

2027

EMPLOYEE BENEFITS GUIDE

OSU/A&M System | Plan year Jan 1 – Dec 31, 2027



OAMC System
HEALTH PLAN



Welcome to your 2027 benefits

ABOUT THIS GUIDE

What to know before reviewing your 2027 benefits.

This guide provides an overview of benefits available to eligible employees across the OSU/A&M System for the 2027 plan year. It serves employees at Oklahoma State University, Connors State College, Langston University, Northeastern Oklahoma A&M College and Oklahoma Panhandle State University.

Many benefits are offered systemwide, while some programs and offerings may vary by institution based on leadership, employee population and organizational needs. Eligibility may also vary by benefit.

This guide is intended as a summary and does not include every plan provision or replace official plan documents. If information in this guide differs from the applicable plan documents, contracts or policies, those documents govern.

Information in this guide reflects benefit offerings available at the time of publication and may be updated as additional information becomes available. Please refer to the most current version.

Version 1.1 | October 26, 2026

REQUIRED NOTICES

Important information about your benefits and rights.

Federal law requires us to provide certain notices related to your health coverage and benefit rights.

- Medicare Part D creditable coverage
- Women's Health and Cancer Rights Act
- Newborns and Mothers' Health Protection Act
- HIPAA special enrollment rights
- Medicaid and CHIP premium assistance
- HIPAA Notice of Privacy Practices

View complete required notices online at hr.okstate.edu/benefits/benefit-overview under Compliance. Notices are also available through PlanSource or by contacting Human Resources.

HAVE QUESTIONS?

Contact OSU/A&M Benefits for assistance.

EMAIL

osu-benefits@okstate.edu

PHONE

405-744-5449

BENEFITS WEBSITE

hr.okstate.edu/benefits

WHAT'S CHANGING FOR 2027

New partners. Familiar plans. A confident step forward.



Claims, ID cards, coverage questions and nurse support



Your doctor and hospital network. Tell providers HCH Sync Plus OK



Your prescriptions: coverage, costs and pharmacies

New OAMC System Health Plan begins for medical and pharmacy coverage on 1/1/2027.

New ID cards coming in your mailbox before January 1.

Healthcare premiums up 5%. Your institutions are absorbing most (or all) of the increase.

Salary tiers lock for 2027 (OSU, Langston, OPSU). Pay increases after 10/23/2026 won't change your 2027 premium tier.

Dental premiums up 10% at all coverage levels.

HDHP deductible up \$100 to stay in line with IRS minimum for HSA-eligible plans.

FSA and HSA accounts move under one administrator - WEX/Chard Snyder.

Easier retirement elections. Enroll and change voluntary contribution rates online through TIAA at any time.

No more Working Spouse Rule. Eligible spouses may enroll in OAMC medical coverage regardless of whether they have access to coverage through their own employer.

American Fidelity products outside the OSU/A&M benefits program will no longer be eligible for payroll deduction after 12/31/2027. Cancer insurance is not affected.

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ENROLLING AS A NEW HIRE

You have **30 days from your hire or benefits eligibility date** to make your elections in PlanSource. If you don't enroll in time, you'll be automatically enrolled in the OAMC PPO, employee-only coverage, and can't change until Open Enrollment or a QLE.

ARE YOU ELIGIBLE?

You are eligible for the OSU/A&M System's benefit offerings if your appointment is:

- 0.75 FTE or greater,
- at least six months, and
- not classified as a student employee, teaching assistant (TA), graduate assistant (GA), adjunct or temporary.

J-1 Visa Holders: Visiting scholars and faculty may be subject to separate health insurance requirements. See page 13 for more information.

Not benefits-eligible? You may become eligible for medical coverage under the Affordable Care Act (ACA) if you average 30+ hours a week during a 12-month measurement period. You'll be notified if you qualify.

Voluntary retirement plans: All paid employees may enroll and contribute, regardless of FTE or classification.

GOOD TO KNOW

Coverage effective date: the 1st of the month after your hire or benefits eligibility date.

Waiving medical: If you have other coverage, you must waive (decline) coverage in PlanSource during your 30-day enrollment window.

Changes after enrollment: Your elections generally remain in effect for the plan year unless you experience a qualifying life event.

New hire only: Supplemental life up to the guaranteed issue amount, plus short-term (OSU only) and long-term disability, with no EOI. After 30 days, EOI is required.

HOW TO ENROLL

Before you start

- Activate your university email and password (set up during your new hire process).
- Attend New Hire Orientation & Benefits within 30 days of hire: Register for a live virtual session or watch the on-demand module in the Talent Portal.

Log in

- Log in to your employee self-service portal with your university email.
- Click **Employee**, then **Benefits: Enroll, Verify, Qualifying Events**. You'll be redirected to PlanSource.

Make your elections

- Click **Get Started** on your New Hire Enrollment banner.
- Review your profile information for accuracy.
- Add your dependents. Have each dependent's name, birth date, Social Security number and verification documents ready (see page 5).
- Select your benefit elections.

Complete checkout. You must click Checkout to submit your elections. Benefits left in your cart are not applied.

- **Print and save** your Confirmation of Benefit Elections statement.

BASIC BENEFITS TERMS

Dependent: An eligible family member, such as a spouse or child, who can be covered under your benefits.

Election: The benefit option or coverage level you choose.

Waive: To choose not to enroll in a benefit.

Premium: The amount you pay for coverage, usually deducted from your paycheck.

Open Enrollment (OE): The annual period when you can review, enroll in or change benefits for the upcoming plan year.

Qualifying life event (QLE): A life change, like marriage, divorce or a birth, that lets you change benefits outside Open Enrollment.

Evidence of Insurability (EOI): Health questions the insurer reviews before approving some life or disability coverage.

Guaranteed issue: The coverage amount you can get with no health questions.

HSA / FSA / DCA: Accounts for setting aside pre-tax money for eligible health care (HSA, FSA) or dependent care (DCA) costs.

COVERING YOUR FAMILY

Who you can add, and the documents that prove they're eligible.

WHO YOU CAN COVER

Medical

- Your spouse, legal or common law.
- Your children under age 26, including biological, adopted, stepchildren and children under your legal guardianship.
- A disabled child of any age who meets plan eligibility requirements and depends on you for support.

Coverage for children generally ends on the last day of the month they turn 26.

Dental and vision

The same dependent eligibility rules apply.

Coverage for an adult child under age 26 is generally not taxable to you.

WORKING SPOUSE RULE REMOVED FOR 2027

Beginning Jan. 1, 2027, eligible spouses may enroll in the OAMC medical plan even if they have access to group health coverage through their own employer.

BOTH SPOUSES WORK IN THE OSU/A&M SYSTEM?

- Each spouse enrolls in their own medical coverage.
- Choose which parent covers each child. A child can only be covered by one parent for each benefit.
- If your child also works for the OSU/A&M System, you may cover them if otherwise eligible and they waive their own employee coverage.

PROVE YOUR DEPENDENTS ARE ELIGIBLE

Upload documents in PlanSource within 30 days after coverage starts.

