Welcome to Oklahoma State University

Benefits Enrollment
Presented by:
OSU Benefits
405-744-5449
osu-benefits@okstate.edu
Topics

- BCBS Health Plans
- Premium Rates
- Flexible Spending Accounts
- Health Savings Accounts
- Dental Insurance
- Vision Insurance
- Life Insurance
- Long-Term Disability
- Retirement Plans
- Enrollment Forms
Insurance Eligibility

• Employee Requirements
  – 0.75 FTE or greater
  – 6 months or longer
  – Benefits-eligible position

• Eligible Dependents for Coverage
  – Spouse
  – Children
BlueCross BlueShield of Oklahoma

Two Plan Options
BlueOptions & BlueEdge

<table>
<thead>
<tr>
<th>Similarities</th>
<th>Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventative Care</td>
<td>Premium</td>
</tr>
<tr>
<td>Unlimited lifetime maximum</td>
<td>Copays</td>
</tr>
<tr>
<td>Blue Card access available</td>
<td>Deductible</td>
</tr>
<tr>
<td>Blue Value Advisor/ MD Live Access</td>
<td>Out-of-Pocket Maximums</td>
</tr>
</tbody>
</table>
BlueOptions
<table>
<thead>
<tr>
<th><strong>BlueOptions</strong></th>
</tr>
</thead>
</table>
| **Office Visit Copay** | $30 Primary Care Physician  
$50 Specialist |
| **Deductible** | $850 Individual (in-network)  
$2,500 Family (3 or more, in-network) |
| **Co-Insurance** | 80% BluePreferred Network  
70% BlueChoice Network |
| **Out-of-Pocket Maximum** | $5,000 Individual (in-network)  
$10,000 Individual (out-of-network)  
$15,000 Family (3 or more) |
# BlueOptions

## Value-Based Benefits

<table>
<thead>
<tr>
<th>Program</th>
<th>Special Beginnings Maternity Program (must be enrolled prior to 34 weeks along)</th>
<th>Diabetes Management Program</th>
<th>Coronary Artery Disease Condition Management Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit to you</td>
<td>$250 deductible credit towards BlueOptions deductible</td>
<td>Preferred name-brand drug copays reduced</td>
<td>Preferred name-brand drug copays reduced</td>
</tr>
<tr>
<td>How to enroll</td>
<td>Call BCBS directly at (877) 258-6781</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Livongo

- Diabetes Management Program
  - Offers
    - Free meter, unlimited test strips and lancets
    - Individual coaching
    - Mobile App
  - No cost to employees
Pharmacy Coverage
BlueOptions
BlueOptions Pharmacy Coverage

• Generics
  – $10 Preferred
  – $25 Non-Preferred
• Name Brand Drugs
  – $50 Preferred
  – $100 Non-Preferred
• Specialty Drugs
  – $150 Preferred and Non-Preferred

• Pharmacy and medication lists are available at www.bcbsok.com/osu or call 877-258-6781
• Mail order available
• CVS/Target pharmacy out of network as of 1/1/2020
Dispense As Written (DAW) is implemented for brand name drugs

- Member pays name brand copay + difference in cost if member requests name brand
- Member will never pay more than the cost of the Brand Name Drug
Pharmacy (cont’d)

• Proton Inhibitors are not in the pharmacy formulary
  – Examples include: Nexium, Prevacid, Prilosec
• These drugs are available over-the-counter, and are eligible for FSA reimbursement with a prescription
BlueEdge High Deductible
<table>
<thead>
<tr>
<th><strong>BlueEdge</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Office Visit Copay</strong></td>
</tr>
</tbody>
</table>
| **Deductible** | $2,800 Individual  
$5,600 Family (2 or more) |
| **Co-Insurance** | 80% BlueChoice Network |
| **Out-of-Pocket Maximum** | $6,900 Individual  
$13,800 Family (2 or more) |
BlueEdge HDHP Pharmacy Coverage

