

2022 Annual Enrollment



Health Plan Update



Health Plan Design

2022 BlueOptions Plan

In-Network Deductible

- \$850 Individual
- \$2,500 Family

Out-of-Network Deductible

- \$1,500 individual
- \$4,500 family

In-Network Out-of-Pocket Maximum

- \$5,000 Individual
- \$15,000 Family

Out-of-Network Out-of-Pocket Maximum

- \$10,000 Individual
- \$30,000 Family

Prescription Drugs

- CVS & Target pharmacies out-of-network



Value Based Benefits - BlueOptions

Ovia Health

- \$250 deductible credit upon program completion

Coronary Artery Disease Condition Management Program

- Discounted copays for related prescriptions

Diabetes Management Program

- Discounted copays for related prescriptions

To enroll call BCBS directly at (877) 258-6781



Health Plan Design

2022 BlueEdge High Deductible Plan

Deductible
(in-network & out-of-network)

- \$2,800 Individual
- \$5,600 Family

Out-of-Pocket Maximum
(in-network & out-of-network)

- \$6,900 individual
- \$13,800 family

HSA Employer Contribution

- \$750 Individual
- \$1,250 Family

Prescription Drugs

- CVS & Target pharmacies out-of-network



Benefits Value Advisor (BVA)

- Real-time access to current cost and quality transparency
- Referrals to clinical staff/programs
- Appointment scheduling
- Member Rewards
- If you contact BCBS ***prior*** to obtaining an MRI or CT Scan you can save an additional charge of \$100.00. (Non- emergency situations only)



Health Management Reminders

- Livongo for Diabetes
- Wondr Health (formerly Naturally Slim)
- Hinge Health
- GuidanceResources



Livongo for Hypertension



Beginning January 1, 2022, participants receive



- Livongo connected blood pressure monitor
- Instructions for taking the first reading
- Access to the member website, www.my.Livongo.com and mobile app
- Personalized insights on readings
- One-on-one support from trained coaches

All at no cost to employees

800-945-4355

Individuals diagnosed with hypertension and enrolled in either OSU BlueCross BlueShield health plan are eligible



HUMAN RESOURCES

2022 OSU Premiums

	Total Premium	Institution	Employee
BlueOptions PPO			
Employee Only	\$ 522.22	\$ 407.22	\$ 115.00
Employee + Children	940.00	664.70	275.30
Employee + Spouse	1096.68	726.04	370.64
Family	1671.14	1218.60	452.54
BlueEdge HDHP			
Employee Only	\$ 516.30	\$ 421.30	\$ 95.00
Employee + Children	921.04	760.64	160.40
Employee + Spouse	1057.28	840.04	217.24
Family	1556.86	1316.42	240.44

* Credits not included in the above monthly premiums



Premium Credits

Catapult Health Screening

- \$20.00 monthly healthcare premium credit for completing a Catapult Health Screening
- Register online www.timeconfirm.com/okstate

Tobacco Free Affidavit

- \$20.00 monthly healthcare premium credit for completing tobacco free affidavit
- Completed during annual benefits enrollment in Benefit Focus



Flexible Spending Accounts



Flexible Spending Accounts (FSA)

May be enrolled in either BCBS plan

Health FSA

- Maximum contribution of \$2,750 for out-of-pocket medical and pharmacy expenses
- Unlimited carryover from 2021 to 2022

Dependent Care FSA

- Maximum contribution of \$5,000 per household for childcare expense for dependent children under the age of 13
- 2021 unused funds may carryover to 2022



Health Savings Account

Health Savings Accounts (HSA)

Must be enrolled in the Blue Edge High Deductible Health Plan

Employee Only

- Employee maximum contribution of \$2,900; Employer will contribute \$750
- Employee + Employer contribution annual maximum of \$3,650

Employee + Dependent(s)

- Employee maximum contribution of \$6,050; Employer will contribute \$1,250
- Employee + Employer contribution maximum of \$7,300