Dependent	What to provide
Spouse	Marriage certificate. If married more than 12 months, also provide one of the following showing both names and the same address: page 1 of your most recent federal tax return with income and SSNs blacked out; joint bill; bank statement; mortgage; lease; vehicle title; or your spouse's state ID issued within the last 60 days.
Common law spouse	Notarized Common Law Marriage Affidavit, plus the spouse documents above
Biological child	Birth certificate listing the parent(s) names. For newborns, a hospital certificate may be accepted for the first 30 days.
Adopted child	Birth certificate, adoption certificate, placement agreement or adoption petition listing the adoptive parent(s).
Stepchild	Birth certificate listing the parent(s) names, plus the spouse documentation above.
Legal guardianship	Court or government guardianship documents, plus proof the child is financially dependent on you dated within the last 60 days.
Disabled child 26+	Proof of relationship, proof the disability began before age 26, and proof of financial dependency dated within the last 60 days.

Document rules

- Certified copies are required.
- Documents not in English must include a certified translation.
- Your spouse's address must match yours.

Missing documents?

If required documents are not received by the deadline, your dependent's coverage will be removed retroactive to the coverage effective date. You may be responsible for claims already paid.

CHANGING YOUR COVERAGE

YOUR ELECTIONS ARE FOR THE FULL PLAN YEAR: JAN. 1–DEC. 31

Outside Open Enrollment, most benefit changes require a Qualifying Life Event (QLE).

WHAT IS A QUALIFYING LIFE EVENT?

A qualifying life event (QLE) is a change in your life that may allow you to update your benefits during the year.

IRS and plan rules determine which changes are allowed.

Common examples:

- Marriage, divorce or legal separation
- Birth, adoption or placement of a child
- You or an eligible family member gains or loses other health coverage

Not a QLE: Financial hardship or a provider leaving the network.

Not sure? Contact OSU/A&M Benefits within 30 days of the event.

HOW TO MAKE A CHANGE

Act Promptly. Most changes must be made in PlanSource or reported to OSU/A&M Benefits within 30 days of the event.

Provide documentation. You will need to provide proof of the event. Some life insurance changes may also require EOI.

Your change must match the event. A QLE only allows changes that are directly related to what happened.

For example, marriage may allow you to add your spouse and stepchildren, but it does not allow unrelated changes, such as dropping another dependent or changing other coverage without a separate qualifying reason.

WHEN COVERAGE STARTS AND ENDS

Event	Coverage
New hire	Starts the 1st of the month after your hire or benefit eligibility date
Qualifying life event	Generally starts the 1st of the month after the event
Birth of a child	Starts on the date of birth
You lose eligibility	Ends the last day of that month
Child turns 26	Ends the last day of the month they turn 26

WHAT YOU CAN CHANGE, AND WHEN

Benefit	You can change anytime	You need a QLE
Medical, dental, vision, FSA, DCA	—	Enroll, drop or add/remove dependents when the change matches the QLE
Health Savings Account (HSA)	Start, change or stop contributions, up to the IRS annual limit	—
Voluntary retirement and 529 savings	Start, change or stop contributions	—
MASA emergency transport and American Fidelity cancer insurance	Enroll or cancel; medical questions may be required	—
Supplemental life insurance *	—	Enroll, increase, decrease or cancel coverage; EOI** may be required to enroll or increase
Short- and long-term disability *	Apply after your initial 30-day enrollment period; EOI** required	Decrease or cancel coverage

* Open Enrollment allows employees to decrease or cancel supplemental life and voluntary disability coverage without a qualifying life event. Outside Open Enrollment, these changes require an applicable qualifying life event.

** EOI (Evidence of Insurability): A health questionnaire used by the insurance company to determine eligibility for coverage. Approval is required before coverage takes effect.

PAYING FOR COVERAGE

Your share (your premium) comes out of your paycheck. Your employer pays the rest.

SALARY TIERS

OSU, Langston and OPSU: Your medical premium is based on your plan, who you cover and your salary tier (dental and vision are not salary-based). Your tier uses your regular full-time salary reported through payroll, including primary and secondary pay. Overtime, overload pay, extra summer pay and one-time incentives are not included.

- **Salary snapshot:** Your 2027 tier is based on your salary as of Oct. 23, 2026.
- **Raises and promotions:** Increases after Oct. 23 won't raise your 2027 tier.
- **Salary decreases:** If a decrease moves you to a lower tier, your premium adjusts.
- **Sabbatical or summer leave:** Your tier uses your full-time salary before leave.

Tier	OSU and OPSU	Langston	CSC and NEO
1	Up to \$39,999	Up to \$45,000	No salary tiers
2	\$40,000 – \$74,999	\$45,001 – \$74,999	
3	\$75,000 – \$149,999	\$75,000 – \$149,999	
4	\$150,000+	\$150,000+	

Your 2027 medical premium rates are listed on pages 20–24.

BENEFITS WHILE ON LEAVE WITHOUT PAY (LWOP)

Approved unpaid leave (FMLA, workers' comp or other approved leave): You and the institution continue paying your normal premium shares.

Unpaid leave over 30 days (no longer benefits-eligible): You are responsible for the full premium.

Summer Benefit Coverage for Faculty and Staff: You continue paying your normal share if both conditions are true:

- You have a confirmed fall appointment or job assignment.
- Your department places you on **LWOP with Benefits** for the summer.

Check with your department before summer to avoid higher premiums or loss of coverage.

Paying Premiums without Payroll Deductions

When you are on leave and payroll deductions are unavailable, premiums are billed to your Bursar account.

- Payment is due by the end of the month.
- Finance charges may apply if payment is late.
- Unpaid premiums may result in coverage cancellation.

LAYOFF

Coverage for you and your dependents ends the last day of the month your layoff takes effect, unless you elect to continue it.

You may continue benefits up to 12 months:

- Return an election form to OSU/A&M Benefits within 30 days of your layoff date. Late elections aren't accepted.
- Choose benefits and dependents. You must keep your own coverage to cover a dependent.
- Full premium is billed to your Bursar account.
- To end coverage, send a written request to OSU/A&M Benefits. Coverage ends the last day of that month.

COVERAGE AFTER YOU LEAVE

If you lose eligibility, COBRA may continue your medical, dental, vision and, in some cases, Health Care FSA coverage at the COBRA premium.

PlanSource mails an election packet after coverage ends to your address on file.

Questions? Call PlanSource COBRA 888-266-1732, option 1 | cobra@plansource.com

MEDICAL

Two plans. Same network.

Choose the balance of premium and out-of-pocket cost that fits you.

	PPO	HDHP + HSA
Your paycheck	Higher premium	Lower premium
When you get care	Copays for many office visits and prescriptions right away	You pay the plan's discounted rate until you meet the deductible
Deductible	Lower	Higher
After the deductible	Coinsurance: Tier 1 - 20% , Tier 2 - 30%	Coinsurance: 20%
Spending account	Health Care FSA	HSA, plus your institution contributes \$750 individual / \$1,250 family
Your account money	Use it or lose it (limited carryover). Best for predictable expenses.	Yours to keep. Rolls over every year and can be invested.
May be a good fit if...	You see a doctor often, take regular prescriptions, or prefer more predictable costs when you get care.	You want to pay less from each paycheck, are comfortable paying more when you need care, and want to build HSA savings.

HOW YOUR COSTS WORK

- 1. Before the deductible:** You pay the plan's discounted price for most care. With the PPO, some copays apply right away.
- 2. After the deductible:** You and the plan share the cost through coinsurance.
- 3. After the out-of-pocket maximum:** The plan pays 100% of covered in-network care for the rest of the year.

