

2023

EMPLOYEE BENEFITS GUIDE

OKLAHOMA CITY UNIVERSITY



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Explore Your Benefits

Welcome!

Congratulations on your new role! We're excited that you're joining the Oklahoma City University community bringing your talents, skills, and creativity to the engaging and important work we do here. Your first few months at the University are a time when you will be getting to know your job, your department, and how the university works. It's also an important time to learn about and enroll in your benefits as well as become familiar with the unique perks and rewards OCU provides.

Oklahoma City University is committed to offering its employees a comprehensive, affordable benefits package designed to support the needs of you and your family. This guide summarizes our benefit plans and programs to assist you in selecting the options best for you including medical, dental, vision, life, and long-term disability coverage, flexible spending accounts, retirement plans, and more.

Please take the time to read through this guide and related resources to understand the full spectrum of benefits available to you. As a new employee, you have 30 days from your date of hire to complete your enrollment. If you have any questions or concerns — either during benefits enrollment or any time throughout the year — please don't hesitate to contact the Human Resources Benefits Team:

Blythe Benson / bbenson@okcu.edu
Valerie Robinson / vrobenson@okcu.edu

Benefit Enrollment

How Do I Enroll?

Our enrollment platform, bswift, is used for all benefits elections and changes. Be prepared to provide dependent information and eligibility including Social Security numbers and dates of birth for all family members you have not previously added to bswift. If you add new dependents to your coverage, please upload eligibility verification to your bswift employee profile. See [page 4](#) for detailed bswift user instructions.

Who Can I Enroll?

If you enroll in benefits, you may also enroll your eligible spouse/partner and children per the definitions below:

- Your lawful spouse or domestic partner if you have a domestic partnership declaration on file in Human Resources.
- Children under age 26. Coverage for children will end on the last day of the month of their 26th birthday.
- Your or your spouse's single or married children, including natural children, stepchildren, newborn and legally adopted children, and children for whom there is a "Qualified Medical Child Support Order."
- Children who are incapable of self-sustaining employment and are dependent upon you or other care providers for lifetime care and supervision because of a handicapped condition occurring prior to reaching the limiting age will be covered regardless of age if they were covered prior to reaching the limiting age stated above.
- Children who are under your legal guardianship or who are in your custody under an interim court order of adoption or who are placed with you for adoption vesting temporary care will be covered.
- This coverage does not include benefits for grandchildren (unless such children are under your legal guardianship).

Can I Make Changes After My Initial Enrollment Period Ends?

Once open enrollment closes, you will not be able to change your benefit elections until the next open enrollment period unless you have a Qualifying Life Event.

You have **30 days** from a Qualifying Life Event to notify Human Resources and make any changes. The change must be consistent with the status change. For example, if you have a baby, you can add the baby as a dependent, but you could not drop coverage for your spouse or change your medical plan.

QUALIFYING LIFE EVENTS

- Your marriage, divorce or legal separation
- The birth, adoption or placement for adoption of a child
- Your child becomes eligible or ineligible for coverage
- Death of a dependent
- A court issued Qualified Medical Child Support Order (QMCSO) requiring the plan to provide medical coverage
- The gain or loss of other coverage for yourself, your spouse/partner or qualifying child(ren)
- Involuntarily losing previously held health insurance coverage

Benefit Enrollment

How to Enroll in Benefits

Step 1: bswift is part of OCU's single sign on system! To access bswift visit [Bluelink](#), hover your cursor over **CAMPUS RESOURCES** then click **bswift** at the bottom of the drop down menu. If needed, log in using your university credentials.

Step 2: Personal Information

You will land on the Personal Information page of the enrollment process. Complete your personal information by adding or updating any missing or outdated information on this page. Then click "I agree" and "Continue". Click [here](#) to update your address and/or emergency contact information.

Step 3: Family Information

Verify that all the dependents you would like covered are listed then review and confirm that the information provided is complete and accurate. Then click "I agree" and "Continue". **Note: If you are adding a dependent for the first time you will be required to upload supporting documentation to your bswift employee profile before your dependent coverage is processed.**

Step 4: Complete your Elections

Review the plans under each Plan Type header and confirm your covered dependents and plan election. Once you have reviewed all coverage offerings, click "Continue" on the right side of the page.

Step 5: Beneficiary Assignments

Assign or update primary and secondary beneficiaries for any coverages requiring beneficiary assignments. If you need to assign a beneficiary that is not also a dependent, click the "Add New Beneficiary" Link.

Step 6: Review and Confirm

After making your selections, be sure to thoroughly review your elections and then click "I agree, and I am finished with my enrollment" and "Complete Enrollment" to enroll in benefits.

The screenshot displays the Oklahoma City University BlueLink enrollment interface. At the top, the navigation bar includes 'CAMPUS RESOURCES' and 'BLUELINK'. The main content area shows the 'Open Enrollment' section with a 'Welcome to Open Enrollment!' message and a '2023 OPEN ENROLLMENT' banner. The enrollment deadline is 10/24/2022. The user's status is 'Not Started'. The 'Open Enrollment' section shows the user's current selections for Medical and Mail Order Brand-Name Prescription Drug Program. The Medical plan is selected, and the cost is \$32.82 per pay period. The Mail Order Brand-Name Prescription Drug Program is also selected, and the cost is \$0.00 per pay period. The total cost per pay period is \$44.51. The 'Special Enrollment' section shows the user's beneficiary assignments for University Paid Life and AD&D. The primary beneficiary is 'My Estate (Employee)' at 100.0%, and the secondary beneficiary is 'Ben's mom (Mother)' at 100.0%. The total percentage is 100.0000%. The 'Review and Confirm' section shows a warning message: 'Please Review All of Your Selections'. The user's total cost is \$44.51 per pay period. The enrollment is complete, and the user is notified that their enrollment is complete and that they may make changes to their elections until November 8, 2020. The user's confirmation statement is ready for review and records.

Medical Plan Benefits



The university offers a choice of three medical plan options including prescription drug coverage and other benefits. The university's medical plans are self-insured and administered by BlueCross BlueShield of Oklahoma (BCBS).

2023 Medical Plan Options


- **Base Plan** \$2,500 individual deductible, 30% coinsurance, \$30/\$50 office copays
- **Buy Up Plan** \$1,250 individual deductible, 20% coinsurance, \$20/\$40 office copays
- **HDHP Plan** \$3,500 individual deductible, 20% coinsurance, eligible for a Health Savings Account.

The Three Plan Options Offer:

- **BCBS Blue Preferred PPO** network encompassing a large number of providers and facilities across the metro area. Along with your medical plan, BCBS also offers:
 - **MDLive** is the telehealth program through BCBS. **\$0** for Base Plan and Buy Up Plan members and HDHP members must meet deductible. See pages [10](#) - [11](#) for additional information.
 - **The Fitness Program** members pay \$19 to enroll and \$19-\$99 per month for access to numerous fitness center locations. Log into your Blue Access for Members account to learn more!
 - **Well on Target** rewards you for healthy living. Earn points for regularly participating in many different healthy activities. You can redeem these points in the online shopping mall!
- **FHCMEC @ OCU**, the university's health clinic waives out-of-pocket expenses for covered medical plan members. See [page 20](#) for more!
- **ZERO** offers certain services and procedures by select providers at no cost to medical plan members. See [page 18](#) for savings!

HDHP members must meet deductible for the calendar year before becoming eligible for ZERO.

- **Rx 'n Go/Beyond and CRX** are international mail order prescription programs. Medical plan members pay **\$0** copay for medications filled through Rx 'n Go/Beyond and CRX. See [page 21](#) for additional information.
- **Livongo** is a diabetes and hypertension management program available to qualifying members. See pages [12](#) and [13](#) for free supplies and support.
- **Wondr** is a behavioral counseling program for metabolic syndrome reversal and weight management. It offers interactions with health coaches, online community support, weekly self paced informative online video sessions and more. See [page 16](#) for additional information.

Look for  to be directed for more info!

Medical & Prescription Drug Benefits



BlueCross BlueShield
of Oklahoma

Medical Benefits	Base Preferred Network		
	In-Network		Out-of-Network
Annual Deductible	In-Network		Out-of-Network
Individual	\$2,500		\$5,000
Family	\$7,500		\$15,000
Coinsurance (Plan pays after deductible)	70%		50%
Out-of-Pocket	In-Network		Out-of-Network
Individual	\$6,500		\$13,000
Family	\$13,000		\$26,000
Lifetime Maximum	Unlimited		
Physician Services	In-Network		Out-of-Network
Preventive Care Services <small>As outlined in the Affordable Care Act</small>	100%		50% after deductible
FHCMEC Health Clinics	100%		N/A
MDLive (Virtual Visits)	100%		N/A
Office Visit (PCP & Behavioral Health/Specialist)	\$30 / \$50		50% after deductible
Hospital Services	In-Network		Out-of-Network
Inpatient	70% after deductible		50% after deductible
Outpatient Surgery Facility	70% after deductible		50% after deductible
Other Benefits	In-Network		Out-of-Network
Emergency Room	70% after deductible		
Ambulance	70% after deductible		
Urgent Care	\$30	50% after deductible	
Pharmacy Benefits:	Preferred Pharmacy	Participating Pharmacy	Out-of-Network
Retail Copayment (30-day supply)			
Generic	\$20	\$30	50% after \$30 copay
Preferred Brand	\$40	\$60	50% after \$60 copay
Non-preferred Brand	\$60	\$80	50% after \$80 copay
Specialty (30-day supply only)	\$125	\$125	20% after \$125 copay
Pharmacy Benefits:	In-Network		Out-of-Network
Maintenance Copayment (90-day supply)			
Generic	\$40		Not Covered
Preferred Brand	\$80		
Non-preferred Brand	\$120		

Medical & Prescription Drug Benefits



BlueCross BlueShield
of Oklahoma

Medical Benefits	Buy-Up Preferred Network		
	In-Network		Out-of-Network
Annual Deductible	In-Network		Out-of-Network
Individual	\$1,250		\$2,500
Family	\$3,750		\$7,500
Coinsurance (Plan pays after deductible)	80%		50%
Out-of-Pocket	In-Network		Out-of-Network
Individual	\$5,000		\$10,000
Family	\$10,000		\$20,000
Lifetime Maximum	Unlimited		
Physician Services	In-Network		Out-of-Network
Preventive Care Services <small>As outlined in the Affordable Care Act</small>	100%		50% after deductible
FHCMEC Health Clinics	100%		N/A
MDLive (Virtual Visits)	100%		N/A
Office Visit (PCP & Behavioral Health/Specialist)	\$20 / \$40		50% after deductible
Hospital Services	In-Network		Out-of-Network
Inpatient	80% after deductible		50% after deductible
Outpatient Surgery Facility	80% after deductible		50% after deductible
Other Benefits	In-Network		Out-of-Network
Emergency Room	80% after deductible		
Ambulance	80% after deductible		
Urgent Care	\$20		50% after deductible
Pharmacy Benefits:	Preferred Pharmacy	Participating Pharmacy	Out-of-Network
Retail Copayment (30-day supply)			
Generic	\$20	\$30	50% after \$30 copay
Preferred Brand	\$40	\$60	50% after \$60 copay
Non-preferred Brand	\$60	\$80	50% after \$80 copay
Specialty (30-day supply only)	\$125	\$125	20% after \$125 copay
Pharmacy Benefits:	In-Network		Out-of-Network
Maintenance Copayment (90-day supply)			
Generic	\$40		Not Covered
Preferred Brand	\$80		
Non-preferred Brand	\$120		

Medical & Prescription Drug Benefits



BlueCross BlueShield
of Oklahoma

Medical Benefits	HDHP Preferred Network		
	In-Network		Out-of-Network
Annual Deductible	In-Network		Out-of-Network
Individual	\$3,500		\$7,000
Family	\$7,000		\$14,000
Coinsurance (Plan pays after deductible)	80%		50%
Out-of-Pocket	In-Network		Out-of-Network
Individual	\$7,000		\$14,000
Family	\$14,000		\$28,000
Lifetime Maximum	Unlimited		
Physician Services	In-Network		Out-of-Network
Preventive Care Services <small>As outlined in the Affordable Care Act</small>	100%		50% after deductible
FHCMEC Health Clinics	100%		N/A
MDLive (Virtual Visits)	Charges* are applied to deductible, then plan pays 80%		N/A
Office Visit (PCP & Behavioral Health/Specialist)	80% after deductible		50% after deductible
Hospital Services	In-Network		Out-of-Network
Inpatient	80% after deductible		50% after deductible
Outpatient Surgery Facility	80% after deductible		50% after deductible
Other Benefits	In-Network		Out-of-Network
Emergency Room	80% after deductible		
Ambulance	80% after deductible		
Urgent Care	80% after deductible		50% after deductible
Pharmacy Benefits:	Preferred Pharmacy	Participating Pharmacy	Out-of-Network**
Retail Copayment (30-day supply)			
Generic	80% after deductible	75% after deductible	75% after deductible
Preferred Brand		70% after deductible	70% after deductible
Non-preferred Brand		80% after deductible	80% after deductible
Specialty (30-day supply only)		80% after deductible	80% after deductible
Pharmacy Benefits:	In-Network		Out-of-Network
Maintenance Copayment (90-day supply)			
Generic	80% after deductible		Not Covered
Preferred Brand			
Non-preferred Brand			

*See [page 27](#) for enrollment eligibility for associated Health Savings Account

**MDLive visit charges: \$48 for Medical visit; Behavioral Health visits can range from \$45 - \$250 depending on provider type and length of call.

Medical Plan Rates



2023 HEALTH PLAN RATE CHART EMPLOYEES PAID OVER 12 MONTHS



Medical Plan

Base Plan	Total Monthly Premium	Monthly Employee Contribution*	Monthly OCU Contribution
Employee Only	\$ 663.38	\$ 75.54	\$ 587.84
Employee & Spouse/Partner	\$ 1,386.52	\$ 416.22	\$ 970.30
Employee & Child(ren)	\$ 1,233.92	\$ 344.86	\$ 889.06
Employee & Family	\$ 1,963.66	\$ 670.78	\$ 1,292.88

Buy Up Plan

Employee Only	\$ 700.36	\$ 236.84	\$ 463.52
Employee & Spouse/Partner	\$ 1,463.78	\$ 775.54	\$ 688.24
Employee & Child(ren)	\$ 1,302.68	\$ 660.82	\$ 641.86
Employee & Family	\$ 2,073.10	\$ 1,215.20	\$ 857.90

HDHP Plan

Employee Only	\$ 602.80	\$ 60.80	\$ 542.00
Employee & Spouse/Partner	\$ 1,259.88	\$ 334.96	\$ 924.92
Employee & Child(ren)	\$ 1,121.22	\$ 277.54	\$ 843.68
Employee & Family	\$ 1,784.32	\$ 539.82	\$ 1,244.50

The university will match an employee's health savings account contribution up to \$600 for an individual or \$1,100 for other tiers

Medical insurance premiums are deducted from your paycheck before payroll taxes are withheld, saving you money. One-half premium contributions are withheld from the first two paychecks in a month for employees on the biweekly payroll.



