



September 1, 2020 - August 31, 2021 Benefit Guide



Gallagher

Insurance | Risk Management | Consulting



IT'S THE QUALITY THAT COUNTS

Benefits Overview

Patco Electrical Services, Inc. has been diligent in searching for benefits that help employees and their families satisfy their insurance needs. The package available includes a range of benefits for you and your dependents that allows you the opportunity to choose the plan option(s) that best suits your individual needs. The benefits offered are shown below.

Benefits Offered

- Medical - BC/BS of Oklahoma
- Dental - BC/BS of Oklahoma
- Vision - VSP
- Voluntary Life, AD&D - BC/BS of Oklahoma
- Voluntary Critical Illness - BC/BS of Oklahoma

Eligibility

You and your dependents are eligible for the **Patco Electrical Services, Inc.** benefits if you are an eligible full-time employee that has satisfied the required employment waiting period. For eligible employees, benefits begin on the first day of the month following the 60 days of employment waiting period.

Eligible dependents are your spouse, children under age 26, and disabled dependents of any age that satisfy the plan requirements.

You will need to complete all forms provided to you indicating if you are either electing or declining the coverage lines being offered. You will need to return all forms back to your Human Resources Department within the appropriate timeframe directed by Patco Electrical Services.

It's important to remember that any elections and/or changes made now, will remain in effect until the next open enrollment period (which occurs every **August**) unless you or your family members experience a special enrollment event. If you experience a special enrollment event, you must contact the Human Resources Department within 30 days of the event. Please see the notice section of this guide for further information about what constitutes a special enrollment event.

A new employee's failure to return their forms within the 30 day initial enrollment period will be perceived as a declination of benefits.

The plan year is **September 1st—August 31st**. However, the plan benefits run on a calendar year basis which means the deductible and out of pocket start over January 1st.

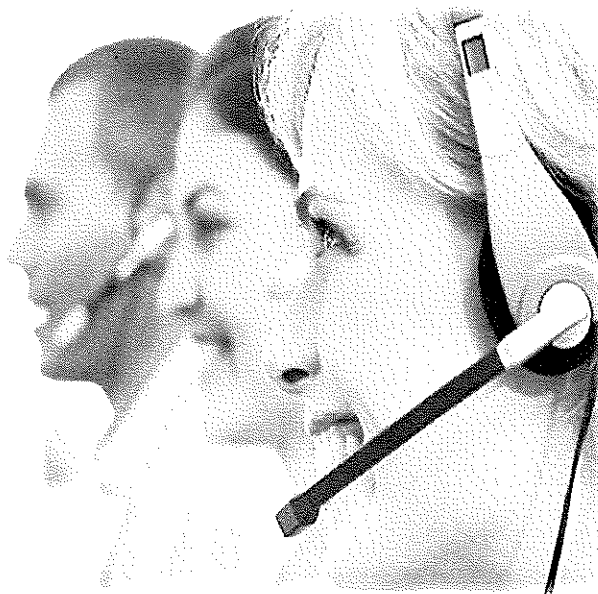


Contacts

If you should have any questions during the plan year, there are many resources at your disposal. The carrier contacts listed can assist you with many types of issues. Please see below for a synopsis of day-to-day services they can provide.

- Helping you understand the benefits
- Providing assistance with claim problems
- Helping you understand your EOB's (Explanation of Benefits)
- Providing assistance with ordering ID cards
- Helping you locate in-network providers

If the carrier contacts are unable to assist you, please feel free to reach out to the HR contact or broker resource listed below.



Benefit	Carrier/Contact	Phone	Website/Email
Medical / Prescriptions	BC/BS of Oklahoma	1-800-942-5837	WWW.BCBSOK.COM
Dental	BC/BS of Oklahoma	1-800-942-5837	WWW.BCBSOK.COM
Vision	VSP	1-800-877-7195	WWW.VSP.COM
Voluntary Life & Critical Illness	BC/BS of Oklahoma	1-888-381-9727	Ancillaryquestionsok@bcbsok.com

Company & Broker Information			
Patco Electrical Services, Inc.	HR Department	405-677-1327	

Payroll Deductions

Hourly Premiums Per Paycheck (Weekly)

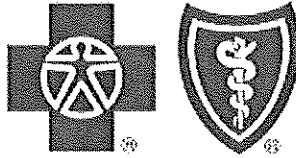
Plan	Health	Dental	Vision
Emp Only	\$ 38.86	\$ 6.74	\$ 1.94
Emp+Spouse	\$ 145.71	\$ 13.47	\$ 3.10
Emp+Children	\$ 126.28	\$ 17.27	\$ 3.16
Family	\$ 242.85	\$ 26.44	\$ 5.10

Salary Premiums Per Paycheck (Bi-Weekly)

Plan	Health	Dental	Vision
Emp Only	\$ -	\$ -	\$ -
Emp+Spouse	\$ 213.72	\$ 13.47	\$ 2.45
Emp+Children	\$ 174.84	\$ 21.06	\$ 2.45
Family	\$ 407.98	\$ 39.40	\$ 6.33

BC/BS of Oklahoma

Medical Plan



**BlueCross BlueShield
of Oklahoma**

Summary of Benefits and Coverage


MOBAP003 - \$2,500 Deductible

\$30 PCP / \$50 Specialist Co-pay

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 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 Summary of Benefits & Coverage 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.

The Summary of Benefits and Coverage (SBC) document will help you choose a health plan. The SBC shows you how you and the plan would share the cost for covered health care services. NOTE: Information about the cost of this plan (called the premium) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, visit www.bcbsook.com/member/policy-forms/2020 or by calling 1-800-942-5837. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms see the Glossary. You can view the Glossary at <https://www.cms.gov/CCIIO/Resources/Forms-Reports-and-Other-Resources/Downloads/UG-Glossary-508-MM.pdf> or call 1-855-756-4448 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	Network: \$2,500 Individual/\$7,500 Family Out-of-Network: \$4,000 Individual/\$12,000 Family	Generally, you must pay all of the costs from providers up to the <u>deductible</u> amount before this plan begins to pay. If you have other family members on the <u>plan</u> , each family member must meet their own individual deductible until the total amount of <u>deductible</u> expenses paid by all family members meets the overall family deductible.
Are there services covered before you meet your deductible?	Yes. In-Network Preventive Health, certain services with a copay, and prescription drugs are covered before you meet your deductible.	This <u>plan</u> covers some items and services even if you haven't yet met the <u>deductible</u> amount. But a <u>copayment</u> or <u>coinsurance</u> may apply. For example, this <u>plan</u> covers certain <u>preventive services</u> without <u>cost-sharing</u> and before you meet your <u>deductible</u> . See a list of covered preventive services at www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	Yes. ER \$200; Inpatient \$750; Outpatient Surgery Facility \$250. There are no other specific deductibles.	You must pay all of the costs for these services up to the specific <u>deductible</u> amount before this <u>plan</u> begins to pay for these services.
What is the out-of-pocket limit for this plan?	Network: \$6,000 Individual/\$12,000 Family Out-of-Network: \$18,000 Individual/\$36,000 Family	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan, they have to meet their own <u>out-of-pocket limits</u> until the overall family <u>out-of-pocket limit</u> has been met.
What is not included in the out-of-pocket limit?	Premiums, preauthorization penalties, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the <u>out-of-pocket limit</u> .
Will you pay less if you use a network provider?	Yes. See www.bcbsook.com or call 1-800-942-5837 for a list of Network Provider.	This <u>plan</u> uses a <u>provider network</u> . You will pay less if you use a <u>provider</u> in the <u>plan's network</u> . You will pay the most if you use an <u>out-of-network provider</u> , and you might receive a bill from a <u>provider</u> for the difference between the <u>provider's</u> charge and what your <u>plan</u> pays (<u>balance billing</u>). Be aware your network provider might use an <u>out-of-network provider</u> for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the <u>specialist</u> you choose without a <u>referral</u> .

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

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$30/visit; deductible does not apply	30% coinsurance	Virtual Visits are available. See your benefit booklet* for details.
	Specialist visit	\$50/visit; deductible does not apply	30% coinsurance	None
	Preventive care/screening/immunization	No Charge; deductible does not apply	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	No Charge; deductible does not apply	30% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Imaging (CT/PET scans, MRIs)	20% coinsurance	40% coinsurance	

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsook.com/member/policy-forms/2020.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
<p>If you need drugs to treat your illness or condition</p> <p>More information about prescription drug coverage is available at https://www.bcbsok.com/member/prescription-drug-plan-information/drug-lists</p>	Preferred generic drugs	Retail - Preferred - No Charge Non-Preferred - \$10/prescription Mail - No Charge; deductible does not apply	Retail - \$10/prescription; deductible does not apply plus 50% additional charge	<p>Limited to a 30-day supply at retail (or a 90-day supply at a network of select retail pharmacies). Up to a 90-day supply at mail order. <u>Specialty drugs</u> limited to a 30-day supply. Payment of the difference between the cost of a brand name drug and a generic may also be required if a generic drug is available. Additional charge will not apply to any deductible or out-of-pocket amounts.</p>
	Non-preferred generic drugs	Retail - Preferred - \$10/prescription Non-Preferred - \$20/prescription Mail - \$25/prescription; deductible does not apply	Retail - \$20/prescription; deductible does not apply plus 50% additional charge	
	Preferred brand drugs	Retail - Preferred - \$50/prescription Non-Preferred - \$70/prescription Mail - \$125/prescription; deductible does not apply	Retail - \$70/prescription; deductible does not apply plus 50% additional charge	
	Non-preferred brand drugs	Retail - Preferred - \$100/prescription Non-Preferred - \$120/prescription Mail - \$250/prescription; deductible does not apply	Retail - \$120/prescription; deductible does not apply plus 50% additional charge	
	Preferred specialty drugs	\$150/prescription; deductible does not apply	\$150/prescription; deductible does not apply plus 50% additional charge	
	Non-preferred specialty drugs	\$250/prescription; deductible does not apply	\$250/prescription; deductible does not apply plus 50% additional charge	