BOTH PLANS INCLUDE

- ✓ \$0 in-network preventive care
- ✓ The same Healthcare Highways (HCH) provider network
- ✓ The same Liviniti pharmacy benefits
- ✓ MDLIVE telehealth and other health programs included with your coverage (see page 12)
- ✓ Deductibles and out-of-pocket maximums that start over each Jan. 1

MEDICAL AND PHARMACY TERMS

Deductible: What you pay for certain care before the plan begins sharing the cost.

Copay: A fixed dollar amount you pay for a service, like an office visit or prescription.

Coinsurance: The percentage of the cost you pay after meeting the deductible.

Out-of-pocket maximum: The most you pay in a year for covered in-network care. Premiums do not count toward this limit.

Tier 1 / Tier 2: Both are in-network. Tier 1 providers cost you less.

Preventive care: Routine checkups, screenings and vaccines covered at \$0 when you use an in-network provider.

Formulary: The plan's list of covered prescription drugs.

Prior authorization: Approval required before certain services or prescriptions will be covered.

Explanation of Benefits (EOB): A summary showing what was billed, what the plan paid and what you may owe. It is not a bill.

Discounted rate: The negotiated price you pay when you use an in-network provider. It is usually lower than the provider's full charge.

2027 MEDICAL PLAN SUMMARY



Making a choice: compare what you pay under each plan, side by side.

Amounts shown are what you pay. **Coinsurance applies after the deductible unless noted.**

Tier 1 and Tier 2 are both in the HCH network.

	PPO			HDHP (HSA-eligible)	
What you pay	Tier 1	Tier 2	Out of network	In network	Out of network
Annual deductible					
Individual	\$1,000	\$1,000	\$1,500	\$3,500	\$3,500
Family	\$3,000	\$3,000	\$4,500	\$6,700	\$6,700
Out-of-pocket maximum (includes deductible)					
Individual	\$5,000	\$5,000	\$10,000	\$6,900	\$6,900
Family	\$15,000	\$15,000	\$30,000	\$13,800	\$13,800
Office visits					
Primary care	\$30 copay	\$30 copay	50%	20%	50%
Specialist	\$50 copay	\$50 copay	50%	20%	50%
Preventive care - \$0 in network					
Mammograms, child immunizations and certain diagnostic tests	\$0	\$0	30%	\$0	30%
Immunizations, well child and adult	\$0	\$0	30%	\$0	30%
Routine lab	\$0	\$0	30%	\$0	30%
Routine bone density testing	\$0	\$0	30%	\$0	30%
Women's preventive care	\$0	\$0	30%	\$0	30%
Colorectal exam	\$0	\$0	30%	\$0	30%
PSA (prostate specific antigen) test	\$0	\$0	30%	\$0	30%
X-ray and lab services					
Diagnostic tests (X-ray, blood work)	\$0	\$0	50%	20%	50%
Imaging (CT/PET scans, MRIs)	20%	30%	50%	20%	50%
Urgent care	20%	30%	50%	20%	50%
Hospital services					
Inpatient	20%	30%	50%	20%	50%
Outpatient	20%	30%	50%	20%	50%
Emergency room*					
PPO plan only: Additional \$100 copay per visit, waived if admitted					
Emergency	20%	20%	20%	20%	20%
Non-emergency	20%	30%	50%	20%	50%
Mental health					
Inpatient	20%	30%	50%	20%	50%
Outpatient	\$30 copay or 20%	\$50 copay or 30%	50%	20%	50%
Substance use					
Inpatient	20%	30%	50%	20%	50%
Outpatient	\$30 copay or 20%	\$50 copay or 30%	50%	20%	50%
Other services					
Skilled nursing care	20%	30%	50%	20%	50%
Home health care	20%	30%	50%	20%	50%
Hospice care	20%	30%	50%	20%	50%
Durable medical equipment	20%	30%	50%	20%	50%

This summary highlights common services and is not a complete list of benefits. For full details, refer to the official OAMC System Health Plan documents. **If there is any difference, the official plan documents govern.** Questions? Contact OSU/A&M Benefits.

PROVIDER NETWORK

Stay in network to pay less. Network status depends on where you get care, not where you live.



PROVIDER NETWORK: HEALTHCARE HIGHWAYS (HCH)

Where you get care	Provider	Network status
In Oklahoma	Participates in HCH Sync Plus Oklahoma	In network (Tier 1 or Tier 2)
In Oklahoma	Does not participate in HCH Sync Plus Oklahoma	Out of network
Outside Oklahoma	Search the HCH Sync Plus Oklahoma network first, which may include out-of-state providers. If no HCH provider is available, providers in the Aetna Signature Administrators (ASA) network are also considered in network.	In network
Outside Oklahoma	Does not participate in either network	Out of network

BEFORE YOU GO

- **Tell your provider:** you're on the OAMC System Health Plan, **HCH Sync Plus Oklahoma** network.
- **Check every time:** networks change. Search healthcarehighways.com with the Group # on your ID card.
- **Not in network?** Nominate them at healthcarehighways.com/nominate-provider.
- **No referral needed** to see a specialist.
- **Emergency?** Go to the nearest ER. It's paid at the in-network level anywhere.

YOUR OAMC ID CARD

- One card for medical and pharmacy
- Each enrolled member gets a card in their own name, mailed to the employee's home address, including dependents added during the year
- **Lost card?** Download or print one anytime in the myHealthHub app or WebTPA member portal, where you can also view claims and your deductible

Aetna Signature
Administrators® PPO
By **aetna**

Receiving Care Outside Oklahoma?

Aetna Signature Administrators (ASA) is a wrap network that fills gaps where HCH has no provider, such as for dependents living out of state or care while traveling. Start by searching the HCH Sync Plus Oklahoma network, which may include providers in other states. Other HCH state networks are not available under the OAMC plan. If your provider isn't listed, search the Aetna Signature Administrators (ASA) network at aetna.com/asa.

PRESCRIPTION DRUGS



- **Look up your medicines** at liviniti.com > Members > group number 2027OAMC.
- **Take a medicine regularly?** A 90-day mail order supply from Postal Prescription Services costs less on the PPO.
- **Need approval first?** Some medicines need prior authorization. Track it in the Liviniti app.

RxCompass: Liviniti Care Navigators may call, email or text to help you save on high-cost medicines.

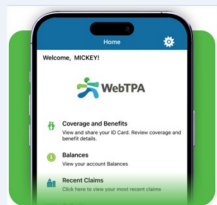
Manage it anytime: use the Liviniti app or member portal to check coverage, compare prices and manage refills. Questions? Liviniti, 24/7: 800-710-9341.

What you pay	PPO retail (30 days)	PPO mail order (90 days)	HDHP (retail or mail)
Preferred generic	\$10	\$25	20% after deductible
Non-preferred generic	\$10	\$25	20% after deductible
Preferred brand	\$75	\$187.50	20% after deductible
Non-preferred brand	\$150	\$375	20% after deductible
Specialty	\$225	Retail only	20% after deductible

At the pharmacy: RxBIN 025945 | RxGrp 2027OAMC | RxPCN SSN (Southern Scripts Network, not your SSN)

MANAGE YOUR PLAN ONLINE

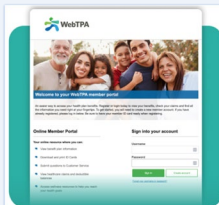
Your My Health Hub account is available once WebTPA processes your enrollment. You'll need your OAMC ID card to register. For login help, email helpme@webtpa.com or call the number on your ID card.