• Medications are subject to deductible

• 80/20 coinsurance after deductible until out-of-pocket max is met

• CVS/Target pharmacy out of network as of 1/1/2020
BCBS Enhancements
Benefits Value Advisor (BVA)

Included in both Blue Options and Blue Edge health plans

- Real-time access to current cost and quality transparency
- Appointment scheduling (you pick the provider from a list; assistance in scheduling then provided)
- Clinical support Tools
- Referrals to clinical staff/programs
- Member Rewards
Steps to Earn Rewards

1. Interact with Provider Finder or Benefit Value Advisor to find lower cost options nearby.
2. Have the procedure completed at location of choice.
3. After the claim is paid and location verified as reward-eligible, a check is sent to the member (4-6 weeks).
MRI/ CT Scan

- You must contact BCBS *prior* to obtaining an MRI or CT Scan
- Failure to call will result in an additional charge of $100.00
- This does not apply to emergency situations
Virtual Visits
Speak to a doctor 24/7/365 from any location

Board-certified providers with an average of 15 years of experience

Prescriptions sent instantly to the member’s pharmacy of choice

24/7/365 customer support

Private, secure and confidential appointments
When to Use Virtual Visits

Non-Emergency Medical Conditions
• Allergies
• Cold and flu
• Earache
• Fever
• Headache
• Insect bites
• Nausea
• Pinkeye
• Sore throat
• And more …

Behavioral Health
• Depression and anxiety
• Marital problems
• Child behavior and learning issues
• Financial hardship
• Coping with loss and grief
• Stresses and challenges of everyday life

Pediatric Care
• Cold and flu
• Earache
• Nausea
Virtual Visits (Telemedicine)

- $10 Copay with Blue Options
- $44 Copay with Blue Edge
- A Doctor’s note can be generated through Mdlive
- Prescriptions written and sent to pharmacy of choice
Let’s Recap!
BlueCross BlueShield Information
BlueAccess for Members (BAM)

- BlueAccess for Members - www.bcbsok.com/osu
  - Provider finder tool/ Benefits
  - View and print an Explanation of Benefits (EOB) statement
  - Obtain estimated costs for various medical procedures
  - 24/7 Nurseline

- Blue Access for Members Smartphone App
Blue Points Program

- BodyMedia
- iHealth
- Moves App
- Jawbone Up
- Nike +
- Strava
- Fitbit
- Fitbug
- Omron Fitness
- Withings
- Garmin Wellness
- Misfit Wearables
- RunKeeper

Blue Cross Blue Shield of Oklahoma

HUMAN RESOURCES
BCBS Information

• Receive Insurance ID Cards 4-6 Weeks
  – Mailed to home address
  – Print temporary cards from BAM

• OSU BlueCross BlueShield Team
  – 877-BLU-OSU1 (877-258-6781)
  – www.bcbsok.com/osu

• Need Additional Help
  – Contact OSU Benefits
    (405) 744-5449
If you certify that you are tobacco free, you will receive a $20 monthly credit towards your health insurance premium. If you complete a biometric screening through Catapult, you can receive a $20 monthly credit towards your health insurance premium.
Catapult Health Screening

• Employees can receive a $20 monthly credit towards healthcare premiums for completing a Catapult Health Screening

• Register online www.timeconfirm.com/okstate

• Available to employees enrolled in either of the OSU BlueCross BlueShield health plans
## BlueOptions vs. BlueEdge Scenarios

### General Office Visit – Bronchitis – with chest x-ray and blood work

<table>
<thead>
<tr>
<th></th>
<th>BlueOptions Plan</th>
<th>BlueEdge Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>BluePreferred Network Example</td>
<td>BlueChoice Network Example</td>
<td></td>
</tr>
<tr>
<td>Total allowable charge:</td>
<td>$200.00</td>
<td>$200.00</td>
</tr>
<tr>
<td>Office visit copayment:</td>
<td>$30.00</td>
<td>N/A</td>
</tr>
<tr>
<td>Deductible:</td>
<td>N/A</td>
<td>$200.00</td>
</tr>
<tr>
<td>Total BCBS Payment:</td>
<td>$170.00</td>
<td>$170.00</td>
</tr>
<tr>
<td>Total Member Responsibility:</td>
<td>$30.00</td>
<td>N/A</td>
</tr>
</tbody>
</table>

