SOUTHERN MACHINE WORKS, INC

SINCE 1964

2026-2027 EMPLOYEE BENEFITS GUIDE

SOUTHERN MACHINE WORKS

BENEFITS BUILT FOR THE PEOPLE WHO KEEP THINGS MOVING.

YOUR BENEFITS CONTACTS

Quick access to the people and carriers who can help.

INSURICA TEAM

Beverly Hernandez
Beverly.Hernandez@INSURICA.com
580-585-4023

Lindsay Neal
Lindsay.Neal@INSURICA.com
580-585-4006

Belle Ploetz
Belle.Ploetz@INSURICA.com
580-585-4011

CARRIER CONTACTS

Blue Cross Blue Shield of Oklahoma
866-520-2507 www.bcbsok.com

Delta Dental of Oklahoma
800-522-0188 www.deltadentalok.org

Principal / VSP
800-986-3343 www.principal.com

Insure Oklahoma
1-888-365-3742 oklahoma.gov/ohca/insureoklahoma

Colonial Life
Ricky DelFalco
405-996-0888 ricky@enhancedbenefitsok.com

BENEFITS MICROSITE

View a full summary of benefits, voluntary benefit details, and other helpful resources.

enhancedbenefitsok.com/southernmachineworks

Leave blank to add new QR later

IMPORTANT ITEMS TO REMEMBER

Eligibility, timing, and how to get help.

NEW HIRE WAITING PERIOD

Benefits begin the **first day of the month following 30 days** of continuous full-time employment.

ELIGIBLE EMPLOYEES

You must be a full-time employee working an average of **30 hours per week**.

DEPENDENT CHILDREN

Children may remain covered through the end of the month in which they turn **age 26**.

OPEN ENROLLMENT

Annual enrollment occurs before the plan renewal. Elections made during this window take effect on the renewal date.

MID-YEAR PLAN CHANGES

Marriage, birth, divorce, loss of coverage, or Medicare eligibility may allow a change. Make the necessary changes in Employee Navigator within 30 days of the event.

TERMINATION OF BENEFITS

When employment ends, benefits stop on the **last day of the month**.

ENROLLMENT THROUGH EMPLOYEE NAVIGATOR

Benefit elections and enrollment will be completed online through Employee Navigator. Watch for enrollment instructions from HR.

CLAIMS OR ID CARD HELP

Have your Explanation of Benefits and provider bill ready when calling.

Beverly Hernandez: 580-585-4023 | Belle Ploetz: 580-585-4011

INSURANCE TERMS - SIMPLIFIED

A quick-reference guide to the words you will see in your plan.

1 PPO

A network that lets you use in-network or out-of-network providers. In-network care generally costs less.

2 DEDUCTIBLE

The amount you pay for certain covered services before the plan begins sharing costs.

3 COINSURANCE

The percentage you pay after the deductible, until you reach the out-of-pocket maximum.

4 OUT-OF-POCKET MAXIMUM

The most you pay during the deductible period for covered medical expenses.

5 COPAY

A fixed dollar amount for services such as office visits, urgent care, emergency room care, or prescriptions.

6 NEGOTIATED RATE

The discounted amount an in-network provider agrees to accept as payment in full.

7 EXPLANATION OF BENEFITS (EOB)

A statement showing billed charges, network discounts, what the plan paid, and what you may owe. It is not a bill.

8 STAY IN NETWORK

Verify every provider and facility before care, including anesthesiologists, radiologists, and other professionals involved in a procedure.

MEDICAL BENEFITS

Blue Cross Blue Shield of Oklahoma | Blue Advantage PPO

THREE MEDICAL PLAN OPTIONS

Southern Machine Works pays 90% of employee premium and 50% of dependent premium for S731ADT.

P8E1ADT is the Insure Oklahoma-compliant medical plan.

