

Understanding Your 2025 Benefits



Plan Year: January 1, 2025 – December 31, 2025

Welcome to the Muskogee County 2025 Benefit Guidebook

Your needs, and those of your family are unique to you. Muskogee County is pleased to offer a comprehensive and flexible benefits program you can customize to fit your personal situation. Included are brief descriptions of each benefit offered, eligibility details, enrollment instructions and more.

These benefits are an important part of your total compensation package. Please take time to review and evaluate all options available to you and your family.



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This guide is not intended to be a complete description of the insurance coverage offered, nor is it a binding contract. Controlling provisions are provided in each benefit plan policy. Should there be a difference between this guide and the official plan documents, the official plan documents will govern.

Benefits Overview

WHAT ARE MY BENEFIT PLANS?

You may choose from the following benefits, provided to you by Muskogee County per the schedule below. Premiums for any shared or voluntary elected coverages are taken from your paycheck automatically, on either a pre-tax or post-tax basis.



Benefit	Who Pays the Cost?
Medical and Prescription Drug	Muskogee County pays towards the cost of the Medical Plan.
Dental	Employee's can elect this plan on a voluntary basis.
Vision	Employee's can elect this plan on a voluntary basis.
Basic Life / AD&D	Muskogee County pays 100% of cost of the basic life plan for the employee and enrolled eligible dependents.
Voluntary Life / AD&D	This is Voluntary and will be payroll deducted if elected.
EAP through CCOK	Employee Assistance Program- Muskogee County has provided at no cost to employees and all family members.
AFLAC	Worksite options including accident, cancer, critical illness coverage and much more! This is Voluntary and will be payroll deducted if elected.

Benefits Eligibility

WHO IS ELIGIBLE?



As a regular full-time employee, you become eligible for benefits on the 1st day of the month following 60 days from date of hire. The only other time you can enroll is during the annual open enrollment or if you have a qualifying life event.

Who's an eligible dependent?

- Your legal spouse
- Your married or unmarried natural children, step-children living with you, legally adopted child(ren) and any other child(ren) for whom you have legal guardianship, up to age 26 (for medical, dental, vision and life insurance).

When can you enroll?

You can sign up for Benefits at any of the following times:

As a new employee at your initial eligibility date or during Open Enrollment. You may also make changes if you have a Qualifying life Event. A qualifying event must be reported of the event to Human resources. within 30 days

Examples of Qualifying Events:

- A marriage or divorce
- Birth or adoption of an eligible child
- Death of your spouse or covered child
- Change in your spouse's work status that affects your benefits
- Change in your work status that affects your benefits
Change in residence that affects your eligibility for coverage
Change in your child's eligibility for benefits

Benefits Enrollment

Welcome to Employee Navigator!!!

How to Access Open Enrollment

1. Navigate to www.employeenavigator.com and click log in.
2. Returning users: Log in. with the username and password you selected or click “reset a forgotten password”.
3. First time users: Click on the registration link sent via email sent by administration or register as a new user.

Important Note

Even if you are NOT electing benefits, you will have to click through each option and decline coverage. Please make sure to enter your beneficiaries in the system when prompted.

You should have received an email to set up your Employee Navigator Account if you have provided an email address to Muskogee County Human Resources. Enrollment will be processed electronically! Your enrollment must be complete and submitted no later than 11:59 p.m. Central time on the last day of your enrollment period for each benefit. Enrollments received after the deadline cannot be processed.

If you do not have electric access paper enrollment forms can be provided.



If you do not have online access, please contact Lucht Insurance immediately at:
918-856-6774

ENROLL IN YOUR BENEFITS: One step at a time



Username

Password

Login

[Reset a forgotten password](#)

[Register as a new user](#)

Step 1: Log In

Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.

Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.



Onboarding Complete!

Great job! Now you can begin electing your benefits. There are 34 days left in Open Enrollment for you to complete this.

- ✓ Onboarding
- 1. Benefit Enrollment
- 2. HR tasks

Start Enrollment

[Dismiss, complete later](#)



Participation Required

You can't say we didn't tell you, the following items are a MUST HAVE for HR. We require that you complete them. You can log out anytime, but that won't make them go away! You'll be hearing from your HR until these items are completed.

1. Onboarding
2. Benefits Enrollment
3. HR tasks

Let's Begin!

Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

If you hit "Dismiss, complete later" you'll be taken to your Home Page. You will still be able to start enrollments again by clicking "Start Enrollments."

Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.



You've got 2 items to complete.

1. Enroll in your benefits
2. Complete HR tasks.

Start Enrollments

ENROLL IN YOUR BENEFITS: One step at a time continued..

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

- Myself
- Elizabeth Reynolds (Spouse)
- Gwen Reynolds (Child)

Effective on 08/01/18
Employee

Cost per pay period: \$138.46

Buttons: Compare, Details, Selected

How much will it cost?

Plan Cost	Employer Contribution	My Cost
\$138.46	\$ 138.46	\$0.00

Buttons: View employer contributions summary, Save & Continue, Don't want this benefit?

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

Enrollment Summary

Progress 6 of 8

Below is a summary of your elections and cost for the upcoming plan year. If you have any questions or would like to make changes, please contact HR.

Enrollment Not Complete!
Please complete the required highlighted steps from your enrollment progress menu.

- 1. Personal Information
- 2. Dependent Information
- 3. Medical
- 4. Dental**
- 5. Vision
- 6. HSA
- 7. FSA
- 8. Enrollment Summary

Enrolled Plans

Medical Collapse v

Key Care HSA PPO2017 40ME2435 Long Plan Name

If you miss a step, you'll see ENROLLMENT NOT COMPLETE in the progress bar with the incomplete step highlighted. Click on any incomplete steps to complete them.

High Five! Enrollment Complete!

