



Oklahoma State University
Medical Center

Resident's Benefits Information

January 1, 2018 to December 31, 2018

COST TO YOU

COMMUNITYCARE HMO CC 80 / 1500 With Pharmacy and Vision

EMPLOYEE ONLY	FULLY PAID BY OSUMC
EMPLOYEE PLUS SPOUSE	FULLY PAID BY OSUMC
EMPLOYEE PLUS CHILD(REN)	FULLY PAID BY OSUMC
EMPLOYEE PLUS FAMILY	FULLY PAID BY OSUMC

COMMUNITYCARE PPO FUNDAMENTAL 70/2500 With Pharmacy and Vision

EMPLOYEE ONLY	\$54.00
EMPLOYEE PLUS SPOUSE	\$131.00
EMPLOYEE PLUS CHILD(REN)	\$122.00
EMPLOYEE PLUS FAMILY	\$192.00

COMMUNITYCARE H S A CC 80/2700 With Pharmacy and Vision

EMPLOYEE ONLY	\$42.00
EMPLOYEE PLUS SPOUSE	\$102.00
EMPLOYEE PLUS CHILD(REN)	\$95.00
EMPLOYEE PLUS FAMILY	\$149.00

VISION WITHOUT MEDICAL

EMPLOYEE ONLY	\$4.81
EMPLOYEE PLUS SPOUSE	\$9.64
EMPLOYEE PLUS CHILD(REN)	\$10.32
EMPLOYEE PLUS FAMILY	\$16.49

DELTA DENTAL PPO POINT OF SERVICE

EMPLOYEE ONLY	\$21.76
EMPLOYEE PLUS SPOUSE	\$47.02
EMPLOYEE PLUS CHILD(REN)	\$48.23
EMPLOYEE PLUS FAMILY	\$81.56

457 PLAN (PRE-TAX RETIREMENT SAVINGS PLAN)

Save money for your retirement on a pre-tax basis (limit for 2018 is \$18,500 / age 50 and up for 2018 is \$24,500)	Determined By You
---	-------------------

BENEFITS FOR FULL TIME EMPLOYEES ONLY

Prudential Life and AD&D	COST TO YOU PER MONTH
Life and AD&D Insurance at 2 x your annual salary to maximum benefit of \$350,000	Fully Paid by OSUMC
Prudential Optional Life and AD&D Products	COST TO YOU PER MONTH
Term Life for Employee up to \$500,000 (Guaranteed Issue up to \$200,000)	Varies based on age
Term AD&D for Employee equal to Optional Term Life coverage amount	\$0.014 per \$1000 of coverage
Prudential Spouse and Children Life Insurance	COST TO YOU PER MONTH
Employee must purchase optional life to be eligible to purchase either: Spouse: \$5000 or \$10,000, Children to age 26: \$5000 or \$10,000	Spouse: \$1.36 for \$5000 or \$2.72 for \$10,000
	Children: \$0.50 for \$5000 or \$1.00 for \$10,000
Prudential Long Term Disability	COST TO YOU PER MONTH
Long Term Disability -- Continuously disabled for 90 days and remain disabled -- 40% of earning to a maximum of \$4,000 per month	Fully Paid by OSUMC
Buy-up to 60% of earnings up to combined maximum of \$5,000 per month	\$0.56 Per \$100 of Covered Payroll

SECTION 125 FLEXIBLE SPENDING PLAN / DEDUCTED PER PAY PERIOD ENROLL AS NEW HIRE OR EVERY NEW YEAR

Medical, Dental or Vision For Out-Of-Pocket Expenses, e.g. Copays, Deductibles	MINIMUM \$250/MAXIMUM \$2650
Dependent Care For Child(ren) Under Age of 13 years	MINIMUM \$500/MAXIMUM \$5000