



2024
BENEFITS
ENROLLMENT

FULL-TIME SCA EMPLOYEES





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If you (and/or your dependents) have Medicare or will become eligible for Medicare in the next 12 months, a Federal law gives you more choices about your prescription drug coverage. Please see page numbers 25-26 where Notice of Creditable Coverage begin for more details.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

BENEFITS OVERVIEW

Dale Rogers Training Center, Inc. is proud to offer a comprehensive benefits package to eligible, full-time employees who work 30 hours per week. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical, and dental), and Dale Rogers Training Center, Inc. provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through payroll deductions.

Benefits Offered

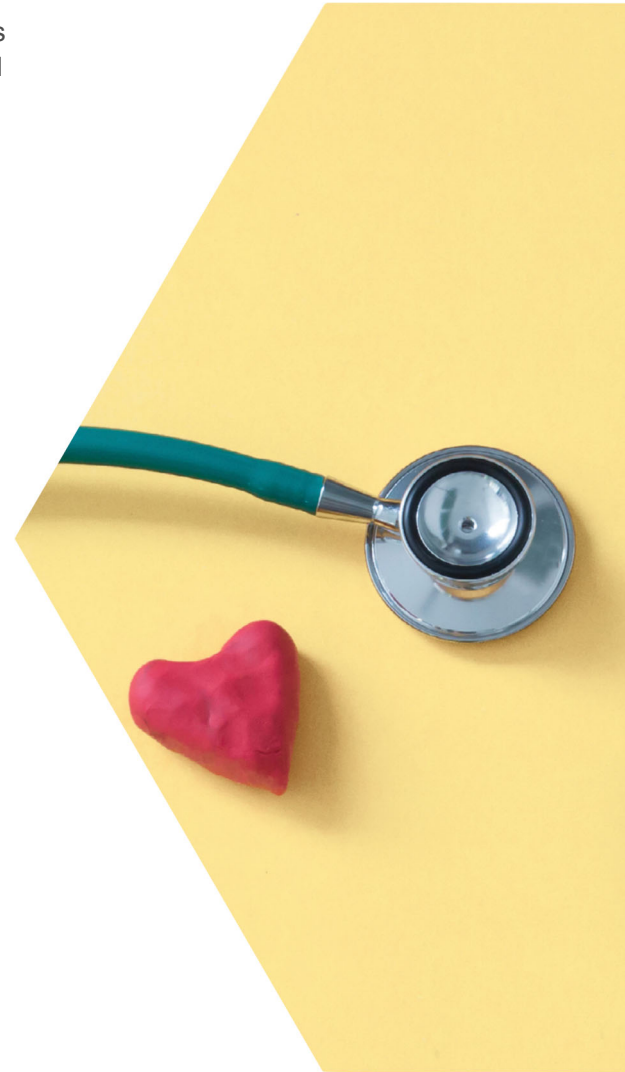
- Medical
- Voluntary Dental
- Vision
- Life Insurance
- Accidental Death & Dismemberment (AD&D) Insurance
- Voluntary Life and AD&D
- Employee Assistance Program (EAP)

Eligibility

You and your dependents are eligible for DRTC benefits on the 1st Of The Month Following 60 Days.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or DRTC eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact HR within 30 days.



DRTC

MEDICAL BENEFITS

Administered by BlueCross and BlueShield of Oklahoma



Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Dale Rogers Training Center, Inc..

DRTC offers you a choice of one (1) PPO medical plan. With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

	MOBAP0023 Blue Advantage PPO SM 0023 Plan
	In-Network
Lifetime Benefit Maximum	Unlimited
Annual Deductible	\$1,500 single / \$4,500 family
Annual Out-of-Pocket Maximum (includes deductible)	\$5,000 single / \$10,000 family
Coinsurance	20%
DOCTOR'S OFFICE	
Primary Care Office Visit	\$30 copay per visit
Specialist Office Visit	\$50 copay per visit
Preventive care (screening, immunization)	Covered at 100%
Diagnostic test (x-ray, blood work)	Covered at 100%
Imaging (CT/PET scans, MRIs)	20% after deductible
PRESCRIPTION DRUGS	
Retail—Preferred generic drugs (30-day supply)	\$0 / \$10 copay per prescription
Retail—Non-preferred generic drugs (30-day supply)	\$10 / \$20 copay per prescription
Retail—Preferred brand drugs (30-day supply)	\$50 / \$70 copay per prescription
Retail—Non-preferred brand drugs (30-day supply)	\$100 / \$120 copay per prescription
Specialty—Preferred specialty drugs (30-day supply)	\$150 copay per prescription
Specialty—Non-preferred specialty drugs (30-day supply)	\$250 copay per prescription
Mail Order—Preferred generic drugs (90-day supply)	\$0
Mail Order—Non-preferred generic drugs (90-day supply)	\$30 copay per prescription
Mail Order—Preferred brand drugs (90-day supply)	\$150 copay per prescription
Mail Order—Non-preferred brand drugs (90-day supply)	\$300 copay per prescription

MEDICAL BENEFITS (Continued)

Administered by BlueCross and BlueShield of Oklahoma

MOBAP0023 Blue Advantage PPO SM 0023 Plan	
In-Network	
HOSPITAL SERVICES	
Emergency Room (Per occurrence deductible waived if admitted)	\$200 per visit plus 20% after deductible
Inpatient	\$750 per visit plus 20% after deductible
Outpatient Surgery	\$250 per visit plus 20% after deductible
Urgent Care	\$50 per visit
MENTAL HEALTH SERVICES	
Inpatient Services	\$750 per visit plus 20% after deductible
Outpatient Services	Office visit: \$30 copay per visit; other outpatient services: 20% after deductible
SUBSTANCE ABUSE SERVICES	
Inpatient Services	\$750 per visit plus 20% after deductible
Outpatient Services	Office visit: \$30 copay per visit; other outpatient services: 20% after deductible
OTHER SERVICES	
Maternity Office Visits	Primary Care: \$30 copay per visit; Specialist: \$50 copay per visit
All other maternity hospital/ physician services	\$750 per visit plus 20% after deductible
Chiropractic (25-visit limit per benefit period combined with OT)	20% after deductible
Physical, Occupational and Speech Therapy Services (Outpatient: Separate 25-visit limit per benefit period; Inpatient: Separate 30-day maximum)	20% after deductible
Skilled Nursing (30-day inpatient maximum per benefit period)	20% after deductible



BlueCross BlueShield of Oklahoma



Virtual Visits: Speak with a doctor—anytime, anywhere

Getting sick after hours or on weekends used to mean a long, costly trip to the emergency room or urgent care center. But with your virtual visits benefit, provided by BlueCross BlueShield of Oklahoma and powered by MDLIVE, the doctor is in 24/7/365. And you don't have to leave the comfort of your own home.