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$250/visit plus 20% coinsurance	\$250/visit plus 40% coinsurance	Preauthorization may be required. For Outpatient Infusion Therapy, see your benefit booklet* for details. Per occurrence deductible waived if admitted.
	Physician/surgeon fees	20% coinsurance	40% coinsurance	Preauthorization may be required. For Outpatient Infusion Therapy, see your benefit booklet* for details.
	Emergency room care	\$200/visit plus 20% coinsurance	\$200/visit plus 20% coinsurance	Per occurrence deductible waived if admitted.
If you need immediate medical attention	Emergency medical transportation	No Charge; deductible does not apply	No Charge; deductible does not apply	None
	Urgent care	20% coinsurance	40% coinsurance	
	Facility fee (e.g., hospital room)	\$750/visit plus 20% coinsurance	\$750/visit plus 40% coinsurance	Preauthorization required. \$500 penalty for failure to preauthorize. See your benefit booklet* for details. Per occurrence deductible waived if admitted.
If you have a hospital stay	Physician/surgeon fees	20% coinsurance	40% coinsurance	Preauthorization required. \$500 penalty for failure to preauthorize. See your benefit booklet* for details.
	Outpatient services	\$30/office visits or 20% coinsurance for other outpatient services	30% coinsurance	Preauthorization may be required; see your benefit booklet* for details.
	Inpatient services	\$750/visit plus 20% coinsurance	\$750/visit plus 40% coinsurance	Preauthorization required. \$500 penalty for failure to preauthorize.
If you need mental health, behavioral health, or substance abuse services	Office visits	Primary Care: \$30/visit Specialist: \$50/visit; deductible does not apply	30% coinsurance	Copay applies to first prenatal visit only (per pregnancy). Cost sharing does not apply to certain preventive services. Depending on the type of services, coinsurance may apply. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% coinsurance	40% coinsurance	
	Childbirth/delivery facility services	\$750/visit plus 20% coinsurance	\$750/visit plus 40% coinsurance	

*For more information about limitations and exceptions, see the plan or policy document at www.bcbsook.com/member/policy-forms/2020.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		Network Provider (You will pay the least)	Out-of-Network Provider (You will pay the most)	
If you need help recovering or have other special health needs	<u>Home health care</u>	20% coinsurance	40% coinsurance	30 visits/year. \$500 penalty for failure to preauthorize.
	<u>Rehabilitation services</u>	20% coinsurance	40% coinsurance	Outpatient: Separate 25 visit limit per benefit period for <u>Rehabilitation and Habilitation Services</u> , which includes physical, speech, occupational therapy and muscle manipulation. Inpatient: Separate 30 day maximum <u>Rehabilitation and Habilitation Services</u> per benefit period. \$500 penalty for failure to preauthorize.
	<u>Habilitation services</u>	20% coinsurance	40% coinsurance	
	<u>Skilled nursing care</u>	20% coinsurance	40% coinsurance	30 day inpatient maximum per benefit period. \$500 penalty for failure to preauthorize.
If your child needs dental or eye care	<u>Durable medical equipment</u>	20% coinsurance	40% coinsurance	Medically necessary rental or purchase at the Plan's discretion.
	<u>Hospice services</u>	20% coinsurance	40% coinsurance	\$500 penalty for failure to preauthorize.
	Children's eye exam	Not Covered	Not Covered	None
	Children's glasses	Not Covered	Not Covered	
	Children's dental check-up	Not Covered	Not Covered	

Excluded Services & Other Covered Services:

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

<ul style="list-style-type: none"> • Abortion (Unless the life of the mother is endangered) • Acupuncture • Bariatric surgery (For treatment of obesity/weight reduction) • Cosmetic surgery (With exception of accidental injury repair and some instances for physiological functioning improvement of a malformed body member) 	<ul style="list-style-type: none"> • Dental care (Adult and Child) • Infertility treatment • Long-term care 	<ul style="list-style-type: none"> • Routine eye care (Adult and Child) • Routine foot care (Except for diabetic subscribers) • Weight loss programs
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Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your plan document)

- Chiropractic care (25 visit maximum per year combined with OP Therapy)
- Hearing aids (One hearing aid per ear every 48 months)
- Non-emergency care when traveling outside the U.S. (With the exception of any services and supplies provided to a Subscriber incurred outside the United States if the Subscriber traveled to the location for the purposes of receiving medical services, supplies, or drugs)

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: For group health coverage contact the plan, Blue Cross and Blue Shield of Oklahoma at 1-800-942-5837 or visit www.bcbsok.com. For group health coverage subject to ERISA, contact the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. For non-federal governmental group health plans, contact Department of Health and Human Services, Center for Consumer Information and Insurance Oversight, at 1-877-267-2323 x61565 or www.cciio.cms.gov. Church plans are not covered by the Federal COBRA continuation coverage rules. If the coverage is insured, individuals should contact their State insurance regulator regarding their possible rights to continuation coverage under State law. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance Marketplace. For more information about the Marketplace, visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your plan for a denial of a claim. This complaint is called a grievance or appeal. For more information about your rights, look at the explanation of benefits you will receive for that medical claim. Your plan documents also provide complete information to submit a claim, appeal, or a grievance for any reason to your plan. For more information about your rights, this notice, or assistance, contact: For group health coverage subject to ERISA: the plan at 1-800-942-5837 or visit www.bcbsok.com, the U.S. Department of Labor's Employee Benefits Security Administration at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform, and the Oklahoma Department of Insurance, Consumer Protection at 1-405-521-2991 or www.oid.ok.gov. For non-federal governmental group health plans and church plans that are group health plans, the plan at 1-800-942-5837 or www.bcbsok.com or contact the Oklahoma Department of Insurance, Consumer Protection at 1-405-521-2991 or www.oid.ok.gov. Additionally, a consumer assistance program can help you file your appeal. Contact the Oklahoma Department of Insurance's Consumer Health Assistance Program at 1-405-521-2991 or visit www.cms.gov/CCIIO/Resources/Consumer-Assistance-Grants/ok.html.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have Minimum Essential Coverage for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

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

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al 1-800-942-5837.

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-800-942-5837.

Chinese (中文): 如果需要中文的帮助，请拨打这个号码 1-800-942-5837.

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-800-942-5837.

_____To see examples of how this plan might cover costs for a sample medical situation, see the next section.

About These Coverage Examples:



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

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

■ The plan's overall deductible	\$2,500
■ Specialist copayment	\$50
■ Hospital (facility) ded/coins	\$750 + 20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

Specialist office visits (*prenatal care*)
Childbirth/Delivery Professional Services
Childbirth/Delivery Facility Services
Diagnostic tests (*ultrasounds and blood work*)
Specialist visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,500
Copayments	\$800
Coinsurance	\$1,700
What isn't covered	
Limits or exclusions	\$60
The total Peg would pay is	\$5,060

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

■ The plan's overall deductible	\$2,500
■ Specialist copayment	\$50
■ Hospital (facility) ded/coins	\$750 + 20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

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

Total Example Cost	\$7,400
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In this example, Joe would pay:

Cost Sharing	
Deductibles	\$1,700
Copayments	\$1,000
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$60
The total Joe would pay is	\$2,760

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

■ The plan's overall deductible	\$2,500
■ Specialist copayment	\$50
■ Hospital (facility) ded/coins	\$750 + 20%
■ Other coinsurance	20%

This EXAMPLE event includes services like:

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

Total Example Cost	\$1,900
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In this example, Mia would pay:

Cost Sharing	
Deductibles	\$900
Copayments	\$400
Coinsurance	\$0
What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,800

The plan would be responsible for the other costs of these EXAMPLE covered services.



If you, or someone you are helping, have questions, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 855-710-6984.

Español Spanish	Si usted o alguien a quien usted está ayudando tiene preguntas, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 855-710-6984.
العربية Arabic	إذا كنت بحاجة إلى مساعدة، يمكنك الحصول على المساعدة في لغتك الأم دون أي تكلفة. للتحدث مع مترجم، اتصل بالرقم 855-710-6984.
繁體中文 Chinese	如果您，或您正在協助的對象，對此有疑問，您有權利免費以您的母語獲得幫助和訊息。查詢一位翻譯員，請撥電話 號碼 855-710-6984。
Français French	Si vous, ou quelqu'un que vous êtes en train d'aider, avez des questions, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 855-710-6984.
Deutsch German	Falls Sie oder jemand, dem Sie helfen, Fragen haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 855-710-6984 an.
ગુજરાતી Gujarati	જો તમને અથવા તમે મદદ કરી રહ્યા હોય એવી કોઈ બાંધવ્યક્તિને અસહાયતા થશે તો તમને લેના ખર્ચે, તમારી ભાષામાં મદદ અને માહિતી મેળવવાનો હક છે. ફરિયાદો સાથે વાત કરવા માટે આ નંબર 855-710-6984 પર કોલ કરો.
हिंदी Hindi	यदि आपके, या आप जिसकी सहायता कर रहे हैं उसके, प्रश्न हैं, तो आपके अपनी भाषा में निःशुल्क सहायता और जानकारी प्राप्त करने का अधिकार है। किसी अनवादक से बात करने के लिए 855-710-6984 पर कॉल करें।
Italiano Italian	Se tu o qualcuno che stai aiutando avete domande, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare il numero 855-710-6984.
한국어 Korean	만약 귀하 또는 귀하가 돕는 사람이 질문이 있다면 귀하는 무료로 그러한 도움과 정보를 귀하의 언어로 받을 수 있는 권리가 있습니다. 통역사가 필요하시면 855-710-6984 로 전화하십시오.
Diné Navajo	T'áá ni, éí doodago ta'da bíká anánílwo 'ígíí, na 'idílkídgo, ts'ída bee ná ahóótí'i' t'áá níik'e níká a'doolwoł dóó bína'idílkídígíí bee nít h'oodonih. Ata'dahalne 'ígíí bich'í' hodílnih kwe'e 855-710-6984.
فارسی Persian	اگر شما یا کسی که به او کمک می‌کنید سوالی دارید، حق دارید رایگان و بدون هیچ هزینه‌ای با مترجم صحبت کنید. برای گفتگو با یک مترجم، شماره ۸۵۵-۷۱۰-۶۹۸۴ را تماس بگیرید.
Polski Polish	Jeśli Ty lub osoba, której pomagasz, macie jakiegokolwiek pytania, macie prawo do uzyskania bezpłatnej informacji i pomocy we własnym języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer 855-710-6984.
Русский Russian	Если у вас или человека, которому вы помогаете, возникли вопросы, у вас есть право на бесплатную помощь и информацию, предоставленную на вашем языке. Чтобы связаться с переводчиком, позвоните по телефону 855-710-6984.
Tagalog Tagalog	Kung ikaw, o ang isang taong iyong tinutulungan ay may mga tanong, may karapatan kang makakuha ng tulong at impormasyon sa iyong wika nang walang bayad. Upang makipag-usap sa isang tagasalin-wika, tumawag sa 855-710-6984.
اردو Urdu	اگر آپ کو، کسی کی مدد کرنے والے کوئی سوال پیش ہے تو آپ کو کوئی سہولت اور معلومات حاصل کرنے کا حق ہے۔ مترجم سے بات کرنے کے لیے نمبر 855-710-6984 پر کال کریں۔
Tiếng Việt Vietnamese	Nếu quý vị, hoặc người mà quý vị giúp đỡ, có câu hỏi, thì quý vị có quyền được giúp đỡ và nhận thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, gọi 855-710-6984.