### Preventative Annual Exam

<table>
<thead>
<tr>
<th></th>
<th>BlueOptions Plan</th>
<th>BlueEdge Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>BluePreferred Network Example</td>
<td>BlueChoice Network Example</td>
<td></td>
</tr>
<tr>
<td>Total allowable charge:</td>
<td>$300.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Office visit copayment:</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Deductible:</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Total BCBS Payment:</td>
<td>$300.00</td>
<td>$300.00</td>
</tr>
<tr>
<td>Total Member Responsibility:</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
# Smart Consumerism

## Network Matters

<table>
<thead>
<tr>
<th>In-Network Providers</th>
<th>Out of Network Providers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pay less for care – protection from billing of amounts over allowed limits</td>
<td>Pay a greater share of the costs/out-of-network benefits</td>
</tr>
<tr>
<td>Receive the highest level of benefits</td>
<td>You may be balance billed for amounts over the allowed limit</td>
</tr>
<tr>
<td>No claim forms – provider files claims</td>
<td>You may need to file your own claims</td>
</tr>
</tbody>
</table>
Smart Consumerism

• Preventative Coverage
  – Recommended routine gender and age-specific preventative care and screenings (e.g., physical, OBGYN exams, mammograms, well-child care, immunizations).
  – Covered at 100% with no copay or deductible.
  – **IMPORTANT:** Lab tests related to an illness or condition – such as diabetes or asthma – are not considered preventative and are covered at applicable copay/deductible/coinsurance levels.
Smart Consumerism

• Preventative Coverage Example
  – Mammogram visit

**Preventative:** Jane has a regular mammogram performed in-network

Preventative coverage = covered 100%, no copay

**Diagnostic:** Jane’s mammogram showed signs of suspicious growth, and is asked to go in for a second mammogram

The second mammogram is diagnostic – not preventative, and subject to deductible and coinsurance
Smart Consumerism

• What can I do to be a smarter consumer?
  – Utilize in-network providers whenever possible to help reduce your healthcare spending.
  – Review EOBs and bills sent by your providers. Make sure that you and the plan are being charged only for services that you received.
  – Take care of yourself. Utilize wellness benefits and get appropriate, preventative medical care as needed.
  – Don’t wait until you have to go to the ER – see your physician regularly for preventative care or illness. Be sure to ask questions!
  – Let your physician guide you to the appropriate drug therapy. Use generic and over-the-counter drugs when they are available for your condition. Talk to your doctor about the lowest cost drug options.
  – Visit www.bcbsok.com/osu for more health and wellness information
Let’s Recap!
Flexible Spending Accounts
# Healthcare FSA

## Health Flexible Spending Account (FSA)

<table>
<thead>
<tr>
<th></th>
<th>Pre-tax contributions from your paycheck loaded into an account for healthcare expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What is it?</strong></td>
<td>Pre-tax contributions from your paycheck loaded into an account for healthcare expenses</td>
</tr>
<tr>
<td><strong>Eligible expenses</strong></td>
<td>Prescription drugs, copayments, dental and vision expenses, etc.</td>
</tr>
<tr>
<td><strong>Contribution limits</strong></td>
<td>$120/year minimum $2,750/year maximum</td>
</tr>
<tr>
<td><strong>Other Information</strong></td>
<td>Pre-funded</td>
</tr>
<tr>
<td></td>
<td>$500 rollover from year-to year</td>
</tr>
</tbody>
</table>
# Dependent Care Spending Account

## Dependent Care Spending Account (DCA)

<table>
<thead>
<tr>
<th>What is it?</th>
<th>Pre-tax contributions from your paycheck loaded into an account for daycare expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible expenses</td>
<td>Daycare, before- and after-school programs, summer day camp, etc. for children under age 13</td>
</tr>
</tbody>
</table>
| Contribution limits | $120/year minimum  
|                    | $5,000/year maximum (per household)                                                |
| Other Information | Not pre-funded  
|                   | “Use it, or lose it” plan                                                        |
Health Savings Account (HSA) available for BlueEdge only
# Health Savings Account

