



# 2024

## Enrollment for 65 and Over Retirees



**TULSA  
COMMUNITY  
COLLEGE**

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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.

## Our Retiree Benefits Program

At Tulsa Community College, we value your past contributions to our success and want to provide you with a benefits package to protect your health and your financial security, now and in the future. We continually look for valuable benefits that support your needs during retirement. We are committed to giving you the resources you need to understand your options and how your choices could affect you financially. Benefits available to you include:

### ■ Medical:

- Aetna Medicare Advantage C04 – High Plan
- Aetna Medicare Advantage S02 – Low Plan
- Aetna Medicare Advantage – High Script Plan

### ■ Dental:

- BlueCross BlueShield of Oklahoma – Low Plan
- BlueCross BlueShield of Oklahoma – High Plan

### ■ Vision Insurance

- MetLife – Low Plan
- MetLife – High Plan

### ■ Life Insurance

### ■ Pet Insurance

This guide is an overview and does not provide a complete description of all benefit provisions. For detailed information, please refer to your plan benefit booklets or Summary Plan Descriptions (SPDs). The plan benefit booklets determine how all benefits are paid. Tulsa Community College reserves the right to change, amend, or terminate these plans at any time.

A list of plan contacts is included at the back of this guide.

**The benefits in this guide are effective:  
January 1, 2024 – December 31, 2024**

## Whom Can You Cover?

You are eligible to participate in the TCC's Retiree benefit plans if you are a TCC retiree and currently have health, dental, vision and/or life coverage.

### Eligible Dependents

- Your legal spouse or domestic partner;
- Dependent children up to age 26, including biological and adopted children, stepchildren of your current marriage or children for whom you are the legal guardian; and
- Dependent children who cannot support themselves due to physical or mental handicap that began before they reached age 26.

### Making Changes

Open Enrollment is the only time you can make changes to your benefit elections for any reason. Dependents can be added only if they experience a qualifying event.

During the year, if you experience a Qualifying Life Event notify Human Resources within 30 days and submit the appropriate required documentation to make changes to your current coverage. Qualifying Life Events include (but are not limited to):

- Birth or adoption of a child;
- Loss of other healthcare coverage;
- Eligibility for new healthcare coverage;
- Marriage, legal separation or divorce; or
- Death.

Should you or a dependent pass away, please contact the TCC Human Resources department immediately to manage your insurance options.

Please Note: You cannot add or increase life insurance at retirement.

## Enrollment for 2024

To enroll or make a change to your benefit elections, complete the enrollment form found on the retiree website at: [www.tulsacc.edu/retiree](http://www.tulsacc.edu/retiree) and return to:

**Tulsa Community College**  
**Human Resources**  
**ATTN: Melyssa Hendrickson**  
**909 S. Boston Ave.**  
**Tulsa, OK 74119**

### Plan Premiums

Navia Benefit Solutions will continue as the retiree billing administrator for your Retiree Insurance Plans and who collects your monthly insurance premiums. At your initial enrollment and annually at the beginning of each year, Navia Benefit Solutions will send you a Welcome Letter Packet with a premium payment statement included for your convenience to review your payments. Keep in mind, retiree coverage will continue to be an ACH authorized form of payment for your monthly premiums.

### Retirement System Contribution To Your Monthly Insurance Premium

Oklahoma Teacher's Retirement may contribute a monthly subsidy toward your health insurance premiums. The premiums listed in this guide do not reflect any retirement system contribution.

## Medical

Tulsa Community College offers three Medicare Advantage plans to post-65 retirees. These plans are administered by Aetna.

