



# EMPLOYEE BENEFITS PACKAGE



PLAN YEAR  
**2025-2026**

# Southern Machine Works



## SOUTHERN MACHINE WORKS, INC.

### HEATHER CASTEEL

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### Broker's office

#### Insurica Insurance Services

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### Account Manager

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### Benefit Consultant

#### Lindsay Neal

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### Insurance Carrier Contacts

Medical	Blue Cross Blue Shield	866.520.2507	<a href="http://www.bcbsok.com">www.bcbsok.com</a>
Dental	Delta Dental	800-522-0188	<a href="http://www.deltadentalok.org">www.deltadentalok.org</a>
Vision	Principal	800-247-4695	<a href="http://www.principal.com">www.principal.com</a>



# Medical

## Plan Explanation

Southern Machine Works, Inc. is pleased to continue offering **three medical plan options** through **Blue Cross Blue Shield** for the upcoming plan year.

Southern Machine Works, Inc. will continue **covering 90% of the employee premium** and **50% of the premium for enrolled dependents**.

Please note that **all plans will now use the Blue Advantage network**, so be sure to **verify that your provider is in-network before receiving services** to avoid unexpected costs.

**BCBS OF OK | Core**   **BCBS OF OK | Buy**   **BCBS OF OK | Buy**  
Plan - S731ADT   Up 1 plan - G745ADT   Up 1 plan - P8E1ADT

DEDUCTIBLE	BCBS OF OK   Core		BCBS OF OK   Buy		BCBS OF OK   Buy	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Single	\$6,850	\$13,700	\$2,800	\$5,600	\$750	\$1,500
Family	\$13,700	\$27,400	\$8,400	\$16,800	\$2,250	\$4,500
COINSURANCE						
Member %	20%	20%	40%	40%	10%	30%
OUT OF POCKET MAXIMUM						
Single	\$9,200	Unlimited	\$4,750	Unlimited	\$2,250	Unlimited
Family	\$18,400	Unlimited	\$14,250	Unlimited	\$6,750	Unlimited
COMMONLY USED SERVICES						
Primary Care Physician Office Visit	\$35	20%	\$35	30%	\$30	30%
Specialist Office Visit	\$60	20%	\$60	30%	\$45	30%
Urgent Care	\$50	20%	\$50	30%	\$50	30%
Emergency Room	\$600 + 20%	\$600 + 20%	\$600 + 40%	\$600 + 40%	\$300 + 10%	\$300 + 10%
MAJOR MEDICAL EXPENSES						
Outpatient Surgery	\$200 + 20%	\$300 + 20%	\$250 + 40%	\$350 + 40%	\$100 + 10%	\$200 + 30%
Inpatient Hospitalization / Surgery	\$250 + 20%	\$350 + 20%	\$300 + 40%	\$400 + 40%	\$150 + 10%	\$250 + 30%
CT scan, PT scan, MRI	20%	20%	40%	40%	10%	30%
Diagnostic Test (x-ray, blood work)	20%	20%	40%	40%	10%	30%
PRESCRIPTION DRUG COVERAGE						
Generic (Preferred)	\$10	\$20	\$5	\$15	\$0	\$10
Generic (Non-Preferred)	\$20	\$30	\$10	\$20	\$10	\$20
Brand Name (Preferred)	\$50	\$70	\$50	\$70	\$35	\$55
Brand Name (Non-Preferred)	\$100	\$120	\$100	\$120	\$75	\$95
Specialty (Preferred)	\$250	\$250 + 50%	\$250	\$250 + 50%	\$250	\$250 + 50%
Specialty (Non-Preferred)	\$350	\$350 + 50%	\$350	\$350 + 50%	\$350	\$350 + 50%
PLAN INFORMATION						
Plan Year	2025-2026		2025-2026		2025-2026	
Network Type	PPO		PPO		PPO	
Network Name	Blue Advantage		Blue Advantage		Blue Advantage	
Member Website	<a href="http://www.bcbsok.com">www.bcbsok.com</a>		<a href="http://www.bcbsok.com">www.bcbsok.com</a>		<a href="http://www.bcbsok.com">www.bcbsok.com</a>	
Customer Service Phone Number	1-866-520-2507		1-866-520-2507		1-866-520-2507	

PREMIUM PER EMPLOYEE PAYCHECK			
Employee Only	\$11.83	\$28.81	\$54.62
Employee + Spouse	\$70.97	\$104.93	\$156.26
Employee + Child(ren)	\$70.97	\$104.93	\$156.26
Family	\$130.11	\$180.99	\$258.49



## Disclaimer

Disclaimer: This is a partial listing of your covered benefits. For a complete accurate listing of covered benefits, limitations and exclusions, refer to your certificate of coverage.



Plan Explanation

Southern Machine Works, Inc. is pleased to continue offering **dental coverage through Delta Dental**. We're committed to supporting your health and well-being, which is why we'll continue to cover **90% of the employee premium** and **50% of the premium for enrolled dependents**.

DEDUCTIBLE		IN-NETWORK	
Single		\$50	
Family		\$150	
MAXIMUM THE CARRIER WILL PAY			
Annual Maximum		\$1,500	
FREQUENCIES			
Cleaning		Twice per calendar year	
Exam		Twice per calendar year	
DENTAL COVERAGE			
Cleanings		100%	
Exams		100%	
X-Rays		100%	
Sealants		100%	
Fillings		100%	
Simple Extractions		80%	
Root Canal		80%	
Periodontal Gum Disease		80%	
Oral Surgery		80%	
Crowns		50%	
Dentures		50%	
Bridges		50%	
Implants		50%	
Orthodontia		50%	
Orthodontia Lifetime Maximum		\$1,500 per person	
Orthodontia Maximum Age		26	
PLAN INFORMATION			
Plan Year		2025-2026	
Network Type		PPO	
Network Name		PPO Plus Premier	
Member Website		<a href="http://www.deltadentalok.org">www.deltadentalok.org</a>	
Customer Service Phone Number		1-800-522-0188	

PREMIUM PER EMPLOYEE PAYCHECK	
Employee Only	\$1.14
Employee + Spouse	\$6.82
Employee + Child(ren)	\$8.52
Family	\$14.20



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# Vision

Principal | Vision

## Plan Explanation

Southern Machine Works, Inc. is pleased to continue offering vision insurance through Principal, utilizing the VSP network for provider access and services.

VISION COVERAGE	IN-NETWORK	OUT-OF-NETWORK
Eye Exam	\$10 Copay	up to \$45
Lens Copay	\$25 Copay	up to \$30
Contact Lens Allowance	\$105 Allowance	up to \$105
Frame Allowance	\$130 Allowance	up to \$70
FREQUENCIES		
Exam Frequency	Once every twelve months	
Lens Frequency	Once every twelve months	
Frame Frequency	Once every twelve months	
PLAN INFORMATION		
Plan Year	2025-2026	
Network Name	VSP	
Member Website	<a href="http://www.principal.com">www.principal.com</a>	
Customer Service Phone Number	1-800-247-4695	
PREMIUM PER EMPLOYEE PAYCHECK		
Employee Only	\$1.63	
Employee + Spouse	\$3.81	
Employee + Child(ren)	\$3.74	
Family	\$6.33	

**vsp**  
vision care

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