# WELCONE!

### Open Enrollment 2020



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**TULSA** 



# OPEN ENROLLMENT

November 1 – 15, 2019

# **BENEFITF©CUS®**

Effective January 1, 2020





# Health Plan Update





## BlueOptions plan

2019

Copayments:

PCP = \$30

Specialist = \$50

**Deductible** 

*In-network:* Out-of-network:

\$750 Individual \$750 Individual

\$2,250 Family \$2,250 Family

Co-insurance:

80/20 BluePreferred Network

70/30 BlueChoice Network

Out-of-pocket max

*In-network:* Out-of-network:

\$4,250 per person \$4,700 per person

\$12,700 family \$12,700 family

2020

Copayments:

PCP = \$30

Specialist = \$50

Deductible

In-network: Of

\$850 Individual

\$2,500 Family

Out-of-network:

\$1,500 Individual

\$4,500 Family

Co-insurance:

80/20 BluePreferred Network

70/30 BlueChoice Network

Out-of-pocket max

In-network:

\$5,000 per person

\$15,000 family

Out-of-network:

\$10,000 per person

\$30,000 family

Pharmacy:

CVS & Target
Pharmacies will
be out of network

in 2020



# High Deductible (HDHP) plan

2019

Deductible:

\$2,700 Individual

\$5,400 Family

Co-insurance:

80/20 BluePreferred Network

Out-of-pocket:

\$6,650 Individual

\$13,300 Family

Health Savings Account (OSU contribution):

\$1,000 Individual

\$1,500 Family

2020

Deductible:

\$2,800 Individual

\$5,600 Family

Federally mandated

Co-insurance:

80/20 BluePreferred Network

Out-of-pocket:

\$6,900 Individual

\$13,800 Family

Health Savings Account (OSU contribution):

\$750 Individual

\$1,250 Family

Pharmacy:

CVS & Target Pharmacies will be out of network in 2020

Dependent eligibility audit – will start in January 2020





### 2020 Renewal

 Initial 2020 projection indicates an 11.1% increase or \$6,613,000

 Proposed plan changes would reduce the projected increase to 5.3% or \$3,157,000

### Health Plan Premiums

PPO	2019	2020
Employee only	\$90.00	\$110.00
Employee + Children	\$250.30	\$270.30
Employee + Spouse	\$345.64	\$365.64
Family	\$425.04	\$445.04
HDHP	2019	2020
Employee Only	\$70.00	\$90.00
Employee + Children	\$135.38	\$155.38
Limployee i elimateri	\$133.38	\$133.36
Employee + Spouse	\$133.38	\$212.24

\*Rates are monthly



### HealthCare Premium Incentive

- 2 ways to receive incentive toward monthly premium:
- ➤ Tobacco Free = \$20 credit per month
- Catapult Health (biometric screening) = \$20 credit per month

Up to \$40 total!





### WELLBEING MANAGEMENT

is replacing Blue Care Connection

Redesigned to better meet the needs of your employees and your business, this new offering includes:



Holistic Health Management to deliver a member-centered approach to care management



Advanced Analytics that allow more precise and proactive member engagement



**Expanded Utilization Management** to prevent misuse and unnecessary costs, while improving member and provider experiences



Digital Enhancements that allow members to engage via their preferred channel



# Providing Support for Pregnancy and Parenting

Modern. Flexible. Integrated.

Ovia Health<sup>™</sup> Apps High-Risk Management Well onTarget<sup>®</sup> Programs

BlueOptions PPO plan ONLY!

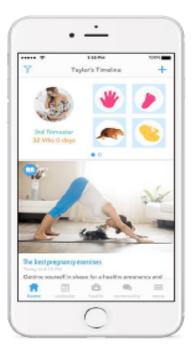


Ovia Health is an independent company that provides maternity and family benefits solutions for Blue Cross and Blue Shield of Oklahoma.



### Digital Health Partner









- Aims to improve clinical outcomes, reduce costs and ultimately, help parents successfully return to work
- Navigate benefits from fertility to pregnancy to parenting
- Deliver real-time personalized guidance with in-app coaching, ongoing education and datadriven messaging
- High-risk identification for referral to internal OB health advisor







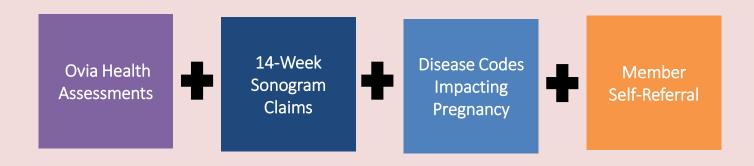
#### Clinical High-Risk Maternity Management

Focused on women identified as high-risk maternity cases, but available to all members

Ability for members to directly engage with BCBSOK maternity specialists Trigger-based telephone outreach provided to high-risk members identified via internal data and Ovia Health™ assessment

