# 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 = \$40

**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 = \$40

Deductible

In-network:

\$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
Employee + Spouse	\$192.24	\$212.24
Family	\$212.94	\$232.94

\*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 on Target Programs

plan ONLY!

BlueOptions PPO



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







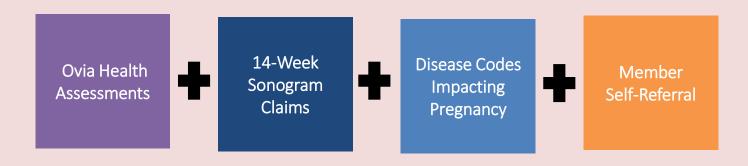
### Clinical High-Risk Maternity Management

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**

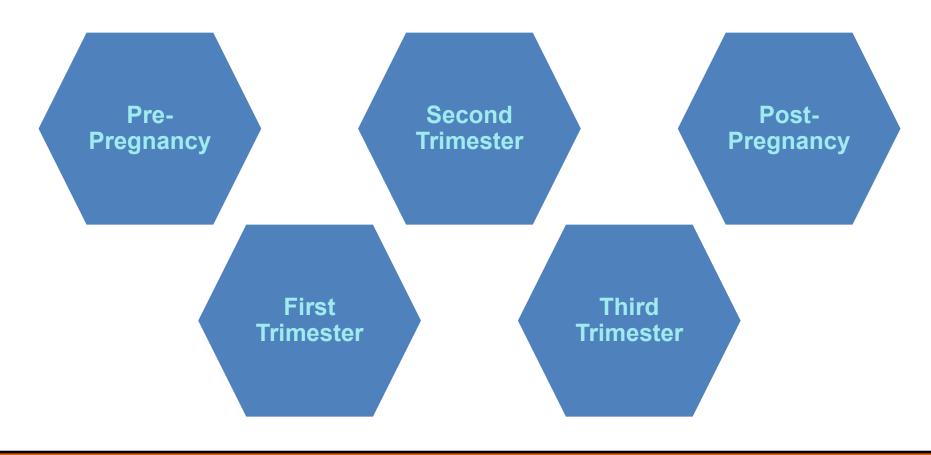


Ovia Health is an independent company that provides maternity and family benefits solutions for Blue Cross and Blue Shield of Oklahoma.



SELF-MANAGEMENT PROGRAMS delivered via Well onTarget®

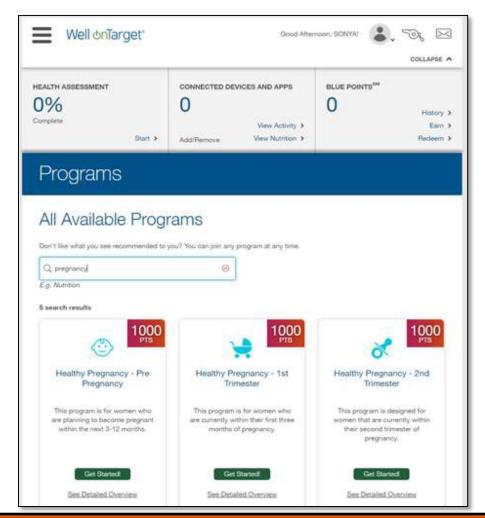
Five Courses, Six Lessons Each

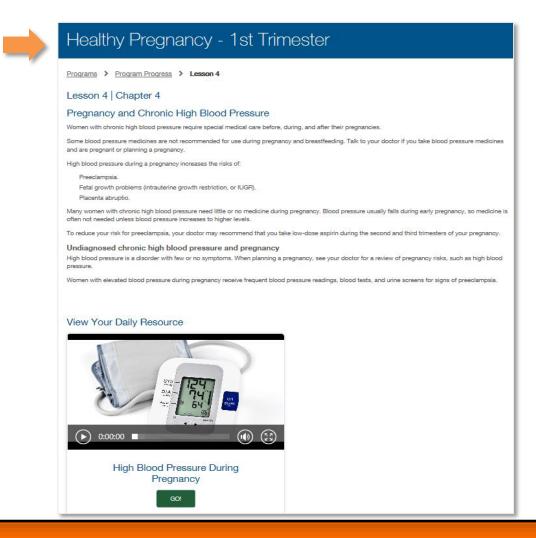




### SELF-MANAGEMENT PROGRAMS delivered via Well onTarget®

#### 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 Solutions

Account

#### 2019

Flexible Spending Account:

- ➤ Minimum = \$120/year
- ightharpoonup 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 = \$1/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 perio
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%*	9اد م
Orthodontic		50% (Family)	NOT
Per Person Per Calendar		\$25/\$75	
Year Deductible		<i>\$23/\$13</i>	
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

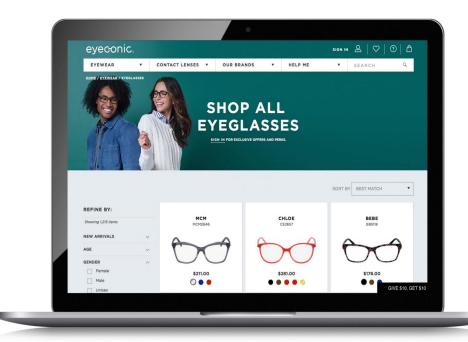
Eyeconic is the only place where VSP members can shop online for contacts and eyewear with their VSP insurance in-network.

**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.

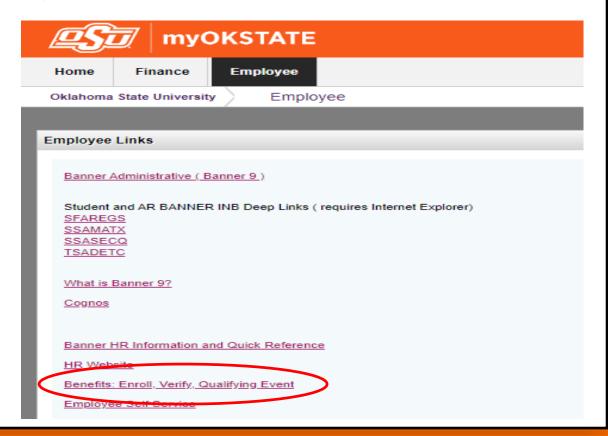


# **BENEFITF©CUS®**

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

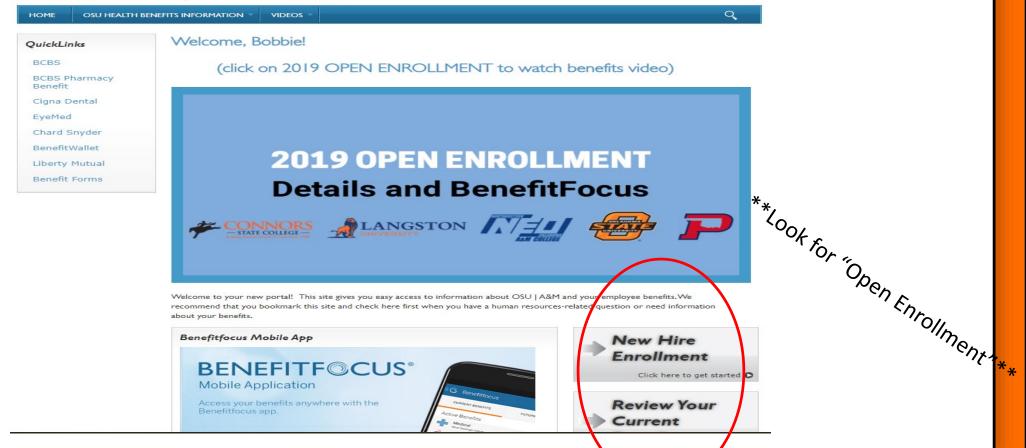
- ➤ My.okstate.edu
- ➤ Employee Self Service
- ➤ Benefits: Enroll, Verify, Qualifying Event

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.





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November 1 - 15, 2019

ALL changes and/or additions will begin January 1, 2010!

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