You've only got one more item to complete.

- Enroll in your benefits
- 1. HR Tasks**

Buttons: Start Tasks, Dismiss, complete later

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7



Medical Plan

FINDING IN-NETWORK PROVIDERS

To search for in-network medical providers, visit ccok.com, and scroll down to the “find a doctor or hospital” button. When prompted select the “CommunityCare HMO Select or Standard” directory.

ID cards will also be mailed to the address listed in Employee Navigator. Check the home and email addresses on your portal and update them as needed to ensure you receive your ID cards and other time sensitive benefits information.

Your coverage will be effective as of your eligibility date. If you have an eligible expense before you are active in your insurer’s system, you may need to pay out-of-pocket and file a claim for reimbursement.

ID cards are issued for major medical only. No ID card is issued or needed for dental and vision coverage.

A Note About Healthcare Reform

If you choose to purchase individual coverage through the Marketplace, you should know that because CommunityCare’s medical insurance meets specific ACA requirements, you may not be eligible to receive a federal subsidy.

Additional information is available at: www.healthcare.gov

PLAN FEATURES

Muskogee County is proud to offer comprehensive major medical coverage through CommunityCare featuring:

- Preventative care is covered at 100% when using an in-network provider.
- Includes prescription drug coverage
- Deductibles and out-of-pocket maximums accumulate on a calendar year which runs January 1-December 31st.

Specific benefit levels and limitations can be found in the plan summaries and Summary of Benefits and Coverage (SBC) found within the Employee Navigator portal.

CHANGES TO THE PLAN

Muskogee County and CommunityCare are now offering the HMO One Network which is CommunityCare’s largest network for the Muskogee County employees beginning 2025. This network includes the current providers in addition to OKC and NEO providers at no additional cost.

Medical Benefit Plans Comparison

MUSKOGEE COUNTY

January 1st, 2025 thru December 31st, 2025	CommunityCare	CommunityCare	CommunityCare	CommunityCare	CommunityCare
	Commerical 12A I/O	IDEA Plus 2A	CC1000/80 - CR17 Plan	CC 2500/80 - CR17 Plan	CC 5000/80 - CR17 Plan
	Platinum 1	Platinum 2	Gold	Silver-Low	Silver-High
Office Visits	\$20 Copay - PCP \$30 Copay - Specialist	\$30 Copay - PCP \$40 Copay - Specialist	\$25 Copay - PCP \$50 Copay - Specialist	\$35 Copay - PCP \$60 Copay - Specialist	\$20 Copay - PCP \$50 Copay - Specialist
Preventive Care	No Copay	No Copay	No Copay	No Copay	No Copay
Vision	No Copay	No Copay	No Copay	No Copay	No Copay
Urgent Care	\$40 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay
Lab & X-rays	No Charge	No Charge	20%	20%	20%
Calendar Year Deductible	\$0 Per Individual \$0 Per Family	\$1,000 Per Individual \$2,000 Per Family	\$1,000 Per Individual \$2,000 Per Family	\$2,500 Per Individual \$5,000 Per Family	\$5,000 Per Individual \$10,000 Per Family
Coinsurance	Copayment Plan	Deductible/Co-Payment Plan	80%	80%	80%
Emergency Room	\$100 Copayment Per Visit	\$100 Copayment Per Visit*	Deductible then 20%	Deductible then 20%	Deductible then 20%
Outpatient Surgical Facility	\$100 Copayment Per Visit	\$150 Copayment Per Visit*	Deductible then 20%	Deductible then 20%	Deductible then 20%
Inpatient Hospital Care	\$100 Copayment Per Day	\$200 Copayment Per Day*	Deductible then 20%	Deductible then 20%	Deductible then 20%
MRI, CT Scan & PET Scan	\$100 Copayment Per Visit	\$150 Copayment Per Visit*	Deductible then 20%	\$750 Copay	\$750 Copay
Medical Out-of-Pocket Limit Per Calendar Year	\$3,000 Per Individual \$6,000 Per Family	\$3,000 Per Individual \$6,000 Per Family	\$5,000 Per Individual \$10,000 Per Family	\$5,000 Per Individual \$10,000 Per Family	\$6,350 Per Individual \$12,700 Per Family
Ambulance - Emergency Only	No Charge	\$50 Copayment*	Deductible then 20%	Deductible then 20%	Deductible then 20%
Prescription Drug Benefit	\$0 / \$15 / \$40 / \$70 / \$160	\$0 / \$15 / \$40 / \$70 / \$160	\$0 / \$15 / \$40 / \$70 / \$160	\$0 / \$15 / \$40 / \$70 / \$160	\$0 / \$15 / \$40 / \$70 / \$160
Outpatient Physical Therapy	\$30 Copayment Per Visit	\$30 Copayment Per Visit*	Deductible then 20%	Deductible then 20%	Deductible then 20%
Mail Order Prescription Drug Benefit	2 copays for a 90-day supply	2 copays for a 90-day supply	2 copays for a 90-day supply	2 copays for a 90-day supply	2 copays for a 90-day supply
Employee Benefit Costs Per Pay Period	Platinum 1 Plan	Platinum 2 Plan	Gold Plan	Silver-Low Plan	Silver-High Plan
	Insure Oklahoma Qualified**	HMO One Network	HMO One Network	HMO One Network	HMO One Network
Employee Only	\$40 - \$95	\$159.51	\$120.00	\$100.00	\$49.82
Employee / Spouse	\$60 - \$177	\$529.84	\$425.00	\$400.00	\$290.81
Employee / Child	\$60 - \$177	\$399.62	\$325.00	\$300.00	\$216.20
Employee / Children	\$60 - \$177	\$449.62	\$375.00	\$350.00	\$266.20
Employee / Spouse / Child	\$60 - \$177	\$567.25	\$425.00	\$400.00	\$290.81
Employee / Spouse / Children	\$60 - \$177	\$642.25	\$525.00	\$475.00	\$334.22

This illustration is for reference only. Please see plan summary for specific plan information. *Copayment Benefits marked with (*) begin once annual deductible is met.