Virtual visits allows you to consult a doctor for non-emergency situations by phone, mobile app or online video anytime, anywhere. Speak to a doctor or schedule an appointment at a time that works best for you.

Powered by
MDLIVE

Why virtual visits?

- 24/7 access to an independently contracted, board-certified MDLIVE doctor
- Access via phone, online video or mobile app from almost anywhere
- Average wait time of less than 20 minutes
- If needed, get a prescription sent to your local pharmacy

MDLIVE doctors can treat a variety of non-emergency conditions, including:

- Allergies
- Asthma
- Cold/flu
- Ear infections (age 12+)
- Fever (age 3+)
- Headache
- Insect bites
- Nausea
- Pink Eye
- Rash
- Sinus infections



 **Prepare for the Unexpected—
Activate Your MDLIVE
Account Now!**

There is no charge to set up your account, but you may have a charge for your visit depending on your benefit plan.

Activate your account - pick the way that is easiest for you:

- Call MDLIVE at 888-976-4081
- Go to MDLIVE.com/BCBSOK
- Text BCBSOK to 635-483
- Download the MDLIVE app

Virtual visits doctors may also send an e-prescription to your local pharmacy if necessary.

Virtual visits may not be available on all plans. Virtual visits are subject to the terms and conditions of your benefit plan, including benefits, limitations and exclusions. Non-emergency medical service in Idaho, Montana, and New Mexico is limited to interactive audio/video (video only). Non-emergency medical service in Arkansas is limited to interactive audio/video (video only) for initial consultation. Service availability depends on location at the time of consultation.

MDLIVE, a separate company, operates and administers the virtual visit program for Blue Cross and Blue Shield of Oklahoma and is solely responsible for its operations and that of its contracted providers.

MDLIVE and the MDLIVE logo are registered trademarks of MDLIVE, Inc., and may not be used without written permission.

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Blue Access for MembersSM Health Care at Your Fingertips

Blue Cross and Blue Shield of Oklahoma (BCBSOK) helps you get the most out of your health care benefits with Blue Access for Members (BAMSM). You and all covered dependents age 18 and up can create a BAM account.

With BAM, you can:

- Use our Provider Finder tool to search for a health care provider, hospital or pharmacy
- Request or print your ID card
- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Use our Cost Estimator tool to find the price of hundreds of tests, treatments and procedures
- Download our app
- Sign up for text or email alerts

It's Easy to Get Started!

1. Go to bcbsok.com/member
2. Click Log Into My Account
3. Use the information on your BCBSOK ID card to sign up

Or, text* BCBSOKAPP to 33633 to get the BCBSOK App that lets you use BAM while you're on the go.

*Message and data rates may apply



Blue Cross Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



Compare Costs and You May Earn Cash with Member Rewards

Did you know that prices for the same quality medical services can differ by thousands of dollars within the same region and health plan network? Blue Cross and Blue Shield of Oklahoma (BCBSOK) provides **Member Rewards**, a program administered by Sapphire Digital that offers cash rewards when a lower-cost, quality option is selected.

- Compare it to where you park your car—the \$30 lot or the \$15 one just a few blocks away.
- Member Rewards allows you to shop for health care services in a similar way, and as the examples in the chart show, you can save money depending on the option you select.
- Best of all, shopping with Member Rewards could help lower your out-of-pocket costs and help get you a cash reward.

Reward Eligible Procedure	Provider A Cost	Provider B Cost
MRI of the Brain	\$682	\$2,723
Artificial Joint Repair	\$17,003	\$47,617

Examples shown are for illustration purposes and are not intended to represent costs for procedures in your area.




Program Benefits

Member Rewards uses our Provider Finder[®] tool to help you:

- Compare costs and quality for numerous procedures such as screenings, scans, surgeries and more
- Estimate out-of-pocket costs
- Earn cash rewards
- Save money and make the most efficient use of your health care benefits
- Consider treatment decisions with your doctors

Most of us look for value when we're shopping — why not apply this practice to shopping for health care services? With Member Rewards, you can reduce your costs and take more control of your health care financial decisions.

How Does It Work?

	<ol style="list-style-type: none">1. Find a reward-eligible location by shopping online with Provider Finder — visit bcbsok.com, register or log in to Blue Access for MembersSM and select Find Care.
	<ol style="list-style-type: none">2. Get the procedure or service at your chosen reward-eligible location.
	<ol style="list-style-type: none">3. Receive a cash reward by check, which will be mailed directly to your home, after the claim is paid and the location is verified as reward-eligible.

Questions? Call the number on the back of your member ID card.



Experience Wellness Your Way

Well onTarget[®] gives you the tools and resources to create your personal journey — no matter where you may be on your path to wellness.

Well onTarget can give you the support you need to make healthy choices — while rewarding you for your hard work.

Member Wellness Portal

The heart of Well onTarget is the member portal, available at wellontarget.com^{*}. It links you to a suite of inviting programs and tools.

- **Health Assessment (HA)¹:** The HA presents a series of questions to learn more about you. After you take the HA, you will get a personal and confidential wellness report. The report offers you tips for living your healthiest life. Your answers will help tailor the Well onTarget portal with the programs that may help you reach your goals. If you choose, you can share this report with your health care provider.
- **Self-Management Programs:** These programs let you work at your own pace to reach your health goals. Learn more about nutrition, fitness, losing weight, quitting smoking, managing stress and more. Track your progress as you make your way through each lesson. Reach your milestones and earn Blue Points^{SM,2}.

Start experiencing the wellness portal today. Go to wellontarget.com.

- **Wellness Coaching:** Certified health coaches offer you guidance with these programs — Decrease Weight, Maintain Weight, Manage Stress, Quit Tobacco, Maintain Tobacco-Free Status, Improve Blood Pressure, Improve Cholesterol, Improve Dietary Habits and Improve Fitness Level.
- **Online Wellness Challenges:** Challenge yourself to meet your wellness goals. Plus, corporate challenges let you track your progress against other Well onTarget members.
- **Tools and trackers:** These resources can help keep you on course while making wellness fun. Use symptom checkers and health trackers.
- **Fitness Tracking:** Track your fitness activity using popular fitness devices and mobile apps.
- **Blue Points Program:** Blue Points can help motivate you to maintain a healthy lifestyle. Earn points for participating in wellness activities. You can redeem points in the online shopping mall.³
- **Health and wellness content:** Reader-friendly articles about conditions and medicines.

Fitness Program

Fitness can be easy, fun and affordable. The Fitness Program gives you unlimited access to a nationwide network of more than 10,000 fitness locations. You can visit locations while you're on vacation or traveling for work.