BlueCross BlueShield of Oklahoma

Health care coverage is important for everyone.

We provide free communication aids and services for anyone with a disability or who needs language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status or disability.

To receive language or communication assistance free of charge, please call us at 855-710-6984.

If you believe we have failed to provide a service, or think we have discriminated in another way, contact us to file a grievance.

Office of Civil Rights Coordinator	Phone: 855-664-7270 (voicemail)
300 E. Randolph St.	TTY/TDD: 855-661-6965
35th Floor	Fax: 855-661-6960
Chicago, Illinois 60601	Email: CivilRightsCoordinator@hcsc.net

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, at:

U.S. Dept. of Health & Human Services	Phone: 800-368-1019
200 Independence Avenue SW	TTY/TDD: 800-537-7697
Room 509F, HHH Building 1019	Complaint Portal: https://ocrportal.hhs.gov/ocr/portal/lobby.jsf
Washington, DC 20201	Complaint Forms: http://www.hhs.gov/ocr/office/file/index.html

BC/BS of Oklahoma
Additional Plan
Information

Get all the advantages your health plan offers



Get information about your health benefits, anytime, anywhere. Use your computer, phone or tablet to access the Blue Cross and Blue Shield of Oklahoma (BCBSOK) secure member website, Blue Access for Members (BAMSM).

With BAM, you can:

- Check the status or history of a claim
- View or print Explanation of Benefits statements
- Locate a doctor or hospital in your plan's network
- Find Spanish-speaking providers
- Request a new ID card – or print a temporary one

It's easy to get started

- 1 Go to bcbsok.com/member
- 2 Click Register Now
- 3 Use the information on your BCBSOK ID card to complete the registration process.



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



BlueCross BlueShield of Oklahoma

Find what you need with Blue Access for Members

NATHAN SMITH Settings 9

Language Assistance En Español Log Out



BlueCross BlueShield
of Oklahoma

CURRENTLY VIEWING MY PLAN

PPO

View My Plans

Home

My Coverage

Claims Center

My Health

Doctors & Hospitals

Forms & Documents

blueaccess

Welcome NATHAN SMITH!

Message Center

You have no messages

View all messages

Quick Links

- Stop receiving paper statements
- Connect
- Member Discount Program
- Manage preferences
- Verification of Coverage

MY COVERAGE

Plan Type: PPO

Group Number: 098765

ID Number: ABC123456789

MEDICAL BENEFITS

Preferred Network

Individual Deductible	N/A
Family Deductible	N/A
Family Out of Pocket Maximum	\$8,600.00
Coinurance	N/A

My Care Profile



Blue Button
Learn how to get
your health care
profile electronically

Get Started

Important Information | Non-Discrimination Notice | Help | Contact Us

- 1 My Coverage:** Review benefit details for you and family members covered under your plan.
- 2 Claims Center:** View and organize details such as payments, dates of service, provider names, claims status and more.
- 3 My Health:** Make more informed health care decisions by reading about health and wellness topics and researching specific conditions.
- 4 Doctors & Hospitals:** Use Provider Finder® to locate a network doctor, hospital or other health care provider, and get driving directions.
- 5 Forms & Documents:** Use the form finder to get medical, dental, pharmacy and other forms quickly and easily.
- 6 Message Center:** Communicate with a Customer Service Advocate here. You can also learn about updates to your benefit plan and receive promotional information via secure messaging.
- 7 Quick Links:** Go directly to some of the most popular pages, such as medical coverage, replacement ID cards, manage preferences and more.
- 8 View My Plan:** See the details of your current health plan, as well as other plans you've had in the past.
- 9 Settings:** Set up notifications and alerts to receive updates via text and email, review your member information and change your secure password at anytime.
- 10 Help:** Look up definitions of health insurance terms, get answers to frequently asked questions and find Health Care School articles and videos.
- 11 Contact Us:** Here you can find contact information to reach a Customer Service Advocate with any questions you may have about your plan.



BlueCross BlueShield of Oklahoma

Powered by
MDLIVE®

Care When and
Where You Need It
Just Got Easier

Virtual Visits

Convenient health care
at your fingertips



Getting sick is never convenient, and finding time to get to the doctor can be hard. Blue Cross and Blue Shield of Oklahoma (BCBSOK) provides you and your covered dependents access to care for non-emergency medical issues and behavioral health needs through MDLIVE.

Whether you're at home or traveling, access to an independently contracted board-certified doctor is available 24 hours a day, seven days a week. You can speak to a doctor immediately or schedule an appointment based on your availability. Virtual visits can also be a better alternative than going to the emergency room or urgent care center.

MDLIVE doctors or therapists can help treat the following conditions and more:

General Health

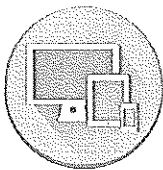
- ◊ Allergies
- ◊ Asthma
- ◊ Nausea
- ◊ Sinus infections

Pediatric Care

- ◊ Cold
- ◊ Flu
- ◊ Ear problems
- ◊ Pinkeye

Behavioral Health

- ◊ Anxiety/depression
- ◊ Child behavior/learning issues
- ◊ Marriage problems



Connect

Computer, smartphone,
tablet or telephone



Interact

Real-time consultation with a
board-certified doctor or therapist



Diagnose

Prescriptions sent electronically
to a pharmacy of your choice
(when appropriate)



Website:

Visit the website

MDLIVE.com/BCBSOK

- ◊ Choose a doctor
- ◊ Video chat with the doctor
- ◊ You can also access through
Blue Access for MembersSM



Mobile app:

- ◊ Download the MDLIVE app from the Apple
App StoreSM or Google PlayTM Store
- ◊ Open the app and choose an MDLIVE doctor
- ◊ Chat with the doctor from your mobile
device



Telephone:

- ◊ Call MDLIVE **(888-676-4204)**
- ◊ Speak with a health service specialist
- ◊ Speak with a doctor

Get connected today!

**To register, you'll need to provide your first and last name,
date of birth and BCBSOK member ID number.**

Internet/Wi-Fi connection is needed for computer access. Data charges may apply. Check your cellular data or internet service provider's plan for details. Non-emergency medical service in Idaho, Montana and New Mexico is limited to interactive audio/video (video only), along with the ability to prescribe. Non-emergency medical service in Arkansas is limited to interactive audio/video (video only) for initial consultation, along with the ability to prescribe. Behavioral health service is limited to interactive audio/video (video only), along with the ability to prescribe in all states. Service availability depends on location at the time of consultation.

Virtual visits, powered by MDLIVE, 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. MDLIVE operates subject to state regulations and may not be available in certain states. MDLIVE is not an insurance product or a prescription fulfillment warehouse. MDLIVE does not guarantee that a prescription will be written. MDLIVE does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. MDLIVE physicians reserve the right to deny care for potential misuse of services.

MDLIVE, an independent company, operates and administers the virtual visit program 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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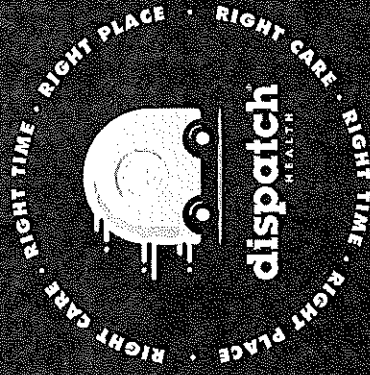
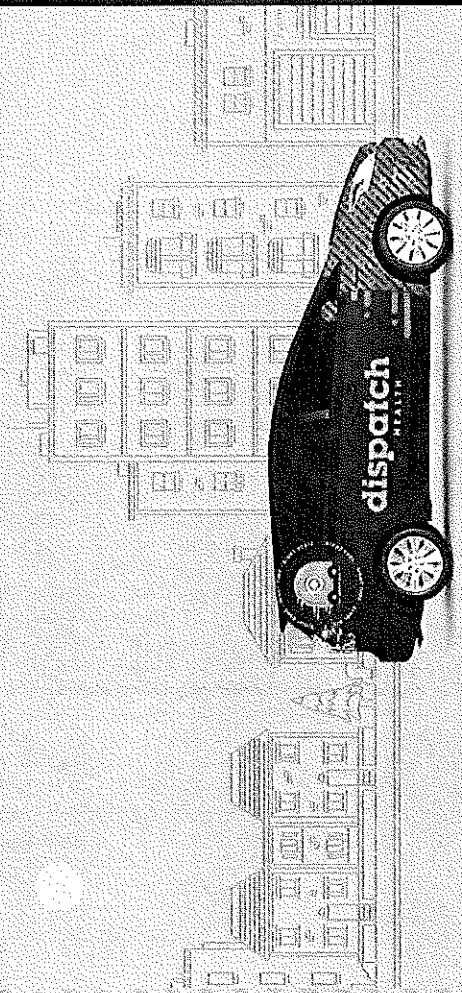
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Windows is a registered mark of Microsoft[®]

BRICKS BACK THE HOUSE CALL

DISPATCH HEALTH PROVIDES CONVENIENT
URGENT CARE IN THE CONVENIENCE OF
YOUR HOME.

Avoid unnecessary expenses and times in the ER. Dispatch Health
can treat pains, sprains, cuts, wounds, rashes, high fevers, upset
respiratory, infections and much more. Our medical teams are
equipped with all the tools necessary to provide advanced
medical care in the comfort of your home. No more ER waits
or fees.