**HSA**

<table>
<thead>
<tr>
<th>What is it?</th>
<th>Pre-tax contributions from your paycheck loaded into an account for healthcare expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligible expenses</td>
<td>Prescription drugs, copayments, dental and vision expenses, etc.</td>
</tr>
</tbody>
</table>
| Contribution limits* | $3,550/year maximum for individual  
Must include OSU contributions in maximum limits  
$7,100/year maximum for family  
$1,000 catch-up for age 55+ |
| Other Information | Not Pre-funded  
Contributions cannot be made until your account is open  
Contributions are effective 1st of the month following account opening  
Account balance rolls over from year-to-year |

*OSU contributes $62.50 per month into a HSA for those on BlueEdge with employee-only coverage, or $104.17 per month for BlueEdge with dependent coverage.  
If you prefer a FSA, or are not eligible for a HSA, then $41.67 per month ($500 annual) will be placed in a FSA.
HSA Rules

• Must be covered by a qualified High Deductible Health Plan
• Cannot be covered by another non-qualified health care plan
• Cannot be enrolled in Medicare
• Cannot have a Health FSA and HSA within the same household and within the same calendar year
• Cannot be claimed as a dependent on another individual’s tax return
Opening Health Savings Account

• [www.mybenefitwallet.com](http://www.mybenefitwallet.com)
• Register as “first time user”
• Welcome letter sent to home address
• Debit card/checkbook mailed separately
• Failure to open will delay contributions and could result in Employer forfeitures
Let’s Recap!
QUESTIONS?
Let’s Take A Break!
Dental Insurance
Dental

- Delta Dental of OK
- 3 plans to choose from
  - Low, High, Platinum
  - Platinum has adult ortho, teeth whitening, extra cleanings, nitrous oxide, annual benefit of $3,000
# PPO – POINT OF SERVICE PLAN OPTIONS

<table>
<thead>
<tr>
<th></th>
<th>LOW PLAN</th>
<th>HIGH PLAN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PPO</td>
<td>Premier</td>
</tr>
<tr>
<td>Preventive/Diagnostic</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Basic Restorative</td>
<td>85%*</td>
<td>70%*</td>
</tr>
<tr>
<td>Major Restorative</td>
<td>60%*</td>
<td>50%*</td>
</tr>
<tr>
<td>Orthodontic</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Per Person Per Calendar Year Deductible</td>
<td>$50/$150</td>
<td>$50/$150</td>
</tr>
<tr>
<td>Per Calendar Year Annual Maximum</td>
<td>$1,500 Per Person</td>
<td></td>
</tr>
<tr>
<td>Lifetime Orthodontic Maximum</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

* Per Person Per Calendar Year deductible applies (not to exceed family maximum).

"Dependent children may be covered until age 26."
# PPO – PLUS PREMIER “ELITE”

**PLATINUM PLAN**

<table>
<thead>
<tr>
<th>Service</th>
<th>PPO</th>
<th>Premier</th>
<th>OON</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preventive/Diagnostic</td>
<td>100%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Basic Restorative</td>
<td>85%*♦</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Major Restorative</td>
<td>60%*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontic</td>
<td>50% (Family)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Person Per Calendar Year Deductible</td>
<td>$25/$75</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Per Calendar Year Annual Maximum</td>
<td>$3,000 Per Person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lifetime Orthodontic Maximum</td>
<td>$3,000 Per Person</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

* Per Person Per Calendar Year deductible applies (not to exceed family maximum).

♦ Endodontic, periodontic, and oral surgery are payable as Class II Services
Health through Oral Wellness® (HOW®) is designed to provide additional preventive benefits to our members at higher risk for caries and/or periodontal disease.