Other program perks include:

- **No long-term contract:** Membership is month to month. Flexible plans from \$19 to \$99 per month and studio classes are available.⁴
- **Blue Points:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits.
- **Convenient payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.
- **Web resources:** You can go online to search for locations and track your visits.

It's easy to join the Fitness Program! Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, between 7 a.m. and 7 p.m. CT (6 a.m. and 6 p.m. MT).

Wellness Program Questions?

Call Customer Service at **877-806-9380**.



Take Wellness on the Go

Check out the AlwaysOn Wellnes mobile app, available for iPhone® and Android™ smartphones. It can help you work on your health and wellness goals — anytime and anywhere.

1. Well onTarget is a voluntary wellness program. Completion of the Health Assessment is not required for participation in the program.

2. Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal at wellontarget.com for further information.

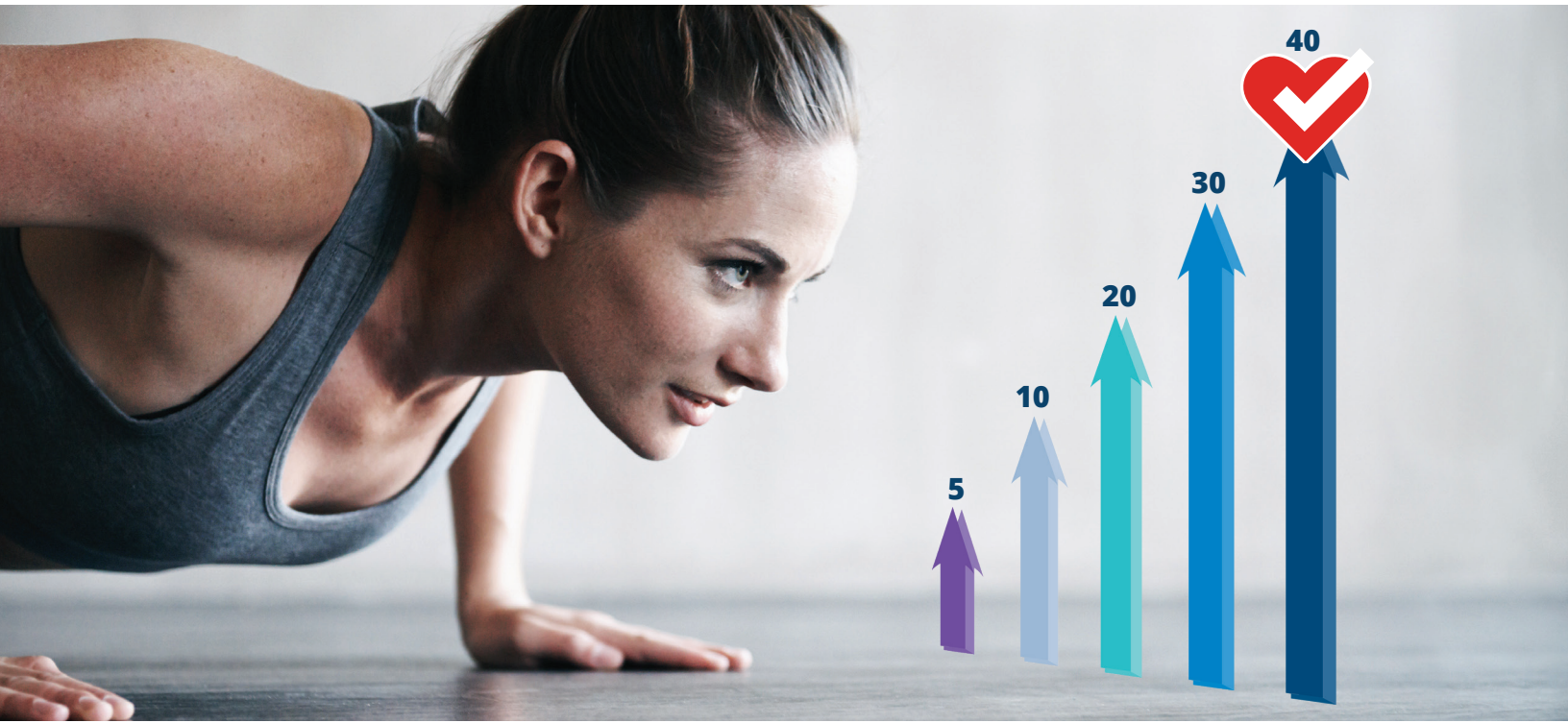
3. Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

4. Taxes apply. Individuals must be at least 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can log in and join through the primary member's account as an "additional member."

The Fitness Program is provided by Tivity Health™ Services, LLC, an independent contractor which administers the Prime® Network of fitness centers. The Prime Network is made up of independently-owned and managed fitness centers. Prime is a registered trademark of Tivity Health, Inc. Tivity Health is a trademark of Tivity Health, Inc.

Blue Cross®, Blue Shield® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Crosses and Blue Shield Plans.

Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association



Make Your Fitness Program Membership Work for You

The Fitness Program gives you flexible options to help you live a healthy lifestyle.

Since you are a Blue Cross and Blue Shield of Oklahoma (BCBSOK) member, the Fitness Program is available exclusively to you and your covered dependents (age 16 and older).* The program gives you access to a nationwide network of fitness locations. Choose one location close to home and one near work, or visit locations while traveling.

Other program perks include:

- **Flexible Gym Network:** A choice of gym networks to fit your budget and preferences.**

Options	Digital Only	Base	Core	Power	Elite
Monthly Fee	\$10	\$19	\$29	\$39	\$99
Gym Facility Network Size†	Digital Access Only	3,000	7,500	12,000	12,400
\$19 Initiation Fee (No initiation fee for Digital Only Option)					

- **Studio Class Network:** Boutique-style classes and specialty gyms with pay-as-you-go option and 30% off every 10th class.
- **Family Friendly:** Expands gym network access to your covered dependents at a bundled price discount.
- **Convenient Payment:** Monthly fees are paid via automatic credit card or bank account withdrawals.

† Represents possible network locations. Check local listings for exact network options as some locations may not participate. Network locations are subject to change without notice.

Features

- **Mobile App:** Allows members to access location search, studio class registration, location check-in and activity history.
Check out the Well onTarget Fitness mobile app, available from Apple® or Google Play™. It can help you work on your fitness goals — anytime and anywhere.
- **Real-time Data:** Provided to the mobile app and Well onTarget portals.
- **Complementary and Alternative Medicine (CAM) Discounts Through the WholeHealth Living Choices Program:** Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers. To take advantage of these discounts, register at www.whlchoices.com.
- **Blue PointsSM:** Get 2,500 points for joining the Fitness Program. Earn additional points for weekly visits. You can redeem points for apparel, books, electronics, health and personal care items, music and sporting goods.***
- **Web Resources:** You can go online to find fitness locations and track your visits.