**Estimated premium for members and/or spouse that qualify for Insure Oklahoma. Income based. Generally children will qualify for Sooner-Care.



EMPLOYEE QUALIFICATIONS

Insure Oklahoma
 HELPING OKLAHOMA BUSINESSES STAY STRONG

To qualify, an employee should:

- Be between the ages of 19 and 64.
- Be an Oklahoma resident and meet citizenship guidelines.
- Have an annual household income at or below the income guidelines.*
- Contribute up to 15 percent of monthly premium cost for self, and up to 15 percent of premium cost for qualified dependents (not to exceed three percent of annual household income*).

Coverage for spouses and dependents may be available through Insure Oklahoma.

To see if your children qualify for Insure Oklahoma, please call 888-365-3742 or visit www.insureoklahoma.org.



SAVE 60% OR MORE

You can provide quality health insurance coverage for your qualifying employees with the support of Insure Oklahoma.

2024 ESI Income Guidelines			
Family Size	Minimum Monthly Income	Maximum Monthly Income	Annual Income
1	\$1,745	\$2,849	\$34,188
2	\$2,369	\$3,869	\$46,428
3	\$2,992	\$4,886	\$58,632
4	\$3,614	\$5,902	\$70,824
5	\$4,239	\$6,922	\$83,064
6	\$4,861	\$7,939	\$95,268
7	\$5,484	\$8,956	\$107,472
8	\$6,108	\$9,975	\$119,700

Income guidelines are effective April 1, 2024 - March 31, 2025.

* To qualify, the applicant's household must have a modified adjusted gross income (MAGI) at or below the guidelines noted above. Visit www.insureoklahoma.org for information on how MAGI is determined. Dependent children may count toward household size and may be eligible for Insure Oklahoma.

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Dental Plan Summary

Dental Insurance



Muskogee County offers a dental PPO plan administered by Delta Dental of Oklahoma. The dental PPO plan allows you the freedom to choose either a network or out-of-network provider each time you need dental care.

When you choose a Delta Dental network dentist, you will receive services at discounted rates. Plus, the network dentist agrees to accept Delta Dental's contracted fees – so you won't receive any surprise charges above reasonable and customary rates. To find a Delta Dental Dentist, go to: www.deltadentalok.org. **Providers within the PPO network provide services at the lowest discounted rates.**

Delta Dental	Delta Dental PPO
Annual Deductible	
Individual	\$50
Family	\$150
Plan Maximum	\$1,500
Coinsurance	
Diagnostic & Preventative	100%
Basic Services	80%
Major Services	50%
Services	
Perio	Major
Endo	Major
Oral Surgery	Major
Implants	Major
Dependent Limiting Age	Age 26

Please note that the illustration above only reflects in-network benefits. Some of these services may require authorizations or other restrictions. The carrier issued plan documents should be reviewed. In case of discrepancy the official carrier documents take precedence.

Vision Plan Summary Plan 1

Vision Insurance



Muskogee County offers a vision PPO plan administered by VSP. The vision PPO plan allows you the freedom to choose either a network or out-of-network provider. Muskogee County offers you the choice between two Vision Plans depending on your preference and needs.

When you choose a VSP network provider, you will receive services at discounted rates. Plus, the network provider agrees to accept VSP's contracted fees – so you won't receive any surprise charges above reasonable and customary rates. To find a VSP Provider, go to: www.vsp.com.

VSP Choice	Member Cost
Network	VSP Choice PPO
Copays	
Eye Exam	\$20 Copay
Materials	\$20 Copay
Frequency of Services	
Eye Exams	Every 12 Months
Lenses Benefit	Every 12 Months
Contact Lenses	Every 12 Months
Frames	Every 24 Months
Frames Allowance	\$130 Allowance/ \$150 for featured brands + 20% off balance
Contact Lens Allowance – lieu of glasses	\$130 Allowance

Please note that the illustration above only reflects in-network benefits. Some of these services may require authorizations or other restrictions. The carrier issued plan documents should be reviewed. In case of discrepancy the official carrier documents take precedence.

Vision Plan Summary Plan 2

Vision Insurance



VSP Choice	Member Cost
Network	VSP Choice PPO
Copays	
Eye Exam	\$20 Copay
Materials	\$20 Copay
Frequency of Services	
Eye Exams	Every 12 Months
Lenses Benefit	Every 12 Months
Contact Lenses	Every 12 Months
Frames	Every 12 Months
Frames Allowance	\$200 Allowance/ \$220 for Featured Brands + 20% off balance
Contact Lens Allowance – lieu of glasses	\$150 Allowance

The Buy-up vision plan also includes the following features:

- Scratch Resistance
- Premium Progressive
- Anti-Reflective
- Photochromic
- VSP LightCare

Please note that the illustration above only reflects in-network benefits. Some of these services may require authorizations or other restrictions. The carrier issued plan documents should be reviewed. In case of discrepancy the official carrier documents take precedence.