\$0 Copay* for MDLIVE Behavioral Health Visits

(Must be enrolled in one of the Medical Plans)



- ✓ Login to MDLIVE
- ✓ Make your provider selection
- ✓ Your next login will keep that provider or, you can select a different provider
- ✓ Make your appointment when the provider's calendar pops up
- ✓ NOTE: Your provider may refer you to local in-person care, if needed.

Virtual Visits for Convenient, Confidential Care

Your Blue Cross and Blue Shield of Oklahoma (BCBSOK) benefit includes behavioral health care visits with MDLIVE® board-certified doctors and licensed therapists.

Virtual Visits connect you with an independently contracted, board-certified doctor or therapist by secure online video. There's no travel and no waiting room—just a convenient, affordable and confidential consultation in the comfort of your own home, office or on-the-go.

Virtual Visits can help you with:

- Depression
- Eating disorders
- Grief and loss
- Men's issues
- Panic disorders
- Parenting issues
- Relationship and marriage issues
- Stress
- Substance use disorders
- Trauma and PTSD
- Women's issues
- And more!

Download the MDLIVE app to get appointment reminders, secure messaging and important notifications.

Activate your account - pick the way that is easiest for you:

- Call MDLIVE at 888-970-4081
- Go to MDLIVE.com/bcbsok
- Text BCBSOK to 635-483
- Download the MDLIVE app

*HDHP members must meet deductible. Until the deductible is met, the following charges will be applied to deductible. After the deductible is met, the cost is 20% of \$45 - \$250 depending on provider type and length of call.

\$0 Copay* for MDLIVE Visits
(Must be enrolled in one of the Medical Plans)



VIRTUAL VISITS:

Speak with a doctor anytime, anywhere

Medical Visits

You have 24/7 access to independently contracted, board-certified doctors. Visits are completed via online video, mobile app or by telephone. If necessary, e-prescriptions can be sent to your local pharmacy.

Virtual visit doctors can treat a variety of health conditions, including:

Allergies	Headache	Acne	Eczema
Birth Control	Medication Refills	Alopecia	Fungal Skin Infections
Cold & Flu	Pink Eye	Boils	Hives
Cough	UTI (Adults 18+)	Cold Sores	Keratosis Rosacea
Covid-19	Yeast Infections	Cysts	Suspicious Spots & Moles
Ear Pain	And More	Dermatitis	And More

NOTE: Your provider may refer you to local in-person care, if needed.

 MDLive.com/bcbsok

*HDHP members must meet deductible. Until the deductible is met, the following charges will be applied to deductible.

After the deductible is met, the cost is 20% of the following charges:

- \$48 for medical visits

Activate your account - pick the way that is easiest for you:

- Call MDLIVE at 888-970-4081
- Go to MDLIVE.com/bcbsok
- Text BCBSOK to 635-483
- Download the MDLIVE app

Livongo Diabetes Management



Real people, real results

Livongo helps 700,000+ members worry less about managing diabetes.

“Livongo keeps me aware of my glucose levels without the worry of running out of supplies.”

Livongo member

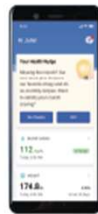


\$0
Cost to you

With Livongo, you'll get:



A smart blood glucose meter to guide your journey



A connected app that tracks numbers so you don't have to



Access to expert coaches for advice on diet, lifestyle and more



Get started

Text **"GO BCBSOK-HEALTH"** to 85240 to learn more and join

You can also join by visiting Ready.Livongo.com/BCBSOK-HEALTH/register or call **800-945-4355** and use registration code: **BCBSOK-HEALTH**

Livongo Hypertension Management



\$0
Cost to you



High blood pressure management, simplified

An advanced blood pressure monitor, support you need and your employer or health plan is covering 100% of the costs.

Program benefits

- Advanced blood pressure monitor
- Personalized insights
- One-on-one coaching
- Easy-to-use app & dashboard
- Guidance on healthy habits



Get started

Text **"GO BCBSOK-HEALTH"** to 85240 to learn more and join

You can also join by visiting Ready.Livongo.com/BCBSOK-HEALTH/register
or call **800-945-4355** and use registration code: **BCBSOK-HEALTH**

Medical Plan – Additional Information

What You Need To Know About Your Medical Plan Coverage

- You must obtain precertification for any inpatient hospital stay, skilled nursing facility, coordinated home care, and private duty nursing. Failure to pre-certify will result in a reduction of your benefits. Discuss precertification with your provider or call BCBS at the number located on the back of your ID card.
- Wellness/preventive care benefits cover in-network physical exams, pap smears and gynecological exams, colorectal cancer screenings, prostate tests, digital rectal exams, immunizations and other wellness procedures at 100%.
- If you use an out-of-network provider, you are responsible for expenses that exceed the usual and customary amount.
- All benefits are subject to the deductible unless otherwise noted. Eligible medical copays apply to the out-of-pocket maximum.

Tobacco-Usage Surcharge Program

To support the health and wellness of our faculty and staff, the university has implemented a tobacco user surcharge for employees, and beginning in 2023, dependents covered by the BCBS medical plans who use tobacco products. Employees enrolled in medical coverage must certify online via the Tobacco Affidavit whether they and/or any covered dependents have used tobacco within the last 60 days. The surcharge is in addition to the medical plan premium contribution and is \$100 per month for the employee and \$100 per month for a dependent or dependents.

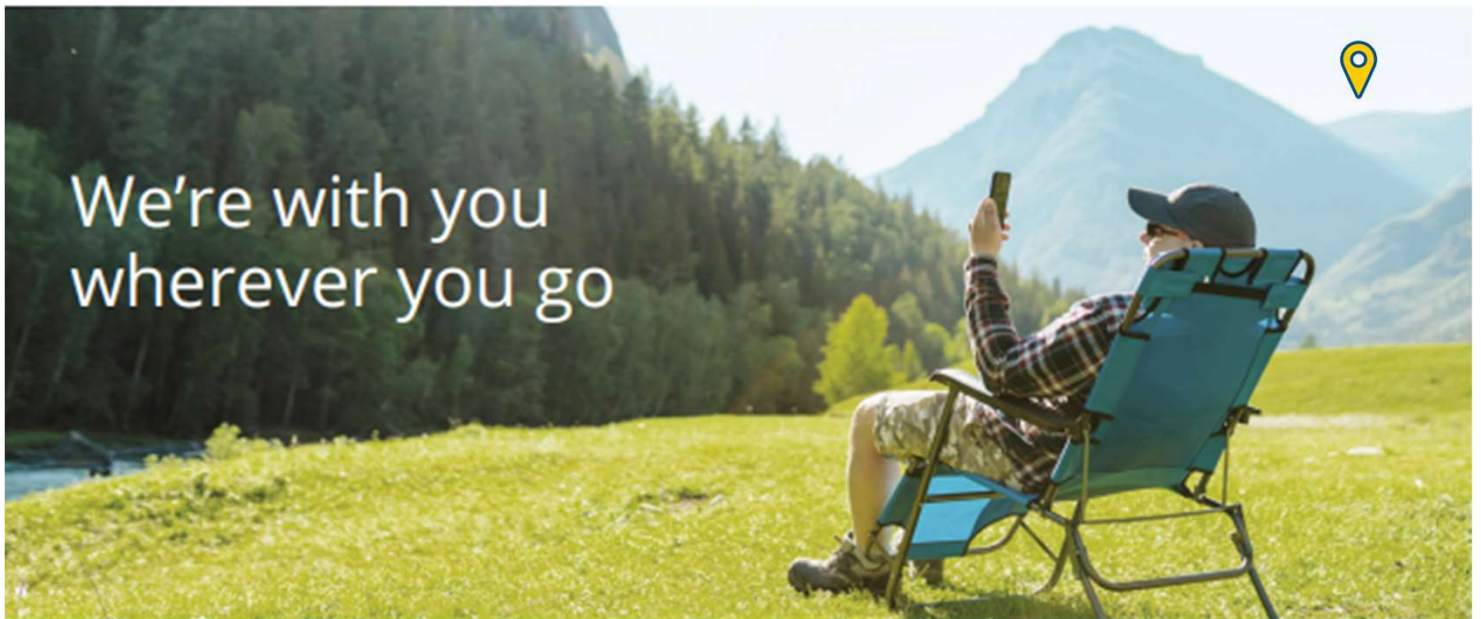
The surcharge for dependents is \$100 per month whether one or more dependents are tobacco users. If both the employee and dependent(s) status indicates a surcharge, \$200 will be deducted from the employee's paycheck. Read the [Frequently Asked Questions](#) for additional information related to this program.

The surcharge will be waived if:

- You certify that you and/or your covered dependent(s) lowered tobacco use below the threshold of an average of four times per week for 60 consecutive within the first 90 days of your hire date.
- You engage in and complete a tobacco cessation program within the first 90 days of your hire date.



BCBS Online Member Portal

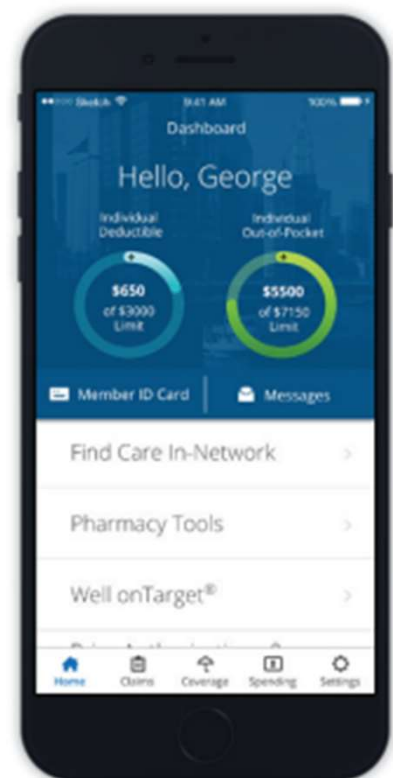


We're with you
wherever you go

To access your important Blue Cross and Blue Shield of Oklahoma (BCBSOK) health benefit information anywhere you go, download the BCBSOK App.

- Find an in-network doctor, hospital or urgent care facility
- Access your claims, coverage and deductible information
- View or print your member ID card
- Log in securely with your fingerprint or face recognition
- View your Explanation of Benefits*

Text** BCBSOK to 33633 to get the app.



Wondr™

Metabolic Syndrome Reversal Program

Wondr is a behavioral counseling program for metabolic syndrome reversal* and weight management

There are no points, plans or counting calories. Wondr teaches members the science of how to eat their favorite foods so they can lose weight, sleep better, stress less and so much more. They'll learn simple, behavioral skills that are clinically proven to improve health.

Features include:

- 12 weeks of counseling (personalized for skill building); 12 weeks (customized for skill reinforcement); 28 weeks (customized for skill maintenance)
- Weekly, self-paced, informative, online video sessions (including mobile app for on-the-go access, skill reinforcement and habit formation)
- Interactions with health coaches and online community for social support



*National Institutes of Health guidelines define metabolic syndrome as having at least three of the following five traits (or taking medication to control them): large waist circumference; high triglyceride level; reduced HDL (good) cholesterol; increased blood pressure; elevated fasting blood sugar.

Wondr Health is an independent company that provides Metabolic Syndrome Management for Blue Cross and Blue Shield of Oklahoma. Wondr Health is solely responsible for the products and services that it provides.

Wondr™ **GETS RESULTS**



84%
lost weight

68%
are more physically
active

85%
feel more in control
of their weight

61%
have more
energy

62%
feel more
confident

57%
feel their mood
has improved

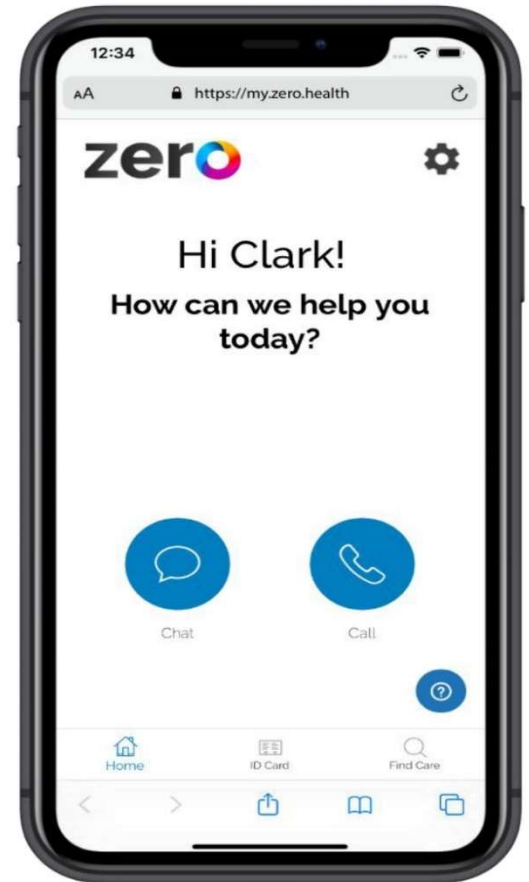
Zero Information



**HDHP members must meet deductible for the calendar year before becoming eligible for ZERO. Provide HR with confirmation that your deductible has been met if you would like to use the ZERO program.*

An entirely new kind of employee benefit!

Meet your very own **Personal Health Assistant** for hundreds of medical services and procedures that always cost you \$0. Yep. **ZERO**.*



- Medical Labs
- Imaging (MRI's, CT)
- Physical Therapy
- Gastro (Colonoscopy)
- Orthopedic Surgery
- Spinal Surgery
- General Surgery
- Ear, Nose and Throat
- Sleep Studies
- Women's Health
- Pain Management
- And So Much More...

Step 01

Connect with your **Personal Health Assistant** to see if the service or procedure you need is covered.

Step 02

We will help you find the healthcare provider that works **best for you** and we will take care of **all the details**.