My Health Hub app

ID cards, claims, balances and in-network provider search on your phone.

Search "My Health Hub" on the App Store or Google Play



My Health Hub online

View ID cards, track claims, find in-network providers and get plan documents.

Go to myhealthhub.app and click Register Now

IN TREATMENT WHEN COVERAGE OR PROVIDER CHANGES?

Call OAMC Member Services first: 877-240-9228.

You may qualify to keep seeing your current provider at in-network costs for a limited time.

If you are...	What to do	Deadline
Moving from 2026 OSU/A&M BCBS: Medical	Current approvals with 2027 end dates are honored through Mar 31, 2027. If your provider isn't in the new network, ask about Transition of Care.	Within 31 days after Jan. 1, 2027
Moving from 2026 OSU/A&M BCBS: Prescriptions	Liviniti will honor existing medication approvals until they expire. Infusion therapy has at least 60 days to transition.	No action needed for existing approvals
Joining the plan during the year	Already receiving treatment? If your provider isn't in the network, ask about Transition of Care.	Within 31 days after coverage starts
Your provider leaves the network	Already receiving treatment? Ask about Continuity of Care. You may qualify to keep seeing your provider temporarily.	Within 31 days after the provider leaves

Who Qualifies? Members receiving treatment for serious medical conditions, pregnancy, cancer, transplants, or recovery from major surgery or hospitalization. Routine care and elective procedures generally don't qualify.

How to apply: Send a form for each condition and supporting medical records to toc-coc@webtpa.com or fax (469) 417-1964. Most decisions take about 10 business days after all information is received. Approved care may continue for a limited time, generally up to 90 days.

PREVENTIVE WELLNESS CREDIT

Earn a monthly credit on your medical premium by completing a preventive checkup, free and confidential on campus with Catapult or with your own doctor. Schedule any time of year.



\$30

a month at OSU campuses

\$20

a month at A&M institutions

Credits are not included in the rates in this guide.

1

Catapult Health on campus

Blood test, biometrics, a personal health report and a nurse practitioner visit. Covered spouses can be screened too.

timeconfirm.com/okstate | 877-373-9974

2

Your own doctor

Complete an eligible preventive visit, then submit the online form.

- Credit applied to your premium as a separate line on your paycheck, beginning the month after your visit.
- Only the employee's screening earns a wellness credit. Spouse screenings do not qualify for a wellness credit.
- **New employee?** You may schedule an appointment after your medical coverage starts.
- **Pregnant or delivered in the last 60 days?** Your OB/GYN can complete the Catapult exemption form

PROGRAMS INCLUDED WITH YOUR MEDICAL PLAN

You must be enrolled in the OAMC System Health Plan. Eligibility rules apply.

EVERYDAY CARE OPTIONS

MD Live

By EVERNORTH

Fast, hassle-free care. No surprise costs.

See a board-certified doctor or therapist by phone, video or app, from home or while traveling.

\$0

No copay and No deductible
for MDLIVE visits

24/7 for common
illnesses & injuries

Prescriptions and
medication refills

Mental health care

Secure, HIPAA-
compliant care

Not for emergencies. Call 911 or go to the nearest ER for chest pain, severe bleeding or other emergencies.

MDLIVE access details coming soon

REZILIENT

In person or virtual care

Primary, urgent and specialty care for plan members age 7+ who live within 30 miles of Stillwater.

Annual visits, everyday health care and ongoing needs

\$0

**No copay
No deductible**
for Rezilient-
covered services

CloudClinic visits, virtual
visits or 24/7 messaging

Same-day and
next-day appointments

70+ specialty consults, often
without a separate specialist
appointment

2307 N Perkins Rd Unit C | Stillwater, OK 74075

rezilienthealth.com/activate/osu
code OSU405 | 405-866-0049

SPECIALIZED SUPPORT PROGRAMS



Joint and muscle pain

Personalized exercises and virtual care for back, neck, shoulder, hip, knee and other muscle or joint pain.

**Guided exercises you can
do anywhere**

**Physical therapist + health
coach support**

**Enso® pain-relief device for
eligible members**

hinge.health/oklahomastate-oe
855-902-2777



Diabetes & hypertension support

Tools and coaching to help eligible members manage diabetes or high blood pressure.

**Connected glucose meter +
unlimited strips and lancets**

**Connected blood pressure
monitor**

**Personalized coaching and
app support**

TeladocHealth.com/Smile/OSUHCSC
Registration code: OSU-HCSC
800-835-2362



Weight management without a diet

A 12-month digital program that teaches practical skills for eating, activity, sleep and stress.

**No calorie counting, meal plans
or special foods**

**Personalized lessons
+ health coaching**

Build habits designed to last

wondrhealth.com/OSU

Programs are available at no cost to eligible plan members and their eligible dependents. Eligibility requirements, program rules and participation guidelines may apply. Contact OSU/A&M Benefits for details.

Benefits for Visiting Faculty and Scholars on J-1 Visas

Who's eligible: J-1 visiting faculty and scholars appointed to a 0.75 FTE or greater assignment lasting six months or more.

Health Insurance

J-1 visa holders are not eligible for the OAMC System Health Plan. You are covered under the UnitedHealthcare StudentResources International Plan, which meets J-1 visa insurance requirements.

- The institution pays premium for employee only coverage.
- You may cover your spouse and children under age 26. **Dependent premiums are paid in full for the semester at the time of enrollment.**
- Dependent premiums cannot be payroll deducted or billed to the bursar.
- Enrollment occurs each semester. Dependents cannot be added or extended until your own coverage is active.
- **Plan details:** uhcsr.com/okstate | 800-767-0700

2026–2027 Dependent Premiums (per coverage period)

Coverage	Fall 8/1 – 12/31	Spring/Summer 1/1 – 7/31	Summer Only 6/1 – 7/31
Spouse	\$1,578.50	\$1,578.50	\$528.00
One Child	\$1,578.50	\$1,578.50	\$528.00
Two or More Children	\$3,157.00	\$3,157.00	\$1,056.00
Spouse + Two or More Children	\$4,735.50	\$4,735.50	\$1,584.00

Other Benefits You're Eligible For

See each benefit's section in this guide for details.

✓ Dental

✓ Vision

✓ Health FSA*

✓ Voluntary Group Life

✓ Short-Term Disability

✓ Long-Term Disability

✓ MASA Medical Transport

✓ Cancer Protection

*Consult a tax accountant for guidance on Health FSA eligibility in relation to your J visa status.

Social Security Number

- 1 Check in with the ISS Office, then wait at least 48 hours.
- 2 Have your job offer in hand before applying.
- 3 Take your passport, I-94, and DS-2019 to the Social Security Administration. No employment letter needed.

SAVINGS AND SPENDING ACCOUNTS

Set aside pre-tax money for health and dependent care expenses.



Health Savings Account (HSA) *Your money. Yours to keep. | HDHP members only*

	Employer	You	2027 IRS limit
Employee only	\$750	Up to \$3,750	= \$4,500
Family	\$1,250	Up to \$7,750	= \$9,000

Are you age 55+? You may contribute an additional \$1,000.
 Monthly employer contributions: \$62.50 employee only or \$104.17 family.
 Annual employer contributions are prorated based on when your HSA is opened.