- **Digital Fitness:** Stay active from the comfort of your own home. Access thousands of digital fitness videos and live classes including cardio, bootcamp, barre, yoga, and more through an online platform. Digital access is included with Base, Core, Power and Elite memberships. You can also join the Digital Only plan option if only interested in access to digital fitness options.

Are You Ready for Fitness?

It's easy to sign up:

1. Go to bcbsok.com and log in to Blue Access for MembersSM.
2. Select the Wellness tab on the top navigation bar of the Dashboard page. Then scroll down to the Fitness Program section and click on **Learn More**.
3. Complete registration form.
4. Verify your personal information and method of payment. Print or download your Fitness Program membership ID card. You may also request to receive the ID card in the mail.
5. Visit a fitness location today!

Prefer to sign up by phone or have questions about the Fitness Program? Just call the toll-free number **888-762-BLUE (2583)** Monday through Friday, between 7 a.m. and 7 p.m., CT (6 a.m. and 6 p.m., MT).

Find fitness buddies, take a digital class and try something new!

Join the Fitness Program today to help you reach your health and wellness goals.



*Individuals must be 18 years old to purchase a membership. Dependents, 16-17 years old, can join but must be accompanied to the location by a parent/guardian who is also a Fitness Program member. Check your preferred location to see their membership age policy. Underage dependents can login and join through the primary member's account as an "additional member."

**Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

***Member agrees to comply with all applicable federal, state and local laws, including making all disclosures and paying all taxes with respect to their receipt of any reward.

The Fitness Program is provided by Tivity Health™, an independent contractor that administers the Prime Network of fitness locations. The Prime Network is made up of independently owned and operated fitness locations.

The WholeHealth Living Choices program is administered by Tivity Health™ Services, LLC. This is NOT insurance. Some of the services offered through this program may be covered by a health plan. The relationship between these vendors and Blue Cross and Blue Shield of Oklahoma is that of independent contractors.

Blue Points Program Rules are subject to change without prior notice. See the Program Rules on the Well onTarget Member Wellness Portal for more information.

BCBSOK makes no endorsement, representations or warranties regarding third-party vendors and the products and services offered by them.

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Blue365

A Discount Program for You



Blue365 is just one more advantage you have by being a Blue Cross and Blue Shield of Oklahoma (BCBSOK) member. With this program, you may save money on health and wellness products and services from top retailers that are not covered by insurance. There are no claims to file and no referrals or preauthorizations.

Once you sign up for Blue365 at blue365deals.com/bcbsok, weekly "Featured Deals" will be emailed to you. These deals offer special savings for a short period of time.

Below are some of the ongoing deals offered through Blue365.

EyeMed[®] | Davis Vision[®]

You can save on eye exams, eyeglasses, contact lenses and accessories. You have access to national and regional retail stores and local eye doctors. You may also get possible savings on laser vision correction.

TruHearing[®] | Beltone[™] | Start Hearing

You could get savings on hearing tests, evaluations and hearing aids. Discounts may also be available for your immediate family members.

Dental SolutionsSM

You could get dental savings with Dental Solutions. You may receive a dental discount card that provides access to discounts of up to 50% at more than 70,000 dentists and more than 254,000 locations.*

Jenny Craig[®] | Sun Basket | Nutrisystem[®]

Help reach your weight loss goals with savings from leading programs. You may save on healthy meals, membership fees (where applicable), nutritional products and services.

See all the Blue365 deals and learn more at blue365deals.com/bcbsok.



Fitbit®

You can customize your workout routine with Fitbit's family of trackers and smartwatches that can be employed seamlessly with your lifestyle, your budget and your goals. You'll get a 20% discount on Fitbit devices plus free shipping.

Reebok | SKECHERS®

Reebok, a trusted brand for more than 100 years, makes top athletic equipment for all people, from professional athletes to kids playing soccer. Get 20% off select models. SKECHERS, an award-winning leader in the footwear industry, offers exclusive pricing on select men's and women's styles. You can get 30% off plus free shipping for your online orders.

InVite® Health

InVite Health offers quality vitamins and supplements, educational resources and a team of health care experts for guidance to select the correct product at the best value. Get 50% off the retail price of non-genetically modified microorganism (non-GMO) vitamins and supplements and a free Midnight Bright Black Coconut Charcoal Tooth Polish with a \$25 purchase.

Livekick

Livekick is the future of private fitness. Choose from training or yoga over live video with a private coach. Get fit and feel healthier with action-packed 30-minute sessions that you can do from home, your gym or your hotel while traveling. Get a free two-week trial and 30% off a monthly plan on any Live Online Personal Training.

eMindful

Get up to a 50% discount on any of eMindful's live streaming or recorded premium courses. Apply mindfulness to your life including stress reduction, mindful eating, chronic pain management, yoga, Qigong movements and more.

**For more great deals or to
learn more about Blue365,
visit blue365deals.com/bcbsok.**

The relationship between these vendors and Blue Cross and Blue Shield of Oklahoma (BCBSOK) is that of independent contractors. BCBSOK makes no endorsement, representations or warranties regarding any products or services offered by the above-mentioned vendors.

* Dental Solutions requires a \$9.95 signup and \$6 monthly fee.

Blue365 is a discount program only for BCBSOK members. This is NOT insurance. Some of the services offered through this program may be covered under your health plan. You should check your benefit booklet or call the customer service number on the back of your ID card for specific benefit facts. Use of Blue365 does not change monthly payments, nor do costs of the services or products count toward any maximums and/or plan deductibles. Discounts are given only through vendors that take part in this program and may be subject to change. BCBSOK does not guarantee or make any claims or recommendations about the program's services or products. Members should consult their doctor before using these services and products. BCBSOK reserves the right to stop or change this program at any time without notice.

HEALTH REIMBURSEMENT ACCOUNT (HRA)

A Health Reimbursement Account (HRA) is an IRS defined tax advantaged savings plan for employees. Any unreimbursed medical expense defined by the IRS may be paid or reimbursed from the plan tax-free and funds accumulate tax-free. Employees with account balances who terminate employment may continue to submit claims for medical expenses, even if incurred after termination of employment. Employees may also use HRA funds to pay for COBRA coverage.

Funds in the HRA may be used for out-of-pocket medical expenses that are not paid by insurance. Payments are tax free. Once you have a full month's worth of employee only benefit premium in your reserve account, excess funds will flow into your HRA account.

Using The BSI HRA Card

The BSI Debit HRA Card is a type of debit card and may be sent to you in the mail after receiving the first contribution. The first contribution will be made when your reserve account contains one full month of employee only benefit premium. Once activated, your card can be used just like a typical credit or debit card when you are paying for a covered medical expense.