OSU A&M employees will be among the first Delta Dental of Oklahoma subscribers to have access to HOW® benefits!
Your assessment results will have two (2) risk scores, on a scale of 1-5, associated with HOW® benefits:

- Tooth Decay Risk Score
- Gum Disease Risk Score*

If you receive risk score(s) of 4 or 5, you will qualify to receive additional preventive benefits.

*Note: if the HOW® assessment determines you currently have severe periodontitis (a gum disease score of 37-100), you will receive the same enhanced benefits available to those with a qualifying Gum Disease Risk Score of 4 or 5.
<table>
<thead>
<tr>
<th>ASSESSMENT SCORE</th>
<th>ENHANCED BENEFITS*</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tooth Decay</td>
<td>Child or Adult Prophy OR Scaling in the Presence of Gingival Inflammation OR Periodontal Maintenance</td>
<td>Combination up to four (4) per 12 months¹</td>
</tr>
<tr>
<td>RISK SCORE 4-5</td>
<td>Nutritional Counseling OR Oral Hygiene Instruction</td>
<td>One (1) per 12 months²</td>
</tr>
<tr>
<td>AND/OR Gum Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RISK SCORE 4-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AND/OR Gum Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCORE 37-100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*In addition to the benefits above, you will also receive the benefit(s) corresponding with the score(s) below.*

<table>
<thead>
<tr>
<th>Tooth Decay</th>
<th>Caries Susceptibility Test</th>
<th>One (1) per 12 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>RISK SCORE 4-5</td>
<td>Fluoride Varnish OR Topical Fluoride</td>
<td>Combination up to four (4) per 12 months</td>
</tr>
<tr>
<td></td>
<td>Sealants</td>
<td>One (1) per tooth per 36 months³</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gum Disease</th>
<th>Tobacco Cessation Counseling (in lieu of nutritional counseling or oral hygiene instruction)</th>
<th>One (1) per 12 months²</th>
</tr>
</thead>
<tbody>
<tr>
<td>RISK SCORE 4-5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AND/OR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gum Disease</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SCORE 37-100</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

¹Combination of prophylaxis, scaling in the presence of gingival inflammation and/or periodontal maintenance not to exceed four (4) in a 12-month period.
²Either one (1) nutritional counseling, or one (1) oral hygiene instruction, or one (1) tobacco cessation counseling (if patient has qualifying gum disease score) is covered in a 12-month period.
³Sealants are a covered benefit based on caries risk assessment for unrestored primary molars, and for unrestored permanent premolars and molars; one (1) sealant per tooth every 36 months.
## Dental Premiums

<table>
<thead>
<tr>
<th></th>
<th>Low Plan</th>
<th>High Plan</th>
<th>Platinum plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$34.80</td>
<td>$42.26</td>
<td>$69.24</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$68.94</td>
<td>$83.86</td>
<td>$137.82</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$79.18</td>
<td>$122.98</td>
<td>$205.42</td>
</tr>
<tr>
<td>Family</td>
<td>$122.44</td>
<td>$159.16</td>
<td>$266.32</td>
</tr>
</tbody>
</table>
Vision Insurance
Vision

• VSP
• 2 plans to choose from
  – Basic and Buy-Up
<table>
<thead>
<tr>
<th>Exams</th>
<th>Choice Plan C Base Plan</th>
<th>Choice EasyOptions Buy-Up Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• WellVision Exam® covered every calendar year $10 Copay</td>
<td>• Retinal Imaging exam covered every calendar year $39 Copay</td>
<td></td>
</tr>
<tr>
<td>Frame Allowance</td>
<td>$150 Frame allowance every calendar year $200 allowance for featured frame brands</td>
<td>$180 Frame allowance every calendar year $230 allowance for featured frame brands</td>
</tr>
</tbody>
</table>
| Lenses (every calendar year)                                        | • 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.                                    |                                                                                             |
| Lenses Enhancements                                                | • 20-25% savings on lens enhancements such as — Scratch-resistant, UV, Light reactive lenses | • 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                                                                                     | 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 |

**Note:** The information provided is for illustrative purposes and may not reflect the exact details or offerings available through the specific plan.
**Eyeconic.com**

Eyeconic is the only place where VSP members can shop online for contacts and eyewear with their VSP insurance in-network.