Step 03

You save your hard earned cash and get **the care you need for ZERO**. Yep, **ZERO**.*

Welcome to Simplicity
Welcome to ZERO



Chat Live:
www.zero.health



Give Us a Shout:
855-816-0001



Drop Us a Line:
help@zero.health

Zero Information



Your enrollment in the BCBS medical plans entitles you to use ZERO. You pay \$0 for covered services and never have to worry about copays or deductibles. *

How do I enroll in ZERO?

When you enroll in the medical plans, you are automatically enrolled in **ZERO** so it will be there when you need it. There is no cost to be a member of the program.

How do I use ZERO?

When your doctor tells you that you need a service or procedure, call your Personal Health Assistant (PHA) at 855-816-0001. Your PHA will take care of the details. You pay \$0.

What does ZERO cover?

Surgeries, X-rays, advanced imaging (MRI, CT), lab work – and a lot more. When you use **ZERO**, your claims are paid at 100%. That means no deductible, no co-pay and no co-insurance coming out of your pocket. Your PHA will be able to tell you exactly what is covered.

What does it cost me to use ZERO? *

Zip. Zilch. Zero. Zero dollars and zero cents. No scary deductibles. No creepy copays. No pesky fees.

What providers do I have access to?

Check out zero.health to search for a provider. **ZERO** is always adding providers, so please call 855-816-0001 for the most up-to-date information.

What if I receive a bill?

No worries. Just call 855-816-0001 or email help@zero.health and **ZERO** will take care of everything. **ZERO** 855-816-0001 has your back.

What if the provider asks me for my regular insurance card?

Sometimes a provider may also want your regular insurance card, or it may already be on file. The boarding pass **ZERO** sends you and to your provider is all you need to have the service done. If the provider insists on your insurance card, just be sure they know that the service you are about to receive under **ZERO** should not be billed to your regular insurance.

What do I do if I need a procedure that is not listed as available in my area?

Not every procedure will be available in every **ZERO** region. Your best bet is to call **ZERO** and they may be able to work with local providers to help you on a one-time basis.

Yes, but what about _____?

Still have questions? **ZERO** has answers. Contact them at 855-816-0001 or help@zero.health.

**HDHP members must meet deductible for the calendar year before becoming eligible for ZERO. Provide HR with confirmation that your deductible has been met if you would like to use the ZERO program.*

OCU Clinic - FHCMEC



Campus Health Clinic / Family Healthcare and Minor Emergency Clinic

The university partners with the Family Healthcare & Minor Emergency Clinics (FHCMEC) to provide healthcare to the campus community. FHCMEC is staffed by a team of medical professionals dedicated to providing quality healthcare services including a range of primary and acute care services.

Employees and their dependents on the BCBS medical plans pay **no out-of-pocket costs** for clinic visits and services; copays, deductibles, and coinsurance are waived. The clinic is designed to provide acute and primary care which may include lab work, screenings, imaging, and other services.

Common acute care visits may include

Urgent care COVID-19 Testing & Treatment Cough, Colds, Congestion Sore throat Nausea, Vomiting, Diarrhea Muscle ache and strains Sports Injuries, Sprains	Physicals and wellness exams Childhood exams Mental health issues Family Planning and Contraception Asthma Hypertension Diabetes Management Urinary Tract Infections	Industrial Health Injury Laceration and Wound Care Travel medicine consultations Routine immunizations Laboratory Testing EKG Pulmonary Function Testing
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Visit the clinic on campus in the west wing of
Kramer School of Nursing West.

Clinic Hours: 8:30am to 5:00pm, Monday through Friday

Typically, same day appointments are available.

For appointments/questions call 405-373-2400

FHCMEC @ OCU:

<https://www.okcu.edu/students/health>

FHCMEC Off Campus Locations:

https://ehr.wrshealth.com/live/patient_v2/directions.php?id=1832488

\$0 Prescription Programs

Oklahoma City University is proud to offer **TWO** prescription savings programs that offer 90-day supplies with a **\$0 COPAY!** We encourage you to take advantage of these programs which will save you and the medical plan time and money!



- Trulicity
 - Jardiance
 - Eliquis
 - Xarelto
 - Specialized high-cost medications are INCLUDED
- Ozempic
 - Rybelsus
 - Rexulti
 - Breo
- Spiriva
 - Farxiga
 - Insulins
 - And more!

Check your medication availability:

Generic: rxngo.com

Brand: rxngo.com/beyond

See [page 46](#) for additional information

HDHP members must meet deductible for the calendar year before becoming eligible for Rx n' Go and Rx n' Go Beyond.

Provide HR with confirmation that your deductible has been met if you would like to use the Rx n' Go and Rx n' Go Beyond.

CRX INTERNATIONAL

Oklahoma City UNIVERSITY

- ★ FREE Brand-Name Medications
- 🚚 No Shipping and Handling Charges to You!

- Advair
- Cymbalta
- Eliquis
- Janumet
- Jardiance
- Otezla
- Rybelsus
- Singulair
- Xarelto
- Xeljanz
- And more!

Check your medication availability:

www.crxintl.com

WebID – **OKCU**

See [page 45](#) for additional information

HDHP members CAN use CRX prior to meeting their deductible.

Dental Plan



Benefit	Delta Dental PPO plus Premier In-Network/Out-of-Network
Calendar Year Per Person Deductible (Deductible waived for Classes I and IV)	\$100 Per Person
Calendar Year Maximum Per Person	\$2,000 Per Person
Orthodontics Lifetime Maximum Per Child	\$1,000 Per Child
Diagnostic and Preventive Services (Class I Benefits): Oral evaluation* (twice per calendar year) Routine cleaning & polishing* (twice per calendar year in combination with Periodontal Maintenance) Bitewing and periapical x-rays (full set once per calendar year) Full-mouth x-rays (once in a 60 consecutive month period) Space maintainers for eligible dependent children only under age 16 Minor emergency (palliative) treatment for relief of pain Fluoride for eligible dependent children only under age 19 (once per calendar year) Sealants for eligible dependent children only under age 16 (first and second molars, once in a 60 consecutive month period) Periodontal maintenance (twice per calendar year in combination with routine cleaning)	100%
Basic Services (Class II Benefits): Fillings - amalgam and composite Stainless steel crowns for eligible dependent children only General Anesthesia/IV Sedation administered by a dentist in the dental office in conjunction with covered oral surgery or when necessary due to concurrent medical conditions	80%
Major Services (Class III Benefits): Oral Surgery - extractions and other covered procedures Prosthetics – procedures for construction of fixed bridges, partial dentures and complete dentures Endodontics – includes pulpal therapy and root canal treatment Periodontics – treatment of the gums and supporting structures of the teeth Implants – procedures for implant placement, maintenance and repair of implants, and implant-supported prosthetics	50%
Orthodontics (Class IV Benefits) The necessary treatment and procedures required for the correction of malposed teeth for dependent children under age 19	50% Child Only (up to age 19)

*Charges for routine oral evaluations and routine cleanings do not apply to the \$2,000 per person calendar year maximum.

Delta Dental Mobile App

Getting started

The Delta Dental Mobile App is optimized for iOS (Apple) and Android devices. To download our app on your device, visit the App Store (Apple) or Google Play (Android) and search for Delta Dental Mobile App. Or use your phone's QR Code Reader to scan the code below.



See page [24](#) for rates

Vision Plan



Exams	In-Network Benefits	Out-of-Network Benefits
Well Vision Exam	\$10 Exam Co-pay Once Every Calendar Year	up to \$45 Allowance towards exam Once Every Calendar Year
Contact Lens Exam - Fitting and Evaluation (when choosing contacts)	Standard and premium fit: covered in full after co-pay 15% off contact lens exam services, co-pay not to exceed \$60	up to \$60 Allowance towards exam/fitting Once every 12 months
Materials		
Lenses: (Once Every Calendar Year)	\$25 co-pay (for frames and lenses)	N/A
Single-vision Lenses	Covered in full after co-pay	up to \$30 allowance
Lined Bifocal Lenses	Covered in full after co-pay, including progressive lenses	up to \$50 allowance
Lined Trifocal Lenses	Covered in full after co-pay, including progressive lenses	up to \$65 allowance
Lenticular Lenses	Covered in full after co-pay	up to \$100 allowance
Anti-Glare Coating	Covered in full	N/A
All other Anti-Glare Coatings	Covered in full	N/A
Frames	Every Other Calendar Year \$25 co-pay up to \$200 allowance; 20% off any remaining amount above the allowance	Every Other Calendar Year up to \$70 allowance
Elective Contact Lenses	\$25 co-pay (if selected INSTEAD OF glasses) Up to \$130 Allowance	up to \$105 allowance
Necessary Contact Lenses	\$25 co-pay (if selected INSTEAD OF glasses) Covered in full after co-pay	up to \$210 allowance
Additional Benefits		
Primary EyeCare Plan	\$20 co-pay per visit; Supplemental coverage for non-surgical medical eye conditions such as pink eye and other urgent eye care	N/A
Low Vision	75% of the cost for approved low vision aids Supplemental testing covered up to \$125 \$1,000 maximum every 2 years for all Low Vision services	
Additional Glasses	20% Discount off additional complete pairs of prescription and non-prescription glasses (including sunglasses)	
Lens Enhancements	See full Summary of Benefits for covered enhancements such as multifocal progressives, tints & dyes, anti-reflective coating, UV protection, scratch-resistant coating, and more. Co-pays and discounts vary.	
Laser VisionCare Program	15% average discount or 5% off promotional price for PRK, LASIK, and Custom LASIK	



Visit VSP.com for exclusive offers

See page [24](#) for rates

Vision and Dental Rates



Dental	Total Monthly Premium	Monthly Employee Contribution	Monthly OCU Contribution
Employee Only	\$40.20	\$20.10	\$20.10
Employee + Spouse/Partner	\$80.84	\$40.19	\$40.19
Employee + Child(ren)	\$92.44	\$46.22	\$46.22
Employee + Family	\$149.84	\$74.92	\$74.92

Vision	Total Monthly Premium	Monthly Employee Contribution	Monthly OCU Contribution
Employee Only	\$9.38	\$4.69	\$4.69
Employee + Spouse/Partner	\$14.90	\$7.45	\$7.45
Employee + Child(ren)	\$15.28	\$7.64	\$7.64
Employee + Family	\$24.56	\$12.28	\$12.28

Medical insurance premiums are deducted from your paycheck before payroll taxes are withheld, saving you money. One-half premium contributions are withheld from the first two paychecks in a month for employees on the biweekly payroll.



Flexible Spending Account (FSA)



Save money on certain healthcare and dependent care expenses with a Flexible Spending Account (FSA). To open an FSA, choose how much to deposit directly from your paychecks and the amount will be deducted before payroll taxes are withheld. You never pay taxes on this money as long as you use it to pay eligible expenses.

Medical FSA

Use your Medical FSA to pay:

- Deductibles, copays, and coinsurance payments for medical and dental plans
- Prescription drug copays
- Vision care, laser eye surgery, glasses and contacts
- Unreimbursed dental **and** orthodontic care
- Many more eligible expenses

You can contribute up to \$3,050 to your Healthcare FSA. Your contribution is deducted from your paychecks in equal amounts each pay period throughout the year. Participants may elect to receive a debit card for an additional fee. Visit www.advantagebenefitsplus.com to find a calculator to assist you in determining the best election for your FSA contribution. Review the list of eligible and ineligible qualifying expenses in the Appendix. See pages [47-51](#) for details.

Dependent Care FSA

Use your Dependent Care FSA to pay for care at a licensed daycare provider, day camp an/or before and after school programs for eligible dependents. Eligible dependents include children under the age of 13 and dependents over the age of 13 who are physically or mentally disabled and incapable of caring for themselves. You can contribute up to \$5,000 per year into your Dependent Care FSA. Your contribution is deducted from your paycheck in equal amounts each pay period throughout the year. See pages [46-47](#) for additional information.

Important Notes on FSA

- Eligible 2023 expenses must be incurred during the plan year or grace period through March 15, 2024. Receipts for reimbursement must be provided to Advantage Benefits Plus by the deadline or any unused funds remaining in your FSA are lost.
- If you terminate employment with OCU during the FSA plan year, only charges incurred while you were an active employee are eligible for reimbursement unless you continue to participate on an after-tax basis.
- You must re-enroll every year.



Limited Flexible Spending Account

Limited Flexible Spending Account

To be paired with OCU's HDHP and HSA

FSA

Why should I choose a Limited Flexible Spending Account (FSA)?

The Limited FSA works just like a "normal" FSA except that you cannot use these funds on medical expenses; only dental, vision and preventative care. This limitation allows you to be eligible for a Health Savings Account.

Just like the general purpose FSA, a Limited FSA allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for qualified dental, vision and preventative care expenses. This plan offers instant access to funds for expenses you incur throughout the year. And saves you money by reducing your taxable income and allows you to keep more of your money in your Health Savings Account for the future!

Funds on Day 1

Buy those eyeglasses or finally get those braces. All of your FSA funds are available to spend right away.

Discount

Think of it like a discount on expenses at stores such as Amazon, Target, CVS, Walmart, Walgreens and more. Dollars you contribute are taken out of your paycheck before tax which means a \$100 purchase would actually cost you over \$130 without a Limited FSA.*

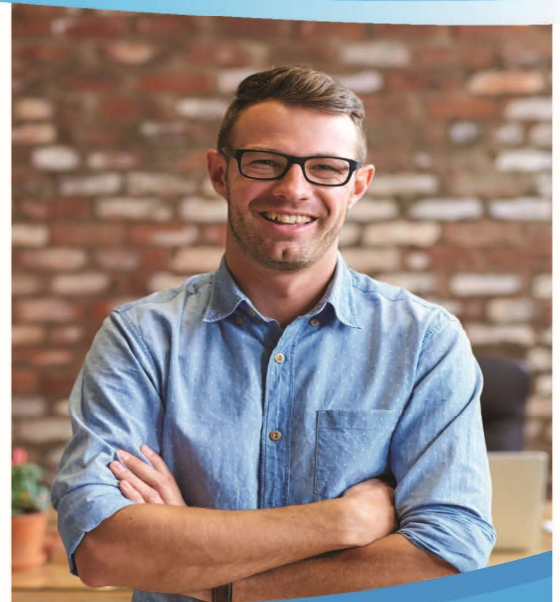
Plan ahead

Think about the money you spent on eligible expenses last year. Plan ahead and set those funds aside in a Limited FSA and save 30%.*

Can I enroll?

Anyone is able to enroll. However, a Limited FSA cannot be paired with a Medical Flexible Spending Account (FSA).

*Based on a 30% tax bracket.