You can also get reimbursed for qualified expenses. For example, you can submit a reimbursement claim form and a copy of your EOB (Explanation of Benefits). Once reviewed and approved, you will receive a check in the mail with funds drawn on your HRA account.

Here is how it works:

- All contributions are 100% vested (permanently yours).
- You will receive an HRA debit card in the mail when a contribution is made to your HRA account.
- Excess funds will flow to your HRA account only after you have earned contributions more than your monthly premium and in excess of a one-month premium reserve.
- Funds may be used for deductibles, coinsurance, co-pays, prescriptions, and other qualified medical expenses for you and/or your eligible dependents.
- Your card will not work at an ATM or for other non-medical related charges.
- You may use up to the balance held in your HRA account, but not over.
- If purchases exceed the account balance, you will need to pay the difference using another means of payment.
- An Administrative Fee of \$7.00 will be charged to your HRA Account each month.

Examples of Qualified Medical Expenses:

- | | | |
|-------------------------|-------------------------|-------------------------|
| • Insurance Deductibles | • Contact Lenses | • Laboratory Fees |
| • Coinsurance | • Crutches | • Long Term Care |
| • Copays | • Eye Exam | • Nursing Services |
| • Prescriptions | • Eyeglasses | • Psychoanalysis |
| • Birth Control Pills | • Fertility Enhancement | • Dental Expenses |
| • Chiropractor | • Hearing Aids | • Stop Smoking Programs |

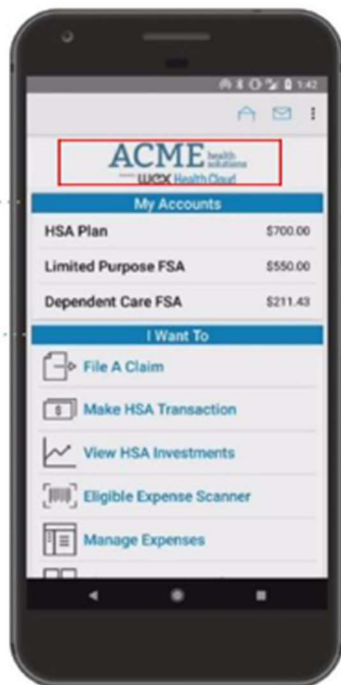


Manage your health benefits on the go

Want a simple, easy way to check your healthcare account balances and submit receipts from anywhere? The BSi Companies HRA APP lets you securely access your health benefit accounts with a touch of a finger. Designed so you can quickly find what you need most, our Mobile App provides easy, on-the-go access to all your health accounts.

View balance information for all your account(s) right away.

On the go access.



Stay up to speed

With BSi Companies HRA APP, you can get to the healthcare account information you need—fast. Wondering whether you have enough money to pay a bill? BSi Companies HRA APP puts the answers at your fingertips*:

- Enjoy real-time access including an intuitive app design and navigation
- Log in to your account(s) with ease using your fingerprint
- Quickly check account details for HRA plans
- View charts summarizing account information
- View in-app messages and text alerts that provide instant notifications about your account(s)
- Link to an external web page to obtain helpful information such as a list of eligible expenses
- Retrieve a lost username or password
- Use your device of choice – including Apple® and Android™-powered smartphones

Tap to take action

Our easy-to-use app helps you quickly find what you need to make a payment, capture a receipt, or take any number of actions – whether you're on the couch or waiting in line. With BSi Companies HRA APP, you can get it done fast and enjoy the rest of your day*.

- Submit claims for HRA plans
- Snap a photo of a receipt and submit with a new or existing claim, or store in your camera roll for claim filing
- Use the Eligible Expense Scanner to scan items to determine if they're qualified medical expenses before you get to the checkout lane
- Access your account funds to pay someone else such as doctor
- Add and store information on new payees
- Enter and view expense information and receipts
- Report a debit card as lost or stolen

Imagine what you could do with BSi Companies HRA APP

Check Balances

Wondering whether you can pay for an elective procedure or a mounting bill? Do a quick account check to see your current balance. No need to wait for an answer – it's right at your fingertips.

Scan Expenses

How can you easily determine which products can be paid for using your account funds? With BSi Companies HRA APP, you can simply scan a product bar code to help determine eligibility as a qualified medical expense. That's peace of mind with a touch of a button.

With a quick barcode scan, you'll know in an instant whether an item qualifies as an eligible expense



Get started with BSi Companies HRA APP in minutes.



Download the BSi Companies HRA APP app for your chosen device from the Apple App Store or Google Play and log in using the password you use to access the BSi Companies consumer portal.

* Some functionality listed may require additional products and services

DENTAL BENEFITS - Voluntary

Administered by BlueCross and BlueShield of Oklahoma

Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the DRTC dental benefit plan.



Services	In-Network PPO
Annual Deductible	\$25 per person; \$75 family limit
Annual Benefit Maximum	\$2,000
Preventive Dental Services (cleanings, exams, x-rays)	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80%
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	60%

***See page 24 for cost of dental coverage.**



DRTC

VISION BENEFITS

Administered by BlueCross and BlueShield of Oklahoma

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.



Your coverage from a EyeMed doctor

	In-Network (any EyeMed provider)
Eye Exam — once every 12 months	\$10 copay
Lenses — once every 12 months	
Single Vision Lenses	\$10 copay
Bifocal Lenses	\$10 copay
Trifocal Lenses	\$10 copay
Lenticular Lenses	\$10 copay
Frames — once every 12 months	\$130 allowance, 20% off balance over \$130
Contact Lenses — once every 12 months if you elect contacts instead of lenses/frames	
Conventional	\$130 allowance, 15% off balance over \$130
Disposable	\$130 allowance, plus balance over \$130
Medically Necessary	Covered in full



LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

Administered by BlueCross and BlueShield of Oklahoma



Life Insurance

Life insurance provides financial security for the people who depend on you. Your beneficiaries will receive a lump sum payment if you die while employed by DRTC. The company provides basic life insurance of \$10,000 at no cost to you.

Accidental Death and Dismemberment (AD&D) Insurance

Accidental Death and Dismemberment (AD&D) insurance provides payment to you or your beneficiaries if you lose a limb or die in an accident. DRTC. provides AD&D coverage of \$10,000 at no cost to you. This coverage is in addition to your company-paid life insurance described above.

VOLUNTARY LIFE AND AD&D INSURANCE

Administered by BlueCross and BlueShield of Oklahoma

You may purchase Life and AD&D insurance in addition to the company-provided coverage. You may also purchase Life and AD&D insurance for your dependents if you purchase additional coverage for yourself. You are guaranteed coverage (up to \$100,000, and up to \$30,000 for your spouse) without answering medical questions if you enroll when you are first eligible.