**Personalized:** As a VSP-owned company, Eyeconic seamlessly connects VSP vision benefits to your account.

**Simple:** Save time and money on quality eyewear with a few easy clicks.

1. Connect your vision insurance.
2. Select your product.
3. Upload your prescription or provide your doctors contact information and we’ll take care of the rest.

**Choice:** Eyeconic offers a variety of well-known brands and contact lenses. Choose from over 35 eyewear brands and over 1600 styles.
Using Your benefit is easy

Once you’re enrolled…

• Create an account at vsp.com and review your benefit information

• Find a VSP in-network doctor by visiting vsp.com or calling 800.877.7195

• No ID card needed, at your appointment, simply tell them you have VSP
# Vision Premiums

<table>
<thead>
<tr>
<th></th>
<th>Basic Plan</th>
<th>Buy-Up Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee</td>
<td>$5.98</td>
<td>$10.70</td>
</tr>
<tr>
<td>Employee + Spouse</td>
<td>$11.98</td>
<td>$21.42</td>
</tr>
<tr>
<td>Employee + Child(ren)</td>
<td>$12.82</td>
<td>$22.92</td>
</tr>
<tr>
<td>Family</td>
<td>$20.48</td>
<td>$36.62</td>
</tr>
</tbody>
</table>
Life Insurance
OSU-Paid Basic Life/AD&D

- **OSU Employee Coverage**
  - Provided by Lincoln Financial
  - **OSU pays two times your annualized salary**
  - With $200,000 maximum
  - Benefits reduce at age 65

- **Accidental Death and Dismemberment**
  - If death is an accident, benefit doubles
  - Safe Driver Benefit – additional 10-15% pay out

*Age and salary updated each month*
Supplemental Life

• Voluntary enrollment
  – Employee
  – Spouse
  – Dependent(s)

• Premiums paid by employee
• Premiums are post-tax
## Supplemental Life

### New Employee Enrollment

<table>
<thead>
<tr>
<th></th>
<th>Employee</th>
<th>Spouse</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guaranteed issue</td>
<td>First 30 days of hire</td>
<td>First 30 days of hire</td>
</tr>
<tr>
<td>Limit without EOI</td>
<td>2x salary, up to $300,000</td>
<td>1x employee salary, up to $130,000</td>
</tr>
<tr>
<td>Limit with EOI</td>
<td>5x salary, up to $750,000</td>
<td>5x employee salary, up to $380,000</td>
</tr>
<tr>
<td>Annual Enrollment</td>
<td>Increase by 4 increments ($40,000) if not at 2X max.</td>
<td>Increase by 1 increment ($10,000) if not at 1X max.</td>
</tr>
<tr>
<td>Other limitations</td>
<td>Cannot cover spouse if spouse is an OSU employee.</td>
<td></td>
</tr>
</tbody>
</table>
Child(ren) Supplemental Rates

<table>
<thead>
<tr>
<th>Coverage Units</th>
<th>Cost per Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,500</td>
<td>$0.45</td>
</tr>
<tr>
<td>$5,000</td>
<td>$0.90</td>
</tr>
<tr>
<td>$7,500</td>
<td>$1.35</td>
</tr>
<tr>
<td>$10,000</td>
<td>$1.80</td>
</tr>
</tbody>
</table>

If both parents are employed by OSU, only one parent can cover child(ren)
Beneficiaries

• **Primary Beneficiary**
  – First in line
  – Share equally
  – Person/Corporation/Charitable Institution

• **Contingent**
  – Collect if Primary Predeceases

• **Keep Beneficiary Information Current**
  – Contact OSU Benefits to update at any time

Premiums paid by employee - Premiums are post-tax
Long-Term Disability
Long-Term Disability

