000				
< 30 ----- \$1.00	45 - 49 ----- \$ 3.80	65 - 69 ----- \$19.80		
30 - 34 ----- \$1.00	50 - 54 ----- \$ 6.40	70 - 74 ----- \$33.40		
35 - 39 ----- \$1.60	55 - 59 ----- \$10.40	75+ ----- \$52.00		
DEPENDENT	Low Option \$2.60	Standard Option \$4.32	Premier Option \$8.64	
Spouse	\$ 6,000	\$ 10,000	\$ 20,000	
Child (age 6 months to 26)	\$ 3,000	\$ 5,000	\$ 10,000	
Child (live birth to 6 months)	\$ 1,000	\$ 1,000	\$ 1,000	

How to Access the Online Provider Networks

HealthChoice Health and Dental Plans

HealthChoice High Option, Basic, S-Account, and Dental Plans

Visit www.healthchoiceok.com, click on *Find a Provider* and follow the on-screen instructions

HealthChoice USA Plan

Visit www.choicecarenetwork.com, click on *ChoiceCare Physician Finder Plus* under *Provider Search*, select *ChoiceCare Network PPO* under *Coverage and Network* and follow the on-screen instructions

HMO Plans

CommunityCare Standard and Alternative HMO

Visit www.ccok.com, click on *Find a Provider* and select *State, Education and Local Government Employees*

GlobalHealth Standard and Alternative HMO

Visit www.globalhealth.com

Click on *STATE* and choose *State Employees and Educators* and click on *PROVIDER LOOKUP*

PacificCare Standard and Alternative HMO

Visit www.pacificare.com, click on *Find a Doctor* and select *Plan or Service Type*, choose Pacificare SignatureValue (HMO)

Dental Plans

Assurant Freedom Preferred (Options for PPO)

Visit www.assurantemployeebenefits.com, click on *Find a Dentist* and Select *DHA Network*

Assurant Heritage Plus with SBA and Heritage Secure (Options for Prepaid)

Visit www.assurantemployeebenefits.com, click on *Find a Dentist* and select *The Heritage Series*

CIGNA Dental Care Plan

Visit www.cigna.com, click on *Provider Directory*, click *Dentist* for the type of provider, and select *CIGNA Dental Care (HMO)*

Delta Dental Plans

Visit www.deltadentalok.org, click on *Click here* under *State of Oklahoma Dental Plans*, click *here* on the *3 NEW Dental Plans for 2011* and select your dental plan (*Delta Dental PPO, Delta Premier, and Delta Dental PPO - Choice*)

Vision Plans

Humana/CompBenefits Vision Care Plan

Visit www.compbenefits.com/custom/stateofoklahoma, click on *Provider Directory*

Primary Vision Care Services (PVCS)

Visit www.pvcs-usa.com, click on *Find a Doctor*

Superior Vision Plan

Visit www.superiorvision.com, click on *Locate a Provider*

UnitedHealthcare Vision

Visit www.myuhcvision.com, click on *Provider Locator*

Vision Services Plan (VSP)

Visit www.vsp.com, Either click on *Find the right doctor for you* under the *Members* tab or click on *Choose VSP through your employer* under *Prospective Members* tab. Click on *Find a VSP Doctor* and Select *VSP Signature Network*

HealthChoice (OSEEGIB) Help Lines

Health, Dental, and Life Claims, Benefits, Verification of Coverage, and ID Cards

Oklahoma City Area	1-405-416-1800
All Other Areas	1-800-782-5218
TDD Oklahoma City Areas	1-405-416-1525
TDD All Other Areas	1-800-941-2160
Website	www.sib.ok.gov or www.healthchoiceok.com

Pharmacy Claims / Pharmacy ID Cards

All Areas	1-800-903-8113
TDD All Areas	1-800-825-1230

Certification

All Areas	1-800-848-8121
TDD All Areas	1-877-267-6367

Member Services / Provider Directory

Oklahoma City Area	1-405-717-8780
All Other Areas	1-800-752-9475
TDD	1-405-949-2281 or All Areas 1-866-447-0436

Disability Plan

Oklahoma City Area	1-405-316-7492
All Areas	1-800-722-2567
TDD All Areas	1-800-863-5488

HealthChoice USA

Customer Service & Claims	1-800-782-5218
Provider Information	1-877-877-0715 ext. 4059
TDD All Areas	1-800-941-2160
Website	www.choicecarenetwork.com

HMO Plans' Help Lines

CommunityCare

All Areas	1-800-777-4890
TDD All Areas	1-800-722-0353
Website	www.ccok.com

GlobalHealth, Inc.

Oklahoma City Area	1-405-280-5600
All Other Areas	1-877-280-5600
TDD All Areas	1-800-522-8506
Website	www.globalhealth.com

PacifiCare

All Areas	1-800-825-9355
TDD All Areas	1-800-557-7595
Website	www.pacificare.com

Dental Plans' Help Lines

Assurant, Inc. Dental

Prepaid Plan	1-800-443-2995
Indemnity Plan	1-800-442-7742
Website	www.assurantemployeebenefits.com

CIGNA Prepaid Dental

All Areas	1-800-244-6224
Hearing Impaired Relay Svc	1-405-948-3303
Website	www.cigna.com

Delta Dental

Oklahoma City Area	1-405-607-2100
All Other Areas	1-800-522-0188
Website	www.DeltaDentalOK.org

Vision Plans' Help Lines

Humana/CompBenefits

All Areas	1-800-865-3676
TDD All Areas	1-877-553-4327
Website	www.compbenefits.com/custom/stateofoklahoma

Primary Vision Care Services (PVCS)

All Areas	1-888-357-6912
TDD All Areas	1-800-722-0353
Website	www.pvcs-usa.com

Superior Vision Plan

All Areas	1-800-507-3800
TDD	1-916-852-2382
Website	www.superiorvision.com

UnitedHealthcare Vision

All Areas	1-800-638-3120
TDD All Areas	1-800-524-3157
Website	www.myuhcvision.com

Vision Service Plan (VSP)

All Areas	1-800-877-7195
TDD All Areas	1-800-428-4833
Website	www.vsp.com