Employee— In increments of \$10,000 up to \$300,000 maximum amount

Spouse— Up to \$150,000 in increments of \$5,000, not to exceed 50% of the employee benefit amount

Children— Birth to 14 days: \$500; Age 15 days to 6 months: \$500; Age 6 months to 26 years (30 if full-time student) \$10,000



Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.

Confidential Emotional Support



Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions



Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance



Talk to our attorneys for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources



Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Online Support



GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call: 888.628.4844

TTY: 800.697.0353

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultantSM, who will answer your questions and, if needed, refer you to a counselor or other resources.

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: DLEAP

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information

Contact Your GuidanceResources® Program

Call: 888.628.4844

TTY: 800.697.0353

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID: DLEAP



EMPLOYEE CONTRIBUTIONS

Benefit Plan	Semi-monthly
MEDICAL/RX MOBAP0022 BLUE ADVANTAGE PPO	
Employee	\$0
Employee + Spouse	\$290.56
Employee + Child(ren)	\$237.73
Family	\$554.71
DENTAL RATES	
Employee	\$17.28
Employee + Spouse	\$39.00
Employee + Child(ren)	\$37.42
Family	\$57.90
12/12/12/\$130 VOLUNTARY VISION PLAN RATES	
Employee	\$0.00
Employee + Spouse	\$3.62
Employee + Child(ren)	\$4.03
Family	\$7.80

DRTC

Employee Supplemental Life/AD&D (Monthly rates per \$1,000)

Age	Rates
Under 20	\$0.071
20-24	\$0.071
25-29	\$0.062
30-34	\$0.065
35-39	\$0.084
40-44	\$0.119
45-49	\$0.182
50-54	\$0.283
55-59	\$0.419
60-64	\$0.585
65-69	\$0.849
70-74	\$1.482
75+	\$4.284
Dependent Life (Children)	
Monthly Premium per Family	
Life/AD&D	
\$10,000	\$0.76

Premium Cost for Voluntary Life and AD&D Insurance (Based on 24 payroll deductions per year)

Benefit Amount	ATTAINED AGE										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$10,000	\$0.36	\$0.31	\$0.33	\$0.42	\$0.60	\$0.91	\$1.42	\$2.10	\$2.93	\$4.25	\$7.41
\$20,000	\$0.71	\$0.62	\$0.65	\$0.84	\$1.19	\$1.82	\$2.83	\$4.19	\$5.85	\$8.49	\$14.82
\$30,000	\$1.07	\$0.93	\$0.98	\$1.26	\$1.79	\$2.73	\$4.25	\$6.29	\$8.78	\$12.74	\$22.23
\$40,000	\$1.42	\$1.24	\$1.30	\$1.68	\$2.38	\$3.64	\$5.66	\$8.38	\$11.70	\$16.98	\$29.64
\$50,000	\$1.78	\$1.55	\$1.63	\$2.10	\$2.98	\$4.55	\$7.08	\$10.48	\$14.63	\$21.23	\$37.05
\$60,000	\$2.13	\$1.86	\$1.95	\$2.52	\$3.57	\$5.46	\$8.49	\$12.57	\$17.55	\$25.47	\$44.46
\$70,000	\$2.49	\$2.17	\$2.28	\$2.94	\$4.17	\$6.37	\$9.91	\$14.67	\$20.48	\$29.72	\$51.87
\$80,000	\$2.84	\$2.48	\$2.60	\$3.36	\$4.76	\$7.28	\$11.32	\$16.76	\$23.40	\$33.96	\$59.28
\$90,000	\$3.20	\$2.79	\$2.93	\$3.78	\$5.36	\$8.19	\$12.74	\$18.86	\$26.33	\$38.21	\$66.69
\$100,000	\$3.55	\$3.10	\$3.25	\$4.20	\$5.95	\$9.10	\$14.15	\$20.95	\$29.25	\$42.45	\$74.10
\$150,000	\$5.33	\$4.65	\$4.88	\$6.30	\$8.93	\$13.65	\$21.23	\$31.43	\$43.88	\$63.68	\$111.15
\$200,000	\$7.10	\$6.20	\$6.50	\$8.40	\$11.90	\$18.20	\$28.30	\$41.90	\$58.50	\$84.90	\$148.20
\$250,000	\$8.88	\$7.75	\$8.13	\$10.50	\$14.88	\$22.75	\$35.38	\$52.38	\$73.13	\$106.13	\$185.25
\$300,000	\$10.65	\$9.30	\$9.75	\$12.60	\$17.85	\$27.30	\$42.45	\$62.85	\$87.75	\$127.35	\$222.30

Note: Your life and AD&D benefits will reduce by 35% of the original amount at age 65 and further reduce by 50% of the original amount at age 70.

Spouse Supplemental Life/AD&D (Monthly rates per \$1,000)

Spouse rates based on employee's age

Age	Rates
Under 20	\$0.086
20-24	\$0.086
25-29	\$0.073
30-34	\$0.078
35-39	\$0.102
40-44	\$0.147
45-49	\$0.227
50-54	\$0.355
55-59	\$0.527
60-64	\$0.740
65-69	\$1.074
70-74	\$1.880
75+	\$5.480
Dependent Life (Children)	
Monthly Premium per Family	
Life/AD&D	
\$10,000	\$0.76

Premium Cost for Voluntary Life and AD&D Insurance (Based on 24 payroll deductions per year)