	Aetna Medicare Advantage C04 - High Plan HMO	Aetna Medicare Advantage S02 - Low Plan HMO	Aetna Medicare Advantage - High Script Plan HMO
	In-Network	In-Network	In-Network
Annual Deductible	\$150	\$0	\$0
Annual Out-of-Pocket Maximum (includes deductible and copays)	\$150	\$8,850	\$8,850
Coinsurance	0%	0%	0%

### Doctor's Office

Office Visits (Primary Care or Specialist)	\$0 Copay	\$25 Copay	\$25 Copay
Urgent Care	\$0 Copay	\$25 Copay	\$25 Copay
Wellness Care (routine exams, x-rays/ tests, immunizations, and mammograms)	Covered 100%	Covered 100%	Covered 100%

### Hospital Services

Emergency Room	\$0 Copay	\$95 Copay (waived if admitted)	\$95 Copay (waived if admitted)
Inpatient	\$0 Copay per stay	\$250 Copay per stay	\$250 Copay per stay
Outpatient Surgery	\$0 Copay	\$0 Copay	\$0 Copay
Ambulance Service	\$0 Copay	\$25 Copay	\$25 Copay

### Other Services

Muscle Manipulation Services	\$0 Copay	\$15 Copay	\$15 Copay
Physical, Occupational and Speech Therapy Services	\$0 Copay	\$25 Copay	\$25 Copay
Diagnostic Test (X-Ray, blood work)	\$0 Copay	\$25 Copay	\$25 Copay
Imaging (CT/PET scan, MRI)	\$0 Copay	\$25 Copay	\$25 Copay
Transportation Services (non-emergency)	24 one-way trips with 60 miles allowed per trip	24 one-way trips with 60 miles allowed per trip	24 one-way trips with 60 miles allowed per trip

### Additional Programs not covered by original Medicare

Wigs	\$0 \$400 Maximum One wig every year	\$0 \$400 Maximum One wig every year	\$0 \$400 Maximum One wig every year
Teladoc	\$0 Copay	\$0 Copay	\$0 Copay
Telehealth (MD Live)	\$0	\$25 Copay	\$0
Fitness Benefit	SilverSneakers	SilverSneakers	SilverSneakers
Meals	\$0 Covered up to 14 meals following an inpatient stay	\$0 Covered up to 14 meals following an inpatient stay	\$0 Covered up to 14 meals following an inpatient stay

This is a high level summary. Please refer to the Aetna Benefit Summary for more information.

**Primary Care Physician (PCP):** You have the option to choose a PCP. When we know who your provider is, we can better support your care.

**Referrals:** Your plan doesn't require a referral from a PCP to see a specialist. Keep in mind, some providers may require a recommendation or treatment plan from your doctor in order to see you.

**Prior Authorizations:** Some services may require prior authorization. Your doctor will work with Aetna to get approval before you receive certain services or drugs.

## Prescription Drugs

### Calendar-Year Deductible for Prescription Drugs

If the plan has a prescription drug calendar year deductible, the deductible must be satisfied before any Medicare Prescription Drug benefits are paid. Covered Medicare Prescription Drug expenses will accumulate toward the pharmacy deductible. The deductible does not apply to drugs on Tiers 1 & 2.

### Pharmacy Network

Your Medicare Part D plan uses the network listed in the table. To find a network pharmacy, you can visit our website (<http://www.aetnaretireeplans.com>).

### Initial Coverage Limit (ICL)

The Initial Coverage Limit includes the plan deductible, if applicable. This is your cost sharing until covered Medicare prescription drug expenses reach the Initial Coverage Limit (and after the deductible is satisfied, if your plan has a deductible).

### Coverage Gap

The Coverage Gap starts once covered Medicare prescription drug expenses have reached the Initial Coverage Limit. Please see the Aetna Benefit Summary for more information about the Coverage Gap.

	Aetna Medicare Advantage C04 - High Plan HMO	Aetna Medicare Advantage S02 - Low Plan HMO	Aetna Medicare Advantage - High Script Plan HMO
	In-Network	In-Network	In-Network