Goes in pre-tax

Your payroll contributions, plus employer money



Grows tax-free

Roll it over year to year and invest it for the future



Comes out tax-free

Use it for qualified medical, dental and vision expenses.

To contribute: You must be enrolled in the OAMC HDHP and have no other disqualifying health coverage, such as coverage under a spouse's PPO or general-purpose Health Care FSA. You also cannot be enrolled in Medicare, TRICARE or Medicaid, or be claimed as someone else's tax dependent.

Good to know: Change your HSA contribution at any time. Money used for non-qualified expenses is subject to income tax and a 20% penalty. The penalty does not apply after age 65 or if you become disabled.

Had a HealthEquity HSA? It's still yours. Move it with Easy Transfer or contact OSU/A&M Benefits for details.

Flexible Spending Accounts (FSA) *Use it this plan year | Re-enroll every year*

Health Care FSA

ALL BENEFITS-ELIGIBLE EMPLOYEES, EXCEPT HSA CONTRIBUTORS

\$120

Minimum a year

\$3,500

Maximum (projected)

\$700

Carryover (projected)

Use it for eligible health expenses such as deductibles, copays, prescriptions, dental care, braces, eye exams, glasses, contacts and many OTC items.

Dependent Care FSA

ALL BENEFITS-ELIGIBLE EMPLOYEES



\$7,500

per household
\$3,750 if married filing separately

Use pre-tax money for children under 13, or a spouse or adult dependent who can't care for themselves. This may include day care, preschool, before- and after-school care and day camp. **Cannot be used for medical expenses.**

Works with an HSA too. A Dependent Care FSA does not affect your HSA eligibility.

Have the HDHP but no HSA? Enroll in FSA to receive \$500 employer contribution.

HDHP

+

No HSA

+

Health FSA

=

\$500

from employer

FSA rules: After Open Enrollment closes, changes require a qualifying life event. Claims are due 90 days after the plan year ends. Final 2027 IRS FSA limits are pending.

Remember: You cannot contribute to an HSA if you or your spouse has a general-purpose Health Care FSA.

Please note: Contributions may take up to 10 business days to appear in your HSA, FSA or Dependent Care account(s).

DENTAL

Three Delta Dental plans. Choose the level of coverage that fits your needs and budget.



CHOOSE YOUR PLAN

Low \$1,500 annual max	High \$2,000 annual max	Platinum \$3,000 annual max
May be a good fit if: You mainly need preventive and basic dental care. - Deductible: \$50 individual / \$150 family - Lowest cost at a PPO dentist - No orthodontia coverage	May be a good fit if: You want more coverage, especially for children who may need braces. - Deductible: \$25 individual / \$75 family deductible - Lowest cost at a PPO dentist - Orthodontia for children under age 26, up to \$2,000	May be a good fit if: You want the most flexibility and the broadest coverage. - Same coinsurance at any dentist - Orthodontia for adults and children, up to \$3,000 - Extra cleanings, whitening and nitrous oxide included

COMPARE COVERAGE: WHAT YOU PAY IN NETWORK

	Low	High	Platinum
Annual maximum per person	\$1,500	\$2,000	\$3,000
Deductible: individual / family	\$50 / \$150	\$25 / \$75	\$25 / \$75
Cleanings, exams and X-rays	\$0	\$0	\$0
Basic: fillings, extractions, root canals	15%* PPO / 30%* other	15%* PPO / 30%* other	15%* any dentist
Major: crowns, bridges, dentures	40%* PPO / 50%* other	40%* PPO / 50%* other	40%* any dentist
Orthodontia: lifetime maximum	Not covered	50%, children under 26 (\$2,000)	50%, adults and children (\$3,000)

Coinsurance applies after the deductible. "Other" means a Delta Dental Premier or out-of-network dentist. Preventive cleanings and exams do not count toward the annual maximum. Low and High plans cover two cleanings per year; Platinum covers up to four.

2027 MONTHLY RATES

	OSU, CSC, Langston and OPSU			NEO		
Coverage	Low	High	Platinum	Low	High	Platinum
Employee only	\$51.06	\$66.96	\$103.30	\$0	\$15.90	\$52.24
Employee + spouse	\$101.16	\$132.86	\$205.58	\$50.10	\$81.80	\$154.52
Employee + children	\$116.18	\$194.82	\$306.42	\$65.12	\$143.76	\$255.36
Family	\$179.66	\$252.12	\$397.26	\$128.60	\$201.06	\$346.20

Find a dentist or view your ID card: deltadentalok.org or call 800-522-0188 (405-607-2100 in the OKC metro).

Dependent coverage: Your spouse may enroll even if they have medical coverage through their employer. Eligible children may be covered through age 26.

VISION

Two VSP plans. Compare the coverage that fits your needs.



CHOOSE YOUR PLAN

Basic	\$150 frame allowance	Buy-Up	\$180 frame allowance
May be a good fit if: You want routine vision coverage at a lower premium.		May be a good fit if: You want higher allowances and more options for glasses or contacts.	
\$150 frame allowance; \$200 for featured brands \$120 contact lens allowance - Annual eye exam and standard lens coverage		\$180 frame allowance; \$230 for featured brands \$150 contact lens allowance - One EasyOptions upgrade each year	

WHAT BOTH PLANS INCLUDE

- ✓ **\$10 copay** for a WellVision eye exam
- ✓ **\$25 copay** for prescription glasses
- ✓ **Standard lenses included:** single vision, lined bifocal and trifocal
- ✓ **Progressive lenses:** standard \$0; premium and custom options available
- ✓ **Up to \$39** for routine retinal screening
- ✓ **\$20 per exam** for certain medical eye care
- ✓ **Diabetic retinal imaging covered at \$0**
- ✓ **About 15% off** laser vision correction

HOW THE PLANS DIFFER

	Basic	Buy-Up
Frame allowance	\$150; \$200 for featured brands or at Visionworks or Eyemart Express; \$80 at Walmart, Sam's Club or Costco	\$180; \$230 for featured brands or at Visionworks or Eyemart Express; \$100 at Walmart, Sam's Club or Costco
Contacts (instead of glasses)	\$120 allowance; fitting exam up to \$60	\$150 allowance; fitting exam up to \$50
EasyOptions (choose one)	Not included	+\$70 frame allowance, premium or custom progressives covered in full, anti-glare covered in full, or +\$50 contacts

Frames, lenses and contacts are each covered once per calendar year. You may use either the frame or contact lens allowance, not both. Additional frames are available at a discount.

2027 RATES

Coverage	Monthly		Per paycheck (biweekly)	
	Basic	Buy-Up	Basic	Buy-Up
Employee only	\$7.74	\$15.94	\$3.87	\$7.97
Employee + spouse	\$15.50	\$31.92	\$7.75	\$15.96
Employee + children	\$16.58	\$34.16	\$8.29	\$17.08
Family	\$26.52	\$54.58	\$13.26	\$27.29

EXTRA SAVINGS

- **40% off** an additional pair from the doctor who performed your exam
- **20% off** additional glasses or sunglasses within 12 months
- **Up to 60% off** hearing aids through TruHearing

USING YOUR PLAN

- **Find a VSP Choice doctor:** vsp.com
- **In network:** private practices, Visionworks and Eyemart Express
- **Questions:** 800-877-7195 (TTY: 711)
- **Spouse coverage allowed** even if they have vision coverage through work

LIFE AND DISABILITY INSURANCE

Coverage that helps protect your income and the people who depend on you.



