

OBA HEALTH PLAN

Eligibility

You are eligible to apply for coverage if you are:

- ◆ An active OBA member
- ◆ The lawful spouse of an insured member or employee or their unmarried dependent child under age 21 or 21 and over if a full-time student and relying upon the member/employee for financial support.
- ◆ A firm with 2 or more employees is eligible providing the firm has one active OBA member working 20 hours per week and maintains 75% participation of all eligible employees. Eligible employees must be actively at work for at least 20 hours per week.

Continuation of coverage is available to any retired OBA member and his/her dependents that have been insured for at least five consecutive years immediately before retirement. Coverage is available only to residents of Oklahoma.

Effective Date of Coverage

Coverage will become effective on the first day of the month on or after New York Life approves such coverage provided (a) the premium contribution is paid within 31 days of the date billed and (b) the member and any approved dependents are actively performing normal activities of a person in good health and of like age on the effective date.

Employees requesting coverage through a Firm may have to satisfy a "waiting period"—a period of continuous employment with their Employer before coverage can become effective. The waiting period is selected by the Employer. Coverage will become effective on the day after the waiting period ends or on the first day of the month following the end of the waiting period, as determined by the Employer and subject to (a) and (b) above.

When Insurance Ends

New York Life cannot terminate coverage or change benefits on an individual basis. Medical coverage ends if the master policy terminates and replacement coverage is provided, or when an insured fails to pay insurance premiums on time or requests that coverage ends.

Change of Status

If you cease to be eligible for coverage, continuation of coverage is available for you and your covered dependents, but your premium rates will be significantly higher than the member/employee rates.

A dependent who ceases to be eligible as defined under the plan may also continue coverage at rates significantly higher than the regular dependent rate.

Pre-Existing Condition Limitations

Conditions, whether physical or mental, regardless of the cause of the condition, for which medical advice, diagnosis, care or treatment was recommended or received within the six month period ending on the enrollment date will not be payable for up to 12 months after the effective date. The period of any Pre-existing Condition exclusions will be reduced by the period of Creditable Coverage as of the enrollment date except that: A period of Creditable Coverage will not be counted if, after such period and before the enrollment date, there was a 63 day period (exclusive of any waiting period) during all of which the individual was not covered under such Creditable Coverage. This will not apply to a newborn or a child who is adopted or placed for adoption.

Utilization Review

Participants are required to call MedCom at 1-800-643-4416 in order to provide notification of pregnancy within 30 days of confirmation and pre-authorize all non-emergency hospital admissions, extensions of hospital confinements, most surgical procedures, home health care, hospice care, air ambulance service, outpatient chemotherapy and rehabilitation hospital care. Also, MedCom must be notified within 24 hours (one business day) of all emergency hospital admissions, extensions, procedures and emergency care.

Failure to obtain proper authorization for all services requiring Utilization Review authorization will result in an additional \$500 deductible per occurrence or admission.

Coordination of Benefits/Medicare Carve-Out

When you or any covered dependent has health coverage under more than one group and/or governmental plan, benefits will be coordinated so that the total amount paid by all plans will not exceed the amount of covered expenses. For Medicare coordination, you or any covered dependent will receive in aggregate from New York Life and Medicare, the total benefit that New York Life would have paid in the absence of Medicare.

Important Rating Information

Because the OBA major medical insurance plan utilizes a modified, tiered rating system, participants are grouped into premium tier levels according to claims history or length of time since they were last underwritten. This allows new participants and those with minimal claims-paid experience to receive the most competitive rates available through the sponsored program. Although participants may be moved into more expensive tiers at a later time, such re-ratings must be approved by the Oklahoma Bar Association. All participants moving into more costly premium tiers are eligible to apply for re-entry into a less expensive rating level by providing satisfactory evidence of insurability. Premium rates are subject to change on any premium due date and on any date when benefits are changed. Benefits are subject to change by agreement between New York Life Insurance Company and the policyholder, the Trustee of the Oklahoma Professionals Insurance Trust.

Medical Requirements

Under the terms of the plan, medical information may be required to determine an individual applicants eligibility for coverage and cost of that coverage and to determine the cost of coverage for all firms. Based on the age of the person proposed for insurance and the coverage requested, a physical examination, EKG, blood test or other information may be required. If required, applicants will be informed at the time of the request as to the amount that will be paid toward costs incurred. Since EKG's will be interpreted by New York Life, no professional fees for EKG interpretation will be paid.

If you have any questions regarding completion of the enclosed application, enrollment forms or the monthly cost of coverage indicated on the enclosed premium quotation, please call

Beale Professional Services

P. O. Box 60809 Oklahoma City, OK 73146-0809
1-800-530-4863 • OKC Metro: 405-521-1600

The Oklahoma Bar Association incurs costs in connection with providing oversight and administrative support for this sponsored plan. To provide and maintain this valuable membership benefit, it is reimbursed for these costs.

This brochure contains only a brief description of the principal provisions and features of the plans. The complete terms and conditions are set forth in the group policy issued by New York Life Insurance Company to the Trustee of the Oklahoma Professionals Insurance Trust on policy form GMR.



This plan is underwritten by New York Life Insurance Company
51 Madison Avenue, New York, NY 10010.

IMPORTANT NOTICE

How New York Life Underwrites Your Request for Coverage

Information regarding insurability and/or the cost of coverage will be treated as confidential. In considering whether the persons in your request for insurance qualify for coverage, we will rely upon the medical information which you provide and on the information which you authorize us to obtain from your doctor, other medical practitioners and facilities, other insurance companies to which you have applied for insurance, and MIB, Inc. (Medical Information Bureau). New York Life Insurance Company will not disclose such information to anyone except those you authorize or where required or permitted by law. We may make a brief report to MIB; however, we will not disclose our underwriting decision. Information in our files may be seen by New York Life Insurance Company and the Benefit Services Manager employees (Gilsbar, Inc.) but only on a "need to know" basis in considering your request. Upon receipt of all requested information, we will make a determination as to whether your request for insurance can be approved and the cost at which that coverage may be issued.

MIB is a nonprofit organization of life insurance companies which operates an information exchange on behalf of its members. When you apply for insurance or submit a claim for benefits to an MIB member company, medical or non-medical information may be given to the Bureau, which then may be furnished to member companies. Information used solely for enrollment for medical coverage will be used or disclosed only as described in the HIPAA Notice of Privacy Practices for Protected Health Information.

Upon written request to New York Life Insurance Company or MIB, you will be provided with non-medical information. Generally, medical information will be given directly to the proposed insured or to a medical professional designated by the proposed insured. If you question the accuracy of the information provided by MIB, you may contact the MIB and seek a correction.

When coverage cannot be provided or is rated up, applicants will be notified as to the reason. If you feel our information is inaccurate, you will be given the opportunity to correct or complete the information in our files. Your request is handled in accordance with Fair Credit Reporting Act procedures. MIB's Information Office is located at

P O Box 105 • Essex Station • Boston, MA 02112

Telephone: 866-692-6901

Hearing Impaired: TTY-866-346-3642

If we can provide the coverage or rates you request, we will inform you as to when such coverage will become effective. Under no circumstances will coverage be effective prior to this date. Payment of a premium contribution does not constitute insurance in force before the effective date as determined by New York Life.