Payroll Deductions

CommunityCare of Oklahoma One Network

	Platinum 1 (IO)	Platinum 2	Gold	Silver Low	Silver High
Employee	\$40-\$95	\$159.51	\$120.00	\$100.00	\$49.82
Employee + Spouse	\$60-\$177	\$529.84	\$425.00	\$400.00	\$290.81
Employee + Child	\$60-\$177	\$399.62	\$325.00	\$300.00	\$216.20
Employee + Child(ren)	\$60-\$177	\$499.62	\$375.00	\$350.00	\$266.20
Employee + Spouse + Child	\$60-\$177	\$567.25	\$425.00	\$400.00	\$290.81
Employee + Family	\$60-\$177	\$642.25	\$525.00	\$475.00	\$334.22

Delta Dental Insurance

	Delta Dental PPO
Employee	\$24.06
Employee + Spouse	\$47.10
Employee + Child	\$55.28
Employee + Child(ren)	\$55.28
Employee + Spouse + Child	\$77.42
Employee + Family	\$77.42

VSP Vision Insurance

	Plan 1 Base Plan	Plan 2 Buy Up Plan
Employee	\$6.73	\$16.21
Employee + Spouse	\$10.77	\$25.94
Employee + Child	\$10.99	\$26.48
Employee + Child(ren)	\$10.99	\$26.48
Employee + Spouse + Child	\$17.72	\$42.69
Employee + Family	\$17.72	\$42.69

Your deductions for medical, dental and vision coverage are made on a pre-tax basis. This reduces your taxable income and saves on federal and social security taxes.

Your deductions for voluntary life insurance are made on an after-tax basis. This way, any benefits paid will not be subject to income taxes when received.



Group Benefit Program Summary for **MUSKOGEE COUNTY - F022071**

Term Life/Accidental Death & Dismemberment (AD&D)

The death of a family member can mean not only dealing with the loss of a loved one, but the loss of financial security as well. With Our Group Term Life plan, an employee can achieve peace of mind by giving their family the financial security they can depend on.

Eligibility	All eligible, active full time employees
Group Term Life/AD&D Benefit: Employee	\$20,000
Guarantee Issue Amount	\$20,000
Group Term Life Benefit Spouse (Includes Domestic Partner)	\$5,000 not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount - Spouse	\$5,000
Group Term Life Benefit Child(ren)	Birth to 15 days: \$500 Age 15 days to 6 months: \$500 Age 6 months to 26 years (30 & over if full-time student): \$2,500
Age Reduction Schedule	Life and AD&D benefits reduce by 50% of the original amount at age 70 and further reduce to 25% of the original amount at age 80.
Waiver of Premium	If an employee is unable to engage in any occupation as a result of injury or sickness for a minimum of nine months, prior to age 60, premium will be waived for the employee's life insurance benefit until the employee is no longer disabled or reaches age 65, whichever occurs first.
Accelerated Death Benefit (ADB)	Upon the employee's request, this benefit pays a lump sum up to 80% of the employee's life insurance, if diagnosed with a terminal illness and has a life expectancy of 12 months or less. Minimum: \$7,500. Maximum \$500,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Conversion Privilege (Life Coverage)	Included
Beneficiary Resource Services	Includes grief, legal and financial counseling for beneficiaries, funeral planning; and online legal library, including templates to create a legal will and other legal documents.
Travel Resource Services	Helps travelers with the unexpected that may take place while traveling. Services include emergency medical assistance, financial, legal and communication assistance and access to other critical services and resources available via the Internet.

For illustrative purposes only. May not be available in all jurisdictions. Coverage may be subject to limitations, exclusions and other coverage conditions contained in issued policy. Please consult the policy for the actual terms of coverage.

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MUSKOGEE COUNTY - F022071

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Supplemental Life and AD&D

Employee Benefit: **\$20,000 to \$500,000 in \$5,000 increments.**

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.
(not to exceed 50% of the employee benefit)**

Note: Spouse may not have coverage unless the employee has coverage.

Guarantee Issue*

Employee	\$150,000
Spouse	\$50,000

*NEW HIRES ONLY

Child Coverage

Birth to 15 days:	\$500
15 days to 6 months:	\$500
6 months to age 26:	\$10,000 to \$20,000 in increments of \$10,000
30 & over if a full time student	

Life and AD&D benefits reduce by 50% of the original amount at age 70 and further reduce to 25% of the original amount at age 80.

Employee Supplemental Life/AD&D Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.089
20-24	\$0.089
25-29	\$0.101
30-34	\$0.125
35-39	\$0.136
40-44	\$0.148
45-49	\$0.207
50-54	\$0.302
55-59	\$0.538
60-64	\$0.810
65-69	\$1.532
70+	\$2.466

Dependent Life (Children) Monthly Premium per Family Life/AD&D	
\$10,000	\$2.900
\$20,000	\$5.800