#### Prescription Drugs

	Aetna Medicare Advantage C04 - High Plan HMO	Aetna Medicare Advantage S02 - Low Plan HMO	Aetna Medicare Advantage - High Script Plan HMO
Pharmacy Network	S2	S2	P1
Formulary (Drug List)	Classic	Classic	Classic
Annual Deductible	\$0	\$0	\$200
Prescription Individual Coverage Limit	\$5,030	\$5,030	\$5,030
Retail— Preferred Generic Drug 30-day supply	\$5 Copay	\$5 Copay	\$5 Copay
Retail— Generic Drug 30-day supply	\$10 Copay	\$10 Copay	\$10 Copay
Retail— Preferred Brand Drug 30-day supply	\$45 Copay	\$45 Copay	\$47 Copay
Retail— Non-Preferred Brand Drug 30-day supply	\$75 Copay	\$75 Copay	\$100 Copay
Specialty Drug Limited to one-month supply	33%	33%	29%
Preferred Mail Order— Preferred Generic Drug 90-day supply	\$12.50 Copay	\$12.50 Copay	\$0 Copay
Preferred Mail Order— Generic Drug 90-day supply	\$25 Copay	\$25 Copay	\$6 Copay
Preferred Mail Order— Preferred Brand Drug 90-day supply	\$90 Copay	\$90 Copay	\$94 Copay
Preferred Mail Order— Non- Preferred Brand Drug 90-day supply	\$150 Copay	\$150 Copay	\$200 Copay

This is a high level summary. Please refer to the Aetna Benefit Summary for more information.

## Dental

Regular visits to your dentist can protect more than your smile; they can help protect your health. Recent studies have linked gum disease to damage elsewhere in the body and dentists are able to screen for oral symptoms of many other diseases including cancer, diabetes, and heart disease.

**Did You Know...**For every \$1 spent on preventive oral healthcare, as much as \$50 is saved on future emergency and restorative services?

You have a choice of two dental plans with comprehensive coverage through BlueCross BlueShield of Oklahoma (BCBS).

If you use an out-of-network provider, you will not receive a contracted rate and could pay more for your dental care. To find a BCBS provider near you visit [www.bcbsok.com](http://www.bcbsok.com) or call 888.381.9727.

	BCBS Low Plan	BCBS High Plan
	In-Network / Out-of-Network	In-Network / Out-of-Network
Calendar Year Deductible	\$50 individual \$150 family	\$50 individual \$150 family
Annual Plan Maximum	\$1,000 per covered member	\$3,000 per covered member
Diagnostic and Preventive	Plan pays 100%	Plan pays 100%
Basic Services Fillings General anesthesia	Plan pays 70% after deductible Plan pays 70% after deductible	Plan pays 80% after deductible Plan pays 80% after deductible
Major Services Root canals Oral surgery Crowns Dentures, implants	Plan pays 40% after deductible Plan pays 40% after deductible Plan pays 40% after deductible Plan pays 40% after deductible	Plan pays 50% after deductible Plan pays 50% after deductible Plan pays 50% after deductible Plan pays 50% after deductible
Orthodontic Services Orthodontia Lifetime Maximum	Not covered Not covered	Adult / Child \$3,000



## Vision

Routine vision exams can help correct vision and may detect more serious health conditions. Tulsa Community College gives you a choice between two vision plans through MetLife.

If you use an out-of-network provider, you will not receive a contracted rate and will pay more for vision care and materials. To find an in-network provider, go to [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits) or call 855.638.3931.

	MetLife Low Plan	MetLife High Plan	Out-of-Network
	In-Network	In-Network	Applies to both plans
Examination – Every calendar year	\$10 copay	\$10 copay	Reimbursed up to \$45
Frames – Every calendar year	Up to \$150 allowance + 20% off additional cost	Up to \$170 allowance + 20% off additional cost	Reimbursed up to \$70
Lenses – Every calendar year			
Single Vision Lens	\$25 copay	\$25 copay	Reimbursed up to \$30
Bifocal Lens	\$25 copay	\$25 copay	Reimbursed up to \$50
Trifocal Lens	\$25 copay	\$25 copay	Reimbursed up to \$65
Lens Enhancements			
Progressive Standard	\$55 copay	Covered in full	Reimbursed up to \$50
Progressive Premium	\$95 – \$105 copay	Covered in full	
Progressive Custom	\$150 – \$175 copay	Covered in full	
Anti-Reflective Coating	\$41 – \$85 copay	Covered in full	
Scratch-Resistant Coating	\$17 – \$33 copay	Covered in full	
Tints/Photochromic	\$47 – \$82 copay	Covered in full	
Contacts – In Lieu of Glasses	Covered up to \$150 allowance	Covered up to \$170 allowance	Reimbursed up to \$105
Exam and Fitting – Every calendar year	Up to \$60 copay	Up to \$60 copay	Reimbursed up to \$105
Laser Vision Correction	Average 15% discount off regular price or 5% off promotional price	Average 15% discount off regular price or 5% off promotional price	N/A
By contracted providers only.			



