



2026

BENEFITS  
ENROLLMENT

Post-65 Retirees

# IT'S TIME FOR OPEN ENROLLMENT!

**November 1 – November 30, 2025**

**Join the virtual Open Enrollment  
meeting with**

**Blue Cross BlueShield**

**On October 30<sup>th</sup> or November 6<sup>th</sup>!**

**If you have questions, call into any of the  
virtual Q & A sessions listed below:**

**Call in Number: 689-223-3756**

Date	Time	Conference ID	Duration
10/30/2025	10 am	671 763 247#	1 hour
10/30/2025	2 pm	965 354 424#	1 hour
11/6/2025	10 am	571 214 190#	1 hour
11/6/2025	2 pm	571 214 190#	1 hour

## Things to know:

- Benefit elections will automatically renew in 2026 if you make no changes
- If enrolling eligible dependents, you will need their:
  - Social security number
  - Date of birth
- New billing administrator HRPro partners with OKHEEI! **New Payment Form to complete.**
- *Medicare plan carrier change to Blue Cross Blue Shield of Oklahoma*
  - 2 New Plans
- Confirm/update your life insurance beneficiaries

If you need assistance,  
please call the OKHEEI  
Employee Benefits Center

**(888) 965-4334**



## Welcome to HRPro

### Early Retirement Benefit Administration

**OKHEEI** has appointed HRPro to manage their Early Retiree & Retiree Benefit Plan effective 10/1/2025. HRPro has been in business over 35 years and is a trusted provider of HR and benefit administration services. Rest assured; your account is in good hands.

HRPro will assume the administration previously managed by Flexible Benefit Administrators. HRPro is committed to making the transition as seamless as possible. **First and foremost, plans, coverage, and rates will remain unchanged in 2025, guaranteeing seamless coverage for you and your covered family members during this transition. Looking ahead, new rates and plan updates for 2026 will be communicated during the upcoming Open Enrollment period.**

Starting for September 2025, monthly invoices will be mailed to you from HRPro, you will receive around October 3, 2025, and there are a few new items to mention:

- **New Payee** – Payments will need to be made payable to HRPro and remitted to the address on the invoice.
- **ACH Payment Option** – you can now elect to have your premiums automatically deducted from your bank account. No more hassle of sending a check. Just complete and return the ACH Authorization form enclosed with the invoice and we'll handle the rest. Payments will be deducted on the 5<sup>th</sup> of every month.

You also have the option (preferred) to provide an email to HRPro. We can then send an invoice monthly to your email. This invoice may be paid by mailing in payment or setting up autopay. Invoices will be mailed/mailed around the 1<sup>st</sup> of the month they are due, giving you plenty of time to get your payment in.

Makenzy Cross will be your new contact person at HRPro for premium payment inquiries. Her contact information is provided below for questions regarding premium payments or setting up or changing automatic payment methods.

Contact  
Makenzy Cross  
(248) 556-7974  
[mcross@hrpro.com](mailto:mcross@hrpro.com)

Feel free to reach out with any questions or concerns!  
We look forward to working with you!