Age 55 or Older

- May contribute an additional \$1,000

Dental Insurance



Dental



- Delta Dental of Oklahoma
- 3 plans to choose from
 - Low
 - High
 - Platinum
 - Adult orthodontia, teeth whitening, additional cleanings, nitrous oxide, and an annual benefit of \$3,000

PPO – POINT OF SERVICE PLAN OPTIONS

Plan Options:	PPO – Point of Service Low Plan			PPO – Point of Service High Plan			PPO Plus Premier “Elite” Platinum Plan		
	PPO	Premier	OON	PPO	Premier	OON	PPO	Premier	OON
Preventive/Diagnostic	100%	100%	100%	100%	100%	100%	100%		
Basic Restorative	85%*◊	70%*◊	70%*◊	85%*◊	70%*◊	70%*◊	85%*◊		
Major Restorative	60%*	50%*	50%*	60%*	50%*	50%*	60%*		
Orthodontic	N/A	N/A	N/A	50% (Child)			50% (Family)		
Per Person Per Calendar Year Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$25/\$75	\$25/\$75	\$25/\$75	\$25/\$75		
Per Calendar Year Annual Maximum	\$1,500 Per Person			\$2,000 Per Person			\$3,000 Per Person		
Lifetime Orthodontic Maximum	N/A			\$2,000 Per Child			\$3,000 Per Person		

- * Per Person Per Calendar Year deductible applies (not to exceed family maximum).
- ◊ Endodontic, periodontic, and oral surgery are payable as Class II Services

Dependent children may be covered until age 26.

Dental Premiums

Delta Dental of Oklahoma (DDOK)			
2022	Low	High	Platinum
Employee	\$34.80	\$42.26	\$69.24
Employee + Spouse	\$68.94	\$83.86	\$137.82
Employee + Child(ren)	\$79.18	\$122.98	\$205.42
Family	\$122.44	\$159.16	\$266.32



Vision Insurance



Vision



Vision Service Plan (VSP)

- 2 plans to choose from
 - Basic
 - Buy-Up
- Diabetic Eyecare Plus Program
- Create an account at www.vsp.com to review benefit information & find an in-network provider
- No ID card needed; simply tell your provider you have VSP
- Utilize VSP benefits to shop for contacts & eyewear at www.eyeconic.com



VSP PLANS AT A GLANCE

	Choice Plan C Base Plan	Choice EasyOptions Buy-Up Plan
Exams	<ul style="list-style-type: none"> WellVision Exam® covered every calendar year \$10 Copay Retinal Imaging exam covered every calendar year \$39 Copay 	
Frame Allowance	\$150 Frame allowance every calendar year \$200 allowance for featured frame brands	\$180 Frame allowance every calendar year \$230 allowance for featured frame brands
Lenses (every calendar year)	<ul style="list-style-type: none"> Fully covered single vision, lined bifocal, lined trifocal or standard progressive lenses for adults Fully covered single vision, lined bifocal, lined trifocal, standard progressives or polycarbonate lenses for children \$25 Copay included in glasses. 	
Lens Enhancements	<ul style="list-style-type: none"> 20-25% savings on lens enhancements such as – Scratch-resistant, UV, Light reactive lenses 	<ul style="list-style-type: none"> 20-25% savings on lens enhancements such as – Scratch-resistant, UV, Light reactive lenses
Contact Lens Allowance (in lieu of glasses)	\$120 allowance for contact lens materials (fitting and evaluation, with a \$60 copay)	\$150 allowance for contacts lens materials (fitting and evaluation, with a \$50 copay)
EasyOptions Plan	N/A	<p style="text-align: center;">Choose One Plan Upgrade: An additional \$70 frame allowance or, An additional \$50 Contact lens allowance or, Covered premium progressives or, Covered anti-glare coating</p>

Vision Premiums

Vision Service Plan (VSP)		
2022	Basic	Buy-up
Employee	\$5.98	\$10.70
Employee + Spouse	\$11.98	\$21.42
Employee + Child(ren)	\$12.82	\$22.92
Family	\$20.48	\$36.62