Supplemental Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$20,000	\$1.78	\$1.78	\$2.02	\$2.50	\$2.72	\$2.96	\$4.14	\$6.04	\$10.76	\$16.20	\$30.64	\$49.32
\$25,000	\$2.23	\$2.23	\$2.53	\$3.13	\$3.40	\$3.70	\$5.18	\$7.55	\$13.45	\$20.25	\$38.30	\$61.65
\$30,000	\$2.67	\$2.67	\$3.03	\$3.75	\$4.08	\$4.44	\$6.21	\$9.06	\$16.14	\$24.30	\$45.96	\$73.98
\$35,000	\$3.12	\$3.12	\$3.54	\$4.38	\$4.76	\$5.18	\$7.25	\$10.57	\$18.83	\$28.35	\$53.62	\$86.31
\$40,000	\$3.56	\$3.56	\$4.04	\$5.00	\$5.44	\$5.92	\$8.28	\$12.08	\$21.52	\$32.40	\$61.28	\$98.64
\$45,000	\$4.01	\$4.01	\$4.55	\$5.63	\$6.12	\$6.66	\$9.32	\$13.59	\$24.21	\$36.45	\$68.94	\$110.97
\$50,000	\$4.45	\$4.45	\$5.05	\$6.25	\$6.80	\$7.40	\$10.35	\$15.10	\$26.90	\$40.50	\$76.60	\$123.30
\$55,000	\$4.90	\$4.90	\$5.56	\$6.88	\$7.48	\$8.14	\$11.39	\$16.61	\$29.59	\$44.55	\$84.26	\$135.63
\$60,000	\$5.34	\$5.34	\$6.06	\$7.50	\$8.16	\$8.88	\$12.42	\$18.12	\$32.28	\$48.60	\$91.92	\$147.96
\$65,000	\$5.79	\$5.79	\$6.57	\$8.13	\$8.84	\$9.62	\$13.46	\$19.63	\$34.97	\$52.65	\$99.58	\$160.29
\$70,000	\$6.23	\$6.23	\$7.07	\$8.75	\$9.52	\$10.36	\$14.49	\$21.14	\$37.66	\$56.70	\$107.24	\$172.62
\$75,000	\$6.68	\$6.68	\$7.58	\$9.38	\$10.20	\$11.10	\$15.53	\$22.65	\$40.35	\$60.75	\$114.90	\$184.95
\$80,000	\$7.12	\$7.12	\$8.08	\$10.00	\$10.88	\$11.84	\$16.56	\$24.16	\$43.04	\$64.80	\$122.56	\$197.28
\$85,000	\$7.57	\$7.57	\$8.59	\$10.63	\$11.56	\$12.58	\$17.60	\$25.67	\$45.73	\$68.85	\$130.22	\$209.61
\$90,000	\$8.01	\$8.01	\$9.09	\$11.25	\$12.24	\$13.32	\$18.63	\$27.18	\$48.42	\$72.90	\$137.88	\$221.94
\$95,000	\$8.46	\$8.46	\$9.60	\$11.88	\$12.92	\$14.06	\$19.67	\$28.69	\$51.11	\$76.95	\$145.54	\$234.27
\$100,000	\$8.90	\$8.90	\$10.10	\$12.50	\$13.60	\$14.80	\$20.70	\$30.20	\$53.80	\$81.00	\$153.20	\$246.60
\$105,000	\$9.35	\$9.35	\$10.61	\$13.13	\$14.28	\$15.54	\$21.74	\$31.71	\$56.49	\$85.05	\$160.86	\$258.93
\$110,000	\$9.79	\$9.79	\$11.11	\$13.75	\$14.96	\$16.28	\$22.77	\$33.22	\$59.18	\$89.10	\$168.52	\$271.26
\$115,000	\$10.24	\$10.24	\$11.62	\$14.38	\$15.64	\$17.02	\$23.81	\$34.73	\$61.87	\$93.15	\$176.18	\$283.59
\$120,000	\$10.68	\$10.68	\$12.12	\$15.00	\$16.32	\$17.76	\$24.84	\$36.24	\$64.56	\$97.20	\$183.84	\$295.92
\$125,000	\$11.13	\$11.13	\$12.63	\$15.63	\$17.00	\$18.50	\$25.88	\$37.75	\$67.25	\$101.25	\$191.50	\$308.25
\$130,000	\$11.57	\$11.57	\$13.13	\$16.25	\$17.68	\$19.24	\$26.91	\$39.26	\$69.94	\$105.30	\$199.16	\$320.58
\$135,000	\$12.02	\$12.02	\$13.64	\$16.88	\$18.36	\$19.98	\$27.95	\$40.77	\$72.63	\$109.35	\$206.82	\$332.91

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MUSKOGEE COUNTY - F022071

Eligibility

You are eligible to enroll if you work the minimum number of hours per week by your employer, and you have satisfied any waiting period.

Supplemental Life and AD&D

Employee Benefit: **\$20,000 to \$500,000 in \$5,000 increments.**

Spouse Benefit: **\$5,000 to \$250,000 in \$5,000 increments.
(not to exceed 50% of the employee benefit)**

Note: Spouse may not have coverage unless the employee has coverage.

Guarantee Issue*

Employee	\$150,000
Spouse	\$50,000

*NEW HIRES ONLY

Child Coverage

Birth to 15 days:	\$500
15 days to 6 months:	\$500
6 months to age 26:	\$10,000 to \$20,000 in increments of \$10,000
30 & over if a full time student	

Life and AD&D benefits reduce by 50% of the original amount at age 70 and further reduce to 25% of the original amount at age 80.

Spouse	
Supplemental Life/AD&D	
Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.089
20-24	\$0.089
25-29	\$0.101
30-34	\$0.125
35-39	\$0.136
40-44	\$0.148
45-49	\$0.207
50-54	\$0.302
55-59	\$0.538
60-64	\$0.810
65-69	\$1.532
70+	\$2.466

Dependent Life (Children)	
Monthly Premium per Family	
Life/AD&D	
\$10,000	\$2.900
\$20,000	\$5.800