LIFE AND AD&D INSURANCE

Basic life and AD&D	NO COST	Supplemental life	PAID BY YOU \$10,000 UNITS												
2x your annual salary Up to \$100,000 at OSU campuses, \$200,000 at A&M institutions Automatic if you work 30+ hours a week (0.75 FTE or more) AD&D equal to your basic life benefit Accelerated benefit if terminally ill \$6,000 when you retire, if you meet retirement criteria - The value of basic life coverage over \$50,000 may result in imputed taxable income.		<table border="1"> <thead> <tr> <th>Who</th> <th>No health questions*</th> <th>Maximum with EOI</th> </tr> </thead> <tbody> <tr> <td>You</td> <td>2x salary or \$300,000</td> <td>5x salary or \$750,000</td> </tr> <tr> <td>Spouse</td> <td>1x your salary or \$130,000</td> <td>100% of yours or \$380,000</td> </tr> <tr> <td>Children to 26</td> <td>\$2,500, \$5,000, \$7,500 or \$10,000</td> <td>—</td> </tr> </tbody> </table> *In your first 30 days. Lower amount applies. At Open Enrollment, increases over \$40,000 (you) or \$10,000 (spouse) need Evidence of Insurability (EOI). Apply any time with EOI using company code OSUAMBENEFITS.		Who	No health questions*	Maximum with EOI	You	2x salary or \$300,000	5x salary or \$750,000	Spouse	1x your salary or \$130,000	100% of yours or \$380,000	Children to 26	\$2,500, \$5,000, \$7,500 or \$10,000	—
Who	No health questions*	Maximum with EOI													
You	2x salary or \$300,000	5x salary or \$750,000													
Spouse	1x your salary or \$130,000	100% of yours or \$380,000													
Children to 26	\$2,500, \$5,000, \$7,500 or \$10,000	—													

SUPPLEMENTAL LIFE: MONTHLY COST PER \$10,000 (YOU OR SPOUSE)

Age	<25	25–29	30–34	35–39	40–44	45–49	50–54	55–59	60–64	65–69	70+
Cost	\$0.48	\$0.57	\$0.76	\$0.86	\$0.95	\$1.62	\$3.04	\$4.94	\$7.41	\$13.87	\$22.80

Example: 5 units (\$50,000) at age 42 = $5 \times \$0.95 = \$4.75$ a month

Children: One rate covers all children
\$0.45, \$0.90, \$1.35 or \$1.80 a month for \$2,500 to \$10,000.

- Your rate** uses your age on the previous month and changes the month after your birthday.
- Benefits reduce** to 65% at 65, 50% at 70 and 30% at 75.
- Spouse** who is a benefits-eligible System employee can't be covered as your spouse.
- Your beneficiaries** should be reviewed and updated as needed annually in PlanSource.
- Leaving?** You can port or convert your coverage.

Lincoln life: 888-787-2129 | mylincolnportal.com

DISABILITY INSURANCE: PROTECT YOUR PAYCHECK

Short-term disability	OSU Only	Long-term disability	ALL CAMPUSES					
60% of weekly salary \$2,308 max a week 14 weeks max benefit 15-day waiting period; use all available sick leave first Voluntary, after-tax; covers you only No health questions in your first 30 days; after that, EOI Maternity; not all cases qualify; absence@okstate.edu MONTHLY COST PER \$10 OF WEEKLY BENEFIT <table border="1"> <thead> <tr> <th>Under 35</th> <th>35–54</th> <th>55+</th> </tr> </thead> <tbody> <tr> <td>\$0.268</td> <td>\$0.247</td> <td>\$0.286</td> </tr> </tbody> </table> Example: Age 40, \$40K salary, \$461.54/wk benefit = \$11.40/mo A&M institutions short-term disability: Contact American Fidelity, 800-288-1239, option 3.	Under 35	35–54	55+	\$0.268	\$0.247	\$0.286		60% of monthly salary \$6,000 max a month 180 days waiting period Apply any time; no health questions in your first 30 days Pays to age 65 if disabled before 60; shorter if older Pre-existing conditions: not covered in first 12 months MONTHLY COST (OSU, NEO, LANGSTON) \$0.251 per \$100 of monthly salary Example: \$29,000 salary (\$2,417/mo) = \$6.07/mo Connors State & OPSU: employer-paid Lincoln disability: 800-291-0112
Under 35	35–54	55+						
\$0.268	\$0.247	\$0.286						

MASA emergency transport



Helps cover emergency transportation costs left after your medical plan pays.

EMERGENT PLUS: \$14 A MONTH

- Emergency ground ambulance in the U.S. or Canada
- Emergency air ambulance, up to \$20,000
- Hospital transfer for specialized care, including air up to \$20,000
- Transfer to a hospital closer to home after an emergency

PLATINUM: \$39 A MONTH

Includes broader transportation assistance, such as:

- Ground and air ambulance and hospital transfers in the U.S. or Canada
- Worldwide transport to a hospital near home and travel home after discharge
- Companion travel, return of children or pets, vehicle return, organ transport and more

One fee covers you and your dependents to 26. Start or stop any time.

masaglobal.com

Cancer insurance



Limited Benefit Individual Cancer Insurance

Extra financial protection if cancer happens, paid directly to you for treatment, travel and everyday costs.

- Basic, Enhanced and Enhanced Plus plans
- 25+ benefits, including annual screenings
- Coverage for you or your family
- Portable and guaranteed renewable

Employee-paid. Limitations, exclusions and waiting periods may apply.

TO ENROLL

Sheryl West, American Fidelity

800-288-1239, option 3

sheryl.west@americanfidelity.com

PLAN FOR THE RETIREMENT YOU WANT



Start with your core retirement plan, then add your own savings to go further.

YOUR CORE RETIREMENT PLAN

OSU employees: Within 30 days of becoming eligible, make a one-time, permanent choice between OTRS, the state pension plan, and the Alternate Retirement Plan (ARP), a TIAA account funded by OSU and fully vested after two years.

Langston, NEO, OPSU and Connors employees: You participate in OTRS. Eligible nonclassified employees may opt out within 30 days of hire; that decision is permanent. Contact your HR office for details.

VOLUNTARY 403(b) AND 457(b) PLANS

Save more through TIAA. Choose pre-tax or Roth savings in a 403(b), 457(b) or both. Available to anyone paid through OSU/A&M payroll.

- **Pre-tax:** save now; pay taxes when you withdraw
- **Roth:** pay taxes now; qualified withdrawals are tax-free
- **Use one or both:** the 403(b) and 457(b) each have their own IRS limit
- **Start small:** \$15 a month; immediately vested
- **Change any time:** start, stop or adjust your contribution
- **Age 50+:** catch-up contributions may apply. If prior-year FICA wages exceed the IRS threshold, catch-ups must be Roth.

Age (Dec 31)	2026 per plan	2027 per plan
Under 50	\$24,500	Pending
50–59 or 64+	\$32,500	Pending
60–63	\$35,750	Pending

2026 combined 403(b) + 457(b) limits: \$49,000, \$65,000 and \$71,500. The IRS is expected to announce 2027 limits in November.