Program increases opportunities for interventions that result in cost savings and better clinical outcomes

#### **How We Identify Members for High-Risk Maternity Management**

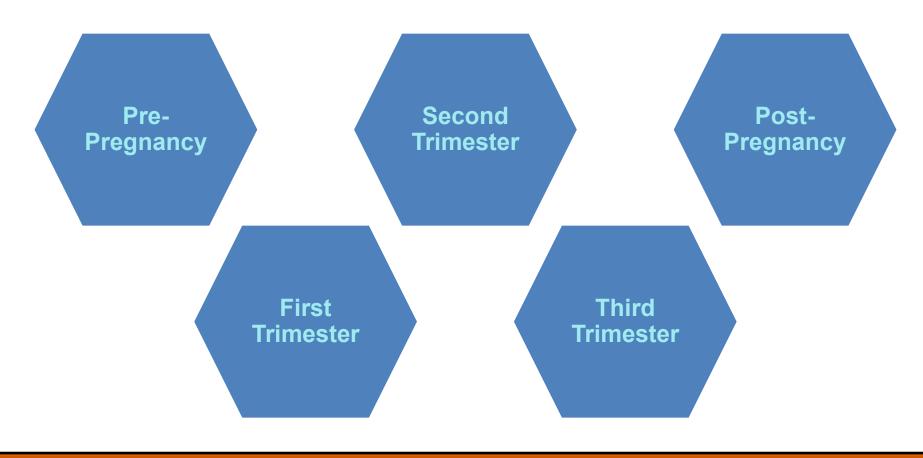


Ovia Health is an independent company that provides maternity and family benefits solutions for Blue Cross and Blue Shield of Oklahoma.



SELF-MANAGEMENT PROGRAMS delivered via Well onTarget®

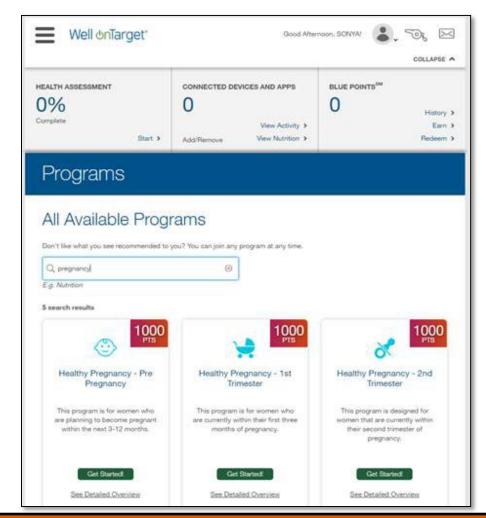
Five Courses, Six Lessons Each





#### SELF-MANAGEMENT PROGRAMS delivered via Well onTarget®

#### Member Journeys











#### A personal Oncology Navigator takes the lead to help members navigate the complexities of Cancer Care

- Anticipate needs
- Understand treatment plans
- Facilitate informed decision-making
- Provide education to increase treatment adherence
- Attention to management of symptoms, minimizing complications, decrease avoidable ER visits and hospitalizations
- Managing medication cost

Support working towards the best possible outcome and quality of life



# Flexible/Dependent Care Spending

CHARDSNYDER Benefit Salutions

Account

#### 2019

Flexible Spending Account:

- Minimum = \$120/year
- $\triangleright$  Maximum = \$2,700/year

Dependent Care Account:

- Minimum = \$120/year
- Maximum = \$5,000/year



Flexible Spending Account:

- ➤ Minimum = \$/year
- Maximum = \$/year

Dependent Care Account:

- ➤ Minimum = \$/year
- Maximum = \$/year



## Health Savings Account

#### 2019

#### Individual:

\$3,500/year

- OSU contributes up to \$1,000 of that amount.
- Catch-up contribution for 55 & older = \$1,000

#### Family:

\$7,000/year

- OSU contributes up to \$1,500 of that amount.
- Catch-up contribution for 55 & older = \$1,000

#### 2020

#### Individual:

\$3,550/year

- OSU contributes up to \$750 of that amount.
- Catch-up contribution for 55 & older = \$1,000

#### Family:

\$7,100/year

- OSU contributes up to \$1,250 of that amount.
- Catch-up contribution for 55 & older = \$1,000









### Dental Insurance



### Dental

New Provider: Delta Dental of Oklahoma

- > 3 plans to choose from
  - Low
  - High
  - 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%*	r Waiting period!
Major Restorative	60%*	50%*	50%*	60%*	50%*	50%*	r Waiting P
Orthodontic	N/A	N/A	N/A		50% (Child)	NO 1-160	
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%* 60%* 50% (Family)	
Major Restorative		60%*	علاء ۵
Orthodontic		50% (Family)	NOT
Per Person Per Calendar		\$25/\$75	
Year Deductible		723/7/3	
Per Calendar Year		\$3,000	
Annual Maximum		Per Person	
Lifetime Orthodontic		\$3,000	
Maximum		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

# **Boost Your Benefits**



#### 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!







**RISK SCORES** 



**Boosted Benefits** 

Beginning January 1, receive the HOW® approved assessment from a dentist 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.