Benefit Amount	ATTAINED AGE										
	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$5,000	\$0.22	\$0.18	\$0.20	\$0.26	\$0.37	\$0.57	\$0.89	\$1.32	\$1.85	\$2.69	\$4.70
\$10,000	\$0.43	\$0.37	\$0.39	\$0.51	\$0.74	\$1.14	\$1.78	\$2.64	\$3.70	\$5.37	\$9.40
\$15,000	\$0.65	\$0.55	\$0.59	\$0.77	\$1.10	\$1.70	\$2.66	\$3.95	\$5.55	\$8.06	\$14.10
\$20,000	\$0.86	\$0.73	\$0.78	\$1.02	\$1.47	\$2.27	\$3.55	\$5.27	\$7.40	\$10.74	\$18.80
\$25,000	\$1.08	\$0.91	\$0.98	\$1.28	\$1.84	\$2.84	\$4.44	\$6.59	\$9.25	\$13.43	\$23.50
\$30,000	\$1.29	\$1.10	\$1.17	\$1.53	\$2.21	\$3.41	\$5.33	\$7.91	\$11.10	\$16.11	\$28.20
\$35,000	\$1.51	\$1.28	\$1.37	\$1.79	\$2.57	\$3.97	\$6.21	\$9.22	\$12.95	\$18.80	\$32.90
\$40,000	\$1.72	\$1.46	\$1.56	\$2.04	\$2.94	\$4.54	\$7.10	\$10.54	\$14.80	\$21.48	\$37.60
\$45,000	\$1.94	\$1.64	\$1.76	\$2.30	\$3.31	\$5.11	\$7.99	\$11.86	\$16.65	\$24.17	\$42.30
\$50,000	\$2.15	\$1.83	\$1.95	\$2.55	\$3.68	\$5.68	\$8.88	\$13.18	\$18.50	\$26.85	\$47.00
\$75,000	\$3.23	\$2.74	\$2.93	\$3.83	\$5.51	\$8.51	\$13.31	\$19.76	\$27.75	\$40.28	\$70.50
\$100,000	\$4.30	\$3.65	\$3.90	\$5.10	\$7.35	\$11.35	\$17.75	\$26.35	\$37.00	\$53.70	\$94.00
\$125,000	\$5.38	\$4.56	\$4.88	\$6.38	\$9.19	\$14.19	\$22.19	\$32.94	\$46.25	\$67.13	\$117.50
\$150,000	\$6.45	\$5.48	\$5.85	\$7.65	\$11.03	\$17.03	\$26.63	\$39.53	\$55.50	\$80.55	\$141.00

Note: Your life and AD&D benefits will reduce by 35% of the original amount at age 65 and further reduce by 50% of the original amount at age 70.

CONTACT INFORMATION

If you have specific questions about a benefit plan, please contact the administrator listed below, or your local human resources department.



Benefit	Administrator	Phone	Website/Email
Medical	BlueCross and BlueShield of Oklahoma	1.800.942.5837	www.bcbsok.com
Dental	BlueCross and BlueShield of Oklahoma	1.800.942.5837	www.bcbsok.com
Voluntary Vision	BlueCross and BlueShield of Oklahoma	1.855.856.4402	eyemedvisioncare.com/bcbsokvis
Life and AD&D	BCBS of Oklahoma Ancillary	888.381.9727	bcbsok/ancillary.com
Voluntary Life and AD&D			
Human Resources	Cheryl Carrier	405.946.4489 x2204	ccarrier@drtc.org
Benefit Advocate Center (BAC)	Dale Rogers Training Center	1.833.216.7183	BAC.DaleRogersAdvocates@ajg.com

DRTC

LEGAL NOTICES

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2023. Contact your State for more information on eligibility –

ALABAMA – Medicaid	ALASKA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx
ARKANSAS – Medicaid	CALIFORNIA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Health Insurance Premium Payment (HIPP) Program Website: http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	FLORIDA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/State Relay 711 CHP+: https://hcpf.colorado.gov/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.mycohibi.com/ HIBI Customer Service: 1-855-692-6442	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268
GEORGIA – Medicaid	INDIANA – Medicaid
GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: 678-564-1162, Press 2	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone: 1-800-457-4584

LEGAL NOTICES

<p>IOWA – Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>KANSAS – Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884 HIPP Phone: 1-800-967-4660</p>
<p>KENTUCKY – Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov/agencies/dms</p>	<p>LOUISIANA – Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>
<p>MAINE – Medicaid</p> <p>Enrollment Website: https://www.mymaineconnection.gov/benefits/s/?language=en_US Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-977-6740 TTY: Maine relay 711</p>	<p>MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: 711 Email: masspremassistance@accenture.com</p>
<p>MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p>MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>	<p>NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>NEVADA – Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p>NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext. 5218</p>
<p>NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>	<p>NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p>NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>	<p>NORTH DAKOTA – Medicaid</p> <p>Website: https://www.hhs.nd.gov/healthcare Phone: 1-844-854-4825</p>

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LEGAL NOTICES

OKLAHOMA – Medicaid and CHIP	OREGON – Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: http://healthcare.oregon.gov/Pages/index.aspx Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid and CHIP	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462 CHIP Website: Children's Health Insurance Program (CHIP) (pa.gov) CHIP Phone: 1-800-986-KIDS (5437)	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rlte Share Line)
SOUTH CAROLINA – Medicaid	SOUTH DAKOTA - Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://dss.sd.gov Phone: 1-888-828-0059
TEXAS – Medicaid	UTAH – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Texas Health and Human Services Phone: 1-800-440-0493	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
VERMONT– Medicaid	VIRGINIA – Medicaid and CHIP
Website: Health Insurance Premium Payment (HIPP) Program Department of Vermont Health Access Phone: 1-800-250-8427	Website: https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid/CHIP Phone: 1-800-432-5924
WASHINGTON – Medicaid	WEST VIRGINIA – Medicaid and CHIP
Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
WISCONSIN – Medicaid and CHIP	WYOMING – Medicaid
Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2023, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2026)

LEGAL NOTICES

HIPAA Notice of Privacy Practices Reminder

Protecting Your Health Information Privacy Rights

DRTC is committed to the privacy of your health information. The administrators of the Dale Rogers Training Center, Inc. Health Plan (the "Plan") use strict privacy standards to protect your health information from unauthorized use or disclosure.

The Plan's policies protecting your privacy rights and your rights under the law are described in the Plan's Notice of Privacy Practices. You may receive a copy of the Notice of Privacy Practices by contacting Cheryl Carrier - HR Supervisor at 405.946.4489 x2204 or ccarrier@drtc.org.

HIPAA Special Enrollment Rights

DRTC Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the DRTC Health Plan (to actually participate, you must complete an enrollment form and pay part of the premium through payroll deduction).

A federal law called HIPAA requires that we notify you about an important provision in the plan - your right to enroll in the plan under its "special enrollment provision" if you acquire a new dependent, or if you decline coverage under this plan for yourself or an eligible dependent while other coverage is in effect and later lose that other coverage for certain qualifying reasons.

Loss of Other Coverage (Excluding Medicaid or a State Children's Health Insurance Program). If you decline enrollment for yourself or for an eligible dependent (including your spouse) while other health insurance or group health plan coverage is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Loss of Coverage for Medicaid or a State Children's Health Insurance Program. If you decline enrollment for yourself or for an eligible dependent (including your spouse) while Medicaid coverage or coverage under a state children's health insurance program is in effect, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage. However, you must request enrollment within 60 days after your or your dependents' coverage ends under Medicaid or a state children's health insurance program.

New Dependent by Marriage, Birth, Adoption, or Placement for Adoption. If you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your new dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Eligibility for Premium Assistance Under Medicaid or a State Children's Health Insurance Program – If you or your dependents (including your spouse) become eligible for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, you may be able to enroll yourself and your dependents in this plan. However, you must request enrollment within 60 days after your or your dependents' determination of eligibility for such assistance.