What does it cover?

There are thousands of eligible items, including:

- Dental and orthodontia office visits and expenses
- Dental implants, veneers, dentures and bridges
- Optometrist and ophthalmologist visits and expenses
- Eye glasses, contacts, prescription sunglasses, solutions and drops

Health Savings Account (HSA)

To be paired with OCU's HDHP



Why should I choose a Health Savings Account (HSA)?

An HSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for healthcare expenses or use as a retirement savings tool.

*Understanding how an HSA works, or how to use it in a way that makes sense for your lifestyle and financial goals can be tricky. Luckily, you can use **My HSA Planner** to not only learn more about HSAs, but to get a personalized recommendation on how to contribute to it!*

Check it out today at <https://myhsaplanner.com/ADB> to see if an HSA is right for you.

It's yours. Think of your HSA as a personal savings account. Any unspent money in your HSA remains yours, allowing you to grow your balance over time. When you reach age 65, you can withdraw money (without penalty) and use it for anything, including non-healthcare expenses.

Flexibility. Save for a rainy day. Invest for your future retirement. Or spend your funds on qualified expenses, penalty free.

Easy to use. Swipe your benefits debit card at the point of purchase. There is no requirement to verify any of your purchases. We recommend keeping any receipts in case of an IRS audit.

Smart savings. The HSA's unique, triple-tax savings means the money you contribute, earnings from investments and withdrawals for eligible expenses are all tax-free, making it a powerful savings and retirement tool.

Can I enroll?

You must be enrolled in a High-Deductible Health Plan (HDHP) in order to enroll in the HSA. You're not eligible for an HSA if:

- *You're claimed as a dependent on someone else's taxes.*
- *You're covered by another plan that conflicts with the HDHP, such as Medicare, a Medical Flexible Spending Account (FSA) or select Health Reimbursement Arrangements.*
- *You or your spouse are contributing to a Medical FSA.*



What does it cover?

There are thousands of eligible items, including:

- Copays, coinsurance, insurance premiums
- Doctor visits and surgeries
- Over-the-counter medications (first-aid, allergy, asthma, cold/flu, heartburn, etc.)
- Prescription drugs
- Birthing and lamaze classes
- Dental and orthodontia
- Vision expenses, such as frames, contacts, prescription sunglasses, etc.

HSA and Limited FSA



Health Savings Account (HSA)

- You **MUST** be enrolled in OCU's High-Deductible Health Plan to be eligible for an HSA.
- Think of an HSA as a personal savings account that rolls over each year and is funded pre-tax from your paycheck.
- Your HSA funds can be used to pay for expenses such as copays, coinsurance and insurance premiums, over-the-counter prescriptions, prescribed prescriptions, vision and dental.
- The HSA can be combined with a Limited Flexible Spending Account, which is detailed below.
- There are eligibility requirements, which can be found on [page 26](#). Please review these requirements before electing.
- The HSA contribution maximums are set by the IRS and may change from year to year.
- OCU HSA MATCH: Annual funding for January 1, 2023, enrollees will be up-front. There will be a proration for employees effective after January 1, 2023. Advantage Benefits Plus must be the HSA custodian to receive the match from OCU.

OCU HSA Match 2023

100% up to \$600 for Self-Only Coverage

100% up to \$1,100 for other than Self-Only Coverage

HSA Contribution Limits 2023 (including OCU's match)

Individual: \$3,850

Family: \$7,750

\$1,000 catch-up if over age 55

Limited Flexible Savings Account

- Works like a typical FSA except this type of FSA can only be used on certain expenses such as dental, vision and preventative care.
- Funds for a Limited FSA are available on the first day of the year! You can elect up to the maximum that the IRS allows, and you pay it back across each paycheck for the year.
- With the limitations of the Limited FSA, this allows you to be eligible for a Health Savings Account.
- The Limited FSA can **NOT** be combined with a Medical Flexible Spending Account (FSA).
- To be paired with OCU's HDHP

Limited FSA Contribution Limits 2023

Individual: \$3,050

If you have additional questions about the HSA or Limited FSA, Please contact Advantage Benefits Plus at 405-341-7587 or visit <https://myhsaplanner.com/ADB> to see if an HSA is right for you.

Retirement Plan



The university's 403(b) retirement plan offers several opportunities for you to save for retirement



Enroll in the Retirement Plan

You may enroll or update your contribution at any time while you are employed by Oklahoma City University.

Choosing Your Accounts

You may choose to participate in the group plan, the supplemental plan, the Roth, and/or the 457(b) plan*. IRS annual contribution limits apply.

*Your salary must be at least \$100,000 to participate in the 457 (b) plan.

Making Your Contributions

The university matches up to 5% of your base pay when you make a corresponding contribution. Complete your enrollment:

1. Find a link to the salary reduction agreement on the [bswift landing page](#).
2. Create your online account with TIAA and choose your investments at www.tiaa.org.okcu.
 - You are 100% vested after five years (you vest 20% per year)
 - You may increase or decrease your contributions upon request

Investing Your Money

Choose how to allocate your contributions among several investment options described by materials provided by TIAA.

Meet with a TIAA Financial Advisor

To schedule an individual in-person appointment visit:

[TIAA - Consultations](#)

Find free webinars, live, and on-demand at <https://www.tiaa.org/public/land/employees-boost-financial-know-how>

Basic Life and AD&D



University Paid Basic Life and Accidental Death and Dismemberment (AD&D) Benefits

The university provides a basic life insurance benefit at no cost through Lincoln Financial Group to benefit eligible employees. The benefit equals two times your base pay (rounded up to the next higher \$1,000) up to a maximum benefit of \$100,000.

You also receive a separate basic accidental death and dismemberment (AD&D) benefit for the same amount. If you suffer the loss of a limb or your eyesight in a covered accident, you'll receive a percentage of your AD&D benefit amount depending on the type of loss.

REMINDER: Be sure to name and/or update your beneficiary information

You must select a beneficiary for your Basic Life/AD&D insurance benefits as well as any supplemental employee Life/AD&D. You may update your beneficiary at any time throughout the year via bswift. You are automatically designated as the beneficiary if you cover your spouse and/or eligible children.

Your life coverage also includes these additional **LifeKeys** services:

- **Estate Guidance® will preparation**
 - Create your own will online. Follow a step-by-step guide through the entire process and, then use online instructions to execute your will.
 - Name an executor to manage your estate
 - Choose a guardian for your children
 - Specify wishes for your property
 - Provide funeral and burial instructions
- **Identity theft**
 - This online resource helps you:
 - Spot the warning signs
 - Take steps to protect your cell phone, computer and tax records from fraud
 - Lessen the damage and repair your credit if identity theft occurs
 - Link to essential resources such as credit reporting bureaus, the FBI Internet Crime Complaint Center, ID Theft Resource Center, and more

To access LifeKeys services:

- Call 1-855-891-3684, or
- Visit www.GuidanceResources.com - register using the Organization Web ID: LifeKeys

Voluntary Life and AD&D



Voluntary Supplemental Life/AD&D Insurance

Voluntary Supplemental Life Insurance

You may elect supplemental Life and AD&D coverage. The supplemental Life and AD&D premiums are **employee paid**. You may elect coverage for yourself, your spouse, and/or dependent child(ren). To elect spouse or child life/AD&D, the employee must be enrolled in Voluntary Life/AD&D. Spouse amount cannot be greater than 50% of the elected employee amount. Child coverage is a \$10,000 benefit for all covered dependent children.

During open enrollment, if you have previously elected voluntary life, you may elect to increase your benefit up to \$20,000 and/or your spouse's benefit up to \$10,000 without answering health questions as long as your elections do not exceed the guaranteed issue amount listed below.

During open enrollment, if you have not previously elected voluntary life for yourself or spouse, you may elect to add Voluntary Life without answering health questions. You may elect up to \$20,000 in coverage and up to \$10,000 for your spouse. Spousal benefit cannot exceed 50% of the employee benefit.

Voluntary Employee Life & AD&D	Voluntary Spouse Life & AD&D	Voluntary Child Life & AD&D
Min Benefit: \$10,000 Max Benefit: \$500,000 Guarantee Issue: \$200,000	Min Benefit: \$5,000 Max Benefit: \$100,000 Or 50% of Employee amount (whichever is less) Guarantee Issue: \$50,000	Min Benefit: \$10,000 Max Benefit: \$10,000 Guarantee Issue: \$10,000

Voluntary Supplemental Life/AD&D Rates

Employee & Spouse Rates	Per \$1,000 of Benefit
<25	\$0.05
25-29	\$0.05
30-34	\$0.06
35-39	\$0.07
40-44	\$0.12
45-49	\$0.20
50-54	\$0.33
55-59	\$0.53
60-64	\$0.70
65-69	\$1.14
70-74	\$1.96
75-99	\$3.32
Child Flat Benefit	\$10,000
Child Flat Monthly Rate	\$2.18

To calculate the monthly payroll deduction for your Voluntary Life/AD&D coverage, use the rates shown here and the formula given below:

Amount of benefit/\$1,000 x your age rate = monthly premium

bswift will do this calculation for you while you are enrolling online!

Long-Term Disability



University Paid Long Term Disability (LTD)

Long Term Disability insurance may replace up to 60% of pre-disability earnings in the event of a qualifying disability due to illness or injury after a 90-day elimination period. Benefits may continue up to the time you are able to return to work, or if you continue to be disabled until age 65 or your Social Security Normal Retirement Age, whichever is later.

LTD insurance coverage begins after 12 months of continuous service for staff and 12-month faculty or one academic year for nine-month faculty.

Why is disability insurance important?

Disability insurance is “paycheck protection” and pays a portion of your weekly earnings while you are unable to work due to a qualifying disability.

TravelConnect

As a value-added benefit to our Lincoln Financial plans, members may utilize the ***TravelConnect***sm program which offers a wealth of travel, medical, and safety-related services to employees and their family members. Whether traveling for business or leisure more than 100 miles from home, ***TravelConnect***sm services are available 24/7.

- Medical evacuation – the program will arrange and pay for a supervised medical evacuation
- Medical assistance – medical and dental referrals to find appropriate care
 - Coordinate delivery of medication, vaccine or blood to traveler
 - Help replace corrective lens or medical device if broken or lost
- Security and political evacuation – the program will arrange evacuation to the nearest safe haven

TravelConnectsm can be reached by phone at
(800) 407-7307 or the My On Call Portal at
Mysearchlightportal.com

Accident Insurance

To find out which benefits best suit your lifestyle and needs, [click here](#) to visit Symetra's interactive online platform

Symetra Life Insurance Company
First Symetra National Life Insurance Company of New York



Accident Insurance

Pursue your next adventure
with peace of mind



Out-of-pocket costs for an unexpected accident can add up, even if you already have medical and disability coverage. Accident insurance provides benefits that can help with things like copays and coinsurance, allowing you to get the care you need without dipping into funds saved for your next expedition.

With accident insurance, you'll get:



**Financial protection
when you need it most**

Helps cover out-of-pocket medical expenses related to an accidental injury. Benefits are paid based on the type of injury or service performed.



Peace of mind

Benefits are paid directly to you and may be used in any way you choose—such as transportation, child care or other expenses—to help you concentrate on your recovery, rather than finances.



Flexible coverage

Benefits are paid regardless of any other coverage you may have and can be used to complement major medical and disability coverage.

See [Page 34](#) for Benefit Coverages and Rates

Also watch this short video to learn more!

[Scheduled benefit accident insurance](#)

Symetra Life Insurance Company is the parent company of First Symetra National Life Insurance Company of New York (collectively, "Symetra"). Symetra Life Insurance Company does not solicit business in the state of New York and is not authorized to do so. Each company is responsible for its own financial obligations.

Accident coverage, insured by Symetra Life Insurance Company, 777 108th Ave NE, Suite 1200, Bellevue, WA 98004, is not available in all U.S. states or any U.S. territory. It pays a fixed amount and does not cover losses due to sickness, nor does it cover the cost of all hospital and medical services. It is not a replacement for major medical or other comprehensive coverage and does not satisfy the minimum essential coverage requirements of the Affordable Care Act. Certificate form number is SBC-03515 1/18.

In New York, accident coverage is insured by First Symetra National Life Insurance Company of New York, New York, NY. Mailing address: P.O. Box 34690, Seattle, WA 98124. Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions. Certificate form number is SBC-03515/NY 1/18.

THIS POLICY IS ISSUED AS AN ACCIDENT-ONLY POLICY. IT DOES NOT PAY BENEFITS FOR LOSS CAUSED BY ILLNESS.

Accident Plan & Rates



ACCIDENT INSURANCE BENEFITS

Benefits		
Ambulance	Classic	Premier
Ambulance - Ground	\$250	\$400
Ambulance - Air	\$1,500	\$2,000
Hospitalization		
Emergency Room Treatment	\$200	\$300
Initial Physician's visit/Urgent Care	\$75	\$100
X-ray	\$50	\$60
Major Diagnostic Exam (CT, CAT, MRI)	\$150	\$300
Initial Hospital Admission	\$1,250	\$1,500
Hospital Confinement	\$250	\$300
Daily ICU Confinement	\$500	\$600
Injuries		
Dislocation (Open Reduction) Maximum Benefit	\$8,000	\$10,000
Fracture (Open Reduction) Maximum Benefit	\$8,000	\$10,000
Laceration Maximum Benefit	\$300	\$400
Surgical - open abdominal, thoracic	\$2,000	\$3,000
Physician Follow-up	\$75	\$100
Physical Therapy	\$50	\$75
Medical Appliances	\$250	\$400
Burn Maximum Benefit (3rd degree)	\$15,000	\$20,000
Concussion	\$200	\$300
Coma	\$6,000	\$8,000
Wellness Benefit	\$50	\$75
Organized Sport	25%	25%
Accidental Death**	\$50,000	\$50,000
Rates	Classic	Premier
Employee Only	\$10.14	\$13.49
Employee + Spouse	\$17.05	\$22.74
Employee + Child(ren)	\$20.25	\$27.13
Family	\$28.62	\$38.39

Critical Illness Insurance

To find out which benefits best suit your lifestyle and needs, [click here](#) to visit Symetra's interactive online platform

Symetra Life Insurance Company



Critical Illness Insurance

Financial relief at critical times



Medical advancements have greatly improved our ability to manage critical health events. But the unexpected cost of those events—while keeping up with everyday expenses—can put a strain on your finances. Critical illness insurance can help.