## Voluntary Life Insurance

### Retiree Voluntary Life Insurance

You can keep, reduce or drop life coverage you have in place at the time you leave active employment. The election must be made within 30 days of leaving active employment. You cannot add or increase life insurance at retirement.

Life insurance continued at retirement does not include Accidental Death and Dismemberment benefits.

Age Band	Retiree Rate Per \$1,000
Below 20-64	\$0.77
65-69	\$0.84
70-74	\$1.31
75-79	\$2.24
80-84	\$4.10
85-89	\$7.41
90 and above	\$13.20

### Life Insurance Beneficiary

If you continue life insurance coverage when you leave active employment, it is very important to keep your beneficiary information current. To ensure we have your current beneficiary designation on file, you are required to complete the information on the enrollment form [www.tulsacc.edu/retiree](http://www.tulsacc.edu/retiree). Please reach out to the TCC Human Resources Team for additional assistance.

### Beneficiary Resources

Your life insurance benefits include services for grief, legal and financial counseling for beneficiaries, funeral planning and online legal library including templates to create a will and other legal documents.



## Pet Insurance

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



**My Pet Protection<sup>®</sup>  
from Nationwide<sup>®</sup>**

Now with options to meet every budget.

 **my pet protection<sup>®</sup>**

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

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

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

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

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

## Travel Services

Your life insurance benefits include assistance while traveling to help with unexpected plans that may take place. Services include emergency medical assistance, financial, legal and communication assistance, and access to other critical services and resources available via the internet.

To access your services available under the BCBS life insurance plan call: **800.872.1414** or email: [medservices@assistamerica.com](mailto:medservices@assistamerica.com)

## Pet Insurance Rates

Please visit for <https://benefits.petinsurance.com/tulsacc> or call 877.738.7874 for rate information.

The screenshot shows a web browser window with the URL <https://benefits.petinsurance.com/tulsacc>. The page features the Nationwide logo and the text "Welcome Tulsa Community College Employees!" and "You're eligible for preferred pricing on America's #1 pet insurance." Below this, there is a form with the following fields and options:

- ✓ Save with preferred pricing
- ✓ Use any vet, anywhere
- ✓ Get cash back on vet bills
- I have a
- named
- in ZIP code
- 

To the right of the form is a video player showing a woman in a wedding dress and a man with a dog. Below the video is a progress bar and a play button. At the bottom of the page, there is a cookie consent notice with buttons for "Manage Settings", "Accept", and "Decline".



# Premiums

## Monthly Premiums

MEDICAL*	Aetna C04 High Plan	Aetna S02 Low Plan	Aetna High Script Plan
Retiree Only	\$438.86	\$347.97	\$210.66
Retiree's Spouse	\$438.86	\$347.97	\$210.66