INJURIES & ILLNESSES WE TREAT

Common Ailments

- Fever - Flu - Dehydration
- Headaches
- Urinary tract infection
- + More

Eye

- Eye infection
- Pink Eye
- Object in the eye
- + More

Neurological

- Vertigo (dizziness)
- Weakness
- Migraines
- + More

Ear, Nose & Throat

- Sore Throat
- Ear infection or pain
- Sinus infection
- Nosebleeds
- + More

Gastrointestinal

- Diarrhea
- Heartburn
- Constipation
- Nausea and vomiting
- + More

Procedures We

Perform

- IV placement
- IV fluids
- Stitches
- Splinting
- Advanced on-site blood testing
- Lancing of abscess (boil)
- Urinary catheter insertion
- Infectious disease testing (flu, strep, mono, RSV)
- + More

Musculoskeletal

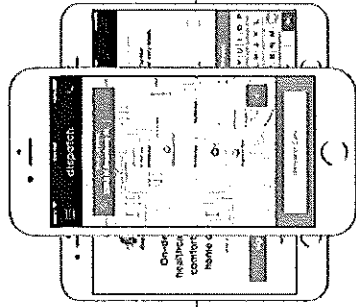
- Joint or back pain
- Strains or sprains
- Minor bone breaks
- + More

Skin

- Hives - Allergic reactions
- Skin abscess (boil)
- Cuts that need stitches
- Cellulitis
- + More

Respiratory

- Asthma attacks
- Bronchitis
- COPD exacerbations
- + More



DOWNLOAD THE APP



ON-DEMAND HEALTHCARE 7 DAYS A WEEK | 8AM-8PM

REQUEST CARE ONLINE AT [DISPATCHHEALTH.COM](https://dispatchhealth.com)

OR CALL US AT: 405-213-0190

HOW IT WORKS

QUICK. EFFICIENT. AFFORDABLE.

We are a covered service for all Blue Cross and Blue Shield of Oklahoma members. Please contact DispatchHealth for more information about your specific insurance plan. In addition, an affordable flat fee is available for uninsured patients.

We accept health savings account (HSA) or flexible spending account (FSA) cards as a form of payment.

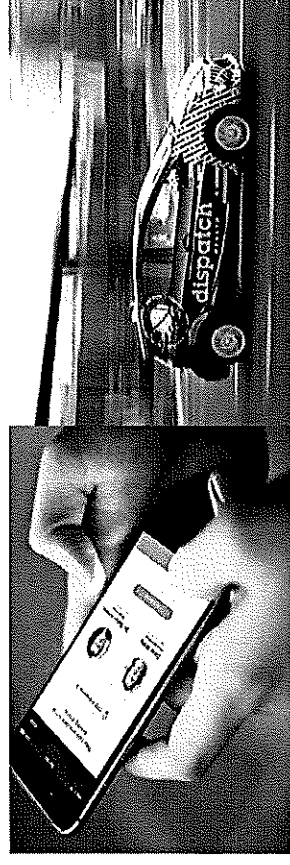
FOLLOW US FOR UPDATES:



A TEAM YOU CAN TRUST

ER-TRAINED & BOARD CERTIFIED

For every house call we dispatch a medical team comprised of an ER-trained Physician Assistant or Nurse Practitioner with support from a medical technician and a virtual physician who is available at all times.



Dispatch Health Zip Code Service Area January 2019

73003			73135		
73008			73136	Added	OKC
73012			73137	Added	OKC
73013			73139		
73025			73140	Added	OKC
73034			73141		
73064			73142		
73069	Added	Norman	73143	Added	OKC
73083	Added		73144	Added	OKC
73084	Added	Spencer	73145		
73085	Added	Yukon	73146	Added	OKC
73097	Added	Wheatland	73147	Added	OKC
73099			73148	Added	OKC
73102			73149		
73103			73150	Added	OKC
73104	Added	OKC	73151		
73105			73152	Added	OKC
73106			73153	Added	OKC
73107			73154	Added	OKC
73108			73156	Added	OKC
73109			73157	Added	OKC
73110			73159		
73111			73160		
73112			73162		
73113	Added	OKC	73163	Added	OKC
73114			73164	Added	OKC
73115			73165	Added	OKC
73116			73169		
73117			73170		
73118			73172	Added	OKC
73119			73173	Added	OKC
73120			73178	Added	OKC
73121			73179		
73122	Added	OKC	73184	Added	OKC
73123	Added	OKC	73185	Added	OKC
73124	Added	OKC	73189	Added	OKC
73125	Added	OKC	73190	Added	OKC
73126	Added	OKC	73193	Added	OKC
73127			73194	Added	OKC
73128			73195	Added	OKC
73129			73196	Added	OKC
73130			73197	Added	OKC
73131			73198	Added	OKC
73132			73199	Added	OKC



Prior Authorization Program

Blue Cross and Blue Shield of Oklahoma is working to find ways to manage the rising cost of prescription drugs. Your benefit plan uses tools, such as prior authorization, that can help control costs for everyone.

What is prior authorization?

The prior authorization program encourages safe and cost-effective medication use. The program applies to certain high-cost drugs that have the potential for misuse. Before medications included in the prior authorization program can be covered under your benefit plan, your doctor will need to get approval through Blue Cross and Blue Shield of Oklahoma.

If you are already taking or are prescribed a drug that is part of the prior authorization program, your doctor can submit a prior authorization request form so your prescription can be considered for coverage. Your doctor can find prior authorization forms on the provider website at bcbsok.com. Doctors may also call 800-991-5643 with questions, or to get a form.

How does the program work?

If the prior authorization request is approved: You will pay the appropriate amount based on your prescription drug benefit when you fill your prescription.

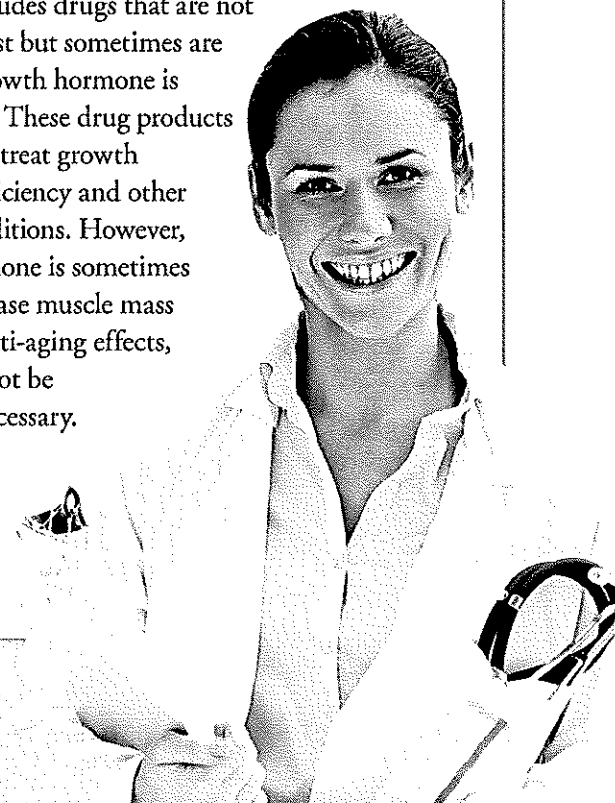
**Treatment decisions are
always between you
and your doctor.**

If the prior authorization request is not approved:

The medication will not be covered under your prescription drug benefit. You can still purchase the medication, but you will be responsible for the full cost. Or, you can talk to your doctor to find out if another drug might be right for you. Remember, treatment decisions are *always* between you and your doctor. As always, the appeal rights provided by your benefit plan are available to you.

Why are only certain drugs included in the program?

The program's goal is to promote safe, cost-effective medication use. Therefore, the prior authorization program includes drugs that are not only high-cost but sometimes are misused. Growth hormone is one example. These drug products are meant to treat growth hormone deficiency and other medical conditions. However, growth hormone is sometimes used to increase muscle mass and for its anti-aging effects, which may not be medically necessary.



What should I do if I take a drug that is part of the program?

If you are already taking a medication that becomes part of a prior authorization program for your prescription drug benefit: your doctor will need to submit a prior authorization request for your prescription before you can continue to receive coverage for the drug.

If you start taking a medication that is included in the prior authorization program for your prescription drug benefit: your doctor will need to submit a prior authorization request before the drug can be covered under your benefit plan.

What medications are included in the prior authorization program?

The box above right shows examples of drug categories which may be included in the prior authorization program. To see a sample list of drugs in these categories, go to bcbsok.com/member/prescriptiondrugs and scroll down to the *Prior Authorization/Step Therapy Program* section. If you have questions about the prior authorization program, or to find out if a particular drug is included in the program, call the number on the back of your ID card.

Drug Categories Which May Be Included in the Prior Authorization Program*

Androgens/Anabolic Steroids
Antifungal Agents
Erectile Dysfunction
Narcolepsy
Specialty Medications

* Categories may be added or removed and the program may change from time to time.

Tools such as prior authorization encourage safe and cost-effective medication use, and help manage the rising cost of prescription drugs – for everyone.



The prior authorization program encourages safe and cost-effective medication use.

bcbsok.com



Step Therapy Program

Blue Cross and Blue Shield of Oklahoma is working to find ways to manage the rising cost of prescription drugs. Your benefit plan uses tools, such as step therapy, that can help control costs for everyone.

What is step therapy?

The step therapy program encourages safe and cost-effective medication use. Under this program, a “step” approach is required to receive coverage for certain high-cost medications. This means that to receive coverage you may need to first try a proven, cost-effective medication before using a more costly treatment, if needed. Remember, treatment decisions are *always* between you and your doctor.

Don't more expensive drugs work better?

Not necessarily. A higher cost does not automatically mean a drug is better. For example, a brand drug may have a less-expensive generic or brand alternative that might be an option for you. Generic and brand drugs must meet the same standards set by the U.S. Food and Drug Administration for safety and effectiveness. Work with your doctor to determine which medication options are best for you.

Work with your doctor to determine which medication options are best for you.

How does the program work?

The step therapy program requires that you have a prescription history for a “first-line” medication before your benefit plan will cover a “second-line” drug.

