



## City of Enid – 2025 Benefit Deduction Codes

Health Coverage with dependents should include **TWO** deductions:

- **Employee deduction codes should be SGPLA or SGPLB**
- **Spouse/Child(ren)/Family should have an additional FMPL deduction code.**

Plan A – High Deductible			Plan B – Coupe (Co-Pay)		
<b>SGPLA:</b> Employee Only	<b>\$50.78</b>	<b>TOTAL</b>	<b>SGPLB:</b> Employee Only	<b>\$60.94</b>	<b>TOTAL</b>
<b>FMPLA1:</b> + Spouse	\$60.18	<b>\$110.96</b>	<b>FMPLB1:</b> + Spouse	\$73.38	<b>\$134.32</b>
<b>FMPLA2:</b> + Child(ren)	\$33.64	<b>\$84.43</b>	<b>FMPLB2:</b> + Child(ren)	\$41.26	<b>\$102.20</b>
<b>FMPLA</b> + Family	\$88.62	<b>\$139.40</b>	<b>FMPLB:</b> + Family	\$109.44	<b>\$170.39</b>

**~ EyeMed Vision is included with both health plans ~**

Dental	
<b>DENSG:</b> Employee Only	\$5.35
<b>DENFM:</b> Family	\$15.68

EyeMed Vision (if purchased separately)	
<b>EYESG:</b> Employee Only	\$2.56
<b>EYEFM:</b> Family	\$6.52

**PLEASE CHECK YOUR EARNINGS STATEMENT!!!**

### Other Deductions based on Elections:

<b>HSA:</b> Health Savings Account
<b>DEP:</b> Dependent Care Account
<b>C/PRE:</b> Colonial Pre-Tax
<b>VPENS:</b> Employee 401K Contribution
<b>ROTH:</b> Employee Contribution to 401K Roth
<b>MED:</b> Medical Reimbursement/Flex Spending
<b>ICMA:</b> Employee Contribution to 457
<b>C/POS:</b> Colonial Post-Tax
<b>EVOL:</b> Employee 401K Contribution above City's Match
<b>EROTH:</b> Employee Contribution to 401K Roth above City's Match

## City of Enid – 2025 Summary of Benefits

### Health Care - Two Options

	HDHP Plan A	COUPE Plan B
<b>Deductible</b>	\$1650 Individual \$3300 Aggregate	No Deductible
<b>Annual Coverages</b>	80% after deductible	Co-pay based on Providers Tier Monthly billing
<b>RX</b>	After deductible Generic - 10% of cost pd Drug Preferred - 25% of cost pd Non-preferred - 40% of cost pd	\$15 co-pay for Generic Brand - 35% of cost of
<b>Annual Coverages</b>	Preventive – 100%	Preventive – 100%
<b>Bi-Weekly Premiums</b>	\$50.78 Employee Only \$110.96 Employee/Spouse \$84.43 Employee/Child(ren) \$139.40 Employee/Family	\$60.94 Employee Only \$134.32 Employee/Spouse \$102.20 Employee/Child(ren) \$170.38 Employee/Family
<b>Out of Pocket Max</b>	\$5,000 Individual/Aggregate	\$6,600 Single (IN) \$13,200 Family
<b>Vision Care</b>	<b>EyeMed – included with either Health Plan Premium</b> <b>Eye Exam - One per 12 months</b> Frames - \$120 in network Single Vision Lens - \$0 Copay in network Bifocal Lens - \$0 Copay in network Trifocal Lens - \$0 Copay Contact Lenses - \$0 Copay/\$120 allowance	
<b>Dental Care</b>	<b>\$50 Individual Deductible; \$150 Family Deductible</b> <b>Two preventive care visits per year paid at 100%; deductible waived</b> <b>\$2,500 maximum benefit per calendar year.</b> <b>Bi-Weekly Premium</b> \$ 5.35 Single \$15.68 Family	

**Pension** - This is an employer-funded benefit for employees not covered under the state pension. There is no cost for the employee. The employee vests in the plan after 10 years of full-time employment. Benefits are paid at retirement.

**401(k)/Roth 401(k)** - Civilian employees are eligible to participate upon hire (minimum age 18.) City matches 100% of Employee’s contribution up to 6% of employee’s base salary.

**Police & Fire Pension** - Police Officers and Firefighters are required to contribute 9% of their annual salary to the respective state-controlled pension funds. The City of Enid contributes 14%.

**Life Insurance/AD&D** - \$50,000 Premium paid by the Employer Benefit reduced by 35% at age 65, cease at retirement.