# MEDICAL BENEFITS



## 2026 MEDICARE BENEFITS

NEW CARRIER		NEW CARRIER		NEW CARRIER	
Benefit	Blue Cross Group Medicare Advantage Open Access (PPO) High Plan	Blue Cross Group Medicare Advantage Open Access (PPO) Low Plan	Blue Cross BlueShield of Oklahoma Medicare Rx for Groups High Plan (PDP)	Blue Cross BlueShield of Oklahoma Medicare Rx for Groups Low Plan (PDP)	UnitedHealthcare® Group Senior Supplement plan
Annual medical out-of-pocket maximum	\$0	\$0	N/A	N/A	\$0
<b>Doctor Visits</b>					
Primary care provider	\$0 copay	\$0 copay	N/A	N/A	\$0 copay
Specialist	\$0 copay	\$0 copay	N/A	N/A	\$0 copay
Routine annual physical	\$0 copay	\$0 copay	N/A	N/A	\$0 copay
Virtual visits	\$0 copay	\$0 copay	N/A	N/A	\$0 copay
<b>Outpatient Services</b>					
Outpatient hospital & surgical services	\$0 copay	\$0 copay	N/A	N/A	\$0 copay
<b>Lab &amp; X-ray Services</b>					
Lab services	\$0 copay	\$0 copay	N/A	N/A	\$0 copay
Outpatient X-ray services	\$0 copay	\$0 copay	N/A	N/A	\$0 copay
Diagnostic (MRIs, CT scans)	\$0 copay	\$0 copay	N/A	N/A	\$0 copay
<b>Inpatient Services</b>					
Inpatient hospital care	\$0 copay	\$0 copay	N/A	N/A	\$0 copay
<b>Emergency Services</b>					
Emergency care	\$0 copay	\$0 copay	N/A	N/A	\$0 copay
Urgent Care	\$0 copay	\$0 copay	N/A	N/A	\$0 copay
<b>Additional benefits and programs not covered under Medicare</b>					
<b>Hearing Services</b>					
Hearing aids	\$500 allowance every three years	\$500 allowance every three years	N/A	N/A	Not covered
<b>Other Services</b>					
Fitness program	SilverSneakers	SilverSneakers	N/A	N/A	SilverSneakers
Virtual Visits	Included	Included	N/A	N/A	Included
<b>Part D Prescription Drugs</b>					
Prescription drug deductible	\$0	\$615	\$0	\$615	N/A
Tier 1 Preferred Generic	\$10	25%	\$10	25%	N/A
Tier 2 Generic Drugs	\$10	25%	\$10	25%	N/A
Tier 3 Preferred Brand	25% up to \$45 max	25%	25% up to \$45 max	25%	N/A
Tier 4 Non-Preferred	50% up to \$95 max	25%	50% up to \$95 max	25%	N/A
Tier 5 Specialty Drug	50% up to \$95 max	25%	50% up to \$95 max	25%	N/A
Max Out of Pocket	\$2,100	\$2,100	\$2,100	\$2,100	N/A

**Important Note:** This is only a brief summary of benefits. Please refer to the plan's Evidence of Coverage or Certificate of Coverage for a list of benefits and exclusions specific to the Oklahoma Higher Education Employees Interlocal Group (OKHEEI) retirees plan.

### Reminders:

- **See rates page for new rates in effect January 1st**
- Members enrolled in the new BCBS Medicare Plans will receive new ID cards in the mail no later than January 1st
- Be sure to provide your ID cards to your physicians and pharmacies after January 1st
- If you have questions regarding benefits or claims, please contact your insurance carrier (BCBS or United Healthcare). See page 7 for contact information
- If you have billing questions, please contact HRPro. See page 7 for contact information
- No action is required from employees unless changes to coverage or dependent information are needed. Your current medical plan selections will automatically carry over to the new carrier.

# DENTAL BENEFITS



Administered by Delta Dental

Services	Delta High			Delta Low			Delta Preventive
Network	PPO	Premier	OON	PPO	Premier	OON	PPO
Preventive/Diagnostic	100%	100%	100%	100%	100%	100%	100%*
Basic Restorative ( <i>Endodontics, Periodontic &amp; Oral Surgery</i> )	85%* <sup>^</sup>	70%* <sup>^</sup>	70%* <sup>^</sup>	75%* <sup>^</sup>	70%* <sup>^</sup>	70%* <sup>^</sup>	80%*
Major Restorative	60%*	50%*	50%*	60%*	50%*	50%*	N/A
Orthodontic	50% (Child Only to age 26)			N/A			N/A
Per Person Per Calendar Year Deductible	\$100/\$300			\$100/\$200			\$50/\$100
Annual Benefit Maximum	\$2000 Per Person			\$1000 Per Person			\$750 Per Person
Lifetime Orthodontic Benefit Maximum	\$2000 per Child (to age 26)			N/A			N/A

\*Per Person Per Calendar Year Deductible Applies (not to exceed 3 individual deductibles).