With critical illness insurance from Symetra, you'll get:



Financial protection when you need it most

If you're diagnosed with a covered condition after the policy is in effect, you'll receive a lump-sum benefit payment based on the terms of your policy and the diagnosis.



Flexible coverage

Benefits are paid directly to you and can be used for anything you need, like transportation, child care and other household expenses.



Easy enrollment

There are no medical questions to complete or health tests to take.¹ To get started, simply follow the steps provided by your benefits representative.

See Pages [36](#) - [37](#) for Coverages and Rates

Also watch this short video to learn more!
[Critical illness insurance](#)

Critical illness policies, insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, are not available in all U.S. states or any U.S. territory. They provide benefits at a preselected, fixed dollar amount for covered conditions. They are not a replacement for major medical or other comprehensive coverage, and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Base certificate form numbers are SBC-00535-CERT 4/14 and SBC-04535 1/21.

Coverage may be subject to exclusions, limitations, reductions and termination of benefit provisions.

¹ Late entrants and those who elect coverage over the guaranteed issue amount outlined in the plan design will have to complete a medical questionnaire.

Critical Illness Plan



CRITICAL ILLNESS

Benefits	Symetra - Enhanced
Coverage Amount Spouse/child amount Wellness Benefit	\$10k & \$20k Sp: 50%, Ch: 25% \$100
Recurrence	100%, unlimited recurrence per condition with 6-mo separation
Termination Age	None
Benefit Waiting Period	None
Pre-existing Condition Limitation	None
Covered Conditions	
Invasive Cancer	100%
Non-invasive Cancer	50%
Heart Attack	100%
Stroke	100%
Coronary Artery Bypass or Disease needing surgery or Angioplasty	50%
Coma (due to Accident or Sickness)	50%
Occupational HIV Infection	100%
Loss of Sight / Hearing / Speech	100%
Major Organ Failure	50%
End Stage Renal Failure	100%
Paralysis (due to Accident or Sickness)	100%
Severe Burns	100%
Advanced Alzheimer's	50%
Multiple Sclerosis	50%
Parkinson's	50%
ALS	50%
Other Motor Neuron Diseases	50%
Infectious Disease	25% with 5-day hospital stay
Occupational Tuberculosis	25%
Occupational Hepatitis	25%
Childhood Conditions:	
Major Congenital Structural Abnormality	100%
Congenital Metabolic Disorder	100%
Congenital Chromosomal Abnormality	100%
Chronic Medical Conditions diagnosed in Childhood	50%

Critical Illness Rates



Age Band	\$10,000		\$10,000		\$10,000		\$10,000	
	Employee Only Rates		Employee + Spouse		Employee + Child(ren)		Family	
	Tobacco	Non-tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
Under 25	\$6.02	\$5.68	\$10.65	\$10.32	\$7.62	\$7.22	\$15.15	\$13.33
25-29	\$6.43	\$6.05	\$11.10	\$10.73	\$8.11	\$7.67	\$15.98	\$13.85
30-34	\$7.03	\$6.58	\$11.76	\$11.32	\$8.84	\$8.30	\$17.84	\$14.58
35-39	\$10.84	\$8.79	\$16.53	\$14.47	\$13.43	\$10.94	\$20.75	\$18.51
40-44	\$12.87	\$10.09	\$18.73	\$15.95	\$15.85	\$12.52	\$27.01	\$20.35
45-49	\$24.57	\$16.52	\$33.26	\$25.19	\$29.89	\$20.22	\$39.07	\$31.91
50-54	\$30.79	\$19.26	\$39.79	\$28.26	\$37.36	\$23.52	\$58.72	\$35.75
55-59	\$47.26	\$26.96	\$59.18	\$38.87	\$57.12	\$32.76	\$81.16	\$49.01
60-64	\$59.18	\$31.02	\$71.54	\$43.38	\$71.41	\$37.62	\$118.69	\$54.65
65-69	\$100.17	\$48.15	\$117.69	\$65.68	\$120.61	\$58.18	\$158.20	\$82.51
70+	\$145.88	\$73.61	\$221.92	\$112.83	\$149.29	\$77.02	\$224.54	\$117.07

Age Band	\$20,000		\$20,000		\$20,000		\$20,000	
	Employee Only Rates		Employee + Spouse		Employee + Child(ren)		Family	
	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco	Tobacco	Non-Tobacco
Under 25	\$8.01	\$7.36	\$13.27	\$12.62	\$10.43	\$9.64	\$19.86	\$16.61
25-29	\$8.83	\$8.09	\$14.17	\$13.44	\$11.40	\$10.52	\$21.52	\$17.65
30-34	\$10.01	\$9.16	\$15.50	\$14.61	\$12.86	\$11.80	\$25.23	\$19.11
35-39	\$17.68	\$13.55	\$25.03	\$20.91	\$22.02	\$17.08	\$31.06	\$26.98
40-44	\$21.73	\$16.16	\$29.43	\$23.87	\$26.88	\$20.21	\$43.57	\$30.68
45-49	\$45.13	\$29.01	\$58.49	\$42.36	\$54.96	\$35.63	\$67.69	\$53.79
50-54	\$57.57	\$34.51	\$71.55	\$48.50	\$69.89	\$42.22	\$106.99	\$61.46
55-59	\$90.51	\$49.89	\$110.33	\$69.71	\$109.42	\$60.68	\$151.87	\$87.98
60-64	\$114.33	\$58.01	\$135.05	\$78.73	\$138.00	\$71.43	\$226.94	\$99.26
65-69	\$196.32	\$92.28	\$227.36	\$123.32	\$236.40	\$111.54	\$305.95	\$154.99
70+	\$288.01	\$143.49	\$436.36	\$218.19	\$292.62	\$148.08	\$438.64	\$223.90

Rates include Health Screening benefit for Employee, Spouse, and Child(ren).

If the Evidence of Insurability amount is not approved for either the Employee, Spouse, or both, the Guaranteed Issue Amount is applied

Employee Assistance Program

The resources
you need to meet
life's challenges



*EmployeeConnect*SM offers professional, confidential services to help you and your loved ones improve your quality of life.



In-person guidance

Some matters are best resolved by meeting with a professional in person. With *EmployeeConnect*SM, you and your family get:

- In-person help for short-term issues (up to five sessions with a counselor per person, per issue, per year)
- In-person consultations with network lawyers, including one free 30-minute in-person consultation per legal issue, and **25% off** subsequent meetings



Unlimited 24/7 assistance

You and your family can access the following services anytime – online, on the mobile app or with a toll-free call:

- Information and referrals on family matters, such as child and elder care, pet care, vacation planning, moving, car buying, college planning and more
- Legal information and referrals for family law, estate planning, consumer and civil law
- Financial guidance on household budgeting and short- and long-term planning



Online resources

*EmployeeConnect*SM offers a wide range of information and resources you can research and access on your own. Expert advice and support tools are just a click away when you visit GuidanceResources.com or download the *GuidanceNow*SM mobile app. You'll find:

- Articles and tutorials
- Videos
- Interactive tools, including financial calculators, budgeting worksheets and more

Accessing Your Confidential EAP Services

Call **888-628-4824** to talk with an EAP representative or visit:

www.GuidanceResources.com

Username: **LFGSupport**

Password: **LFGSupport1**

Education Assistance Programs



At OCU, our passion for educating does not end with our students. We are also committed to creating and supporting educational opportunities for employees and their immediate family members to encourage personal enrichment and professional growth. OCU proudly offers two educational assistance programs providing tuition remission and scholarship opportunities.

Tuition Remission Program at OCU

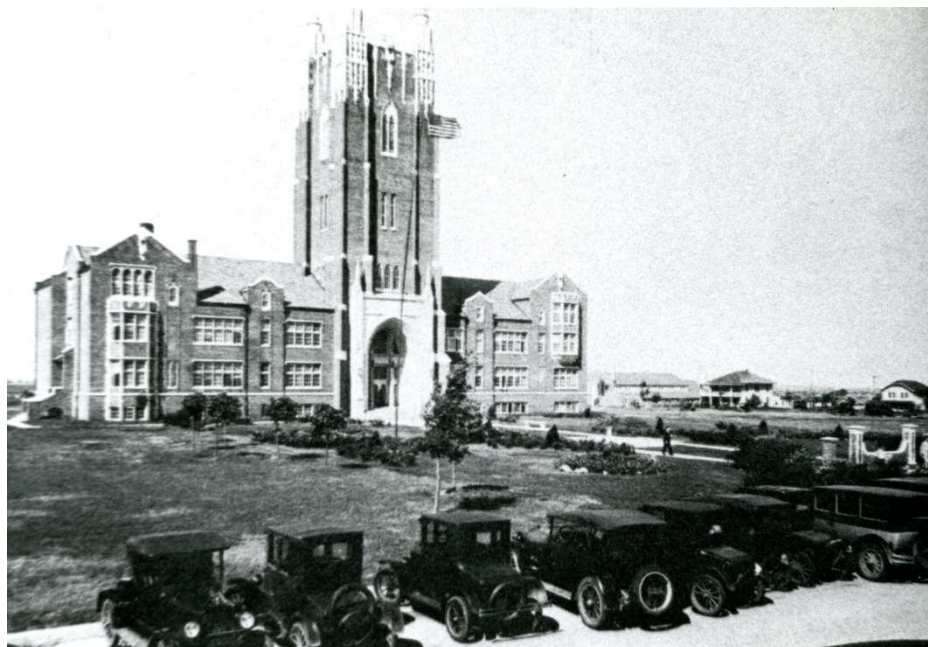
Employees with at least four months of service can take advantage of the Tuition Remission program that covers some or all of tuition for courses taken at OCU for eligible employees as well as qualifying spouses and dependent children. The deadline to apply is three weeks prior to the first day of classes in a term. For more information, please consult the [Tuition Remission Program Overview](#) for more details.

Tuition Exchange Program Outside of OCU

Additionally, employees can apply for scholarship awards on behalf of qualifying dependent children via two tuition exchange programs including hundreds of participating institutions:

- Tuition Exchange, Inc
- CIC Tuition Exchange

For more information, please consult the [Tuition Exchange Program Overview](#) about employee and dependent eligibility, program requirements, benefit coverage, application details, and more.



Vacation and Sick Leave Benefits

Vacation Leave

Full-time staff and 12-month faculty earn vacation leave per the following schedule:

Grade	First 24 months of employment			24-60 months of employment			60 months + of employment		
	Annually	Monthly	Biweekly	Annually	Monthly	Biweekly	Annually	Monthly	Biweekly
5, 6, 7, 8	10 days	6.67 hours	3.08 hours	11 days	7.33 hours	3.38 hours	16 days	10.67 hours	4.92 hours
9, 10, 11, 12, 13	15 days	10 hours	4.62 hours	16 days	10.67 hours	4.92 hours	21 days	14 hours	6.46 hours
14, 15, 16, 17, 18 and certain Administrative Positions	20 days	13.33 hours		21 days	14 hours				

- Rate for regular part-time employees (work 20-29 hours per week) is one-half full-time accrual.
- Vacation accrual above the annual total will roll into sick leave after August 31 of each year.
- Employees must have three years of continuous full-time service to receive a vacation payout upon termination. The payout received is compensation for not more than one year's vacation accrual.
- Employees record vacation leave in quarter hour (.25) increments.

Sick Leave

Full-time staff and 12-month faculty earn ten days of sick leave annually.

Grade	Annually	Monthly	Biweekly
All grades	10 days	6.67 hours	3.08 hours

- Rate for regular part-time employees (work 20-29 hours per week) one-half full-time accrual.
- Employees report sick leave in quarter hour (.25) increments.
- Unused sick leave is not compensable at termination.
- Sick leave may be accrued up to 1440 hours.

Shared Leave Program

Staff and 12-month faculty who accrue leave may join the Shared Leave Program designed to assist employees unable to work because they are medically incapacitated for an extended period of time. Additionally, the program may provide a limited bridge between accrued leave and the university's long-term disability plan. The Shared Leave Program has a limited parental leave benefit providing up to 15 days of paid leave for qualifying members. Employees may donate 16 hours of leave to join the bank once 56 hours are accrued. Contact Human Resources to complete the donation form if you would like to join.

Additional Benefits



No enrollment fee - join when you're ready, quit when you're ready. \$25 per month each for one or two household members, \$66 per month for a family as a payroll deduction. Contact Valerie Robinson at vrobinson@okcu.edu for an enrollment form.



Whether you're already a customer or if you're looking for service, check with AT&T for a valuable discount. For additional discount options, contact Lane Schelle, at 405.738.7695 or ls565v@att.com.



T-Mobile - OCU employees and their families qualify for savings of up to 15% off unlimited talk, text, data and premium features which includes Netflix. You'll find more information here. Contact T-Mobile with questions or to have the discount applied.

855.570.9947 New customers
877.334.7099 Existing customers

Summer Hours

Office hours during the summer change to 8am to 5:30pm, Monday through Thursday during the summer months following graduation for staff members in most departments. The summer schedule results in a four day, 36 hour work week paid at 40 hours.

BenefitHub



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Questions? Call 1-866-664-4621 or email customer care@benefithub.com

Appendix

Great news! Oklahoma City University employees have even greater access to prescription medications. You now have the ability to get certain medications for 53 chronic conditions like diabetes, asthma, hypertension and emotional health shipped right to your home **at no out-of-pocket cost!** You have access to generic, insulin and branded medications through these programs.

Through these voluntary programs, you can save significant time and money utilizing the Rx 'n Go simple and convenient mail-order program that delivers medications right to your home!

**\$0 COPAYMENT, \$0 SHIPPING COST
90-DAY SUPPLY OF MEDICATIONS
OUTSTANDING CUSTOMER SERVICE TEAM**



Generics = U.S. Based Mail-Order Program

- ✓ ~1,300 generic maintenance medications for members on the PPO plan and once hitting the deductible on HSA plan covering chronic conditions
- ✓ Diabetic medications like insulin, needles & syringes for medications like Lispro, Humalog, Aspart, Levemir are also FREE
- ✓ Medications are shipped to your home from GoGoMeds in Southgate, KY in 7 business days

How do I get my generics & insulin for free?

- 1 **Check Medication Availability:** Go to rxngo.com to check if your generic or insulin medication will be covered.
- 2 **Register in Minutes:** If your medication is covered through your employer and plan, register your account with Rx and shipping details.
- 3 **Doctor Submits Rx with Auto-Refills:**
 - a. Phone: 888-697-9646
 - b. Fax: 888-697-0646
 - c. Escribe: GoGoMeds

QUESTIONS?