- Salary Protection Program
- 30 days for guaranteed issue
- Pre-existing condition clause
  - Must be insured for 12 months or longer
- Non occupational policy
  - Workers’ Compensation claims are excluded
Long-Term Disability

Coverage Options & Costs

- 60% @ $.27/$100 of covered monthly salary
  - $6,000 maximum monthly benefit
  - Employee pays premium, not tax sheltered

<table>
<thead>
<tr>
<th>Annual Salary X</th>
<th>Rate Factor =</th>
<th>Annual Premium ÷</th>
<th>Pay Period =</th>
<th>Premium/pay period</th>
</tr>
</thead>
<tbody>
<tr>
<td>$___________</td>
<td>0.0027 (60%)</td>
<td>$___________</td>
<td>26 (bi-weekly)</td>
<td>$___________</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>12 (monthly)</td>
<td></td>
</tr>
</tbody>
</table>

Annual Premium ÷ Pay Period = Premium/pay period
Long-Term Disability

- **Health Care, Dental, and Vision**
  - First 2 years
  - Premium cost remain the same as if active employee
  - Premiums are billed to the Bursar

- **Life Insurance Premium**
  - If disabled before age 60, can apply for life insurance premium waiver
American Fidelity Assurance (AFA)  
Cancer Protection
Cancer Protection

• Offers financial help for out-of-pocket expenses
  – Annual Screenings
  – Travel and Lodging
  – Loss of income
  – Child care expenses

• Limitations, exclusions, and waiting periods apply

• Employee pays premiums

One-on-one appointment contact:
Sheryl West
(800) 288-1239 ext. 201
Sheryl.West@americanfidelity.com
Ambulance Memberships
MASA – Ambulance coverage

- 100% employee paid
- Covers what insurance doesn’t
- Ground and Air
- Works with all ambulance carriers
- $14 and $39 per month plans pre-tax

OSU HUMAN RESOURCES
Let’s Recap!
Benefits
Stillwater employees receive many wellness services in their benefits package.

Wellness Services Include:

- Access to 3 workout facilities
  - *Colvin Recreation Center, Seretean Wellness Center,*
  - Atherton Fitness Room
- More than 160 group fitness classes per week at:
  - *Colvin Rec Center, Seretean Wellness Center,*
  - and Student Union
- Monthly Wellness Wednesday Luncheons
- Nutrition Education Classes
- Intramural Sports
- Sponsored Programs

Services available for a reasonable fee include:

- Massage Therapy
- Personal Training (Individual and Small Group)
- Cowboy Cooking School
- Nutrition Counseling
- Outdoor Adventure
- Pilates Reformer Sessions (Private and Semi-Private)
OSU Wellness

• Employee Assistance Program
  – 24/7 Telephonic Support: 855.850.2397
  – 24/7 Website Support:
    guidanceresources.com; ID Code: OKSTATEEAP

• Confidential Counseling

• Work-Life Solutions

• Legal Support
Dependent Tuition Waiver

- Dependent children of OSU employees are eligible to receive a 100% undergraduate student resident tuition waiver for OSU-Stillwater and OSU-Tulsa courses
- Does not include fees and/or housing
- Applies only to courses charged regular tuition rates

More information can be found at hr.okstate.edu
OSU Retirement Program
OSU Retirement Program

• Oklahoma Teachers’ Retirement System (OTRS)
• Alternate Retirement Plan (ARP), TIAA

• Irrevocable retirement plan election

Retirement Presentation
OSU Retirement Program

Voluntary Savings for Retirement

1. 403(b) Tax Deferred Annuity and 457(b) Tax Deferred Annuity
   • before tax contributions
   • reduces taxable income

2. 403(b) Roth
   • after tax contribution
   • based on today’s taxes
QUESTIONS?
Let’s Recap!
Opportunities for Enrollment Changes
Annual Benefit Enrollment Period

• November
• Opportunity to make changes to benefits
• Notifications
  – Email
  – News You Can Use
• Changes effective January 1
  – Plan year Jan. 1-Dec. 31
Mid-Year Changes