ASSESSMENT SCORE	ENHANCED BENEFITS*	FREQUENCY
Tooth Decay RISK SCORE 4-5  AND/OR  Gum Disease RISK SCORE 4-5	Child or Adult Prophy  OR  Scaling in the Presence of Gingival Inflammation  OR  Periodontal Maintenance	Combination up to four (4) per 12 months <sup>1</sup>
AND/OR  Gum Disease  SCORE 37-100	Nutritional Counseling  OR  Oral Hygiene Instruction	One (1) per 12 months²
In addition to the b	enefits above, you will also receive the benefit(s)	corresponding with the score(s) below.
<b>Tooth Decay</b> RISK SCORE <b>4-5</b>	Caries Susceptibility Test  Fluoride Varnish  OR  Topical Fluoride	One (1) per 12 months  Combination up to four (4) per 12 months
	Sealants	One (1) per tooth per 36 months <sup>3</sup>
Gum Disease RISK SCORE 4-5 AND/OR Gum Disease SCORE 37-100	Tobacco Cessation Counseling (in lieu of nutritional counseling or oral hygiene instruction)	One (1) per 12 months²

<sup>1</sup>Combination of prophylaxis, scaling in the presence of gingival inflammation and/or periodontal maintenance not to exceed four (4) in a 12-month period.

<sup>2</sup>Either 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.

<sup>3</sup>Sealants 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

2019	Cigna Low plan	Cigna High plan
Employee	\$34.50	\$40.02
Employee + Spouse	\$68.96	\$80.00
Employee + Children	\$94.06	\$109.10
Family	\$126.90	\$147.22

2020	Delta Low plan	Delta High plan	Delta Platinum
Employee	\$34.80	\$42.26	\$69.24
Employee + Spouse	\$68.94	\$83.86	\$137.82
Employee + Children	\$79.18	\$122.98	\$205.42
Family	\$122.44	\$159.16	\$266.32



### Vision Insurance



### Vision

New Provider: VSP

- 2 plans to choose from
  - Basic
  - Buy-Up gets higher allowances and choice between: additional \$70 frame allowance, or additional \$50 contact lens allowance, or covered in full anti-reflective coating or covered in full progressives



	Choice Plan C Base Plan	Choice EasyOptions Buy-Up Plan	
Exams	<ul> <li>WellVision Exam® covered every calendar year \$10 Copay</li> <li>Retinal Imaging exam covered every calendar year \$39 Copay</li> </ul>		
Frame Allowance	<b>\$150</b> Frame allowance <b>every</b> calendar year <b>\$200</b> allowance for featured frame brands	\$180 Frame allowance every calendar year \$230 allowance for featured frame brands	
Lenses (every calendar year)	<ul> <li>Fully covered single vision, lined bifocal, lined trifocal or standard progressive lenses for adults</li> <li>Fully covered single vision, lined bifocal, lined trifocal, standard progressives or polycarbonate lenses for children</li> <li>\$25 Copay included in glasses.</li> </ul>		
Lens Enhancements	• 20-25% savings on lens enhancements such as  - Scratch-resistant, UV, Anti-glare coating	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	
Your Monthly Contribution	<b>\$5.98</b> Member only, <b>\$11.98</b> Member + 1, <b>\$12.82</b> Member + Child(ren), <b>\$20.48</b> Member + family	\$10.70 Member only, \$21.42 Member + 1, \$22.92 Member + Child(ren), \$36.62 Member + family	





#### **VSP EasyOptions**

With EasyOptions, each member on your plan gets to choose the enhanced eyewear option that's right for them.

## CHOOSE YOUR EASYOPTIONS UPGRADE

\$250 Frame Allowance

OR

**Anti-glare Coating** 

OR

**Progressive Lenses** 

OR

\$200 Contact Lens Allowance

### Eyeconic.com

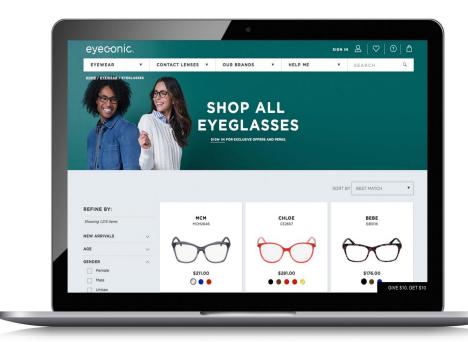
Eyeconic is the only place where VSP members can shop online for contacts and eyewear with their VSP insurance in-network.

