



TULSA PUBLIC SCHOOLS

2022 Plan Changes & Important Reminders

HEALTH PLAN CHANGES

More information about these changes can be found in the [2022 Option Guide](#).

GlobalHealth

- There has been a significant reduction in service areas – please refer to pages 16 and 17 for a complete list of zip codes
- Tier 1 generic drugs have increased to \$20 for a 30-day supply and \$40 for a 90-day supply

Blue Cross and Blue Shield of Oklahoma - BlueLincs

- BlueLincs HMO is restricted from accepting new enrollees for plan year 2022. Individuals who are not actively enrolled in this specific health plan as of December 31, 2021 will not have the option to enroll in this plan for Plan Year 2022.
- The calendar out-of-pocket maximum has increased to \$3,750/individual and \$11,250/family
- Office visits, x-rays and lab, allergy testing/treatment and mental health or substance use disorder outpatient now all have a \$10 copay/PCP
- The hospital outpatient copay has increased to \$275/day
- The urgent care copay has increased to \$30
- The cost for both a 30-day and 90-day supply of preferred and non-preferred generic drugs has increased. The cost for 90-day supply of both preferred and non-preferred brand drugs has decreased

MetLife High Classic MAC Dental

- The orthodontic care lifetime maximum increased to \$5,000 per person

Sunlife Preferred Active PPO

- The annual deductible has increased to \$30 per person

Superior Vision

- Standard progressive lenses from a network provider are now covered in full. Standard progressive lenses from a non-network provider are covered up to \$39
- The annual retail allowance for contact lenses (in lieu of glasses) from a network provider has increased to \$150

Vision Care Direct

- Retinal fundus images from a network provider are no more than a \$39 fee
- HD polycarbonate lenses are no longer a free upgrade at a PLUS PLAN provider
- Frames from a network provider are covered in full up to \$150 and reimbursed up to \$80 from a non-network provider
- The contact lenses allowance at a network provider has increased to \$150 in lieu of glasses and to \$750 for medically necessary contacts
- In addition to a discount, there is a \$200 LASIK reimbursement in lieu of glasses or contacts

VSP (Vision Service Plan)

- Lenses from a network provider now have UV Protection covered in full

HealthChoice High Deductible Health Plan (HDHP)

- The HSA maximum annual contribution for an individual is increasing from \$3,600 to \$3,650.
- The HSA maximum annual contribution for a family is increasing from \$7,200 to \$7,300.

TOBACCO-FREE ATTESTATION REMINDER

Reminder for Current HealthChoice High and Basic Plan Members

If you wish to stay enrolled in HealthChoice High or Basic for the 2022 plan year, you must complete the online tobacco-free attestation for Plan Year 2022 is available [here](#) and must be completed by November 12, 2021. The attestation is waived for the first year of enrollment in the High or Basic plan but is required each year thereafter to remain enrolled.

What if I am in the process of quitting tobacco?

If you are in the process of quitting tobacco, you must be tobacco free for 90 days prior to the deadline to attest to being tobacco free.

What if I cannot sign the tobacco-free attestation?

If you cannot sign the tobacco-free attestation because either you or a covered dependent uses tobacco, you can still qualify for the High or Basic plan if those who use tobacco complete one of the following alternatives by November 12, 2021:

- Show proof of an attempt to quit using tobacco by enrolling in the quit tobacco program available through the Oklahoma Tobacco Helpline (1-800-QUIT-NOW) and Optum and completing 3 coaching calls.
- Provide a letter from your doctor indicating it is not medically advisable for you or your covered dependents to quit tobacco.

What if I do not complete the attestation?

If you do not complete the tobacco-free attestation or one of the reasonable alternatives by November 12, 2021, you will automatically be enrolled in the HealthChoice High Alternative or Basic Alternative Plan effective January 1, 2022. However, your annual deductible will be \$250 higher than if you had completed the attestation or one of the alternatives.