

2023 Annual Enrollment

Oklahoma Panhandle State University



Health Plan



2023 Health Plan Renewal

- 2023 projection initially indicated a 21% increase with an additional 10% increment for OPSU
- \$74.5m projected plan cost
 - Additional cost from 2022-2023 - \$13m
- 10.33% increase
- No change in premium credits
 - Biometric premium credit - \$20/month
 - Tobacco free affidavit credit - \$20/month



Health Plan Design

BlueOptions Plan	2023
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



Health Plan Design

BlueEdge High Deductible Plan	2023
Deductible (in-network & out-of-network)	\$3,000 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



2023 OPSU Premiums

	Total Premium	Institution	Employee
PPO			
Employee Only	\$ 576.18	\$ 531.18	\$ 45.00
Employee + Children	1,037.14	730.44	306.70
Employee + Spouse	1,210.00	747.80	462.20
Family	1,843.82	1,036.34	807.48
HDHP			
Employee Only	\$ 569.66	\$ 524.66	\$ 45.00
Employee + Children	1,016.22	730.78	285.44
Employee + Spouse	1,166.54	810.16	356.38
Family	1,717.74	1,176.48	541.26



BCBS Health Management Reminders

- Ovia Health
- Livongo
- Benefits Value Advisor
- Wondr Health
- Hinge Health



Medefy

- Benefits navigation system
- Medical, Dental and Vision
- OSU A&M Health Benefits
- Care Guides 24/7

SEAL OF THE BOARD OF REGENTS 1907
OKLAHOMA AGRICULTURAL & MECHANICAL COLLEGES

INTRODUCING THE NEW OSU A&M BENEFITS APP!

Need to find high quality, low cost care?
Have a benefits question? Don't know where to start? Text your care guide in the app today!

Meet your Care Guides!

Live Chat with a Healthcare Benefits Guide!

- Answers health benefits questions!
- Helps schedule appointments!
- Saves you money w/ **low cost in-network** care!
- All conversations are 100% confidential.

Save Money on Healthcare!

We'll identify & schedule the most affordable in-network care for you! MRIs, CTs, surgeries, doctor visits, & more!

All Your benefit tools!

Digital insurance cards, healthcare spend, wellness incentives, & more - all in one app!

Search "OSU A&M Benefits" in your app store to get started!

Available on the App Store | Google Play



Dental Insurance



PPO – POINT OF SERVICE PLAN OPTIONS

	LOW OPTION			HIGH OPTION			PLATINUM OPTION		
	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		

Dental Premiums

Delta Dental of Oklahoma (DDOK)			
2023	Low Plan	High Plan	Platinum
Employee	\$40.72	\$50.72	\$83.10
Employee + Spouse	\$80.66	\$100.64	\$165.38
Employee + Child(ren)	\$92.64	\$147.58	\$246.50
Family	\$143.26	\$191.00	\$319.58



Vision Insurance



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	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

Vision Premiums – no changes from 2022

Vision Service Plan (VSP)		
2023	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



MASA Medical Transport Solutions

- Employee paid premiums
- Covers what insurance doesn't
- Emergency Ground/Air Transportation
- Works with all ambulance carriers
- \$14 and \$39 per month plans pre-tax



Flexible Spending Accounts

Health Savings Accounts

- Flexible Spending Accounts (FSA)
 - Health FSA – maximum \$3,050 for out-of-pocket medical and pharmacy expenses (\$610 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 \$3,100; employer will contribute \$750 (Total \$3,850)
 - Employee + Dependent – maximum \$6,500; employer will contribute \$1,250 (Total \$7,750)
 - Age 55 or older - additional \$1,000 to contribution limit



Life Insurance



Life Insurance

- Basic Life and Accidental Death & Dismemberment
- Supplemental Life Insurance
 - Employees can enroll or increase by up to four \$10,000 increments (\$40,000), if employee is not at their guaranteed issue limit and has no prior evidence of insurability (EOI) denial. Guaranteed issue is 2 times annual salary up to \$300,000.
 - Employees can enroll or increase by one \$10,000 increment for spousal life, if the employee is not at the guaranteed issue limit and has no prior EOI denial. Spousal supplemental life guaranteed issue limit is 1 times the employee annual salary not to exceed \$130,000.



Annual Enrollment

Dates: October 31 – November 11, 2022



Questions or Clarifications?