Contact customer service at: **888-697-9646**
M-F 9am-7pm & Sat 9am-1pm EST
Email: pharmacy@gogomeds.com



Branded = International Mail-Order Program

- ✓ ~160 brand name medications for members on the PPO plan and once hitting the deductible for the HSA plan covering chronic conditions
- ✓ Rx medications delivered in original branded manufacturing packaging
- ✓ Medications are shipped to your home within 4 weeks from our Canadian pharmacy partner in Winnipeg, CA. Please have 30-days of Rx with initial order

How do I get my branded medications?

- 1 **Check Medication Availability:** rxngo.com/beyond/branded-medications
- 2 **Register in Minutes:** rxngobeyond.com/sign-up
- 3 **Doctor Submits Rx with Refills:**
 - a. Phone: 833-390-1043
 - b. Fax: 833-982-2460
 - c. Mail: Rx 'n Go Beyond
PO Box 3003 Station Main
Winnipeg MB R3C 4B5
- 4 **New Medication?** If this is your first time taking the branded medication, please request for your doctor to write two prescriptions:
 - a. 30-days to be filled through a US retail pharmacy
 - b. Remaining year to be filled through Rx 'n Go Beyond program for FREE

QUESTIONS?

Contact customer service at: **833-390-1043**
M-F 8am-7pm & Sat-Sun 8am-6pm EST
Email: support@rxngobeyond.com

Important! Only those specific medications covered by each program will be covered 100% of the cost. Any prescriptions received for medications not on each of the respective programs will be returned to you



SAVINGS SIMPLE & SAFE

SIGN UP TODAY

Medications FREE to your door!
See reverse for a full list of medications.

CRX International is a voluntary international mail order prescription program for eligible employees, retirees and dependents of Oklahoma City University.

Brand name medications, in the original factory-sealed manufacturers packaging, are delivered **DIRECT TO YOUR DOOR** from certified pharmacies in Canada, the United Kingdom and Australia. **YOU PAY NOTHING** thanks to the savings CRX brings to your plan.

Getting started is super easy!

1. Check to see if a medication is offered. Call **1-866-488-7874** and speak with a CRX representative or view the complete formulary and print enrollment material at www.crxintl.com (WebID: **OKCU**).
2. Ask your doctor for a prescription for a 3-month supply, with 3 refills.
3. Submit documentation (completed enrollment form, prescription and a copy of your photo ID).
4. Sit back and relax...medication will be mailed direct to your home within 4 weeks!

- ✔ **\$0 Copay**
- ✔ **500+ FREE Brand Name Medications**
- ✔ **Easy, convenient refills**
- ✔ **Refills only, no "new to you" meds**
- ✔ **No additional costs**

For More Information



1-866-488-7874
www.crxintl.com
WebID: **OKCU**

October 2022

Dependent Care Flexible Spending Account

FSA

Why should I choose a Dependent Care Flexible Spending Account (FSA)?

A Dependent Care FSA is a benefit that allows you to choose how much of your paycheck you'd like to set aside, before taxes are taken out, for eligible dependent care expenses each year. The Dependent Care FSA lets you pay for eligible dependent care expenses while you reap the benefits of additional tax savings. You're spending the money either way. This way, eligible childcare and other dependent care costs are a little less.*

The IRS sets the maximum dollar amount you can elect and contribute to a Dependent Care FSA. The annual contribution limit is:

- Per household: \$5,000
- Per person (if married and filing separately): \$2,500

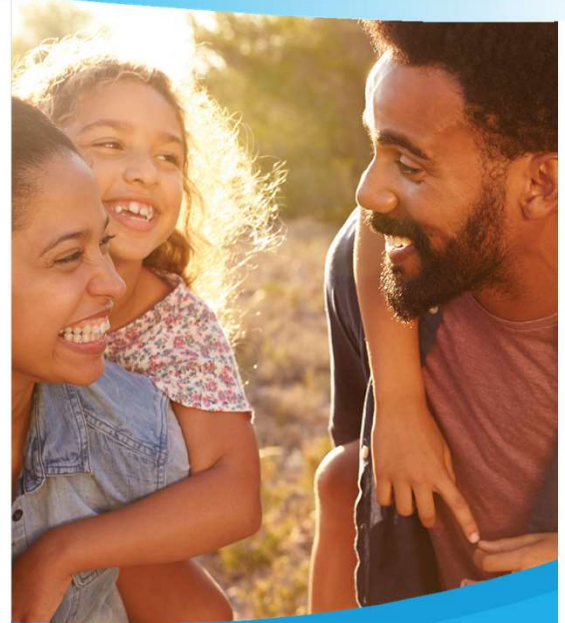
Funds available as you contribute. Funds will be available to you as they're deducted from your paycheck and contributed to the plan. This means when payroll is processed and your paycheck is available to you, your Dependent Care FSA contributions will be applied to your account and available for reimbursement.

Use-or-lose. Don't forget to spend your FSA dollars. If you have not used all of your FSA dollars before the end of the plan year, you will forfeit any money left in your account. *Check with your employer to confirm how many days you have to submit claims for reimbursement after the plan year ends.*

Changing your Dependent Care FSA election. In order to make changes to your election after open enrollment, you need to experience a qualifying life event.

Can I enroll? You are eligible if you and/or your spouse (if applicable) are gainfully employed, looking for work, or are attending school on a full-time basis.

*Based on a 30% tax bracket.



What does it cover?

The list includes, but is not limited to, eligible:

- Childcare center, babysitter, nanny (birth through age 12)
- Summer day camp
- Before- or after-school care
- Disabled dependent and/or spouse care
- Elder care

Qualifying life events:

- Change in marital status
- Change in the number of dependents
 - Increase due to birth, adoption or marriage
 - Decrease due to death, divorce or loss of eligibility
- Gain or loss of eligibility due to a change in participant, spouse or dependent employment status
- Change in daycare providers
- Child turning age 13
- Increase or decrease in the cost of qualifying daycare expenses
- Judgement, decree or order requiring a change in coverage

If you experience a qualifying life event, contact your employer to make changes to your election.



Dependent Care Flexible Spending Account Eligible and Ineligible Expenses

Know What Expenses Qualify for Your Dependent Care Flexible Spending Account - Your Dependent Care Flexible Spending Account (DCA) dollars can be used for qualifying employment-related care expenses. Expenses are considered employment-related if 1) the employee incurs the expenses to enable the employee (and the employee's spouse) to be gainfully employed and 2) the expenses are for the care of one or more qualifying individuals.

A qualifying individual as defined under IRC 21(b)(1) means:

- A dependent of the taxpayer who has not attained age 13 (unless your employer elected under the CAA of 2021 to increase the age to 14)
- An adult tax dependent or the spouse of the employee who is 1) physically or mentally unable to care for himself or herself and 2) has the same principal place of abode as the employee for more than half of the year

ELIGIBLE EXPENSES	INELIGIBLE EXPENSES
<ul style="list-style-type: none"> ■ Au pair ■ Babysitter inside or outside household ■ Backup or emergency care ■ Before and after school or extended day programs ■ Custodial childcare or eldercare expenses ■ Day camps ■ Daycare centers ■ Household employee whose services include care of a qualifying person ■ Late pick-up fees ■ Looking-for-work expenses ■ Nanny expenses ■ Preschool/nursery school for pre-kindergarten ■ Registration fees if required to obtain care ■ Sick-child care center ■ Summer day camps 	<ul style="list-style-type: none"> ■ Educational/tuition expenses ■ Field trip expenses ■ Food, clothing or entertainment expenses ■ Household services such as housekeeper, maid or cook ■ Incidental expenses <hr/> <ul style="list-style-type: none"> ■ Overnight camps <hr/> <ul style="list-style-type: none"> ■ Payments to a child of the employee under the age of 19 or a dependent of the employee ■ Payments for care while on a leave of absence, or while on maternity, or other medical leave ■ Payments for care while you are on vacation ■ Payment for services not yet provided ■ Payments for care where you are not the custodial parent ■ Tutoring programs

IMPORTANT: Not all expenses are eligible under all plans. An employer may limit which expenses are allowable under their Dependent Care FSA plan. If you are unsure of what your Dependent Care FSA dollars may be used for, please contact your Plan Administrator.

This list is not necessarily inclusive or exclusive, and may be subject to change based on regulations, IRS revenue rulings and case law. It is solely based on our current interpretation of IRC Section 129 and is not intended to be legal advice.

Imagine what you could do with the Advantage Benefits Plus Mobile App



Get Reimbursed Quickly

Let's face it – no one *really* likes to visit the doctor, dentists, pharmacy, or other healthcare provider. But sometimes you do and you may forget to use your health benefits card. So, when you pay for a qualified medical expense using your own money, you want to maximize your \$\$ and be reimbursed from your pre-tax account. File a claim with a receipt or process a distribution from your HSA (directly to your checking) soon after it happens. Right from your phone. Right from wherever you are. Get the payment process started at your convenience.



Track Receipts

Why is it that the one receipt you need is always the one you can't find? With **Advantage Benefits Plus Mobile App**, you can record a health expense and capture the receipt the moment the transaction happens. That's peace of mind with a touch of a button.



Check Balances

Wondering whether you can pay for an elective procedure or a mounting bill? Do a quick account check to see your current balance. No need to wait for an answer – it's right at your fingertips.

See the *NEW* eligibility tool! available only in the Mobile App

Get started with Advantage Benefits Plus
Mobile App in minutes. **Search for ABPlus.**



Download the **Advantage Benefits Plus Mobile App** for your chosen device from the App Store or Google Play and login using the user name and password you use to access the **Advantage Benefits Plus** consumer portal.



Health Care Flexible Spending Account Eligible and Ineligible Expenses

Maximize the Value of Your Reimbursement Account - Your Health Care Flexible Spending Account (FSA) dollars can be used for a variety of out-of-pocket health care expenses that qualify as federal income tax deductions under Section 213(d) of the Internal Revenue Code ("IRC"). Health Care FSA dollars can be used to reimburse you for medical and dental expenses incurred by you, your spouse or eligible dependents (children, siblings, parents and other dependents which are defined in your Plan Documents).

IMPORTANT: Not all expenses are eligible under all plans. An employer may limit which expenses are allowable under their Health Care FSA plan. If you are unsure of what your Health Care FSA dollars may be used for, please contact your Plan Administrator. The following is a list of expenses currently eligible and not eligible by the Internal Revenue Service ("IRS") as deductible medical expenses. This list is not necessarily inclusive or exclusive, and may be subject to change based on regulations, IRS revenue rulings and case law. It is solely based on our current interpretation of IRC Section 213(d) and is not intended to be legal advice.

Eligible Expenses

BABY/CHILD TO AGE 13

- Lactation Consultant*
- Special Formula*
- Tuition: Special School/Teacher for Disability or Learning Disability*
- Well Baby /Well Child Care

DENTAL

- Dental X-Rays
- Dentures and Bridges
- Exams and Teeth Cleaning
- Extractions and Fillings
- Oral Surgery
- Orthodontia
- Periodontal Services

EYES

- Eye Exams
- Eyeglasses and Contact Lenses
- Laser Eye Surgeries
- Prescription Sunglasses
- Radial Keratotomy

HEARING

- Hearing Aids and Batteries
- Hearing Exams

LAB EXAMS/TESTS

- Blood Tests and Metabolism Tests
- Body Scans
- Cardiograms
- Laboratory Fees
- X-Rays

MEDICAL EQUIPMENT/SUPPLIES

- Air Purification Equipment*
- Arches and Orthotic Inserts
- Contraceptive Devices
- Crutches, Walkers, Wheel Chairs
- Hospital Beds*
- Medic Alert Bracelet or Necklace
- Nebulizers
- Orthopedic Shoes*
- Oxygen*
- Post-Mastectomy Clothing
- Prosthetics
- Syringes
- Wigs*

MEDICAL PROCEDURES/SERVICES

- Acupuncture
- Alcohol and Drug/Substance Abuse (inpatient treatment and outpatient care)
- Ambulance
- Fertility Enhancement and Treatment
- Hospital Services
- Immunization
- In Vitro Fertilization
- Physical Examination (not employment-related)
- Reconstructive Surgery (due to a congenital defect, accident, or medical treatment)
- Service Animals
- Sterilization/Sterilization Reversal
- Transplants (including organ donor)
- Transportation*

MEDICATIONS

- Insulin
- Prescription Drugs

OBSTETRICS

- Breast Pumps and Lactation Supplies
- Lamaze Class
- OB/GYN Exams
- OB/GYN Prepaid Maternity Fees (reimbursable after date of birth)
- Pre- and Postnatal Treatments

PRACTITIONERS

- Allergist
- Chiropractor
- Christian Science Practitioner
- Dermatologist
- Homeopath
- Naturopath*
- Optometrist
- Osteopath
- Physician
- Psychiatrist or Psychologist*

THERAPY

- Alcohol and Drug Addiction
- Counseling (not marital or career)*
- Hypnosis
- Massage*
- Occupational
- Physical
- Smoking Cessation Programs*
- Speech
- Weight Loss Programs*

Note: This list is not meant to be all-inclusive, as other expenses not specifically mentioned may also qualify. Also, expenses marked with an asterisk (*) are "potentially eligible expenses" that require a Note of Medical Necessity from your health care provider to qualify for reimbursement. For additional information, check your Summary Plan Document or contact your Plan Administrator.

Eligible Over-the-Counter Medicines and Drugs

- | | | |
|--|---|--|
| <ul style="list-style-type: none"> ■ Acid controllers ■ Acne medications ■ Allergy & sinus ■ Antibiotic products ■ Antifungal (Foot) ■ Antiparasitic treatments ■ Antiseptics & wound cleansers ■ Anti-diarrheals ■ Anti-gas ■ Anti-itch & insect bite ■ Baby rash ointments & creams ■ Baby teething pain ■ Cold sore remedies ■ Contraceptives | <ul style="list-style-type: none"> ■ Cough, cold & flu ■ Denture pain relief ■ Digestive aids ■ Ear care ■ Eye care ■ Feminine antifungal & anti-itch ■ Fiber laxatives (bulk forming) ■ First aid burn remedies ■ Foot care treatment ■ Hemorrhoidal preps ■ Homeopathic remedies ■ Incontinence protection & treatment products | <ul style="list-style-type: none"> ■ Laxatives (non-fiber) ■ Medicated nasal sprays, drops, & inhalers ■ Medicated respiratory treatments & vapor products ■ Motion sickness ■ Oral remedies or treatments ■ Pain relief (includes aspirin) ■ Skin treatments ■ Sleep aids & sedatives ■ Smoking deterrents ■ Stomach remedies ■ Unmedicated vapor products |
|--|---|--|

Note: This list is not meant to be all-inclusive.