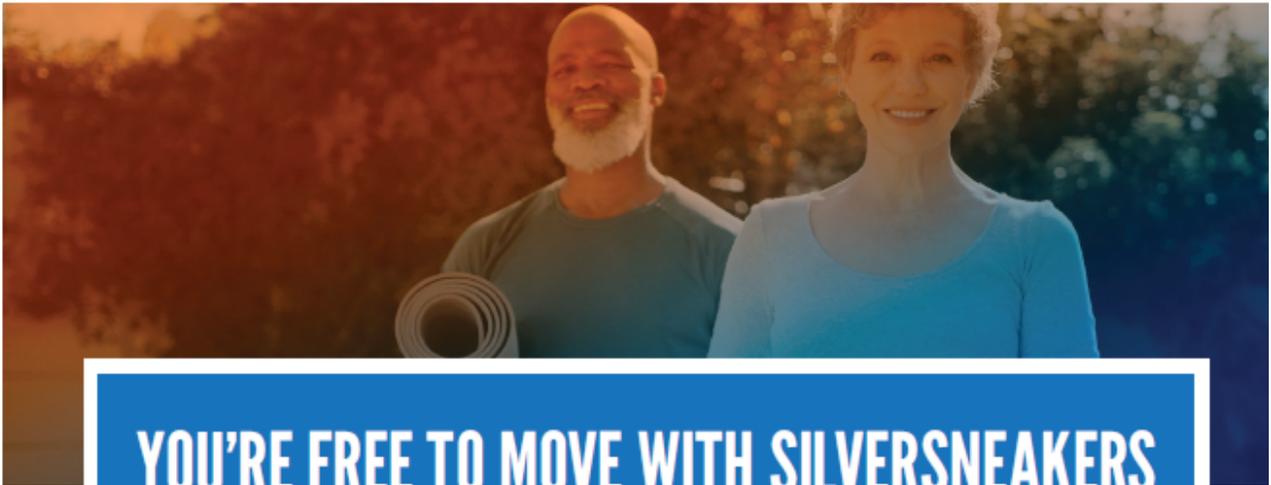
DENTAL	BlueCare Low Plan	BlueCare High Plan
Employee Only	\$19.38	\$38.46
Employee + Spouse	\$38.78	\$76.84
Employee + Children	\$51.38	\$100.30
Employee + Family	\$78.12	\$152.96

VISION	MetLife Low Plan	MetLife High Plan
Employee Only	\$8.06	\$13.62
Employee + Spouse	\$16.14	\$27.28
Employee + Children	\$17.24	\$29.16
Employee + Family	\$27.56	\$46.60

\* Oklahoma Teacher's Retirement may contribute a monthly subsidy toward your health insurance premiums. The premiums listed in this guide do not reflect any retirement system contribution.



# SilverSneakers



SilverSneakers® is more than a fitness program. It's an opportunity to improve your health, gain confidence and connect with your community. Plus, it's included with select Medicare plans at **no additional cost**.

With SilverSneakers, you're free to move in the ways that work for you.

## At home or on the go

- SilverSneakers On-Demand™ fitness classes available 24/7
- SilverSneakers LIVE virtual classes and workshops throughout the week
- SilverSneakers GO™ mobile app with adjustable workout plans and more

## In participating fitness locations

- Thousands of participating locations<sup>1</sup> with various amenities
- Ability to enroll at multiple locations at any time
- SilverSneakers classes<sup>2</sup> designed for all levels

## In your community

- Group activities and classes<sup>2</sup> offered outside the gym
- Events including shared meals, holiday celebrations and class socials

**You may already have SilverSneakers.** If your health plan offers it, you just need your member ID to get started. Visit the website below to find out.

Find out if you have SilverSneakers and get started today.

[SilverSneakers.com/StartHere](https://www.silversneakers.com/StartHere)

Questions? Call us.

## Did you know?

**86%**

of participants say SilverSneakers has improved their quality of life.<sup>3</sup>



## Plan Contacts

If you need to reach to our plan providers, here are their contact information:

Plan Type	Provider	Phone Number	Website
Medical	Aetna	1.800.307.4830	<a href="http://www.aetna.com">www.aetna.com</a>
Dental	BCBS of Oklahoma	888.381.9727	Email: <a href="mailto:ancillaryquestionsOK@bcbsok.com">ancillaryquestionsOK@bcbsok.com</a> Website: <a href="http://www.bcbsok.com/ancillary">www.bcbsok.com/ancillary</a>
Vision	MetLife	855.638.3931	<a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a>
Benefit Payment	Navia Benefit Solutions	800.669.3539	<a href="http://www.naviabenefits.com">www.naviabenefits.com</a>
Life and AD&D	BCBS of Oklahoma	888.381.9727	Email: <a href="mailto:ancillaryquestionsOK@bcbsok.com">ancillaryquestionsOK@bcbsok.com</a> Website: <a href="http://www.bcbsok.com/ancillary">www.bcbsok.com/ancillary</a>
Pet Insurance	Nationwide	877.738.7874	<a href="http://benefits.petinsurance.com/tulsacc">benefits.petinsurance.com/tulsacc</a>
Benefit Advocate	Gallagher Benefit Services	918.779.5005	<a href="mailto:christie_kennedy@ajg.com">christie_kennedy@ajg.com</a>
TCC Human Resources	Tulsa Community College Benefits	918.595.7856	Email: <a href="mailto:benefits@tulsacc.edu">benefits@tulsacc.edu</a> Website: <a href="http://www.tulsacc.edu/retiree">www.tulsacc.edu/retiree</a>