Supplemental Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+
\$5,000	\$0.45	\$0.45	\$0.51	\$0.63	\$0.68	\$0.74	\$1.04	\$1.51	\$2.69	\$4.05	\$7.66	\$12.33
\$10,000	\$0.89	\$0.89	\$1.01	\$1.25	\$1.36	\$1.48	\$2.07	\$3.02	\$5.38	\$8.10	\$15.32	\$24.66
\$15,000	\$1.34	\$1.34	\$1.52	\$1.88	\$2.04	\$2.22	\$3.11	\$4.53	\$8.07	\$12.15	\$22.98	\$36.99
\$20,000	\$1.78	\$1.78	\$2.02	\$2.50	\$2.72	\$2.96	\$4.14	\$6.04	\$10.76	\$16.20	\$30.64	\$49.32
\$25,000	\$2.23	\$2.23	\$2.53	\$3.13	\$3.40	\$3.70	\$5.18	\$7.55	\$13.45	\$20.25	\$38.30	\$61.65
\$30,000	\$2.67	\$2.67	\$3.03	\$3.75	\$4.08	\$4.44	\$6.21	\$9.06	\$16.14	\$24.30	\$45.96	\$73.98
\$35,000	\$3.12	\$3.12	\$3.54	\$4.38	\$4.76	\$5.18	\$7.25	\$10.57	\$18.83	\$28.35	\$53.62	\$86.31
\$40,000	\$3.56	\$3.56	\$4.04	\$5.00	\$5.44	\$5.92	\$8.28	\$12.08	\$21.52	\$32.40	\$61.28	\$98.64
\$45,000	\$4.01	\$4.01	\$4.55	\$5.63	\$6.12	\$6.66	\$9.32	\$13.59	\$24.21	\$36.45	\$68.94	\$110.97
\$50,000	\$4.45	\$4.45	\$5.05	\$6.25	\$6.80	\$7.40	\$10.35	\$15.10	\$26.90	\$40.50	\$76.60	\$123.30
\$75,000	\$6.68	\$6.68	\$7.58	\$9.38	\$10.20	\$11.10	\$15.53	\$22.65	\$40.35	\$60.75	\$114.90	\$184.95
\$100,000	\$8.90	\$8.90	\$10.10	\$12.50	\$13.60	\$14.80	\$20.70	\$30.20	\$53.80	\$81.00	\$153.20	\$246.60
\$125,000	\$11.13	\$11.13	\$12.63	\$15.63	\$17.00	\$18.50	\$25.88	\$37.75	\$67.25	\$101.25	\$191.50	\$308.25
\$150,000	\$13.35	\$13.35	\$15.15	\$18.75	\$20.40	\$22.20	\$31.05	\$45.30	\$80.70	\$121.50	\$229.80	\$369.90
\$175,000	\$15.58	\$15.58	\$17.68	\$21.88	\$23.80	\$25.90	\$36.23	\$52.85	\$94.15	\$141.75	\$268.10	\$431.55
\$200,000	\$17.80	\$17.80	\$20.20	\$25.00	\$27.20	\$29.60	\$41.40	\$60.40	\$107.60	\$162.00	\$306.40	\$493.20
\$225,000	\$20.03	\$20.03	\$22.73	\$28.13	\$30.60	\$33.30	\$46.58	\$67.95	\$121.05	\$182.25	\$344.70	\$554.85
\$250,000	\$22.25	\$22.25	\$25.25	\$31.25	\$34.00	\$37.00	\$51.75	\$75.50	\$134.50	\$202.50	\$383.00	\$616.50

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Services for Insureds, Beneficiaries and Their Families

Beneficiary Resource Services™

Benefits Beyond a Check

When a loved one dies, families often face complex issues ranging from estate planning, legal questions, funeral planning and coping with grief and financial uncertainties. That's why we offer Beneficiary Resource Services, a program that combines family wellness and security at the most difficult of times. Services include grief and financial counseling, funeral planning, legal support and online will preparation. Beneficiary Resource Services is provided by Morneau Shepell.

Beneficiary Resource Services™

Counseling:

800-769-9187

BeneficiaryResource.com

Username: beneficiary



BlueCross BlueShield of Oklahoma

Services for Insureds and Their Families

Online Will Preparation

You and your family have access to a full legal library with many estate planning documents, including an online will. You can create your own will online in a safe and secure way, right from your home. The will can be saved and updated as family situations change. Creating a will provides security and peace of mind for several reasons:

- Appoints a guardian for children
- Controls where property and assets go
- Provides family security

Online Funeral Planning

You have access to an online funeral planning site that features a variety of helpful tools and information, such as:

- A downloadable funeral planning guide to document vital information your loved ones will need when making final arrangements
- Calculators to estimate and compare expenses for various types of funeral arrangements
- Information on funeral requirements and various religious customs
- Directories to locate funeral homes and cemeteries in your area



Travel Resource Services™

Your Ticket to Safe and Worry-Free Travel



Our Travel Resource Services provider, Assist America, offers around-the-clock emergency and information services that can help you access emergency assistance when you are traveling 100 or more miles away from home.

Medical Emergency Assistance

- Medical referral
- Medical monitoring
- Emergency medical evacuation
- Foreign hospital admission assistance
- Medical repatriation
- Prescription assistance

Travel Emergency Assistance

- Compassionate visit
- Care of minor children
- Evacuation transport for a family member
- Return of mortal remains
- Other services include:
 - Return of vehicle
 - Legal & interpreter referrals
 - Pre-trip information



Download the Mobile App!

Access a wide range of global emergency assistance services from your phone by downloading the FREE Assist America Mobile App. Enter your Assist America Reference Number to set up the App: **01-AA-TRS-12201**

Tap for Help

One-touch call to Assist America's 24/7 Operations Center

Voice Over Internet Protocols (VoIP)

Avoid international phone charges by calling Assist America using a Wi-Fi connection

Pre-Trip Information

Access detailed country-specific information to prepare your trip

Embassy & U.S. Pharmacy Locator

Locate the nearest embassy/consulate of 23 countries and pharmacies near you (U.S. pharmacies only)

Travel Alerts

Receive alerts on urgent global situations that may impact travel

Travel Status Indicator

A GPS feature letting you know when you are eligible for services

Mobile ID Card

Your Assist America ID card is conveniently stored within the app

Available in 7 languages

The app is available in English, Spanish, Arabic, Mandarin, Thai, Bahasa, and French

How to Activate Services

If you are traveling more than 100 miles away from home, or in a foreign country, and require assistance, contact Assist America's 24/7 Operations Center:

Your Assist America Reference Number is: **01-AA-TRS-12201**



TAP FOR HELP

On the Mobile App



800-872-1414

(Toll Free within the U.S.)

+1-609-986-1234
(outside the U.S.)



medservices@assistamerica.com

Employee Assistance Program



Dear Employee:

Your employer is now providing an Employee Assistance Program (EAP). This program is a benefit that is available to assist you and your immediate dependents (spouse and children) in the identification and resolution of personal problems or concerns that may have a negative impact on your personal or professional lives.

