

2021 Annual Enrollment Meeting



GOOD NEWS!

Decrease employee premium for medical!

No employee premium change for dental or vision!

No plan design changes for health plans!

BlueCross BlueShield Medical, Delta Dental, and VSP



Health Plan Update



Health Plan Design – BlueOptions

BlueOptions Plan	2021
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



Health Plan Design – BlueEdge HDHP

BlueEdge High Deductible Plan	2021
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



2021 OPSU Premiums

	Total Premium	Institution	Employee
PPO			
Employee Only	\$ 511.98	\$ 471.98	\$ 40.00
Employee + Children	921.58	619.88	301.70
Employee + Spouse	1,075.18	617.98	457.20
Family	1,638.36	840.88	797.48
HDHP			
Employee Only	\$ 506.18	\$ 466.18	\$ 40.00
Employee + Children	902.96	622.52	280.44
Employee + Spouse	1,036.54	686.16	351.38
Family	1,526.34	995.08	531.26



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.



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)



Value Based Benefits - BlueOptions

- Ovia Health
- Coronary Artery Disease Condition Management Program
- Diabetes Management Program

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



Hinge Health

Musculoskeletal Management Solution*

Hinge Health provides a digital, 12-week, coach-led musculoskeletal program based on proven non-surgical care guidelines.

The program is delivered remotely using mobile and wearable technology.



Hinge Health Kit

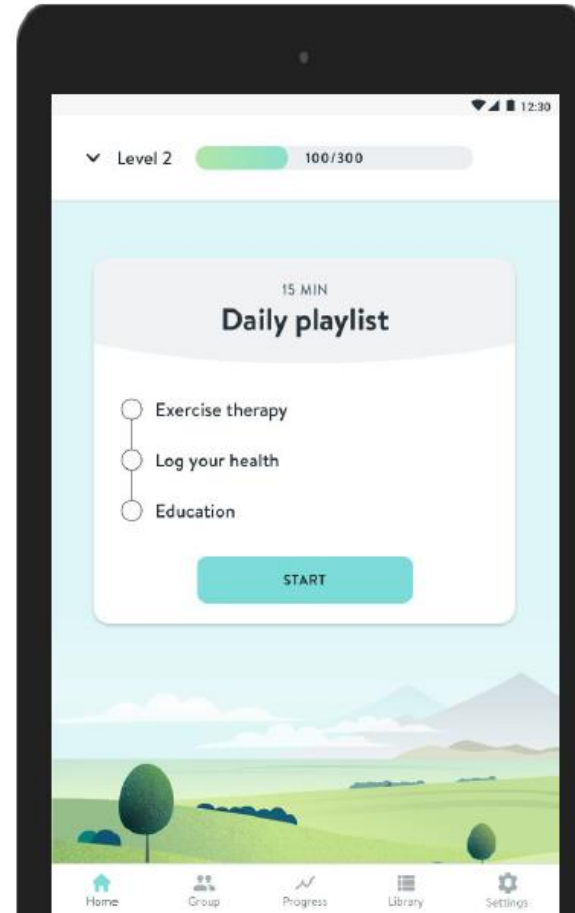


Member Experience

Education

Exercise Therapy

Behavioral Support
& Coaching



Health Management Reminders

- Livongo
- Naturally Slim



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

LOW OPTION

HIGH OPTION

	PPO	Premier	OON	PPO	Premier	OON
Preventive/Diagnostic	100%	100%	100%	100%	100%	100%
Basic Restorative	85%*◇	70%*◇	70%*◇	85%*◇	70%*◇	70%*◇
Major Restorative	60%*	50%*	50%*	60%*	50%*	50%*
Orthodontic	N/A	N/A	N/A	50% (Child)		
Per Person Per Calendar Year Deductible	\$50/\$150	\$50/\$150	\$50/\$150	\$25/\$75	\$25/\$75	\$25/\$75
Per Calendar Year Annual Maximum	\$1,500 Per Person			\$2,000 Per Person		
Lifetime Orthodontic Maximum	N/A			\$2,000 Per Child		

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

◇ Endodontic, periodontic, and oral surgery are payable as Class II Services

PPO – PLUS PREMIER “ELITE”

PLATINUM OPTION

	PPO	Premier	OON
Preventive/Diagnostic		100%	
Basic Restorative		85%*◇	
Major Restorative		60%*	
Orthodontic		50% (Family)	
Per Person Per Calendar Year Deductible		\$25/\$75	
Per Calendar Year Annual Maximum		\$3,000 Per Person	
Lifetime Orthodontic Maximum		\$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

Dental Premiums

Delta Dental of Oklahoma (DDOK)			
2021	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

- VSP
- 2 plans to choose from
 - Basic and Buy-Up



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, Anti-glare coating 	<ul style="list-style-type: none"> 20-25% savings on lens enhancements such as – Scratch-resistant, UV, Anti-glare coating
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>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)		
2021	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



Flexible Spending Accounts & Health Savings Accounts

- Flexible Spending Accounts (FSA)
 - Health FSA – maximum \$2,750 for out-of-pocket medical and pharmacy expenses (\$550 carryover)
 - Dependent Care FSA – maximum \$5,000 per household for childcare expenses for dependent children under the age of 13
- Health Savings Accounts (HSA) – must be enrolled in the BlueEdge High Deductible Health Plan
 - Employee Only – maximum \$2,850; employer will contribute \$750 (Total \$3,600)
 - Employee + Dependent – maximum \$5,950; employer will contribute \$1,250 (Total \$7,200)
 - Age 55 or older - can add an additional \$1,000 to your contribution limit



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



Life Insurance

- Basic Life and Accidental Death & Dismemberment – two-times annual salary up to \$200,000 maximum coverage
- True open enrollment available to enroll or increase coverage in the employee paid, Voluntary Group (Supplemental) Life Insurance up to the guaranteed issue amount.
 - Employee Supplemental Guaranteed Issue without Evidence of Insurability (unless previously denied) – two-times annual salary in \$10,000 increments not to exceed \$300,000
 - Employee Supplemental with Evidence of Insurability – five-times annual salary in \$10,000 increments not to exceed \$750,000.
 - Supplemental Spouse life can be increased by one (\$10,000) increment during open enrollment, if not already at guaranteed issue (GI) for spouse life. GI for spouse life is one x salary in \$10,000 increments not to exceed \$130,000.



2021 Annual Benefits Enrollment November 2 – 16, 2020!



Instructions for Enrollment

Use the employee portal, Self-Service Banner, my.opsu.edu

1. Log in to my.opsu.edu
2. Select the "Employee" tab
3. Select "Benefits: Enroll, Verify, Qualifying Event"
4. Choose "2021 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 or Clarifications?