## 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.

If you would like more information on WHCRA benefits, please call TCC Human Resources at [918.595.7856](tel:918.595.7856) or [benefits@tulsacc.edu](mailto:benefits@tulsacc.edu).

### 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).

### 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](http://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 [877.KIDS.NOW](tel:877.KIDS.NOW) or [www.insurekidsnow.gov](http://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](http://www.askebsa.dol.gov) or call [866.444.EBSA \(3272\)](tel:866.444.EBSA).

**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.**

<b>ALABAMA – Medicaid</b>
<a href="http://myalh Hipp.com">http://myalh Hipp.com</a> 855.692.5447
<b>ALASKA – Medicaid</b>
The AK Health Insurance Premium Payment Program <a href="http://myakh Hipp.com/">http://myakh Hipp.com/</a>   866.251.4861 CustomerService@MyAKHIPP.com Medicaid Eligibility: <a href="https://health.alaska.gov/dpa/Pages/default.aspx">https://health.alaska.gov/dpa/Pages/default.aspx</a>
<b>ARKANSAS – Medicaid</b>
<a href="http://myarh Hipp.com">http://myarh Hipp.com</a> 855.MyARHIPP (855.692.7447)
<b>CALIFORNIA – Medicaid</b>
Health Insurance Premium Payment (HIPP) Program <a href="http://dhcs.ca.gov/hipp">http://dhcs.ca.gov/hipp</a> 916.445.8322   Fax: 916.440.5676   Email: <a href="mailto:hipp@dhcs.ca.gov">hipp@dhcs.ca.gov</a>
<b>COLORADO – Medicaid and CHIP</b>
Health First Colorado (Colorado's Medicaid Program) <a href="https://www.healthfirstcolorado.com">https://www.healthfirstcolorado.com</a> Member Contact Center: 800.221.3943   State Relay 711 Child Health Plan Plus (CHP+) <a href="https://www.colorado.gov/pacific/hcpf/child-health-plan-plus">https://www.colorado.gov/pacific/hcpf/child-health-plan-plus</a> Customer Service: 800.359.1991   State Relay 711 Health Insurance Buy-In Program (HIBI) <a href="https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program">https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program</a> HIBI Customer Service: 855.692.6442
<b>FLORIDA – Medicaid</b>
<a href="http://www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html">www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html</a> 877.357.3268
<b>GEORGIA – Medicaid</b>
GA HIPP Website: <a href="https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp">https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp</a> 678.564.1162, Press 1 GA CHIPRA Website: <a href="https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra">https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra</a> 678.564.1162, Press 2
<b>INDIANA – Medicaid</b>
Healthy Indiana Plan for low-income adults 19-64 <a href="http://www.in.gov/fssa/hip/">http://www.in.gov/fssa/hip/</a>   877.438.4479 All other Medicaid <a href="https://www.in.gov/medicaid/">https://www.in.gov/medicaid/</a>   800.457.4584
<b>IOWA – Medicaid and CHIP (Hawki)</b>
Medicaid: <a href="https://dhs.iowa.gov/ime/members">https://dhs.iowa.gov/ime/members</a>   800.338.8366 Hawki: <a href="http://dhs.iowa.gov/Hawki">http://dhs.iowa.gov/Hawki</a>   800.257.8563 HIPP: <a href="https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp">https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp</a>   888.346.9562
<b>KANSAS – Medicaid</b>
<a href="https://www.kancare.ks.gov/">https://www.kancare.ks.gov/</a> 800.792.4884   HIPP Phone: 800.967.4660
<b>KENTUCKY – Medicaid</b>
Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): <a href="https://chfs.ky.gov/agencies/dms/member/Pages/kih Hipp.aspx">https://chfs.ky.gov/agencies/dms/member/Pages/kih Hipp.aspx</a> 855.459.6328   <a href="mailto:KIHIPPPROGRAM@ky.gov">KIHIPPPROGRAM@ky.gov</a> KCHIP: <a href="https://kidshealth.ky.gov/Pages/index.aspx">https://kidshealth.ky.gov/Pages/index.aspx</a>   877.524.4718 Medicaid: <a href="https://chfs.ky.gov/agencies/dms">https://chfs.ky.gov/agencies/dms</a>