Eligible Over-the-Counter Items (Product categories are listed in bold face; common examples are listed in regular face.)

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> ■ Baby Electrolytes and Dehydration
Pedialyte, Enfalyte ■ Contraceptives
Unmedicated condoms ■ Denture Adhesives, Repair, and Cleansers
PoliGrip, Benzodent, Plate Weld, Efferdent ■ Diabetes Testing and Aids
Ascencia, One Touch, Diabetic Tussin, insulin syringes; glucose products ■ Diagnostic Products
Thermometers, blood pressure monitors, cholesterol testing ■ Ear Care
Unmedicated ear drops, syringes, ear wax removal | <ul style="list-style-type: none"> ■ Elastics/Athletic Treatments
ACE, Futuro, elastic bandages, braces, hot/cold therapy, orthopedic supports, rib belts ■ Eye Care
Contact lens care ■ Family Planning
Pregnancy and ovulation kits ■ First Aid Dressings and Supplies
Band Aid, 3M Nexcare, non-sport tapes ■ Foot Care Treatment
Unmedicated corn and callus treatments (e.g., callus cushions), devices, therapeutic insoles ■ Glucosamine &/or Chondroitin
Osteo-Bi-Flex, Cosamin D, Flex-a-min Nutritional Supplements ■ Hearing Aid/Medical Batteries | <ul style="list-style-type: none"> ■ Home Health Care (limited segments)
Ostomy, walking aids, pressure relief, enteral/parenteral feeding supplies, patient lifting aids, orthopedic braces/supports, hydrocollators, nebulizers, electrotherapy products, catheters, wound care, wheel chairs ■ Incontinence Products
Attends, Depend, GoodNites for juvenile incontinence, Prevail ■ Menstrual Care Products
Pads, tampons, menstrual cups ■ Nasal Care
Saline Nasal Spray ■ Prenatal Vitamins ■ Reading Glasses and Maintenance Accessories |
|---|---|---|

Note: This list is not meant to be all-inclusive.

Please Note: Currently, the IRS does NOT allow the following expenses to be reimbursed under Health Care FSAs, as they are not prescribed by a physician for a specific ailment.

Ineligible Expenses

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> ■ Contact Lens or Eyeglass Insurance ■ Cosmetic Surgery/Procedures ■ Electrolysis ■ Insurance Premiums and Interest | <ul style="list-style-type: none"> ■ Long Term Care Premiums ■ Marriage or Career Counseling ■ Personal Trainers ■ Teeth Whitening and bleaching | <ul style="list-style-type: none"> ■ Sunscreen (spf less than 30) ■ Swimming Lessons ■ Veneers |
|--|--|---|

Note: This list is not meant to be all-inclusive.

For additional information, please contact your Plan Administrator and/or tax advisor.

Critical Illness

Coverage Details	
Symetra's voluntary critical illness insurance provides a lump sum payment upon the first diagnosis of a covered condition once coverage takes effect for the individual. Covered conditions include cancer, heart attack and other critical illnesses due to disease.	
Core Benefits	Invasive Cancer: 100%, Minor Cancer: 50%, Heart Attack: 100%, Stroke: 100%, Coronary Artery Disease Needing Surgery or Angioplasty: 50%, Major Organ Failure: 100%, Occupational HIV: 100%, End-Stage Renal Failure: 100%, Loss of Sight: 100%, Loss of Speech: 100%, Loss of Hearing: 100%, Paralysis: 100% (Covers Sickness and Accident), Severe Burns: 100%
Neurological Conditions	ALS/Other Motor Neuron Diseases: 50%, Advanced Alzheimers: 50%, Parkinson's Disease: 50%, Advanced Multiple Sclerosis: 50%, Coma: 50% (Covers Accident and Sickness)
Childhood Conditions	Major Congenital Structural Abnormality: 100%, Congenital Metabolic Disorder: 100%, Congenital Chromosomal Abnormality: 100%, Chronic Medical Condition Commonly Diagnosed in Childhood: 50%
Other Benefits	Occupational Tuberculosis: 25%, Occupational Hepatitis: 25%, Infectious Disease: 25% (Minimum Hospital Stay: 5 Days)
Employee Benefit Amount(s)	
Critical Illness Employee Benefit: \$10,000 or \$20,000	
Guaranteed Issue Benefit: Up To \$10,000 or \$20,000	
Dependent Benefit Amount(s)	
Spouse Benefit: 50% of the benefit amount, Child Benefit: 25% of the benefit amount	
Guaranteed Issue	Guaranteed issue is the benefit amount available without the need for evidence of insurability at the time an individual is first eligible for coverage. The spouse has a different GI amount.
Evidence of Insurability	The guaranteed issue benefit amounts in our offering are available with no medical underwriting. EOI will not be required at initial open or annual enrollment. Outside of selecting coverage during an enrollment period, EOI will not be required during the plan year when an employee pursues coverage as a new employee or as an existing employee following an approved change in life status when said elections are made within 30 days of eligibility under the plan or the change in status.
Benefit Reduction Schedule	None
Benefit Waiting Period	None
Pre-Existing Condition	None
Continuation of Coverage	Allows coverage to be continued for a limited duration following termination of employment or temporary absence.

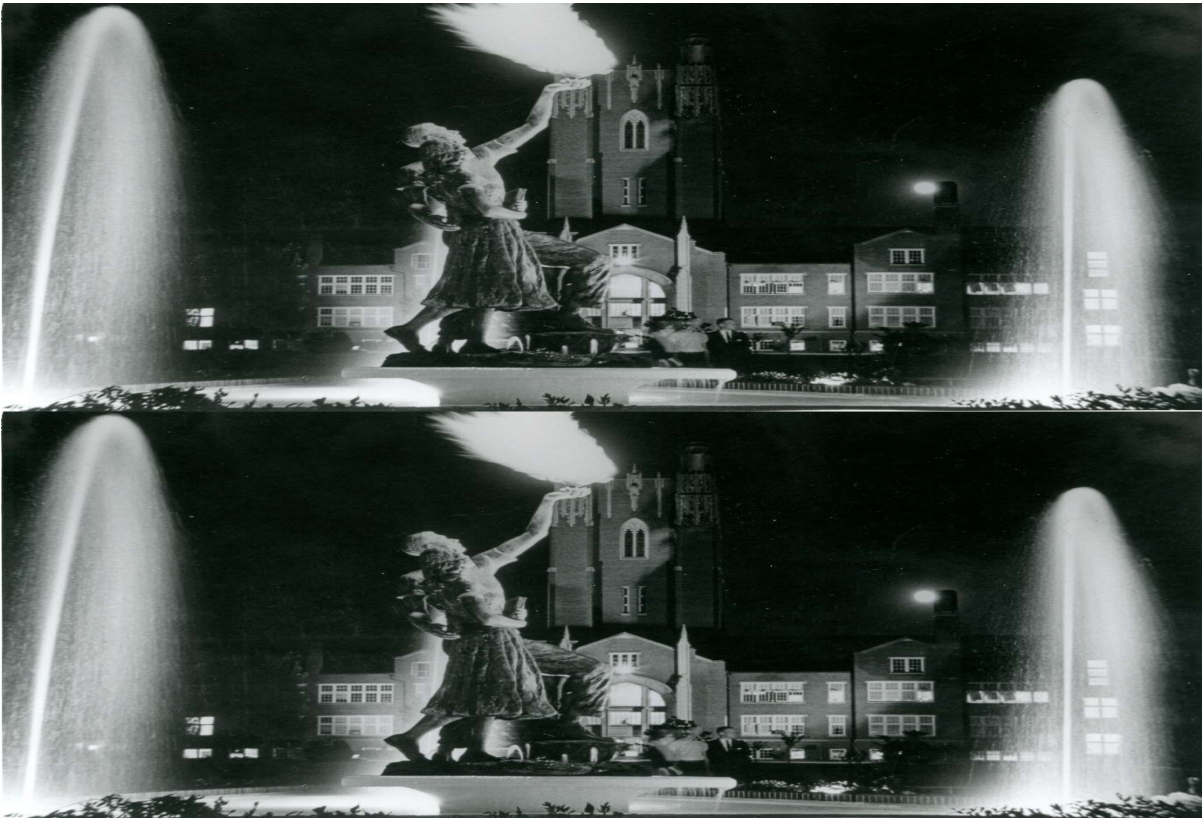
Options	
Health Screening Benefit	Pays an annual benefit amount of \$100 for x-ray and laboratory tests only incurred by either the employee, spouse, or child(ren).
Recurrence Benefit	Pays an additional benefit of 100% of the critical illness benefit when a specific critical illness recurs more than 6 month(s) after the first diagnosis. Each condition is payable unlimited time.

Employee Eligibility: An employee must be actively at work, employed by the eligible group and performing for wage or profit all of the normal duties required of a job. The minimum number of 20 hours/week must be met.

If/when Critical Illness coverage is currently offered through a different carrier: The current participants of an existing plan will receive credit for time served under that policy as part of the Continuity with Prior Coverage feature found in Critical Illness policy offered by the Symetra Life Insurance Company. Symetra will rely on the Policyholder to confirm existing coverage status.

Employer sponsored biometric testing completed at the workplace is not covered under the Health Screening Benefit.

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory.



**Employer Description of Benefits for:
12485000 - Oklahoma City University**

Critical Illness

Critical Illness Benefit

Critical Illness insurance provides a lump sum payment upon the first diagnosis of a covered condition once coverage is in effect.

Invasive Cancer

Invasive Cancer is defined as a malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissue. The term cancer may include leukemia, lymphoma, sarcoma, and Hodgkin's disease. Invasive Cancer must be diagnosed by a specialist according to a pathological or clinical diagnosis.

Minor Cancer

Minor Cancer is defined as a diagnosis of one of the following four malignant cancers: 1) carcinoma in-situ; 2) malignant prostate cancer; 3) malignant melanoma; 4) malignant thyroid cancer. The diagnosis must be confirmed with a report from a specialist that includes the pathology report.

Heart Attack (Myocardial Infarction)

Heart Attack (Myocardial Infarction) is defined as the ischemic death of a portion of the heart muscle due to a blockage of one or more coronary arteries. The diagnosis must be made by a specialist and based on all three of the following criteria: 1) new clinical presentation; 2) electrocardiographic changes consistent with an evolving heart attack; 3) serial measurement of cardiac biomarkers.

Stroke

Stroke is defined as cerebrovascular incident resulting in an irreversible death of brain tissue due to intracranial hemorrhage or cerebral infarction due to embolism or thrombosis in an intra-cranial vessel. This event must result in permanent neurological functional impairment with objective neurological abnormal signs on physical examination by a specialist at least 30 days after the event.

Coronary Artery Disease Needing Surgery or Angioplasty

Coronary Artery Disease Needing Surgery or Angioplasty is defined as coronary artery disease with blockages in one or more coronary artery(s) demonstrated on cardiac catheterization coronary angiography that requires the insured to undergo either coronary artery bypass surgery or coronary angioplasty. A specialist must report that the insured requires surgical intervention on the coronary artery(s) following clinically accepted cardiovascular surgery guidelines.

Coma Due to Accident

Coma due to accident is defined as a coma that results from an accidental injury that occurred while covered under the policy. This diagnosis must be supported by evidence of the following: 1) no response to external stimuli; 2) life support measures are necessary to sustain life; 3) brain damage resulting in permanent neurological deficit.

Occupational Human Immunodeficiency Virus (HIV) Infection Due to Accident

Occupational Human Immunodeficiency Virus (HIV) Infection is defined as infection with the human immunodeficiency virus (HIV) resulting from an accidental injury which exposed the insured to HIV-contaminated blood or bodily fluids during the course of the duties of the insured's normal occupation. The accident causing the infection of HIV must have occurred in the United States and while covered under the policy.

Loss of Sight

Loss of Sight is defined as permanent and irreversible loss of sight in both eyes. A specialist must clinically confirm that the insured's corrected visual acuity is 20/200 or less or the field of vision is less than 20 degrees in both eyes.

Loss of Speech

Loss of Speech is defined as permanent loss of the ability to speak to the extent that the insured is unintelligible to another person with normal hearing. The insured must be able to demonstrate that the loss has been continuous for at least 180 days. The diagnosis of loss must be made by a specialist.

Loss of Hearing

Loss of Hearing is defined as permanent reduction of hearing in both ears to a point that the insured is unable to hear sounds at or below (90 decibels). The diagnosis must be made by a specialist as diagnosed by audiometric testing.

Major Organ Failure

Major Organ Failure is defined as the failure of bone marrow, heart, liver, lung, pancreas, or small bowel. A specialist must determine that a transplant of one or a combination of the above mentioned organs is necessary to treat organ failure in the insured. The insured must be included on an official USA transplant waiting list such as the United Network for Organ Sharing (UNOS) or the National Marrow Donor Program (NMDP).

End Stage Renal Failure (Kidney Failure)

End Stage Renal Failure (Kidney Failure) is defined as the total and irreversible failure of both kidneys which requires permanent regular renal dialysis or a kidney transplant. A specialist must confirm that either of the following is necessary: 1) The insured must undergo regular renal dialysis at least weekly; 2) The insured needs a kidney transplant and is included on an official USA transplant waiting list such as the United Network for Organ Sharing (UNOS).

Paralysis Due to Accident

Paralysis Due to Accident is defined as paralysis with quadriplegia, paraplegia, hemiplegia, or diplegia, as the result of an accident that occurred while covered under the policy. There must be complete and permanent loss of use of two or more limbs that is present for a continuous period of at least 180 days.

Severe Burns

Severe Burns is defined as having sustained third degree burns. The third degree burns must cover at least 20% of the surface area of an insured's body.

Continuation of Coverage During Temporary Absence

Coverage may continue beyond the day it would otherwise cease under the termination provisions if the insured is absent from work due to any of the following reasons. In no event will coverage continue beyond the maximum time shown below for any temporary absence. If the insured is eligible to continue coverage for more than one reason, the periods of continuation will run concurrently. The continuation periods may not be applied consecutively. Continuation of coverage is subject to the payment of required premium.

Illness or Injury

If absent from work due to illness or injury, all coverage may be continued for a period of 3 consecutive months from the date last actively at work.

Personal Leave of Absence

If on a documented leave of absence, all coverage may be continued for up to 1 month following the date last actively at work. If the leave terminates prior to the agreed upon date, this continuation will cease immediately.