• Qualifying Event Examples
  – Marriage, Divorce
  – Birth, Adoption
  – Child reaching age 26
  – Custody Judgment
  – Gain or loss of other group coverage

• Must be made within 30 days of the event
  – If not within 30 days, must wait for Annual Enrollment

• Contact OSU Benefits for instructions
Things to Remember When Completing Enrollment

• You have 30 days from your hire date to submit
• Submit documentation of dependent eligibility
• Submit to Benefit Focus
• Company ID: OSUAM
Premium Make-ups

- New hires are benefit effective the 1st of the month following hire date
- You have 30 days to make benefit elections from your hire date
- If you make your elections after your benefit effective date you will have a premium make-up to cover the missed amount
Enrollment
Enroll through my.okstate.edu or BenefitFocus App
Getting Started

You have new benefits being offered to you:

You have 16 days to elect your Current Enrollment benefits.

Get started >
Tobacco Usage Survey

2018 OSU Tobacco Usage Survey

Have you used tobacco products within the past 12 months?

A tobacco user is defined as a person who has smoked or used any tobacco products, such as cigarettes, cigars, smokeless tobacco products, e-cigarettes and/or vapers in the last 12 months.

Pistol Pete
- Yes
- No

[Save & Continue] [Cancel]
Add Supporting Documentation for Dependents

Before you enroll in benefits

Do you have any dependents/beneficiaries you want to add to your profile? You will add your dependents to coverage when you enroll in your benefits.

Note: You’ll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

Add Dependent

Next  Previous
Make Sure to Add Dependents To Each Plan

Medical: Who do you want to cover?

Note: You’ll also be able to add dependents and select who you want to cover when you enroll in or edit your benefits.

<table>
<thead>
<tr>
<th>Select</th>
<th>Name</th>
<th>Relationship</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>☑</td>
<td>Pistol Pete</td>
<td>Subscriber</td>
<td>05/12/1982</td>
<td>Male</td>
<td></td>
</tr>
</tbody>
</table>

Add Dependent

Decline Coverage | I would like to decline Medical coverage.

Next  Previous
### Example of Selecting Between Plans

<table>
<thead>
<tr>
<th>FSA</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2018 BlueOptions</strong></td>
<td>$90.00</td>
</tr>
<tr>
<td>Individual Deductible</td>
<td>$750</td>
</tr>
<tr>
<td>Family Deductible</td>
<td>$2,250</td>
</tr>
<tr>
<td>Individual Out-of-Pocket Max (OOP Max)</td>
<td>$4,250</td>
</tr>
<tr>
<td>Family Out-of-Pocket Max (OOP Max)</td>
<td>$12,700</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HSA</th>
<th>Monthly Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2018 BlueEdge High Deductible (HSA)</strong></td>
<td>$70.00</td>
</tr>
<tr>
<td>Individual Deductible</td>
<td>$2,700</td>
</tr>
<tr>
<td>Family Deductible</td>
<td>$5,400</td>
</tr>
<tr>
<td>Individual Out-of-Pocket Max (OOP Max)</td>
<td>$6,650</td>
</tr>
<tr>
<td>Family Out-of-Pocket Max (OOP Max)</td>
<td>$13,300</td>
</tr>
</tbody>
</table>

You will receive either employer contributions into an HSA ($1,000 Employee-Only or $1,500 for dependent tiers) or FSA ($500 all tiers) upon enrollment in the BlueEdge/HDHP.
Make Sure to Select ‘Complete’!

Congratulations, Pistol! You have successfully completed your enrollment process. Please review and print your Benefit Detail Report for your records.

Welcome, Pistol

Benefits Snapshot

- **Medical**
  2018 BlueOptions | Employee Only | Effective as of 08/01/2018
  - $90.00 Monthly

- **Health FSA**
  Coverage Declined

- **Dependent Care FSA**
  Coverage Declined

- **Dental**
  2018 Low Plan | Employee Only | Effective as of 08/01/2018
  - $30.04 Monthly

OSU HUMAN RESOURCES
Thank you for attending!