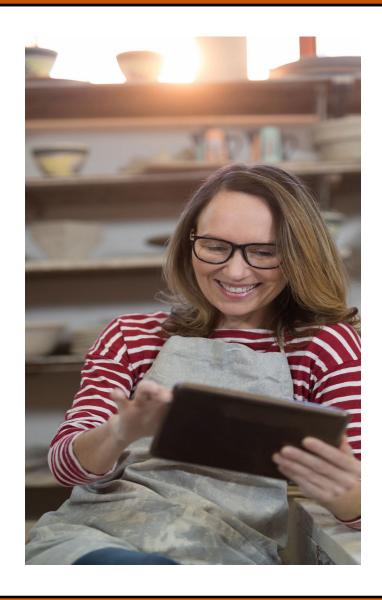
**Personalized:** As a VSP-owned company, Eyeconic seamlessly connects VSP vision benefits to your account.

**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

2019			
Employee only	\$6.80		
Employee + Spouse	\$11.34		
Employee + Children	\$11.18		
Family	\$21.16		

2020	Basic	Buy-Up
Employee only	\$5.98	\$10.70
Employee + Spouse	\$11.98	\$21.42
Employee + Children	\$12.82	\$22.92
Family	\$20.48	\$36.62

## 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

\$14 – covers US & Canada

\$39 – covers worldwide



## Life insurance

Evidence of Insurability (EOI) changes may take effect later depending upon approval.

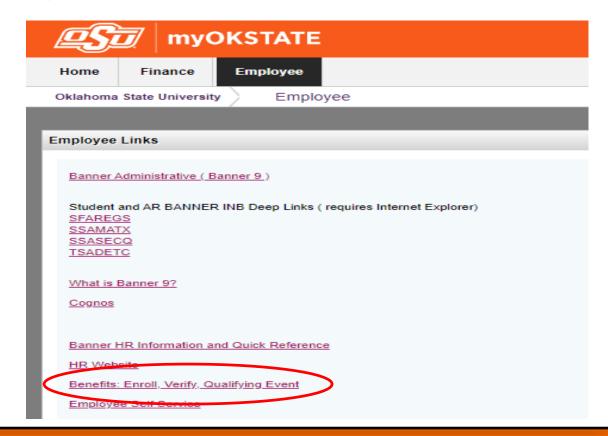


## **BENEFITF©CUS®**

Download the App for your Smartphone! Benefits can be viewed anytime/anywhere!

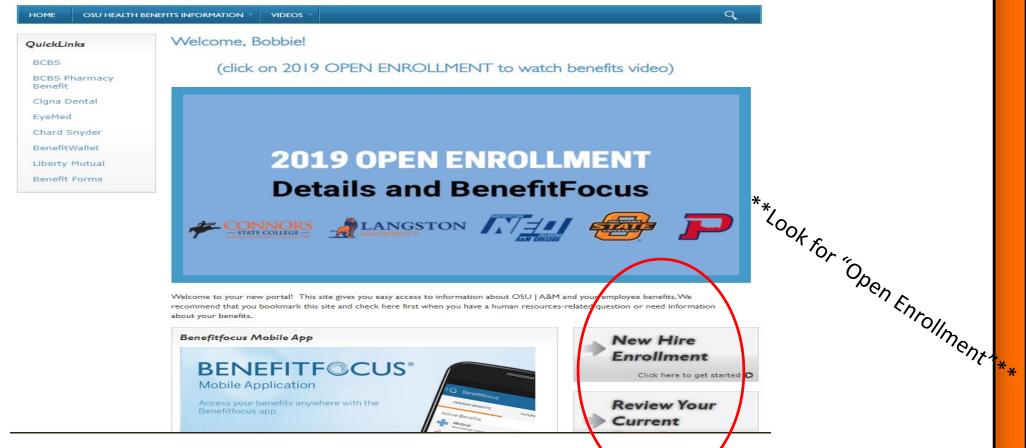
- ➤ My.okstate.edu
- ➤ Employee Self Service
- ➤ Benefits: Enroll, Verify, Qualifying Event

Company ID: OSUAM



## **BENEFITF©CUS®**

Welcome to the OSU | A&M Benefits Portal





## What you need to do:

- ➤ Login to BenefitFocus November 1 15, 2019
  - Review
  - Edit
  - Add
- > If you are waiving health coverage you MUST decline coverage!
- > If you are receiving the tobacco credit, you MUST recertify!
- Flexible Spending Account/Dependent Care Account/Health Savings Account you MUST re-elect an amount for 2020!
- Print confirmation form after you have saved your elections/changes.





# Open Enrollment

November 1 - 15, 2019

ALL changes and/or additions will begin January 1, 2020!

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