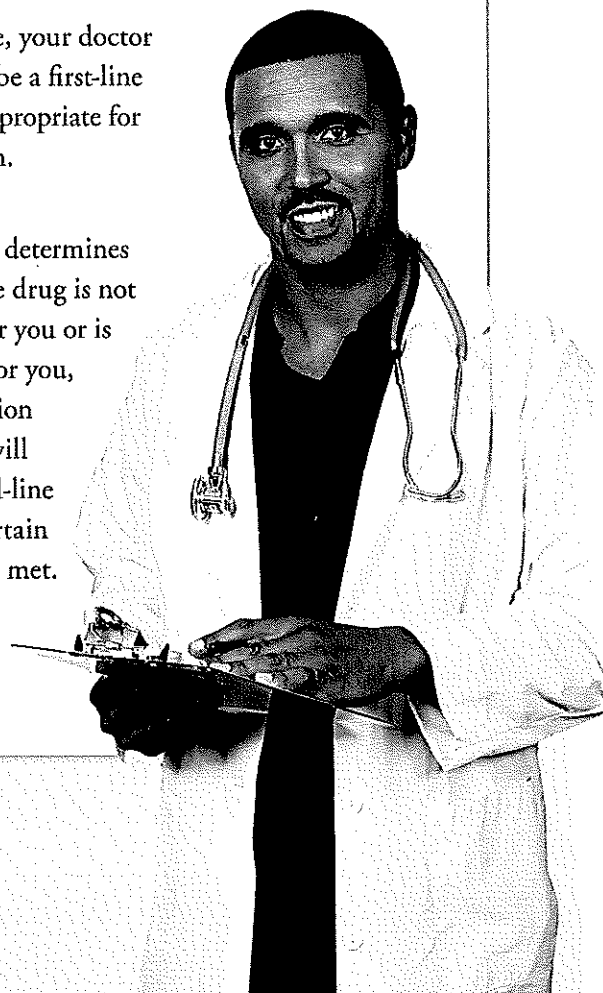
- A first-line drug is recognized as safe and effective in treating a specific medical condition, as well as being cost-effective.
- A second-line drug is a less-preferred or sometimes more costly treatment option.

Step 1

When possible, your doctor should prescribe a first-line medication appropriate for your condition.

Step 2

If your doctor determines that a first-line drug is not appropriate for you or is not effective for you, your prescription drug benefit will cover a second-line drug when certain conditions are met.



What should I do if I take a drug that is part of the step therapy program?

If you are already taking a medication that is part of the step therapy program: you may not be affected. Call the number on the back of your ID card to find out.

If you start taking a medication that is included in a step therapy program for your prescription drug benefit: your doctor will need to write you a prescription for a first-line medication or submit a prior authorization request for the prescription before you can receive coverage for the drug. Your doctor can find prior authorization forms on the provider website at bcbsok.com. Doctors may also call 800-991-5643 with questions, or to get a form.

What medications are included in the step therapy program?

The box above right shows examples of drug categories that may be included in the step therapy program. To see a sample list of drugs in these categories, go to bcbsok.com/member/prescriptiondrugs and scroll down to the *Prior Authorization/Step Therapy Program* section. If you have questions about the step therapy program, or to find out if a particular drug is included in the program, call the number on the back of your ID card.

Drug Categories Which May Be Included In the Step Therapy Program*

Cholesterol
Depression
Diabetes
Specialty Medications

* Categories may be added or removed and the program may change from time to time.

Tools such as step therapy encourage safe and cost-effective medication use, and help manage the rising cost of prescription drugs – for everyone.

The step therapy program encourages safe and cost-effective medication use.



bcbsok.com

24/7 Nurseline

Nurses available
anytime you
need them



**BlueCross BlueShield
of Oklahoma**



**Call the 24/7 Nurseline with
any health questions.**

Toll-free: 800-581-0407

Hours of Operation: Anytime

Health happens – good or bad, 24 hours a day, seven days a week. That is why we have registered nurses waiting to talk to you whenever you call our 24/7 Nurseline.

Our nurses can answer your health questions and try to help you decide whether you should go to the emergency room or urgent care center or make an appointment with your doctor. You can also call the 24/7 Nurseline whenever you or your covered family members need answers to health questions about:

- ◊ Asthma
- ◊ Back pain
- ◊ Diabetes
- ◊ Dizziness or severe headaches
- ◊ High fever
- ◊ A baby's nonstop crying
- ◊ Cuts or burns
- ◊ Sore throat
- ◊ And much more

Plus, when you call, you can access an audio library of more than 1,000 health topics – from allergies to surgeries – with more than 500 topics available in Spanish.

Note: For medical emergencies, call 911. This program is not a substitute for a doctor's care. Talk to your doctor about any health questions or concerns.

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

Blue Care Connection®



BlueCross BlueShield of Oklahoma

Well onTarget®

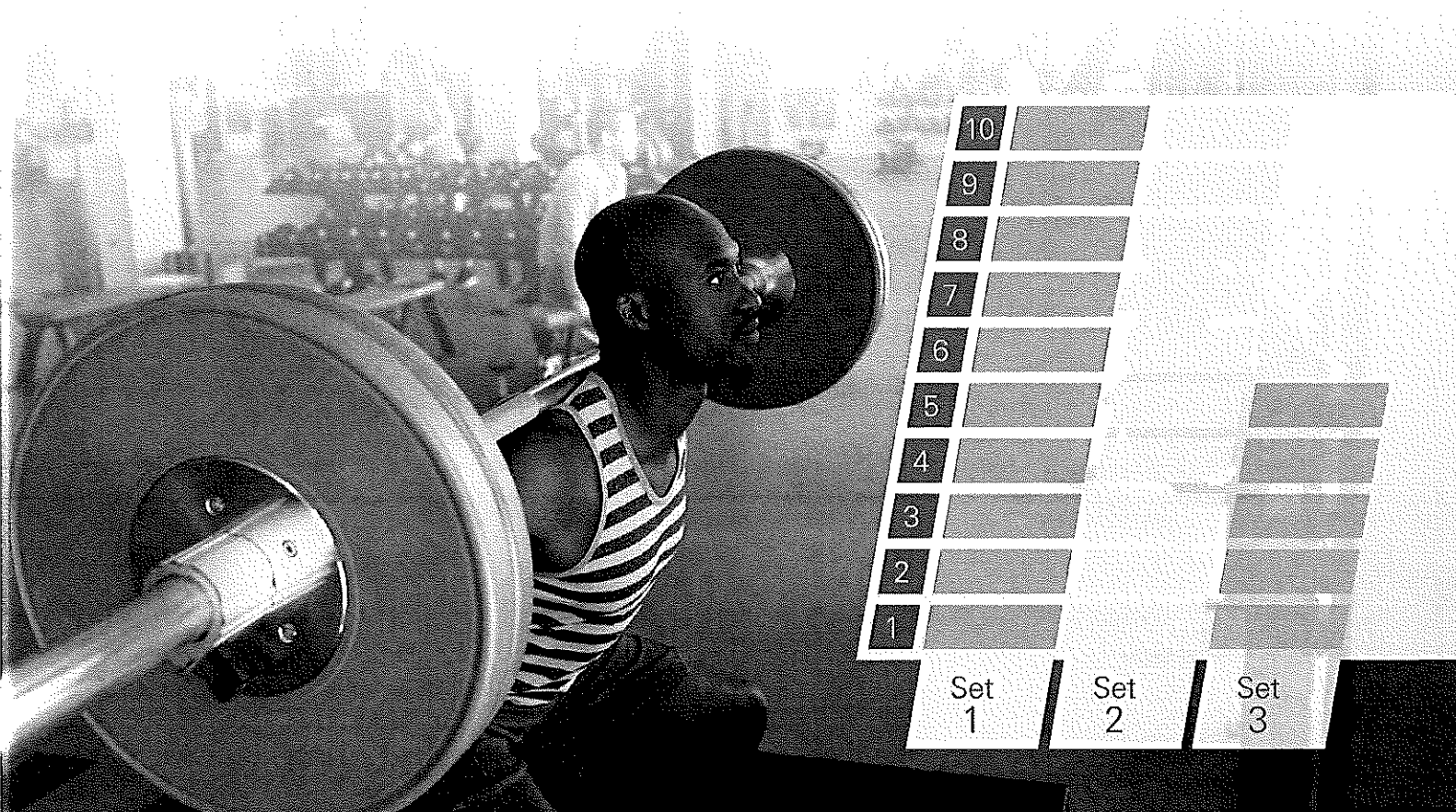
Make Your Fitness Program Membership Work for You!

Fitness can be easy, fun and affordable. Well onTarget makes it possible with the Fitness Program.

Since you are a Blue Cross and Blue Shield of Oklahoma member, the Fitness Program is available exclusively to you and your covered dependents (age 18 and older). The program gives you unlimited access to a nationwide network of more than 10,000 fitness locations. If you want, you can choose one gym close to home and one near work. You can visit gyms while you're on vacation or traveling for work.

Other program perks include:

- No long-term contract: Membership is month to month. Monthly fees are \$25 per month per member, with a one-time enrollment fee of \$25 per member.*
- Complementary and Alternative Medicine (CAM) discounts: Save money through a nationwide network of 40,000 health and well-being providers, such as acupuncturists, massage therapists and personal trainers.
- Web resources: You can go online to locate gyms and track your visits.
- Convenient payment: Monthly fees are paid via automatic credit card or bank account withdrawals.