<sup>^</sup>Endodontics, Periodontics, and oral surgery only covered under the High and Low option plans.

Similar to the medical coverage, the annual deductible must first be reached for all covered Basic and Major Care (except for the Preventive Plan). The deductible does not apply to preventive care or orthodontia.

*The information contained herein is an example of benefits and not intended as a Dental Care Certificate. The information is not designed to serve as Evidence of Coverage for this program and is subject to the provisions of the Dental Care Certificate. For an accurate description of your benefits, see the Dental Care Certificate or contact Delta Dental of Oklahoma as some benefits are subject to limitations such as age of patient, frequency of procedure, exclusions, plan changes, etc. Out-of-Network - Members may be balanced billed by the provider for charges over the allowable amount and or services that are not covered.*

# VISION BENEFITS



Administered by VSP

Base Option

Enhanced Option

Benefit	Description	Copay	Copay		
<b>Your Coverage with a VSP Provider</b>					
WellVision Exam	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Every calendar year</li> </ul>	\$10	\$10		
Prescription Glasses		\$25	\$25		
Frames	<ul style="list-style-type: none"> <li>\$150 allowance of a wide selection of frames</li> <li>\$170 allowance for featured frame brands</li> <li>20% savings on the amount over your allowance</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses	Included in Prescription Glasses		
Lenses	<ul style="list-style-type: none"> <li>Single vision, lined bifocal and lines trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> <li>Every calendar year</li> </ul>	Included in Prescription Glasses	Included in Prescription Glasses		
Lens Enhancements	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 20-25% on other lens enhancements</li> <li>Every calendar year</li> </ul>	\$0 \$95-\$105 \$150-\$175	\$0 \$95-\$105 \$150-\$175		
Contact (Instead of glasses)	<ul style="list-style-type: none"> <li>\$150 allowance for contacts, copay does not apply</li> <li>15% Discount Contact lenses exam (fitting and evaluation)</li> <li>Every calendar year</li> </ul>				
Diabetic Eyecare Plus Program	<ul style="list-style-type: none"> <li>Services related to diabetic eye disease, glaucoma and age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.</li> <li>As needed.</li> </ul>	\$20	\$20		
<b>Additional Pairs of Eyewear</b>					
Second Pair	<ul style="list-style-type: none"> <li>This enhancement allows you to get a second pair of glasses or contacts, subject to the same copays as your first pair benefit</li> </ul>	NA	Included		
Extra Savings	<b>Glasses and Sunglasses</b>				
	<ul style="list-style-type: none"> <li>Extra \$20 to spend on featured frame brands. Go to <a href="http://vsp.com/specialoffers">vsp.com/specialoffers</a> for details.</li> <li>20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam.</li> </ul>				
	<b>Retinal Screening</b>				
	<ul style="list-style-type: none"> <li>No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam.</li> </ul>				
<b>Your Coverage with Out-of-Network Providers</b>					
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.					

Coverage with a participating retail chain may be different. Once your benefit is effective, visit [vsp.com](http://vsp.com) for details. 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. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

1. Brands/Promotion subject to change.

2. Savings based on network doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Available only through VSP network doctors to VSP members with applicable plan benefits. Ask your VSP network doctor for details.

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VSP, VSP Vision care for life, [eyeconic.com](http://eyeconic.com) and WellVision Exam are registered trademarks, and "Life is better in focus." is a trademark of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company names and brands are trademarks or registered trademarks of their respective owners.