Personal problems or concerns include, but are not limited to: marital, family, alcohol, drug, emotional, stress.

EAP SERVICES INCLUDE:

- Confidential FREE Assessment/Referral/Follow-Up Services
- 24-Hour, 365-Day Access for Emergency Situations
- Face-to-Face Assessment Interview
- Master-Level Licensed Counselors
- Referrals to Community-Based and/or Benefit Covered Resources

BENEFITS TO EMPLOYEES:

- EAP is a benefit available at no cost to the employee and immediate dependents
- EAP is an objective resource available to assist in problem identification and resolution
- EAP is confidential for all individuals who self-refer

Personal problems and concerns affect us all throughout our lives. Most of the time we can handle these problems ourselves, but when that is not possible, the EAP is an option. An objective third party can assist you with problem solving or with additional care. Treatment success is often dependent upon how early treatment is sought. Seeking assistance to resolve problems before they have a severe impact on your family, job or life is a sign of strength that helps you gain control of the situation. If you need assistance, call the EAP at **918-594-5232** or **1-800-221-3976**.

Attached below you will find EAP cards for yourself and your spouse. Please keep your card in a convenient place (such as your wallet) so that it is available to you at all times.

CommunityCare EAP

Williams Center Tower II
Two West Second Street
Plaza Level
Tulsa, OK 74103

In Tulsa:

918-594-5232

Toll Free Outside Tulsa:

800-221-3976

Fax:

918-879-4310

Visit our Web site:

www.ccok.com/EAP



Williams Center Tower II | Plaza Level
Two West Second Street | Tulsa, OK 74103

If you are having marital, family, alcohol, drug, emotional, stress or other personal concerns, call for a free confidential appointment.

918-594-5232 or **1-800-221-3976**

24 hours a day, 7 days a week



Williams Center Tower II | Plaza Level
Two West Second Street | Tulsa, OK 74103

If you are having marital, family, alcohol, drug, emotional, stress or other personal concerns, call for a free confidential appointment.

918-594-5232 or **1-800-221-3976**

24 hours a day, 7 days a week



Know Where to Go

URGENT CARE VS. EMERGENCY CARE

When you need help in a hurry, you have choices. Of course, when it's a life-threatening problem, you should call 911 or go straight to the nearest hospital emergency room (ER).

In the ER, true emergencies are treated first, so unless your life is in danger, you'll wait – sometimes for hours. The ER is also the most expensive option for care.

GO TO EMERGENCY ROOM

- Heart attack or stroke
- Chest pain or intense pain
- Shortness of breath
- Severe abdominal pain
- Head injury or other major trauma
- Loss of consciousness
- Major burns or severe bleeding
- One-sided weakness or numbness
- Open fractures
- Poisoning or suspected overdose

GO TO URGENT CARE

- Moderate fever
- Colds, cough, flu
- Bruises and abrasions
- Cuts and minor lacerations
- Minor burns and skin irritations
- Eye, ear, or skin infections
- Sprains or strains
- Possible fractures
- Urinary tract infections
- Respiratory infections

Key Contacts

Lucht Insurance Service is the Benefits Consultant for Muskogee County. We are here to help you! If you are having any issues getting claims paid or need additional information about coverage, call us and we can help.

- **Benefits Consultants: Lucht Insurance Service**

- Phone: 918-856-6774 (claims, service, Insure Ok, Employee Navigator)
- Dylan Lucht – dylan@lucht-ok.com
- Megan Shrum – support@lucht-ok.com



Lucht Insurance Service

- Health Insurance Provider: CommunityCare of Oklahoma

- Website: www.ccok.com
- Phone: 800-777-4890
- Group # C01A09



- Dental Insurance Provider: Delta Dental of Oklahoma

- Website: www.deltadentalok.com
- Phone: 800-522-0188
- Group # 10693



- Vision Insurance Provider: VSP

- Website: www.vsp.com/eye-doctor
- Phone: 800-77-4890
- Group # 30078709



- Life Insurance Provider: Dearborn Life

- Website: [Ancillary | Blue Cross and Blue Shield of Oklahoma \(bcbsok.com\)](http://Ancillary | Blue Cross and Blue Shield of Oklahoma (bcbsok.com))
- Phone: 800-348-4512
- Group # F022071



- Employee Assistance Program (EAP)

- Website: www.ccok.com/EAP
- Phone: 918-594-5432



- Muskogee County Human Resources

- Sheila Harrison
- Phone: 918-682-2169
- Email: sheilamuskogeecounty@gmail.com



It is recommended to call your provider prior to your appointment for coverage details and expected out-of-pocket expenses.

Location _____

Muskogee County

Salary _____

Section 1

2025 Plan Year

Date of Birth: ____/____/____

Name: _____

Social Security #: _____-____-_____

Phone #: (____) _____-_____

Address: _____

City: _____

State: _____

Zip: _____

Gender: Male or Female (Please Circle)

*Date of Hire: ____/____/____

Email address _____

Section 2

Medical Coverage Election:

**Benefits eligible 1st day of month following 60 days of full-time employment*

IF YOU QUALIFY FOR INSURE OK

**COK Platinum 1 Comm. 12A HMO Plan (\$0 Ded) Employee Only Empl. + Spouse
Estimated Max Cost per Monthly Paycheck \$40 - \$95 \$60 - \$177

*If you qualify for Insure Oklahoma - Children typically qualify for
Soonercare. Premium is capped at 3% of household income.*

Estimated cost with Insure Oklahoma subsidy--You will NOT be enrolled with COK for medical coverage until you receive your approval letter from Insure Oklahoma