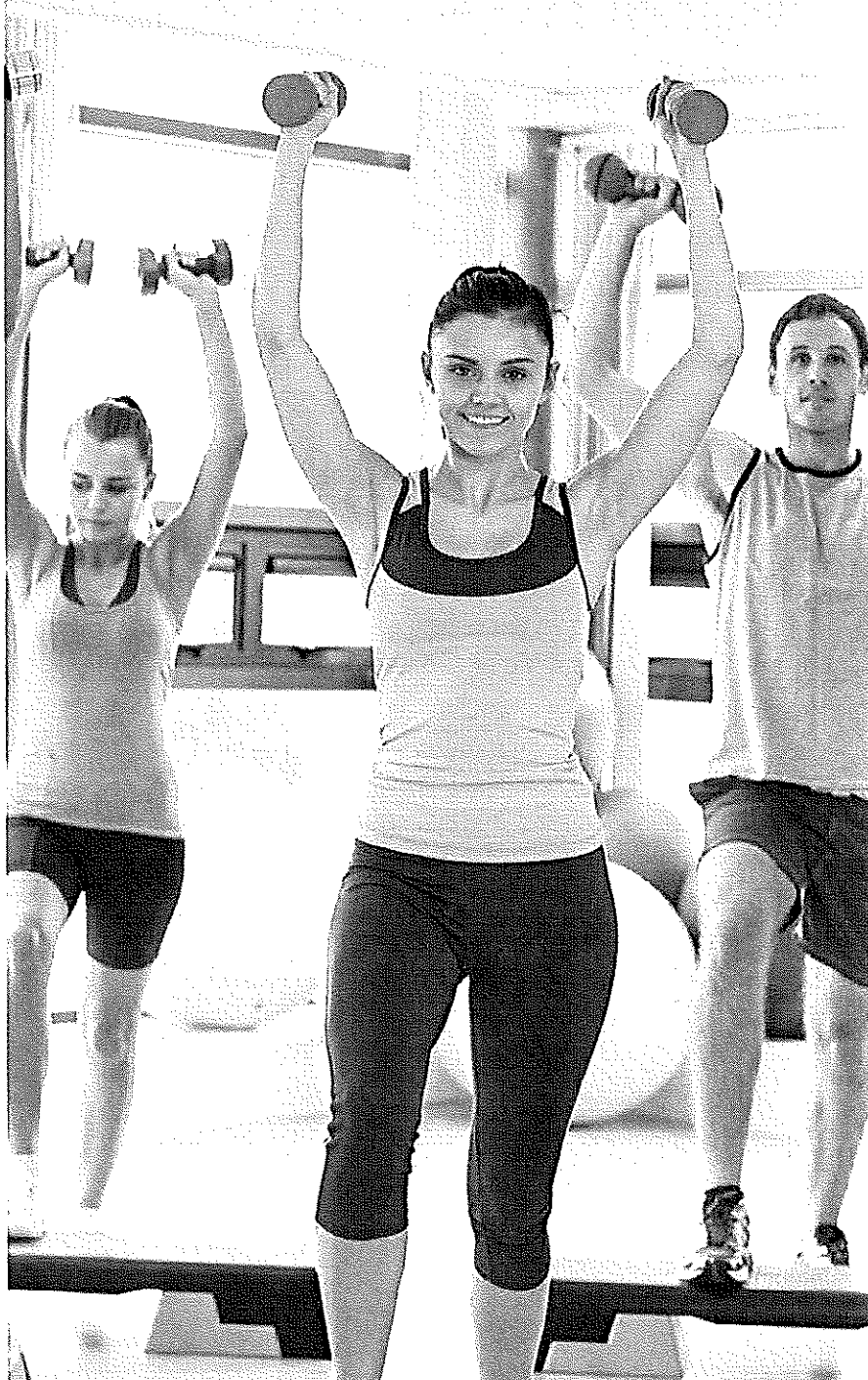


ARE YOU READY FOR FITNESS?

It's easy to sign up:

1. Go to bcbsok.com and log in to Blue Access for MembersSM.
2. Under "Quick Links," choose "Fitness Program." On this page, you can enroll, search for nearby fitness locations and learn more about the program.
3. Click "Enroll Now." Then search and select the fitness center that is best for you. Remember, you can visit any participating fitness location after you sign up.
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).



* The one-time enrollment fee and monthly membership fee for the Fitness Program are both subject to applicable taxes.

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

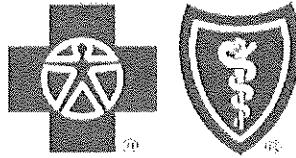
Blue Cross and Blue Shield of Oklahoma, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association

73429.0118

Find fitness buddies, take a class and try something new! Join the Fitness Program today to help you reach your health and wellness goals.

BC/BS of Oklahoma

Dental Plan



**BlueCross BlueShield
of Oklahoma**

Benefit Summary



BlueCross BlueShield
of Oklahoma

BlueCare Dental PPOSM

Voluntary

Plan ID: DONHR23

This information only provides a summary of the benefits for this Dental Plan. Please refer to your Dental Benefit Booklet for additional benefit information. The Deductibles, Coinsurance and Benefit Period Maximum shown below are subject to change as permitted by applicable law.

Summary of Dental Benefits

Program Basics

In Network

Out of Network**

Benefit Period Maximum	\$1,500	
Deductible	\$50 Individual/\$150 Family	\$50 Individual/\$150 Family
Covered Services		
Diagnostic Evaluations Periodic oral evaluations Problem focused oral evaluations Comprehensive oral evaluations	100% (Deductible does not apply)	100% (Deductible does not apply)
Preventive Services Prophylaxis (cleanings) Topical fluoride applications	100% (Deductible does not apply)	100% (Deductible does not apply)
Diagnostic Radiographs Full-mouth and panoramic films Bitewing films Periapical films	100% (Deductible does not apply)	100% (Deductible does not apply)
Miscellaneous Preventive Services Sealants Space maintainers	100% (Deductible does not apply)	100% (Deductible does not apply)
Basic Restorative Dental Services Amalgams Resin-based composite restorations	80%	80%
Non-Surgical Extractions Removal of retained coronal remnants Removal of erupted tooth or exposed root	80%	80%
Non-Surgical Periodontal Services Periodontal scaling and root planing Full-mouth debridement Periodontal maintenance procedures	80%	80%
Adjunctive Services Palliative treatment (emergency) Deep sedation / general anesthesia	80%	80%
Endodontic Services Therapeutic pulpotomy and pulpal debridement Root canal therapy Apexification/recalcification	80%	80%

In Network

Out of Network**

Covered Services (continued)

Oral Surgery Services Surgical tooth extractions Alveoloplasty and vestibuloplasty Excision of benign odontogenic tumor/cyst Excision of bone tissue Incision and drainage of an intraoral abscess	80%	80%
Surgical Periodontal Services Gingivectomy or gingivoplasty and gingival flap procedures Clinical crown lengthening Osseous surgery Osseous grafts Soft tissue grafts/allografts Distal or proximal wedge procedure Anatomical crown exposures	80%*	80%*
Major Restorative Services Single crown restorations Gold foil and inlay/onlay restorations Labial veneer restorations Crowns placed over implants	50%*	50%*
Prosthodontic Services Complete and removable partial dentures Denture reline/rebase procedures Fixed bridgework Prosthetics placed over implants	50%*	50%*
Miscellaneous Restorative and Prosthodontic Services Prefabricated crowns Recementations Post and core, pin retention and crown/bridge repairs Adjustments	50%*	50%*

Orthodontic Services

Orthodontic Services Orthodontic Diagnostic Procedures and Treatment Lifetime Maximum per Participant	Not Covered
--	-------------

*A 12 month waiting period applies for these services.

Dental implants are not covered.

The above is a listing of common services available through your network of Participating Dentists.

The Member's share of the cost is determined by whether care is received from a Participating or Non-Participating Dentist.

**Services from non-participating providers will be subject to reasonable and customary allowances, as determined by the Company. Amounts in excess of these allowances will be the full responsibility of the insured.

This plan includes BlueCare Dental Enhanced BenefitSM. The Enhanced Benefit provides additional dental benefits, such as an extra cleaning and 100% coverage for periodontal cleanings to members with specific health issues at no additional cost. Please refer to your Dental Benefit Booklet for additional benefit information.

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

VSP

Vision Plan



Benefit Summary

Your VSP Vision Benefits Summary

PATCO ELECTRICAL SERVICES, INC. and VSP provide you with an affordable eyecare plan.



VSP Provider Network: VSP Choice

Benefit	Description	Copay	Frequency
WellVision Exam			
	• Focuses on your eyes and overall wellness	\$10	Every 12 months
Prescription Glasses			
		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> • \$130 allowance for a wide selection of frames • \$150 allowance for featured frame brands • 20% savings on the amount over your allowance 	Included in Prescription Glasses	Every 24 months
Lenses	<ul style="list-style-type: none"> • Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Enhancements	<ul style="list-style-type: none"> • Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 20-25% on other lens enhancements 	\$55 \$95 - \$105 \$150 - \$175	Every 12 months
Contacts (Instead of glasses)	<ul style="list-style-type: none"> • \$130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Extra Savings	<p>Glasses and Sunglasses</p> <ul style="list-style-type: none"> • Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. • 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. <p>Retinal Screening</p> <ul style="list-style-type: none"> • No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam <p>Laser Vision Correction</p> <ul style="list-style-type: none"> • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities 		

Your Coverage with Out-of-Network Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP network provider.

Exam.....up to \$45	Single Vision Lenses.....up to \$30	Lined Trifocal Lenses.....up to \$65	Contacts.....up to \$105
Frame.....up to \$70	Lined Bifocal Lenses.....up to \$50	Progressive Lenses.....up to \$50	

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Contact us, 800.877.7195 | vsp.com

¹ Brands/Promotion subject to change.

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**Protect
your vision
with VSP.**

**Get the best in eyecare and eyewear
with PATCO ELECTRICAL SERVICES,
INC. and VSP® Vision Care.**



Why enroll in VSP? We invest in the things you value most—the best care at the lowest out-of-pocket costs. Because we're the only national not-for-profit vision care company, you can trust that we'll always put your wellness first.

You'll like what you see with VSP.

- **Value and Savings.** You'll enjoy more value and the lowest out-of-pocket costs.
- **High Quality Vision Care.** You'll get the best care from a VSP provider, including a WellVision Exam®—the most comprehensive exam designed to detect eye and health conditions. Plus, when you see a VSP provider, your satisfaction is guaranteed.
- **Choice of Providers.** The decision is yours to make—choose a VSP provider or any out-of-network provider.
- **Great Eyewear.** It's easy to find the perfect frame at a price that fits your budget.

Enroll in VSP today.
You'll be glad you did.

Contact us. 800.877.7195
vsp.com

Using your VSP benefit is easy.

- **Register at vsp.com.** Once your plan is effective, review your benefit information.
- **Find an eyecare provider who's right for you.** To find a VSP provider, visit vsp.com or call 800.877.7195.
- **At your appointment, tell them you have VSP.** There's no ID card necessary. If you'd like a card as a reference, you can print one on vsp.com.

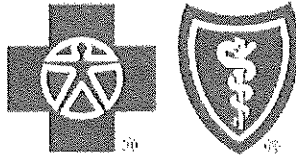
That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP provider.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like Anne Klein, bebe®, Calvin Klein, Flexon®, Lacoste, Nike, Nine West, and more¹. Visit vsp.com to find a VSP provider who carries these brands.

BC/BS of Oklahoma

Voluntary Life, AD&D



**BlueCross BlueShield
of Oklahoma**

Benefit Summary



**BlueCross BlueShield
of Oklahoma**

Group Benefit Program Summary for

PATCO ELECTRICAL SERVICES, INC. -

F020031

Voluntary 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	\$10,000 - \$150,000 in increments of \$10,000
Guarantee Issue Amount* Employee	\$150,000 *new hires
Group Term Life/AD&D Benefit: Spouse (Includes Domestic Partners)	\$5,000 - \$75,000 in increments of \$5,000, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount - Spouse	\$30,000
Group Term Life/AD&D Benefit: Child(ren)	Birth to 14 days: \$250 Age 15 days to 6 months: \$250 Age 6 months to 25 years (25 and over if full-time student): \$10,000
Age Reduction Schedule	Life and AD&D benefits reduce by 35% of the original amount at age 65 and further reduce to 40% of the original amount at age 70 and 25% of the original amount at age 75.
Employee Contribution	100 percent
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 75% 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 \$250,000. The amount of group term life insurance otherwise payable upon the employee's death will be reduced by the ADB.
Portability Feature (Life Coverage)	Included (employee)
Conversion Privilege (Life Coverage)	Included
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.
Exclusions	One-year suicide exclusion applies to Voluntary Group Term Life coverage. AD&D exclusions are the same as Basic AD&D exclusions.