<b>LOUISIANA – Medicaid</b>
<a href="http://www.medicaid.la.gov">www.medicaid.la.gov</a> or <a href="http://www.lhdh.la.gov/la Hipp">www.lhdh.la.gov/la Hipp</a> 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
<b>MAINE – Medicaid</b>
Enrollment: <a href="https://www.mymaineconnection.gov/benefits/s/?language=en_US">https://www.mymaineconnection.gov/benefits/s/?language=en_US</a> 800.442.6003   TTY: Maine relay 711 Private Health Insurance Premium: <a href="https://www.maine.gov/dhhs/ofi/applications-forms">https://www.maine.gov/dhhs/ofi/applications-forms</a> 800.977.6740   TTY: Maine relay 711
<b>MASSACHUSETTS – Medicaid and CHIP</b>
<a href="https://www.mass.gov/masshealth/pa">https://www.mass.gov/masshealth/pa</a> 800.862.4840   TTY: 711   Email: <a href="mailto:masspremassistance@accenture.com">masspremassistance@accenture.com</a>
<b>MINNESOTA – Medicaid</b>
<a href="https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp">https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp</a> 800.657.3739
<b>MISSOURI – Medicaid</b>
<a href="http://www.dss.mo.gov/mhd/participants/pages/hipp.htm">http://www.dss.mo.gov/mhd/participants/pages/hipp.htm</a> 573.751.2005
<b>MONTANA – Medicaid</b>
<a href="http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP">http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP</a> 800.694.3084   Email: <a href="mailto:HSHIPPProgram@mt.gov">HSHIPPProgram@mt.gov</a>
<b>NEBRASKA – Medicaid</b>
<a href="http://www.ACCESSNebraska.ne.gov">http://www.ACCESSNebraska.ne.gov</a> Phone: 855.632.7633   Lincoln: 402.473.7000   Omaha: 402.595.1178
<b>NEVADA – Medicaid</b>
<a href="http://dhcnp.nv.gov">http://dhcnp.nv.gov</a> 800.992.0900
<b>NEW HAMPSHIRE – Medicaid</b>
<a href="https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program">https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program</a> 603.271.5218   Toll free number for the HIPP program: 800.852.3345, ext. 5218
<b>NEW JERSEY – Medicaid and CHIP</b>
Medicaid: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid">http://www.state.nj.us/humanservices/dmahs/clients/medicaid</a> 609.631.2392 CHIP: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> 800.701.0710
<b>NEW YORK – Medicaid</b>
<a href="https://www.health.ny.gov/health_care/medicaid/">https://www.health.ny.gov/health_care/medicaid/</a> 800.541.2831
<b>NORTH CAROLINA – Medicaid</b>
<a href="https://dma.ncdhhs.gov">https://dma.ncdhhs.gov</a> 919.855.4100
<b>NORTH DAKOTA – Medicaid</b>
<a href="https://www.hhs.nd.gov/healthcare">https://www.hhs.nd.gov/healthcare</a> 844.854.4825
<b>OKLAHOMA – Medicaid and CHIP</b>
<a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> 888.365.3742
<b>OREGON – Medicaid</b>
<a href="http://healthcare.oregon.gov/Pages/index.aspx">http://healthcare.oregon.gov/Pages/index.aspx</a> 800.699.9075