Benefit	Core plan S731ADT		Buy up 1 G745ADT		Buy up 2 P8E1ADT	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible - Single	$6,850	$13,700	$2,800	$5,600	$750	$1,500
Deductible - Family	$13,700	$27,400	$8,400	$16,800	$2,250	$4,500
Coinsurance	20%	20%	40%	40%	10%	30%
OOP Max - Single	$10,000	Unlimited	$4,750	Unlimited	$2,250	Unlimited
OOP Max - Family	$20,000	Unlimited	$14,250	Unlimited	$6,750	Unlimited
Primary Care	$35	20% AD*	$35	30% AD*	$30	30% AD*
Specialist	$60	20% AD*	$60	30% AD*	$45	30% AD*
Urgent Care	$50	20% AD*	$50	30% AD*	$50	30% AD*
Emergency Room	$600 + 20% AD*	$600 + 20% AD*	$600 + 40% AD*	$600 + 40% AD*	$300 + 10% AD*	$300 + 10% AD*
Outpatient Surgery	$200 + 20% AD*	$300 + 20% AD*	$250 + 40% AD*	$350 + 40% AD*	$100 + 10% AD*	$200 + 30% AD*
Inpatient Hospital	$250 + 20% AD*	$350 + 20% AD*	$300 + 40% AD*	$400 + 40% AD*	$150 + 10% AD*	$250 + 30% AD*
CT / PET / MRI	20% AD*	20% AD*	40% AD*	40% AD*	10% AD*	30% AD*
PRESCRIPTION DRUG COVERAGE						
Generic - Preferred	$10	$20	$5	$15	$0	$10
Generic - Non-Preferred	$20	$30	$10	$20	$10	$20
Brand - Preferred	$50	$70	$50	$70	$35	$55
Brand - Non-Preferred	$100	$120	$100	$120	$75	$95
Specialty - Preferred	$250	$250 + 50% AD*	$250	$250 + 50% AD*	$250	$250 + 50% AD*
Specialty - Non-Preferred	$350	$350 + 50% AD*	$350	$350 + 50% AD*	$350	$350 + 50% AD*

PREMIUM PER EMPLOYEE PAYCHECK

Coverage	Core plan S731ADT	Buy up 1 G745ADT	Buy up 2 P8E1ADT
Employee Only	$14.62	$36.98	$67.87
Employee + Spouse	$87.73	$132.44	$194.23
Employee + Child(ren)	$87.73	$132.44	$194.23
Family	$160.83	$227.90	$320.59

BlueCross BlueShield

Know your cost

Review prescriptions

Stay in network

AD* = After Deductible. This is a partial summary. Refer to the certificate of coverage for complete details.

INSURE OKLAHOMA

See whether you qualify and learn how to apply.

DO YOU QUALIFY?

If you qualify, you may receive Blue Cross Blue Shield health coverage at no cost, and a qualified spouse may receive coverage at a discounted rate.

2026 ESI INCOME GUIDELINES

Family Size	Minimum Monthly Income*	Maximum Monthly Income**	Annual Income
1	$1,849	$3,032	$36,384
2	$2,508	$4,113	$49,356
3	$3,166	$5,191	$62,292
4	$3,823	$6,269	$75,228
5	$4,482	$7,350	$88,200
6	$5,139	$8,429	$101,148
7	$5,797	$9,507	$114,084
8	$6,456	$10,588	$127,056

APPLY ONLINE

Scan to access the Insure Oklahoma website

oklahoma.gov/ohca/insureoklahoma

STEP 1 Ask HR for your EEN to prove employment. You will provide this to Insure Oklahoma.

STEP 2 Call 1-888-365-3742 or apply online.

STEP 3 Tell HR the Insure Oklahoma decision so you are enrolled on the correct plan.

HOW TO APPLY

PHONE: 1-888-365-3742

1. Press 1 for English or 2 for Spanish.
2. When prompted, say "Insure Oklahoma."
3. After the AI bot finishes, say "Speak to an Agent."
4. Once transferred, press 1, then press 1 again.
5. Enter your Social Security Number when prompted.
6. Stay on the line until an agent is available.

ONLINE

Visit oklahoma.gov/ohca/insureoklahoma and select Employee.

SoonerCare and Insure Oklahoma use the same login, password, and website.