COMING SOON: ENROLL AND CHANGE DIRECTLY WITH TIAA

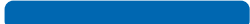
Enrollment and contribution changes will move directly to TIAA. You'll be able to enroll, start, stop or change your contribution anytime. No salary reduction form will be required.

Already enrolled? Current contribution will continue unless you choose to change it.

For now: Submit a salary reduction agreement to OSU/A&M Benefits.

WHY START NOW?

Saving \$200 a month until age 65

Start at 25  **\$383,393**

Start at 35  **\$195,851**

Waiting 10 years cuts it nearly in half. Hypothetical TIAA example, 6% return.

TIAA HELP, AT NO COST TO YOU Free one-on-one advice: tiaa.org/schedule now or 800-732-8353

MENTAL HEALTH & SUPPORT RESOURCES

Support for you and your family, at every OSU/A&M institution.

Everyone goes through hard seasons. Whether it's stress, grief, relationship concerns, money worries or another challenge, support is available through your health plan, your campus and your community.

SUPPORT FOR EVERYONE

YOUR HEALTH PLAN

If you're enrolled in the OAMC System Health Plan, mental health care is covered like other medical care, including office and virtual visits. Use your member ID card or member portal to find a provider.

ON YOUR CAMPUS

Your campus may offer wellness programs, training, counseling or other support. Check with your HR office for resources available to employees.

COMMUNITY RESOURCES

Dial 211 to find local counseling and support groups, plus help with food, housing and utilities.

In crisis? Call or text 988, the Suicide & Crisis Lifeline, any time, day or night. In an emergency, call 911.

EMPLOYEE ASSISTANCE PROGRAM | OSU and CSC



OSU and Connors State College provide an Employee Assistance Program (EAP) through ComPsych GuidanceResources® at no cost to benefits-eligible employees and their dependents. Confidential support is available 24/7.

Confidential counseling

Short-term counseling for stress, anxiety, depression, relationships, grief, work and substance use.

Work-life solutions

Referrals for child and elder care, moving, pet care, college planning, home repair and more.

Legal support

Free 60-minute consultation with an on-staff attorney and 25% off customary fees.

Financial information

Help with budgeting, debt, taxes and other money questions from CPAs and financial planners.

Wellness

HealthyGuidance tools to help you and your spouse or partner make healthier choices.

CareScout

Help planning aging care, with vetted local providers at up to 15% off typical rates.

ACCESS YOUR EAP 24/7

CALL

OSU: 855-850-2397

Connors: 800-272-7255

A counseling professional listens and guides you to the right services. TRS: dial 711.

GO ONLINE

guidanceresources.com

Click Register and enter your ID:

OSU: Web ID OKSTATEEAP

Connors: Company ID CSC

Then create your user ID and password.

USE THE APP

GuidanceResources Now

Download it for your phone and log in with the same account you set up online.

2027 MEDICAL RATES: OSU

OSU-Stillwater, OSU-OKC, OSU-Tulsa/CHS and OSUIT: Your salary tier is based on your salary on file as of Oct. 23, 2026.



MONTHLY-PAID | WHAT YOU PAY EACH MONTH

What you pay	Total premium (all tiers)	Up to \$39,999	\$40,000– \$74,999	\$75,000– \$149,999	\$150,000+
OAMC PPO					
Employee only	\$762.10	\$145.00	\$160.00	\$175.00	\$190.00
Employee + spouse	\$1,600.36	\$485.64	\$530.64	\$575.64	\$620.64
Employee + children	\$1,371.72	\$360.30	\$390.30	\$420.30	\$450.30
Family	\$2,438.66	\$612.54	\$672.54	\$732.54	\$792.54
OAMC HDHP					
Employee only	\$753.42	\$125.00	\$140.00	\$155.00	\$170.00
Employee + spouse	\$1,542.86	\$317.24	\$362.24	\$407.24	\$452.24
Employee + children	\$1,344.04	\$235.40	\$265.40	\$295.40	\$325.40
Family	\$2,271.90	\$380.44	\$440.44	\$500.44	\$560.44

BIWEEKLY-PAID | WHAT YOU PAY EACH PAYCHECK

What you pay	Total premium (all tiers)	Up to \$39,999	\$40,000– \$74,999	\$75,000– \$149,999	\$150,000+
OAMC PPO					
Employee only	\$381.05	\$72.50	\$80.00	\$87.50	\$95.00
Employee + spouse	\$800.18	\$242.82	\$265.32	\$287.82	\$310.32
Employee + children	\$685.86	\$180.15	\$195.15	\$210.15	\$225.15
Family	\$1,219.33	\$306.27	\$336.27	\$366.27	\$396.27
OAMC HDHP					
Employee only	\$376.71	\$62.50	\$70.00	\$77.50	\$85.00
Employee + spouse	\$771.43	\$158.62	\$181.12	\$203.62	\$226.12
Employee + children	\$672.02	\$117.70	\$132.70	\$147.70	\$162.70
Family	\$1,135.95	\$190.22	\$220.22	\$250.22	\$280.22

PREMIUM CREDIT

Preventive Wellness Credit \$30 a month (not included in rates above)

Applied to your medical premium after an eligible preventive service is completed and processed.

2027 MEDICAL RATES: LANGSTON

Langston University (LU): Your salary tier is based on your salary on file as of Oct. 23, 2026.



MONTHLY-PAID | WHAT YOU PAY EACH MONTH

What you pay	Total premium (all tiers)	Up to \$45,000	\$45,001– \$74,999	\$75,000– \$149,999	\$150,000+
OAMC PPO					
Employee only	\$800.76	\$130.00	\$227.50	\$270.00	\$295.00
Employee + spouse	\$1,681.64	\$768.64	\$871.14	\$928.64	\$963.64
Employee + children	\$1,441.40	\$589.02	\$691.52	\$749.02	\$784.02
Family	\$2,562.48	\$1,367.28	\$1,469.78	\$1,527.28	\$1,562.28
OAMC HDHP					
Employee only	\$791.70	\$130.00	\$227.50	\$270.00	\$295.00
Employee + spouse	\$1,621.24	\$728.44	\$830.94	\$888.44	\$923.44
Employee + children	\$1,412.30	\$572.10	\$674.60	\$732.10	\$767.10
Family	\$2,387.28	\$1,241.66	\$1,344.16	\$1,401.66	\$1,436.66

BIWEEKLY-PAID | WHAT YOU PAY EACH PAYCHECK

What you pay	Total premium (all tiers)	Up to \$45,000	\$45,001– \$74,999	\$75,000– \$149,999	\$150,000+
OAMC PPO					
Employee only	\$400.38	\$65.00	\$113.75	\$135.00	\$147.50
Employee + spouse	\$840.82	\$384.32	\$435.57	\$464.32	\$481.82
Employee + children	\$720.70	\$294.51	\$345.76	\$374.51	\$392.01
Family	\$1,281.24	\$683.64	\$734.89	\$763.64	\$781.14
OAMC HDHP					
Employee only	\$395.85	\$65.00	\$113.75	\$135.00	\$147.50
Employee + spouse	\$810.62	\$364.22	\$415.47	\$444.22	\$461.72
Employee + children	\$706.15	\$286.05	\$337.30	\$366.05	\$383.55
Family	\$1,193.64	\$620.83	\$672.08	\$700.83	\$718.33

PREMIUM CREDIT

Preventive Wellness Credit \$20 a month (not included in rates above)

Applied to your medical premium after an eligible preventive service is completed and processed.