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.

Insurance products issued by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Blue Cross and Blue Shield of Oklahoma, is the trade name of Dearborn Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. 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 Cross and Blue Shield Plans.

Group AD&D is an additional death benefit that pays in the event a covered employee dies or is dismembered in a covered accident. AD&D benefit is 24-hour coverage.

AD&D Schedule of Loss* Principal Sum

Loss of life	100%
Loss of both hands or both feet	100%
Loss of one hand and one foot	100%
Loss of speech and hearing	100%
Loss of sight of both eyes	100%
Loss of one hand and sight of one eye	100%
Loss of one foot and sight of one eye	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Loss of sight of one eye	50%
Loss of one hand or one foot	50%
Loss of speech or hearing	50%
Loss of thumb and index finger of same hand	25%
Uniplegia	25%

*Loss must occur within 365 days of accident.

AD&D PRODUCT FEATURES INCLUDED:

- ▲ Seatbelt and Airbag Benefits
- ▲ Repatriation Benefit
- ▲ Education Benefit

EXCLUSIONS

Unless specifically covered in the policy, or required by state law, we will not pay any AD&D benefit for any loss that directly or indirectly, results in any way from or is contributed to by:

1. disease of the mind or body, or any treatment thereof
2. infections, except those from an accidental cut or wound
3. suicide or attempted suicide
4. intentionally self-inflicted injury
5. war or act of war
6. travel or flight in any aircraft while a member of the crew
7. commission of, or participation in a felony
8. under the influence of certain drugs, narcotics, or hallucinogen unless properly used as prescribed by a physician or
9. intoxication as defined in the jurisdiction where the accident occurred
10. participation in a riot

This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage.

Voluntary Life and AD&D
PREMIUM RATE GRID



PATCO ELECTRICAL SERVICES, INC. - F020031

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.

Voluntary Life and AD&D

Employee Benefit: **\$10,000 to \$150,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$75,000 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 **\$30,000**

*NEW HIRES ONLY

Child Coverage

Birth to 14 days: **\$250**
15 days to 6 months: **\$250**
6 months to age 25: **\$10,000**
(25 and over if a full time Student)

Life and AD&D benefits reduce by 35% of the original amount at age 65 and further reduce to 40% of the original amount at age 70 and 25% of the original amount at age 75

Voluntary 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	70-74
\$10,000	\$0.90	\$0.90	\$0.90	\$1.30	\$1.30	\$2.80	\$2.80	\$8.10	\$8.10	\$16.70	\$16.70	\$148.90
\$20,000	\$1.80	\$1.80	\$1.80	\$2.60	\$2.60	\$5.60	\$5.60	\$16.20	\$16.20	\$33.40	\$33.40	\$297.80
\$30,000	\$2.70	\$2.70	\$2.70	\$3.90	\$3.90	\$8.40	\$8.40	\$24.30	\$24.30	\$50.10	\$50.10	\$446.70
\$40,000	\$3.60	\$3.60	\$3.60	\$5.20	\$5.20	\$11.20	\$11.20	\$32.40	\$32.40	\$66.80	\$66.80	\$595.60
\$50,000	\$4.50	\$4.50	\$4.50	\$6.50	\$6.50	\$14.00	\$14.00	\$40.50	\$40.50	\$83.50	\$83.50	\$744.50
\$60,000	\$5.40	\$5.40	\$5.40	\$7.80	\$7.80	\$16.80	\$16.80	\$48.60	\$48.60	\$100.20	\$100.20	\$893.40
\$70,000	\$6.30	\$6.30	\$6.30	\$9.10	\$9.10	\$19.60	\$19.60	\$56.70	\$56.70	\$116.90	\$116.90	\$1,042.30
\$80,000	\$7.20	\$7.20	\$7.20	\$10.40	\$10.40	\$22.40	\$22.40	\$64.80	\$64.80	\$133.60	\$133.60	\$1,191.20
\$90,000	\$8.10	\$8.10	\$8.10	\$11.70	\$11.70	\$25.20	\$25.20	\$72.90	\$72.90	\$150.30	\$150.30	\$1,340.10
\$100,000	\$9.00	\$9.00	\$9.00	\$13.00	\$13.00	\$28.00	\$28.00	\$81.00	\$81.00	\$167.00	\$167.00	\$1,489.00
\$110,000	\$9.90	\$9.90	\$9.90	\$14.30	\$14.30	\$30.80	\$30.80	\$89.10	\$89.10	\$183.70	\$183.70	\$1,637.90
\$120,000	\$10.80	\$10.80	\$10.80	\$15.60	\$15.60	\$33.60	\$33.60	\$97.20	\$97.20	\$200.40	\$200.40	\$1,786.80
\$130,000	\$11.70	\$11.70	\$11.70	\$16.90	\$16.90	\$36.40	\$36.40	\$105.30	\$105.30	\$217.10	\$217.10	\$1,935.70
\$140,000	\$12.60	\$12.60	\$12.60	\$18.20	\$18.20	\$39.20	\$39.20	\$113.40	\$113.40	\$233.80	\$233.80	\$2,084.60
\$150,000	\$13.50	\$13.50	\$13.50	\$19.50	\$19.50	\$42.00	\$42.00	\$121.50	\$121.50	\$250.50	\$250.50	\$2,233.50

Employee	
Voluntary Life/AD&D	
Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.090
20-24	\$0.090
25-29	\$0.090
30-34	\$0.130
35-39	\$0.130
40-44	\$0.280
45-49	\$0.280
50-54	\$0.810
55-59	\$0.810
60-64	\$1.670
65-69	\$1.670
70+	\$14.890

Dependent Life (Children)	
Monthly Premium per Family	
Life/AD&D	
\$10,000	\$2.30

PATCO ELECTRICAL SERVICES, INC. - F020031

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.

Voluntary Life and AD&D

Employee Benefit: **\$10,000 to \$150,000 in \$10,000 increments.**

Spouse Benefit: **\$5,000 to \$75,000 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	\$30,000

*NEW HIRES ONLY

Child Coverage

Birth to 14 days:	\$250
15 days to 6 months:	\$250
6 months to age 25:	\$10,000
(25 and over if a full time Student)	

Life and AD&D benefits reduce by 35% of the original amount at age 65 and further reduce to 40% of the original amount at age 70 and 25% of the original amount at age 75

Voluntary Life and AD&D

Premium Cost (Based on 12 payroll deductions per year)

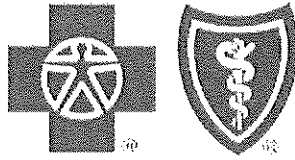
Benefit Amount	ATTAINED AGE											
	<20	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74
\$5,000	\$0.45	\$0.45	\$0.45	\$0.65	\$0.65	\$1.40	\$1.40	\$4.05	\$4.05	\$8.35	\$8.35	\$74.45
\$10,000	\$0.90	\$0.90	\$0.90	\$1.30	\$1.30	\$2.80	\$2.80	\$8.10	\$8.10	\$16.70	\$16.70	\$148.90
\$15,000	\$1.35	\$1.35	\$1.35	\$1.95	\$1.95	\$4.20	\$4.20	\$12.15	\$12.15	\$25.05	\$25.05	\$223.35
\$20,000	\$1.80	\$1.80	\$1.80	\$2.60	\$2.60	\$5.60	\$5.60	\$16.20	\$16.20	\$33.40	\$33.40	\$297.80
\$25,000	\$2.25	\$2.25	\$2.25	\$3.25	\$3.25	\$7.00	\$7.00	\$20.25	\$20.25	\$41.75	\$41.75	\$372.25
\$30,000	\$2.70	\$2.70	\$2.70	\$3.90	\$3.90	\$8.40	\$8.40	\$24.30	\$24.30	\$50.10	\$50.10	\$446.70
\$55,000	\$4.95	\$4.95	\$4.95	\$7.15	\$7.15	\$15.40	\$15.40	\$44.55	\$44.55	\$91.85	\$91.85	\$818.95
\$75,000	\$6.75	\$6.75	\$6.75	\$9.75	\$9.75	\$21.00	\$21.00	\$60.75	\$60.75	\$125.25	\$125.25	\$1,116.75

Spouse	
Voluntary Life/AD&D	
Monthly rates per \$1,000	
Age	Rates
Under 20	\$0.090
20-24	\$0.090
25-29	\$0.090
30-34	\$0.130
35-39	\$0.130
40-44	\$0.280
45-49	\$0.280
50-54	\$0.810
55-59	\$0.810
60-64	\$1.670
65-69	\$1.670
70+	\$14.890

Dependent Life (Children)	
Monthly Premium per Family	
Life/AD&D	
\$10,000	\$2.30

BC/BS of Oklahoma

Voluntary Critical Illness



**BlueCross BlueShield
of Oklahoma**

Benefit Summary



BlueCross BlueShield of Oklahoma

Group Benefit Program Summary for

PATCO ELECTRICAL SERVICES, INC. -

F020031

Voluntary Group Critical Illness Insurance

Our Group Critical Illness insurance provides you with the extra money you need to help cover the increased expenses, medical or otherwise, you face when you suffer a critical illness. The proceeds from your approved claim may be used however you wish.

Eligibility	All eligible, active full time employees
Benefit Amount: Employee	\$5,000 - \$10,000 in increments of \$5,000
Guarantee Issue Amount	\$10,000
Benefit Amount: Spouse (Includes Domestic Partners)	\$2,500 - \$5,000 in increments of \$2,500, not to exceed 50% of the employee benefit amount.
Guarantee Issue Amount - Spouse	\$5,000
Benefit Amount: Child(ren)	\$2,500
Critical Illness Benefit Qualification	Initial Diagnosis of a Covered Condition
Overall Benefit Maximum	Triple Protection: Up to 3 times the selected benefit amount
Wellness Benefit	\$50 dollars per calendar year for Employee and covered Spouse
Waiting Period	30 days from the effective date of coverage
Pre-Existing Conditions Limitation	A pre-existing condition is an illness or injury for which you have received treatment for, advice was rendered, prescribed or recommended within 12 months prior to your effective date. A pre-existing condition or a condition caused by a pre-existing condition within the first 12 months of your effective date will not be covered. If you increase your coverage amount, a new pre-existing condition period will apply to the increased amount.
Portability	Benefits are portable to age 65. Spouse and dependents may port their coverage only if the employee is also ported. You must be covered under the plan for 12 months and under age 60 to be eligible for Portability.
Age Reduction Schedule	Benefits reduce by 35% of the original amount at age 65 and further reduce by 50% of the original amount at age 70.