Questions? Beverly Hernandez | 580-585-4023 | Beverly.Hernandez@INSURICA.com

DENTAL BENEFITS

Delta Dental of Oklahoma | PPO Plus Premier

D

KEEP YOUR SMILE IN WORKING ORDER

Southern Machine Works pays 90% of employee premium and 50% of dependent premium.

DEDUCTIBLE
$50

ANNUAL MAX
$2,000

CLEANINGS
Every 6 Months

Service	In-Network	Out-of-Network
Cleanings / Exams / X-Rays	100%	100%
Sealants / Fillings	80%	80%
Endodontic / Periodontal	80%	80%
Oral Surgery	80%	80%
Crowns / Dentures / Implants	60%	60%

DELTA DENTAL®

PLAN YEAR
2026-2027

WEBSITE
deltadentalok.org

PHONE
800-522-0188

Coverage	Cost
Employee Only	$1.14
Employee + Spouse	$6.82
Employee + Child(ren)	$8.52
Family	$14.20

✓
Preventive care

80%
Basic services

60%
Major services

VISION BENEFITS

Principal | VSP Vision

E

CLEAR VISION FOR THE WORK AHEAD

Routine eye exams, lenses and contacts help protect your vision on and off the job.

Vision Benefit	In-Network	Out-of-Network
Eye Exam Co-Pay	$10	Up to $45
Materials Co-Pay	$25	Up to $100
Contact Lens Allowance	$130	Up to $105
Frame Allowance	Up to $130 + 20% off over allowance	Up to $70
Exam Frequency	Every 12 Months	Every 12 Months
Lens Frequency	Every 12 Months	Every 12 Months
Frame Frequency	Every 12 Months	Every 12 Months
Network / Website	VSP / principal.com	Reimbursement may be required
Customer Service	800-986-3343	800-986-3343

Principal℠

1 per year
Annual exam

$130
Frame allowance

$
Use VSP network

OUT-OF-NETWORK NOTE: Keep receipts and submit reimbursement paperwork when required.

Coverage	Cost
Employee Only	$1.63
Employee + Spouse	$3.81
Employee + Child(ren)	$3.74
Family	$6.33

VOLUNTARY BENEFITS

Colonial Life coverage and microsite information

PROTECTION OPTIONS FOR EXTRA PEACE OF MIND

Learn more about optional Colonial Life benefits available to help protect your income, cover unexpected expenses, and support your family.

GROUP TERM LIFE & INDIVIDUAL TERM LIFE

Help provide financial security for your family and assist with ongoing living expenses.

SHORT-TERM DISABILITY

Provides a monthly benefit if a covered accident or sickness prevents you from earning a paycheck.

GROUP ACCIDENT (24-HOUR COVERAGE)

Benefits pay directly to you so you can help cover extra medical or personal expenses after an accident.

HOSPITAL (MEDICAL BRIDGE)

Helps cover expenses related to illness or accident-related hospital stays. Benefits are paid directly to you.

CRITICAL ILLNESS

Designed to pay a lump sum benefit for a named critical illness, such as cancer or heart attack. Guaranteed issue options are available for new hires.

USE THE MICROSITE OR QR CODE FOR DETAILS, ENROLLMENT SUPPORT, AND CLAIMS ASSISTAN

SCAN FOR DETAILS

enhancedbenefitsok.com/ southernmachineworks

ENHANCED BENEFITS SOLUTIONS

Office 405-996-0888
Support@EnhancedBenefitsOK.com

Ricky DelFalco
Mobile 405-200-5361
Ricky@EnhancedBenefitsOK.com

YOUR BENEFITS.
BUILT TO WORK FOR YOU.

Keep this guide nearby throughout the 2026-2027 plan year.

INSURICA®

Presented by INSURICA

www.INSURICA.com

580-355-4500

10 SW 2nd St, Suite 1 | Lawton, OK 73501

QUESTIONS? START WITH YOUR INSURICA TEAM.

SOUTHERN MACHINE WORKS, INC
SINCE 1964