To request special enrollment or to obtain more information about the plan's special enrollment provisions, contact Carrier - HR Supervisor at 405.946.4489 x2204 or ccarrier@drtc.org.

LEGAL NOTICES

Important Warning

If you decline enrollment for yourself or for an eligible dependent, you must complete our form to decline coverage. On the form, you are required to state that coverage under another group health plan or other health insurance coverage (including Medicaid or a state children's health insurance program) is the reason for declining enrollment, and you are asked to identify that coverage. If you do not complete the form, you and your dependents will not be entitled to special enrollment rights upon a loss of other coverage as described above, but you will still have special enrollment rights when you have a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan, as described above. If you do not gain special enrollment rights upon a loss of other coverage, you cannot enroll yourself or your dependents in the plan at any time other than the plan's annual open enrollment period, unless special enrollment rights apply because of a new dependent by marriage, birth, adoption, or placement for adoption, or by virtue of gaining eligibility for a state premium assistance subsidy from Medicaid or through a state children's health insurance program with respect to coverage under this plan.

LEGAL NOTICES

Notice of Creditable Coverage

Important Notice from DRTC About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with DRTC and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. DRTC has determined that the prescription drug coverage offered by the medical plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join a Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens to Your Current Coverage if You Decide to Join a Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current DRTC, Inc. coverage will be affected. You can keep this coverage if you elect part D, but this group health plan will not coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current DRTC, Inc. coverage, be aware that you and your dependents will be able to get this coverage back only during open enrollment or a special enrollment event.

When Will You Pay a Higher Premium (Penalty) to Join a Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with DRTC, Inc. and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

DRTC

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For More Information About This Notice or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Dale Rogers Training Center, Inc. changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 01, 2024
Name of Entity/Sender: DRTC
Contact—Position/Office: Cheryl Carrier - HR Supervisor
Office Address: 2501 North Utah
Oklahoma City, Oklahoma
73107-1226 United States
Phone Number: 405.946.4489 x2204

LEGAL NOTICES

COBRA General Notice

Model General Notice of COBRA Continuation Coverage Rights (For use by single-employer group health plans)

**** Continuation Coverage Rights Under COBRA****

Introduction

You're getting this notice because you recently gained coverage under a group health plan (the Plan). This notice has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **This notice explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a "qualifying event." Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation coverage must be offered to each person who is a "qualified beneficiary." You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your hours of employment are reduced, or
- Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- Your spouse dies;
- Your spouse's hours of employment are reduced;
- Your spouse's employment ends for any reason other than his or her gross misconduct;
- Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
- You become divorced or legally separated from your spouse.

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Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- The parent-employee dies;
- The parent-employee's hours of employment are reduced;
- The parent-employee's employment ends for any reason other than his or her gross misconduct;
- The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
- The parents become divorced or legally separated; or
- The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The employer must notify the Plan Administrator of the following qualifying events:

- The end of employment or reduction of hours of employment;
- Death of the employee;
- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Cheryl Carrier.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of COBRA continuation coverage

If you or anyone in your family covered under the Plan is determined by Social Security to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to get up to an additional 11 months of COBRA continuation coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified about the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies; becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the dependent child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

Are there other coverage options besides COBRA Continuation Coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicare, Medicaid, [Children's Health Insurance Program \(CHIP\)](#), or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov/.

Can I enroll in Medicare instead of COBRA continuation coverage after my group health plan coverage ends?

In general, if you don't enroll in Medicare Part A or B when you are first eligible because you are still employed, after the Medicare initial enrollment period, you have an 8-month special enrollment period¹ to sign up for Medicare Part A or B, beginning on the earlier of

- The month after your employment ends; or
- The month after group health plan coverage based on current employment ends.

If you don't enroll in Medicare and elect COBRA continuation coverage instead, you may have to pay a Part B late enrollment penalty and you may have a gap in coverage if you decide you want Part B later. If you elect COBRA continuation coverage and later enroll in Medicare Part A or B before the COBRA continuation coverage ends, the Plan may terminate your continuation coverage. However, if Medicare Part A or B is effective on or before the date of the COBRA election, COBRA coverage may not be discontinued on account of Medicare entitlement, even if you enroll in the other part of Medicare after the date of the election of COBRA coverage.

If you are enrolled in both COBRA continuation coverage and Medicare, Medicare will generally pay first (primary payer) and COBRA continuation coverage will pay second. Certain plans may pay as if secondary to Medicare, even if you are not enrolled in Medicare.

For more information visit <https://www.medicare.gov/medicare-and-you>.

If you have questions

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.healthcare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

DRTC
Cheryl Carrier - HR Supervisor
2501 North Utah
Oklahoma City, Oklahoma 73107-1226
United States
405.946.4489 x2204

¹ <https://www.medicare.gov/basics/get-started-with-medicare/sign-up/when-does-medicare-coverage-start>.



LEGAL NOTICES

Women's Health & Cancer Rights Act

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 ("WHCRA"). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. Therefore, the following deductibles and coinsurance apply:

Plan 1: MOBAP0023 Blue Advantage PPOSM 0023 Plan (Individual: 20% coinsurance and \$1,500 deductible; Family: 20% coinsurance and \$4,500 deductible)

If you would like more information on WHCRA benefits, please call your Plan Administrator at 405.946.4489 x2204 or ccarrier@drtc.org.

Newborns' and Mothers' Health Protection Act

Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Disclaimer

The amount the plan pays for covered services provided by non-network providers is based on a maximum allowable amount for the specific service rendered. Although your plan stipulates an out-of-pocket maximum for out-of-network services, please note the maximum allowed amount for an eligible procedure may not be equal to the amount charged by your out-of-network provider. Your out-of-network provider may bill you for the difference between the amount charged and the maximum allowed amount. This is called balance billing and the amount billed to you can be substantial. The out-of-pocket maximum outlined in your policy will not include amounts in excess of the allowable charge and other non-covered expenses as defined by your plan. The maximum reimbursable amount for non-network providers can be based on a number of schedules such as a percentage of reasonable and customary or a percentage of Medicare. The plan document or carrier's master policy is the controlling document, and this Benefit Highlight does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual plan language. Contact your claims payer or insurer for more information.

This document is an outline of the coverage proposed by the carrier(s), based on information provided by your company. It does not include all of the terms, coverage, exclusions, limitations, and conditions of the actual contract language. The policies and contracts themselves must be read for those details. Policy forms for your reference will be made available upon request.

The intent of this document is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It does not necessarily fully address all of your specific issues. It should not be construed as, nor is it intended to provide, legal advice. Questions regarding specific issues should be addressed by your general counsel or an attorney who specializes in this practice area.

NOTES



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This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.