**PENNSYLVANIA – Medicaid and CHIP**

<https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx>  
 800.692.7462  
 CHIP Website: <https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx>  
 CHIP Phone: 800.986.KIDS (5437)

**RHODE ISLAND – Medicaid and CHIP**

<http://www.eohhs.ri.gov>  
 855.697.4347 or 401.462.0311 (Direct Rlte Share Line)

**SOUTH CAROLINA – Medicaid**

<http://www.scdhhs.gov>  
 888.549.0820

**SOUTH DAKOTA – Medicaid**

<http://dss.sd.gov>  
 888.828.0059

**TEXAS – Medicaid**

<http://gethipptexas.com>  
 800.440.0493

**UTAH – Medicaid and CHIP**

Medicaid: <https://medicaid.utah.gov>  
 CHIP: <http://health.utah.gov/chip>  
 877.543.7669

**VERMONT – Medicaid**

Health Insurance Premium Payment (HIPP) Program |  
 Department of Vermont Health Access  
 800.250.8427

**VIRGINIA – Medicaid and CHIP**

<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 and Chip: 800.432.5924

**WASHINGTON – Medicaid**

<https://www.hca.wa.gov/>  
 800.562.3022

**WEST VIRGINIA – Medicaid**

<https://dhhr.wv.gov/bms/> or <http://mywvhpp.com/>  
 Medicaid: 304.558.1700  
 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)

**WISCONSIN – Medicaid and CHIP**

<https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm>  
 800.362.3002

**WYOMING – Medicaid**

<https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/>  
 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](http://www.dol.gov/agencies/ebsa)  
 866.444.EBSA (3272)

**U.S. Department of Health and Human Services**  
 Centers for Medicare & Medicaid Services  
[www.cms.hhs.gov](http://www.cms.hhs.gov)  
 877.267.2323, Menu Option 4, Ext. 61565

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

## HIPAA Notice of Privacy Practices Reminder

### Protecting Your Health Information Privacy Rights

Tulsa Community College is committed to the privacy of your health information. The administrators of the Tulsa Community College 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 Human Resources at [918.595.7856](tel:918.595.7856).

### HIPAA Special Enrollment Rights

#### Tulsa Community College Health Plan Notice of Your HIPAA Special Enrollment Rights

Our records show that you are eligible to participate in the Tulsa Community College 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 TCC Human Resources at [918.595.7856](tel:918.595.7856) or [benefits@tulsacc.edu](mailto:benefits@tulsacc.edu).

## Notice of Creditable Coverage

### Important Notice from Tulsa Community College

#### 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 Tulsa Community College 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. Tulsa Community College 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 Tulsa Community College coverage will not be affected. You can keep this coverage if you elect part D. If you do decide to join a Medicare drug plan and drop your current Tulsa Community College coverage, be aware that you and your dependents will be able to get this coverage back during the annual open enrollment period.

#### 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](http://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](http://www.socialsecurity.gov), or call them at 1-800-772-1213 (TTY 1-800-325-0778).

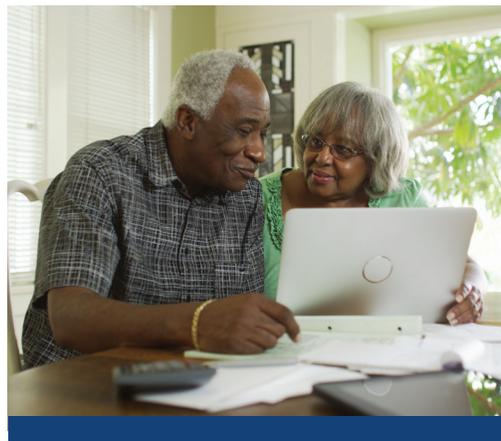
Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium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

**Date:** October 1, 2023  
**Name of Entity/Sender:** Tulsa Community College Benefits  
**Contact:** Human Resources  
**Office Address:** 909 S. Boston Ave.  
Tulsa, OK 74119  
**Phone Number:** [918.595.7856](tel:918.595.7856)

## Notes

## Notes

## Notes



This benefit summary prepared by



**Gallagher**

Insurance | Risk Management | Consulting