# 2026 OKHEEI Benefit Rates

## OKHEEI Post 65 2026 Rates

	Employee Only	Employee + Spouse	Employee + Child	Employee + Children	Employee + Family
UHC Supplement	\$328.11				
BCBS High PDP	\$228.40				
BCBS Low PDP	\$134.00				
BCBS MA + PDP High	\$386.20				
BCBS MA + PDP Low	\$291.80				
Delta Dental High	\$60.36	\$123.86	\$88.06	\$113.88	\$179.54
Delta Dental Low	\$41.32	\$88.60	\$60.74	\$69.70	\$124.20
Delta Dental Preventative	\$20.28	\$41.66	\$33.58	\$43.94	\$66.80
VSP Vision Base	\$6.54	\$13.10	\$12.82	\$14.00	\$22.36
VSP Vision Buy-up	\$12.29	\$24.63	\$24.09	\$26.33	\$42.04

## CONTACT INFORMATION



BENEFIT	ADMINISTRATOR	PHONE	WEBSITE/EMAIL
Medical	BCBSOK	800.672.2567	<a href="http://www.bcbsok.com/okheei">www.bcbsok.com/okheei</a>
Pharmacy	Prime Therapeutics	855.457.0007	<a href="http://www.MyPrime.com">www.MyPrime.com</a>
Dental	Delta Dental Oklahoma	800.522.0188 or 405.607.2100	<a href="http://www.deltadentalok.org">www.deltadentalok.org</a> or <a href="mailto:customerservice@deltadentalok.org">customerservice@deltadentalok.org</a>
Vision	Vision Service Plan	800.877.7195	<a href="http://www.vsp.com">www.vsp.com</a>
Billing Admin	HRPro	248-556-7974	<a href="mailto:mcross@hrpro.com">mcross@hrpro.com</a>



# OKHEEI

## Benefit Election Form

January 1, 2026 - December 31, 2026

### SECTION 1: EMPLOYEE INFORMATION

*Name (Last, First, M.I.)		*Institution		*SSN			
*Mailing Address				*City/State			*Zip Code
Main Phone Number	*DOB	*Gender	Marital Status	*Benefit Effective Date	Retirement Date	*Subsidy Amount	*Member Type
							<input type="checkbox"/> Retired Over 65 <input type="checkbox"/> Retired Under 65 <input type="checkbox"/> Spouse of Retiree

### SECTION 2: MEDICARE INFORMATION (Post-65 Retirees Only)

Medicare Number: \_\_\_\_\_ Medicare Part A Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Spouse Medicare Number: \_\_\_\_\_ Medicare Part B Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### SECTION 3: INSURANCE COVERAGE (mark appropriate choices)

BCBSOK - Group # 600600	*Multiple Carriers*	Delta Dental - Group # 6441	VSP - Group #30017046
Non-Medicare Eligible Medical	Medicare Eligible Medical	Dental	Vision
Check the box next to all individuals that should have Non-Medicare Eligible Medical Coverage	Check the box next to all individuals that should have Non-Medicare Eligible Medical Coverage	<input type="checkbox"/> WAIVE <input type="checkbox"/> High <input type="checkbox"/> Preventive	<input type="checkbox"/> WAIVE <input type="checkbox"/> Base Plan <input type="checkbox"/> Buy Up Plan <input type="checkbox"/> Retiree <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Children <input type="checkbox"/> Family
<input type="checkbox"/> Waive  <input type="checkbox"/> Plan A <input type="checkbox"/> Retiree <input type="checkbox"/> Plan B <input type="checkbox"/> Spouse <input type="checkbox"/> Plan C <input type="checkbox"/> Child <input type="checkbox"/> Plan D <input type="checkbox"/> Children <input type="checkbox"/> Plan F <input type="checkbox"/> Family	<input type="checkbox"/> WAIVE  <input type="checkbox"/> UHC Sr. Supplement Only <input type="checkbox"/> BCBS PDP High <input type="checkbox"/> BCBS PDP Low <input type="checkbox"/> BCBS MA + High PDP <input type="checkbox"/> BCBS MA + Low PDP	<input type="checkbox"/> Retiree <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Children <input type="checkbox"/> Family	

\* You (the retiree) MUST be enrolled in a Medical Plan (whether UHC or BCBS) to receive the subsidy through OTRS. You do not have to enroll in Dental, Vision, or a Pharmacy benefit through OKHEEI to keep this subsidy.

\* If You drop or waive medical or vision plans, you cannot re-enroll at a later date without a Qualifying Life Event.