IF YOU DON'T QUALIFY FOR INSURE OK

Community Care is an HMO product. Please list your Primary Care doctor _____

**COK Platinum 2 IDEA 2A HMO Plan (\$1,000 Ded) Employee Only Empl. + Spouse Empl. + Child Empl. + Children Empl. + Sp + Ch Empl. + Family
"One" Network Cost per Monthly Paycheck \$159.51 \$529.84 \$399.62 \$449.62 \$567.25 \$642.25

**COK Gold 1000/80 CR17 HMO Plan (\$1,000 Ded) Employee Only Empl. + Spouse Empl. + Child Empl. + Children Empl. + Sp + Ch Empl. + Family
"One" Network Cost per Monthly Paycheck \$120.00 \$425.00 \$325.00 \$375.00 \$425.00 \$525.00

**COK Silver Low 2500/80 CR17 HMO Plan (\$2,500 Ded) Employee Only Empl. + Spouse Empl. + Child Empl. + Children Empl. + Sp + Ch Empl. + Family
"One" Network Cost per Monthly Paycheck \$100.00 \$400.00 \$300.00 \$350.00 \$400.00 \$475.00

**COK Silver High 5000/80 CR17 HMO Plan (\$5,000 Ded) Employee Only Empl. + Spouse Empl. + Child Empl. + Children Empl. + Sp + Ch Empl. + Family
"One" Network Cost per Monthly Paycheck \$49.82 \$290.81 \$216.20 \$266.20 \$290.81 \$334.22

The medical coverage offered through Muskogee County meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on Federal Guidelines.

Section 3

Dental Coverage Election:

**Delta Dental PPO Plan Employee Only Empl. + Spouse Empl. + Child Empl. + Children Empl. + Sp + Ch Empl. + Family
Cost per Monthly Paycheck \$24.06 \$47.10 \$55.28 \$55.28 \$77.42 \$77.42

Section 4

Vision Coverage Election:

**VSP Vision Choice Base Plan Employee Only Empl. + Spouse Empl. + Child Empl. + Children Empl. + Sp + Ch Empl. + Family
Cost per Monthly Paycheck \$6.73 \$10.77 \$10.77 \$10.99 \$17.72 \$17.72

**VSP Vision Choice Buy-Up Plan Employee Only Empl. + Spouse Empl. + Child Empl. + Children Empl. + Sp + Ch Empl. + Family
Cost per Monthly Paycheck \$16.21 \$25.94 \$26.48 \$26.48 \$42.69 \$42.69

Section 5

Please provide the following information only if dependent coverage is requested:

Spouse Name: _____ Sex: M or F Social Security #: _____ Date of Birth: _____
Child Name: _____ Sex: M or F Social Security #: _____ Date of Birth: _____
Child Name: _____ Sex: M or F Social Security #: _____ Date of Birth: _____
Child Name: _____ Sex: M or F Social Security #: _____ Date of Birth: _____
Child Name: _____ Sex: M or F Social Security #: _____ Date of Birth: _____

Section 6

Muskogee County covers employee for group life at \$20,000 with AD&D, spouse covered at \$5,000 and children under 26 at \$2,500 at no cost to employee

Primary Beneficiary	DOB	Relationship	%	Secondary Beneficiary	DOB	Relationship	%

Additional Life options are available through HR Connection or see additional rates and information sheets. You must update dependent and beneficiary information to enroll.

Section 7 Additional Employee Life Additional Spouse Life Additional Dependent Life

Section 8

Please provide the following information only if waiving coverage

I am waiving: Medical Dental Vision Additional Life
Reason for waiving Medical: Covered through Spouse Medicare Don't Want / Can't Afford Indian / VA / Medicare / Other

IMPORTANT NOTICE - DECLINATION OF HEALTH COVERAGE

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health care coverage, you may, in the future, be able to enroll yourself or your dependents in the plan if you request enrollment within 31 days after your other coverage ends. In addition, if you have a new dependent as a result of a marriage, birth, adoption, placement for adoption or placement in your home as a foster child, you may be able to enroll yourself and your dependents if you request enrollment within 31 days after the marriage, birth, adoption, placement for adoption, or placement of an eligible foster child in your home.

Section 9

Signature: Please sign below whether enrolling or waiving group coverage

Employee Name: _____
Print Name

Employee Name: _____
Signature

Date: ____/____/____

****The above plans marked with ** indicate they are under the IRS pre-tax Section 125 plan.**

I authorize the Insurance Companies named on this form the ability to obtain, use and disclose my medical, claim or benefit records. I understand these records may contain information created by other persons or entities (including health care providers) that provide details regarding treatment I may have received. I authorize any health care provider, pharmacy benefit manager, hospital, clinic or other medical facility, health care clearinghouse, and any of their affiliates, representatives or business associates, to disclose my information to the Insurance Companies my employer has selected. I understand the purpose of the disclosure and use of my information is to allow said Insurance Carriers to make decisions regarding eligibility and enrollment. I understand this authorization is voluntary and I may refuse to sign the authorization. My refusal may, however, affect my ability to enroll in the health plan or receive benefits, if permitted by law. I understand I may revoke this authorization at any time by notifying the Insurance Carriers representative in writing, except to the extent that action has already been taken in reliance on this authorization. As required by HIPAA, I acknowledge the following: I understand that information I authorize a person or entity to obtain and use may be re-disclosed and no longer protected by federal privacy regulations. This authorization, unless revoked earlier, expires 24 months after the date it is signed. I understand that I am completing a joint life and health application and that each response must be complete and accurate. I (we) request the indicated group medical coverage for myself and, if the plan provides, for my dependents. I authorize any required premium contributions to be deducted from earnings on a pretax basis for all eligible benefits offered through Muskogee County unless written notification is received waiving these benefits. **WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete, or misleading information is guilty of a felony.**