2027 MEDICAL RATES: OPSU

Oklahoma Panhandle State University (OPSU). Your salary tier is based on your salary on file as of Oct. 23, 2026.



OKLAHOMA
PANHANDLE STATE
UNIVERSITY

MONTHLY-PAID | WHAT YOU PAY EACH MONTH

What you pay	Total premium (all tiers)	Up to \$39,999	\$40,000– \$74,999	\$75,000– \$149,999	\$150,000+
OAMC PPO					
Employee only	\$800.76	\$65.00	\$80.00	\$95.00	\$110.00
Employee + spouse	\$1,681.64	\$647.20	\$707.20	\$787.20	\$847.20
Employee + children	\$1,441.40	\$436.70	\$466.70	\$519.20	\$549.20
Family	\$2,562.48	\$1,087.48	\$1,147.48	\$1,252.48	\$1,312.48
OAMC HDHP					
Employee only	\$791.70	\$65.00	\$80.00	\$95.00	\$110.00
Employee + spouse	\$1,621.24	\$541.38	\$601.38	\$681.38	\$741.38
Employee + children	\$1,412.30	\$415.44	\$445.44	\$497.94	\$527.94
Family	\$2,387.28	\$816.26	\$876.26	\$978.76	\$1,038.76

PREMIUM CREDIT	
Preventive Wellness Credit	\$20 a month (not included in rates above)

Applied to your medical premium after an eligible preventive service is completed and processed.

2027 MEDICAL RATES: CSC



Coverage	MONTHLY-PAID			BIWEEKLY-PAID (per paycheck)		
	Total	You pay	Employer	Total	You pay	Employer
OAMC PPO						
Employee only	\$762.08	\$90.00	\$672.08	\$381.04	\$45.00	\$336.04
Employee + spouse	\$1,600.34	\$628.64	\$971.70	\$800.17	\$314.32	\$485.85
Employee + children	\$1,371.72	\$469.02	\$902.70	\$685.86	\$234.51	\$451.35
Family	\$2,438.64	\$1,192.28	\$1,246.36	\$1,219.32	\$596.14	\$623.18
OAMC HDHP						
Employee only	\$753.42	\$90.00	\$663.42	\$376.71	\$45.00	\$331.71
Employee + spouse	\$1,542.84	\$588.44	\$954.40	\$771.42	\$294.22	\$477.20
Employee + children	\$1,344.04	\$452.10	\$891.94	\$672.02	\$226.05	\$445.97
Family	\$2,271.88	\$1,066.66	\$1,205.22	\$1,135.94	\$533.33	\$602.61

PREMIUM CREDIT

Preventive Wellness Credit \$20 a month (not included in rates above)

Applied to your medical premium after an eligible preventive service is completed and processed.

2027 MEDICAL RATES: NEO



Coverage	MONTHLY-PAID			BIWEEKLY-PAID (per paycheck)		
	Total	You pay	Employer	Total	You pay	Employer
OAMC PPO						
Employee only	\$802.34	\$50.00	\$752.34	\$401.17	\$25.00	\$376.17
Employee + spouse	\$1,684.96	\$917.23	\$767.73	\$842.48	\$458.62	\$383.86
Employee + children	\$1,444.24	\$718.27	\$725.97	\$722.12	\$359.14	\$362.98
Family	\$2,567.54	\$1,646.38	\$921.16	\$1,283.77	\$823.19	\$460.58
OAMC HDHP						
Employee only	\$793.26	\$50.00	\$743.26	\$396.63	\$25.00	\$371.63
Employee + spouse	\$1,624.40	\$867.20	\$757.20	\$812.20	\$433.60	\$378.60
Employee + children	\$1,415.08	\$694.18	\$720.90	\$707.54	\$347.09	\$360.45
Family	\$2,391.94	\$1,501.58	\$890.36	\$1,195.97	\$750.79	\$445.18

PREMIUM CREDIT

Preventive Wellness Credit	\$20 a month (not included in rates above)
Tobacco Abstinence Credit	\$20 a month (not included in rates above)

Applied to your medical premium after an eligible preventive service or enrollment attestation is completed and processed.

WHO TO CALL

IMPORTANT BENEFIT SUPPORT CONTACTS

Start with the two teams below. For a specific benefit, you can also reach the partner directly.

OSU/A&M BENEFITS TEAM

405-744-5449

osu-benefits@okstate.edu | hr.okstate.edu/benefits
Eligibility, enrollment, life events

OAMC SYSTEM HEALTH PLAN

877-240-9228

Member Services
Medical, network, prescriptions, ID cards

OTHER BENEFIT PARTNERS

Partner	Benefit Type	Phone	Website or email
American Fidelity	Cancer insurance	800-288-1239	sheryl.west@americanfidelity.com
Catapult Health	Preventive screenings	877-373-9974	timeconfirm.com/okstate
ComPsych	Employee Assistant Program	855-850-2397	guidanceresources.com
Delta Dental	Dental	800-522-0188	deltadentalok.org
HealthEquity	HSA balances prior to 2027	877-750-1445	my.healthequity.com
Hinge Health	Back and joint pain	855-902-2777	hinge.health/oklahomastate-oe
Lincoln Financial	Life and disability insurance	877-275-5462	mylincolnportal.com
MASA	Ground and air ambulance	800-643-9023	masaglobal.com
MDLIVE	Virtual care	888-970-4081	mdlive.com
OTRS	OK Teachers' retirement	877-738-6365	trs.state.ok.us
PlanSource	COBRA continuation coverage	888-266-1732	cobra@plansource.com
Teladoc Health	Diabetes and blood pressure	800-835-2362	TeladocHealth.com/Now/OSU-HCSC
TIAA	Voluntary Retirement	800-842-2252	tiaa.org/okstate
UnitedHealthcare	J-1 Visa Holders Medical	800-767-0700	uhcsr.com
VSP	Vision	800-785-0699	vsp.com
WEX/Chard Snyder	HSA, FSA, Dependent Care	800-982-7715	chard-snyder.com
Wondr Health	Weight management	-----	wondrhealth.com/OSU

HR OFFICES INFORMATION

OSU CAMPUSES	A&M INSTITUTIONS
OSU-IT 918-293-5238 osuit-hr@okstate.edu	Connors State College (CSC) 918-463-6334 cschr@connorsstate.edu
OSU-OKC 405-945-3206 okc.humanresources@okstate.edu	Langston University (LU) 405-466-3212 luhumanresources@langston.edu
OSU-Stillwater 405-744-5449 osu-benefits@okstate.edu	Northeastern Oklahoma A&M College (NEO) 918-540-6219 alyson.barnett@neo.edu
OSU-Tulsa/CHS 918-561-1200 tulsa.hr@okstate.edu	Oklahoma Panhandle State University (OPSU) 580-349-1574 opsuhr@opsu.edu

Questions?

CONTACT OSU/A&M BENEFITS

405-744-5449 | osu-benefits@okstate.edu
hr.okstate.edu/benefits



OAMC System
HEALTH PLAN