### Notes:

**\*\* No action is required from employees unless changes to coverage or dependent information are needed. Your current medical plan selections will automatically carry over to the new carrier.**

## SECTION 4: DEPENDENT INFORMATION

All dependents must be enrolled with the same coverage option the employee selects. Valid dependents are legally married or common law spouse of the same or opposite sex and children in which you or your spouse are legally and financially responsible up to age 26. Flexible Benefit Administrators/OKHEEI reserves the right to verify the eligibility status of any dependent added to the plan.

1) Dependent Name (Last, First, M.I.)	Relation	DOB		Health	Dental	Vision
				<input type="checkbox"/> Keep <input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Keep <input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Keep <input type="checkbox"/> Add <input type="checkbox"/> Drop
SSN	Gender	Disabled?				
Dependent Address (if different)						
City, State Zip Code	Phone					
2) Dependent Name (Last, First, M.I.)	Relation	DOB		Health	Dental	Vision
				<input type="checkbox"/> Keep <input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Keep <input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Keep <input type="checkbox"/> Add <input type="checkbox"/> Drop
SSN	Gender	Disabled?				
Dependent Address (if different)						
City, State Zip Code	Phone					
3) Dependent Name (Last, First, M.I.)	Relation	DOB		Health	Dental	Vision
				<input type="checkbox"/> Keep <input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Keep <input type="checkbox"/> Add <input type="checkbox"/> Drop	<input type="checkbox"/> Keep <input type="checkbox"/> Add <input type="checkbox"/> Drop
SSN	Gender	Disabled?				
Dependent Address (if different)						
City, State Zip Code	Phone					

\*Important: any person who knowingly and with intent to injure, defraud or deceive any insurer, provides false information herein and makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

\*I understand that if I waive or drop coverage, I cannot re-enroll in medical, dental or vision unless I have a Qualifying Life Event.

\*I understand that by waiving retiree medical coverage through BCBS and/or UHC through OHKEEI, I am waiving my right to my OTRS subsidy and will not be able to enroll at a later date.

\*I understand that if I waive Medicare Part D plan through OKHEEI, I will need to obtain a Part D plan through another source or I could be penalized by the Centers for Medicare and Medicaid.

\*I authorize the necessary direct deposit deductions by Flexible Benefit Administrators, if any, to cover the cost of my coverage(s). I understand that I cannot change my enrollment elections during the plan year without a Qualifying Life Event, (QLE), in which case I will notify Flexible Benefit Administrators within 31 days to change my enrollment. I further understand that, if I do not contact Flexible Benefit Administrators within the allotted QLE timeframe, I cannot change my enrollment status until open enrollment.

\*I acknowledge that I have read and understand the Fraud and Warning statement, as well as the coverage policies attached to this document relating to the specific requirements of Blue Cross Blue Shield, UHC, Delta Dental and VSP.

\*I attest that the information provided above is true and correct to the best of my knowledge. This authorization replaces any previous authorization I have made.

Retiree (or spouse) Signature: _____	Date: _____



## Automatic Bill Pay Option

To sign up for automatic bill pay, please fill out the form below and fax it to: 248-543-2296 Attn: **Makenzy Cross** or securely email the completed form to [mcross@hrpro.com](mailto:mcross@hrpro.com) . If you have any questions, please call 248-556-7974.

### HRPro ACH Authorization

Complete requested information and submit to HRPro.

Retiree Name	
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I hereby authorizes HRPro to initiate ACH transfer entries for the purpose of paying premium payment for the OKHEEI retiree at the beginning of each month.

The transfer entries will be initiated for the following repository:

Financial Institution Name:	
Address:	
City, State Zip:	
Routing & Transit Number:	
Bank Account Number:	
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

If you would like your invoices emailed as well, please provide email address below

Email Address:	
Phone:	
Signature:	
Date:	

\* **\$50.00 fee assessed for each returned bank transaction.**

*This benefit summary prepared by*



**Gallagher**

Insurance | Risk Management | Consulting

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