Ambulance Memberships



MASA – Ambulance coverage

- 100% employee paid premiums
- Covers what insurance doesn't on ground and air transport
- Works with all ambulance carriers
- \$14 and \$39 per month plans pre-tax
 - One premium rate regardless of the number of dependents
 - Make sure your dependents are selected for coverage



Life Insurance



Life Insurance



- Basic Life and Accidental Death & Dismemberment is equal to two times the annual salary up to \$100,000 maximum coverage
- Supplemental Life Insurance may be increased during annual enrollment unless previously denied
 - Employee Supplemental Life
 - Guaranteed Issue - two x salary in \$10,000 increments not to exceed \$300,000
 - May enroll or increase by up to four \$10,000 increments (\$40,000) if not at guaranteed issue
 - Supplemental Spouse Life
 - Guaranteed Issue - one x salary in \$10,000 increments not to exceed \$130,000
 - May enroll or increase by one (\$10,000) increment during annual enrollment if not at guaranteed issue



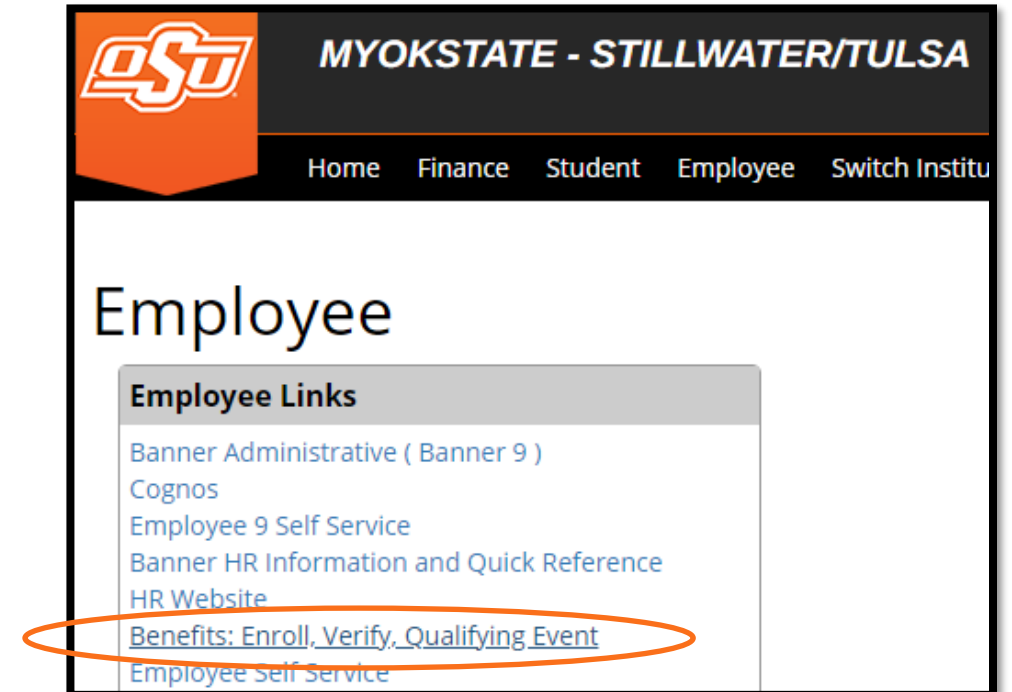
***Annual Benefits Enrollment
November 1 – 12!***



Enrollment Instructions

Use the employee portal, my.okstate.edu, under the Employee tab

1. Log in to my.okstate.edu
2. Select the "Employee" tab
3. Select "Benefits: Enroll, Verify, Qualifying Event"
4. Choose "2022 Annual Enrollment"
5. Follow the instructions



Don't forget to....

- Enroll in Flexible Spending Account/Dependent Daycare Account.
- Enroll in Health Savings Account.
- Complete the tobacco affidavit.
- Enroll in Voluntary Group (Supplemental) Life Insurance.
- Confirm your health, dental, vision enrollment.
- Verify dependents are covered.

This is your once-a-year opportunity to make election changes without a qualifying life event!



Questions?

For more information:

benefits.okstate.edu

Virtual Benefits Fair October 18-22

osu-benefits@okstate.edu

405-744-5449