Covered Conditions

Invasive Cancer	100%	Carcinoma In Situ	25%
Heart Attack	100%	Heart Surgeries	25%
Stroke	100%	End Stage Renal Failure	100%
Major Organ Transplant	100%	Paralysis	100%
Major Burns	100%	Benign Brain Tumor	100%
Coma	100%	Loss of Sight Speech or Hearing	100%

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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Critical Illness Limitations and Exclusions

A pre-existing condition is any Illness or Injury for which You received medical treatment for, advice was rendered, prescribed or recommended within 12 months prior to the effective date of Your coverage. A pre-existing condition is not covered within the first 12 months of coverage.

Critical Illness benefits are payable for the initial diagnosis of a Covered Condition.

Critical Illness benefits are subject to a 30 day waiting period.

Critical Illness benefits are not payable for a Covered Condition more than once per lifetime.

The Critical Illness benefit terminates once 300% of the Benefit Amount under the Certificate is paid.

No benefits are payable for a Covered Condition if it results from: (a) the misuse of alcohol or taking of drugs (other than under the direction of a Physician, who is neither You, a member of Your immediate family, or Your business associate); (b) Injury received during active participation in a riot, strike or civil commotion, or any act incidental thereto; or (c) Your or your dependents participation or attempt to participate in any illegal activity.

Benefits are subject to any Reduction of Benefits provision which may be included in the Certificate.

Covered Conditions must be separated by 180 days to be eligible for benefits.

You or your covered dependent must be registered by the United Network of Organ Sharing (UNOS) in order for a Major Organ Transplant, or kidney transplant necessitated by Kidney (Renal) Failure to be a Covered Condition.

If an Injury or Illness causes more than one Covered Condition to occur, Critical Illness benefits are only payable under the greatest benefit level percentage and are payable once, up to 300% of the Benefit Amount under the Certificate.

This piece is for illustrative purposes only and is not a contract. It is intended to provide only a brief summary of the type of policy and Insurance coverage advertised. The policy provides the actual terms of coverage, including any exclusions, conditions and limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period. Refer to your certificate for complete details and limitations of coverage.

**VOLUNTARY CRITICAL ILLNESS INSURANCE
PREMIUM RATE GRID**



**BlueCross BlueShield
of Oklahoma**

PATCO ELECTRICAL SERVICES, INC. - F020031

Benefit Schedule

Employee: You may choose a benefit amount from \$5,000 to \$10,000 in \$5,000 increments

Spouse: \$2,500 to \$5,000 in increments of \$2,500 not to exceed 50% of the Employee's amount

Child: \$2,500

Guarantee Issue Amount

Employee: \$10,000

Spouse: \$5,000

Child: \$2,500

Employee Monthly Premium Cost

Based on 12 payroll deductions per year

Elected		ATTAINED AGE					
Benefit Amount		0-29	30-39	40-49	50-59	60-64	65-99
\$	5,000	\$3.10	\$4.52	\$9.13	\$18.29	\$30.53	\$50.55
\$	10,000	\$6.20	\$9.04	\$18.26	\$36.57	\$61.05	\$101.09

Spouse Monthly Premium Cost

Based on 12 payroll deductions per year

Elected		ATTAINED AGE					
Benefit Amount		0-29	30-39	40-49	50-59	60-64	65-99
\$	2,500	\$2.38	\$3.22	\$5.63	\$10.27	\$16.41	\$27.26
\$	5,000	\$4.76	\$6.43	\$11.27	\$20.54	\$32.81	\$54.52

Child Monthly Premium Cost

Based on 12 payroll deductions per year

Elected							
Benefit Amount							
\$	2,500	\$1.11					

This Premium Cost Chart is for illustrative purposes only; your premium cost may be slightly higher or lower due to rounding. This piece is intended to provide only a brief summary of the type of policy and insurance coverage advertised. The policy has exclusions, conditions, limitations, and reduction of benefits and/or terms under which the policy may be continued or discontinued. Refer to your certificate for complete details and limitations of coverage. The policy may be cancelled by the insurer at any time. The insurer reserves the right to change premium rates, but not more than once in a 12-month period.

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Annual Notices

NOTICES

PATIENT PROTECTION NOTICE

BC/BS of Oklahoma generally **requires/allows** the designation of a primary care provider. You have the right to designate any primary care provider who participates in our network and who is available to accept you or your family members. For information on how to select a primary care provider, and for a list of the participating primary care providers, contact the **BC/BS of Oklahoma** at **800.942.5837**.

For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from **BC/BS of Oklahoma** or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, contact the **BC/BS of Oklahoma** at **800.942.5837**.

WOMEN'S HEALTH AND 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 states 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 this plan.

If you would like more information on WHCRA benefits, call Human Resources.

INITIAL NOTICE OF YOUR HIPAA SPECIAL ENROLLMENT RIGHTS

Our records show you are eligible to participate in the **Patco Electrical Services, Inc.** Group 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 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 the Human Resources Department.

MICHELLE'S LAW

Michelle's Law requires group health plans to provide continued coverage for a dependent child covered under the plan if the child loses eligibility under the Group Health Medical Plan because of the loss of student status resulting from a medically necessary leave of absence from a post-secondary educational institution. If your child is covered under the Group Health Medical Plan, but will lose eligibility because of a loss of student status caused by a medically necessary leave of absence, your child may be able to continue coverage under our plan for up to one year during the medically necessary leave of absence. This coverage continuation may be available if on the day before the medically necessary leave of absence begins your child is covered under the Group Health Medical Plan and was enrolled as a student at a post-secondary educational institution.

A "medically necessary leave of absence" means a leave of absence from a post-secondary educational institution (or change in enrollment status in that institution) that (1) begins while the child is suffering from a serious illness or injury, (2) is medically necessary, and (3) causes the child to lose student status as defined under our plan.

The coverage continuation is available for up to one year after the first day of the medically necessary leave of absence and is the same coverage your child would have had if your child had continued to be a covered student and not needed to take a medical leave of absence. Coverage continuation may end before the end of one year if your child would otherwise lose eligibility under the plan.

If your child is eligible for this coverage continuation and loses coverage under the plan at the end of the continuation period, COBRA continuation may be available at the end of the Michelle's Law coverage continuation period.

If you have any questions concerning this notice or your child's right to continued coverage under Michelle's Law, please contact Human Resources.

NEWBORNS' AND MOTHERS HEALTH PROTECTION ACT (NMHPA)

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 the 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

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 January 31, 2020. Contact your State for more information on eligibility –

ALABAMA – Medicaid	COLORADO – Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711

ALASKA – Medicaid	FLORIDA – Medicaid
<p>The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx</p>	<p>Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268</p>
ARKANSAS – Medicaid	GEORGIA – Medicaid
<p>Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)</p>	<p>Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131</p>
CALIFORNIA – Medicaid	INDIANA – Medicaid
<p>Website: https://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-800-541-5555</p>	<p>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: http://www.indianamedicaid.com Phone 1-800-403-0864</p>
IOWA – Medicaid and CHIP (Hawki)	NEBRASKA – Medicaid
<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</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
KANSAS – Medicaid	NEVADA – Medicaid
<p>Website: http://www.kdheks.gov/hcf/default.htm Phone: 1-800-792-4884</p>	<p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihhipp.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</p>	<p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
<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>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>
MAINE – Medicaid	NEW YORK – Medicaid
<p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
MASSACHUSETTS – Medicaid and CHIP	NORTH CAROLINA – Medicaid
<p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>

MINNESOTA – Medicaid	NORTH DAKOTA – Medicaid
Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp [Under ELIGIBILITY tab, see “what if I have other health insurance?”] Phone: 1-800-657-3739	Website: http://www.nd.gov/dhs/services/medicalsev/mcicaid/ Phone: 1-844-854-4825
MISSOURI – Medicaid	OKLAHOMA – Medicaid and CHIP
Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005	Website: http://www.insureoklahoma.org Phone: 1-888-365-3742
MONTANA – Medicaid	OREGON – Medicaid
Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084	Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075
PENNSYLVANIA – Medicaid	RHODE ISLAND – Medicaid and CHIP
Website: https://www.dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx Phone: 1-800-692-7462	Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://www.coverva.org/hipp/ Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-855-242-8282
SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531

To see if any other states have added a premium assistance program since January 31, 2020, 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

OMB Control Number 1210-0137 (expires 1/31/2023)

GENERAL NOTICE OF COBRA CONTINUATION COVERAGE RIGHTS

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.

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 Human Resources.

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, Medicaid, 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.

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:

Patco Electrical Services, Inc.

Caleb Foshee

1509 S.E. 25th ST

Oklahoma City, Oklahoma, 73129

405.677.1327

MEDICARE PART D NOTICE

Important Notice from Patco Electrical Services, Inc. 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 **Patco Electrical Services, Inc.** 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. **Patco Electrical Services, Inc.** has determined that the prescription drug coverage offered by the **Patco Electrical Services, Inc. BC/BS of Oklahoma 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 **Patco Electrical Services, Inc.** coverage **will or will not** be affected. You **can or cannot** keep this coverage if you elect Part D, but the group health plan **will or will not** coordinate with Part D coverage.

If you do decide to join a Medicare drug plan and drop your current **Patco Electrical Services, 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 **Patco Electrical Services, 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.

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 **Patco Electrical Services, 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:	September 01, 2020
Name of Entity/Sender:	Patco Electrical Services, Inc.
Contact-Position/Office:	Caleb Foshee
Address:	1509 S.E. 25th ST
	Oklahoma City, Oklahoma, 73129
Phone:	405.677.1327

Disclaimers

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 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 booklet gives you an overview of the main features of your benefit plans. The plans are administered according to legal plan documents and insurance contracts. Although we have tried to summarize the provisions of these legal documents clearly and accurately, if any information contained herein conflicts with the legal documents, the legal documents will govern. For more detailed information on the plans and your legal rights under the plans, be sure to read the summary plan descriptions or request a copy of the plan documents. All benefits are subject to change from time to time and **Patco Electrical Services, Inc.** reserves the right to amend or cancel any benefits described in this booklet, with or without notice.

IMPORTANT: This benefit guide is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This benefit guide is not a contract and offers no contractual obligation on behalf of GBS. Policy forms for your reference will be made available upon request.



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This benefit guide prepared by