Post-Termination Continuation of Coverage

Coverage for the insured may be continued up to 18 months following termination of employment if the group policy remains effective. Review of the Certificate of Coverage to understand the full details of our continuation provision is always recommended.

Health Screening Benefit

The health screen benefit is only available to employees and their spouse/child(ren). The benefit will be paid once during a calendar year regardless of the number of x-rays or laboratory tests administered during that year.

1. Tests to Screen for Cancer:
 - (a) Biopsy
 - (b) Bone marrow testing
 - (c) Breast ultrasound
 - (d) CA 125 (blood test for ovarian cancer)
 - (e) CA 15-3 (blood test for breast cancer)
 - (f) CEA (blood test for colon cancer)
 - (g) Colonoscopy
 - (h) Flexible sigmoidoscopy
 - (i) Hemocult stool specimen
 - (j) Mammogram
 - (k) Pap test
 - (l) PSA (prostate-specific antigen tests)
 - (m) Serum protein electrophoresis (blood test for myeloma)
 - (n) Thermography
2. Tests to screen for Heart-related Disease
 - (a) Blood test for triglycerides
 - (b) Chest x-ray
 - (c) Serum cholesterol test to determine HDL/LDL level
 - (d) Stress test on a bicycle or treadmill
3. Test to screen for Organ-related Disease
 - (a) Fasting blood glucose test

If there is any conflict between this information and the policy issued, the terms of the policy will prevail.

Critical Illness insurance policies are designed to provide benefits at a preselected, fixed-dollar amount, for specific critical illness conditions. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. The policies do not satisfy the minimum essential coverage requirements of the Affordable Care Act. Critical Illness policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Base policy form number is SBC-00535 in most states and is not available in all U.S. states or any U.S. territory.

Plan Summary for:
 12485000 - Oklahoma City University
Scheduled Benefit Accident



EMERGENCY CARE & DIAGNOSTICS	Classic	Premier
Ambulance - Ground	\$250 pp/pa ²	\$400 pp/pa ²
Ambulance - Air	\$1,500 pp/pa	\$2,000 pp/pa
Emergency Room	\$200 pp/pa	\$300 pp/pa
Major Diagnostic Testing (MRI, CT Scan, CAT, MRI, EEG) 1 benefit per covered accident	\$150 pp/pa	\$300 pp/pa
X-Ray	\$50 pp/pa	\$60 pp/pa
Pain Management/Epidural (one per covered accident)	\$75 pp/pa	\$100 pp/pa
Initial Doctor's Visit	\$75 pp/pa	\$100 pp/pa
ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS		
Hospital Admission	\$1,250 pp/pa	\$1,500 pp/pa
ICU Admission	\$2,500 pp/pa	\$3,000 pp/pa
Hospital Confinement Up to 365 days per accident	\$250 per day	\$300 per day
ICU Up to 30 days per accident	\$500 per day	\$600 per day
Rehabilitation/Skilled Nursing Facility Up to 90 days per accident	\$125 per day	\$150 per day
Blood/Plasma/Platelets	\$400 pp/pa	\$500 pp/pa
Surgery - Open Abdominal, Thoracic	\$2,000 per surgery	\$3,000 per surgery
Surgery - Cranial	\$2,000 per surgery	\$3,000 per surgery
Surgery - Hernia	\$1,000 per surgery	\$1,500 per surgery
Surgery - Exploratory or Without Repair	\$300 per surgery	\$400 per surgery
Outpatient/Miscellaneous Surgery	\$300 pp/pa	\$400 pp/pa
Transportation Up to 3 trips per accident	\$400 per trip	\$500 per trip
Family Lodging Up to 30 nights	\$100 per night	\$125 per night
Coma After 7 day duration	\$6,000 pp/pa	\$8,000 pp/pa
FOLLOW UP CARE		
Follow Up Doctor's Visit	\$75 pp/pa	\$100 pp/pa
Physical Therapy Up to 10 visits per accident	\$50 per visit	\$75 per visit
Chiropractic Visit Up to 10 visits per accident	\$50 per visit	\$75 per visit
Medical Equipment	\$250 pp/pa	\$400 pp/pa
Prosthetic Device	\$2,000 pp/pa	\$2,500 pp/pa
COMMON INJURIES		
Burns - Second Degree 20 - 100 square centimeters 101 - 225 square centimeters More than 225 square centimeters	\$75 pp/pa \$150 pp/pa \$600 pp/pa	\$100 pp/pa \$200 pp/pa \$800 pp/pa
Burns - Third Degree 20 - 100 square centimeters 101 - 225 square centimeters More than 225 square centimeters Skin Grafts	\$650 pp/pa \$4,000 pp/pa \$15,000 pp/pa 25% of burn benefit	\$800 pp/pa \$6,000 pp/pa \$20,000 pp/pa 25% of burn benefit
Paralysis Quadriplegia Paraplegia Hemiplegia Uniplegia	\$15,000 pp/pa \$7,500 pp/pa \$7,500 pp/pa \$3,750 pp/pa	\$20,000 pp/pa \$10,000 pp/pa \$10,000 pp/pa \$5,000 pp/pa
Lacerations		

Not requiring sutures	\$40 pp/pa	\$50 pp/pa
Under 3 inches, requires sutures	\$70 pp/pa	\$80 pp/pa
3" to 6" inches, requires sutures	\$125 pp/pa	\$150 pp/pa
Over 6", requires sutures	\$300 pp/pa	\$400 pp/pa
Emergency Dental Work		
Crown Repair	\$150 pp/pa	\$200 pp/pa
Extraction	\$75 pp/pa	\$100 pp/pa
Eye Injuries		
Removal of Foreign Object	\$40 pp/pa	\$60 pp/pa
Surgical Repair	\$200 pp/pa	\$300 pp/pa
Specific Injuries		
Ruptured Disc	\$400 pp/pa	\$600 pp/pa
Tendons/Ligaments		
1 tear with surgical repair	\$650 pp/pa	\$800 pp/pa
Tendons/Ligaments		
2 or more tears with surgical repair	\$900 pp/pa	\$1,200 pp/pa
Tendons/Ligaments		
Arthroscopic surgery with no repair	\$200 pp/pa	\$300 pp/pa
Torn Knee Cartilage		
Exploratory surgery with no repair	\$200 pp/pa	\$300 pp/pa
Torn Knee Cartilage		
Surgical repair	\$650 pp/pa	\$800 pp/pa
Concussion	\$200 pp/pa	\$300 pp/pa
COMMON INJURIES	Classic	Premier
Dislocations (Closed Reduction)		
3 dislocation benefits per person, per accident maximum		
Hip	\$4,000 per dislocation	\$5,000 per dislocation
Knee (except patella)	\$1,600 per dislocation	\$2,000 per dislocation
Shoulder	\$1,600 per dislocation	\$2,000 per dislocation
Foot/Ankle	\$1,600 per dislocation	\$2,000 per dislocation
Wrist	\$1,600 per dislocation	\$2,000 per dislocation
Lower Jaw	\$1,600 per dislocation	\$2,000 per dislocation
Elbow	\$1,600 per dislocation	\$2,000 per dislocation
Bones of the Hand (except fingers)	\$800 per dislocation	\$1,000 per dislocation
Collarbone	\$800 per dislocation	\$1,000 per dislocation
2 or more fingers	\$300 per dislocation	\$400 per dislocation
2 or more toes	\$300 per dislocation	\$400 per dislocation
1 finger or toe	\$125 per dislocation	\$150 per dislocation
Open Reduction	200% of dislocation benefit	200% of dislocation benefit
Partial Dislocation	25% of dislocation benefit	25% of dislocation benefit
Fractures (Closed Reduction)		
3 fracture benefits per person, per accident maximum		
Skull	\$4,000 per fracture	\$5,000 per fracture
Hip/Thigh	\$4,000 per fracture	\$5,000 per fracture
Vertebral Body (excluding vertebral processes)	\$4,000 per fracture	\$5,000 per fracture
Pelvis	\$4,000 per fracture	\$5,000 per fracture
Arm (upper)	\$2,500 per fracture	\$3,000 per fracture
Shoulder Blade	\$2,500 per fracture	\$3,000 per fracture
Leg	\$2,500 per fracture	\$3,000 per fracture
Upper Jaw	\$1,600 per fracture	\$2,000 per fracture
Vertebral Processes	\$1,600 per fracture	\$2,000 per fracture
Knee Cap	\$1,600 per fracture	\$2,000 per fracture
Collarbone	\$1,600 per fracture	\$2,000 per fracture

Forearm	\$1,600 per fracture	\$2,000 per fracture
Foot/Ankle	\$1,600 per fracture	\$2,000 per fracture
Hand/Wrist	\$1,250 per fracture	\$1,500 per fracture
Lower Jaw	\$1,250 per fracture	\$1,500 per fracture
Ribs (2 or more)	\$750 per fracture	\$1,000 per fracture
Facial Bones or Nose	\$750 per fracture	\$1,000 per fracture
1 rib, finger, or toe	\$300 per fracture	\$400 per fracture
Coccyx	\$300 per fracture	\$400 per fracture
Open Reduction	200% of fracture benefit	200% of fracture benefit
Bone Chip	25% of fracture benefit	25% of fracture benefit
CATASTROPHIC ACCIDENT BENEFITS	Classic	Premier
Accidental Death¹	\$50,000	\$50,000
Common Carrier Accidental Death¹	\$100,000	\$100,000
AD&D Benefits¹		
Double Dismemberment Loss of both hands, both feet or sight in both eyes	\$50,000	\$50,000
Loss of Speech or Hearing in both ears	\$25,000	\$25,000
Loss of 1 hand and 1 foot	\$50,000	\$50,000
Loss of 1 eye	\$25,000	\$25,000
Loss of 1 hand or 1 foot	\$25,000	\$25,000
Loss of 2 or more fingers or toes	\$10,000	\$10,000
Loss of 1 finger or toe	\$2,500	\$2,500
OPTIONAL BENEFITS		
Wellness Screening Benefit	\$50 pp/pcy ³	\$75 pp/pcy ³
Occupational Coverage	Included	Included
Child Organized Sports Activity Benefit Additional 25% of accident benefits \$5,000 per person/per accident maximum	Included	Included
Monthly Premium	Classic	Premier
<i>Employee</i>	\$10.14	\$13.49
<i>Employee + Spouse</i>	\$17.05	\$22.74
<i>Employee + Children</i>	\$20.25	\$27.13
<i>Family</i>	\$28.62	\$38.39

¹Benefit amounts: Employee 100%, Spouse 50%, Dependent Child 25%

²pp/pa = per person, per accident

³pp/pcy=per person, per calendar year

These benefits are designed to be offered to those covered under a High-Deductible Health Plan ('HDHP') without the effect of disqualifying a participant from electing an HSA. Please consult with your Benefits Advisor to assist with determination that electing this limited benefit coverage is in fact permitted coverage under the rules applicable to an HSA.

Please refer to the Description of Benefits in this packet for additional information on your benefits.

Scheduled Benefit Accident insurance policies are for accident only insurance and do not provide coverage for sickness. Select Benefits insurance policies are not a replacement for a major medical policy or other comprehensive coverage and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. They are designed to provide benefits at a preselected, fixed-dollar amount. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. Select Benefits policies are insured by Symetra Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, and are not available in all U.S. states or any U.S. territory.

Coverage is provided under policy form number SBC-03510.

Description of Benefits for:

12485000 - Oklahoma City University

Scheduled Benefit Accident

EMERGENCY CARE & DIAGNOSTICS

Ambulance Transportation Benefit

This benefit pays for ground or air ambulance transportation as shown in the Schedule of Benefits. It will be paid for transportation by a licensed ground or air ambulance transportation service from the place of injury to the nearest accredited hospital where adequate treatment facilities are available. Air ambulance transportation must be within 96 hours of the accident. Ground transportation must be within 90 days of the accident. One ground ambulance trip and one air ambulance trip are payable per accident.

Emergency Room Benefit

The benefit amount shown in the Schedule of Benefits will be paid for treatment in an emergency room for an injury. Emergency room services must be incurred within 30 days from the Accident. This benefit is payable once per person, per accident.

Major Diagnostic Testing Benefit

The benefit amount shown in the Schedule of Benefits will be paid if for any of the following major diagnostic tests as the result of the injury. Tests must be administered by a provider within 365 days of the accident. This benefit is payable once per person, per accident. If multiple tests are performed, only one benefit will be paid. The following tests are covered: magnetic resonance imaging (MRI), computed tomography (CT, Cat Scan), electrocardiogram (EKG) and electroencephalogram.

X-Ray Benefit

The benefit amount shown in the Schedule of Benefits will be paid if an x-ray is performed as a result of the injury. The x-ray must be performed by a provider within 365 days of the accident. This benefit is payable once per person, per accident.

Pain Management/Epidural Benefit

The benefit amount shown in the Schedule of Benefits will be paid if medical pain management services, including the application of epidural injections, are administered for treatment of injury. Services must be administered by a provider within 365 days of the accident. Services may be provided at the doctor's office, outpatient hospital clinic or urgent care facility. This benefit is paid one time per person, per accident.

Initial Doctor Visit Benefit

The benefit amount shown in the Schedule of Benefits will be paid for the first day of treatment from a doctor for an injury. The initial visit must occur within 365 days of the accident. Services must be provided at the doctor's office, an outpatient hospital clinic or urgent care facility. This benefit is payable once per person, per accident.

ACCIDENT HOSPITALIZATION & SURGICAL BENEFITS

Hospital Admission Benefit

This benefit will pay the amount shown in the Schedule of Benefits for the first calendar day of confinement and admission to a hospital as the result of an injury for a minimum of 24 consecutive hours or if a charge is made for room and board. Hospital admission must occur within 365 days from the date of the accident. The benefit is payable once per person, per accident. This benefit is payable regardless of other hospital benefits available.

Intensive Care Unit (ICU) Admission Benefit

This benefit will pay the amount shown in the Schedule of Benefits for the first calendar day of confinement and admission to an ICU as the result of an injury for a minimum of 24 consecutive hours or a charge is made for room and board. ICU admission must occur within 365 days from the date of the accident. The benefit is payable once per person, per accident. This benefit is payable regardless of other ICU benefits available.

Hospital Confinement Benefit

This benefit will pay the amount shown in the Schedule of Benefits for confinement to a hospital for treatment of injury. Hospital confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident. The benefit is paid for each day of confinement up to 365 days.

Intensive Care Unit (ICU) Confinement Benefit

This benefit will pay the amount shown in the Schedule of Benefits for confinement to an ICU for treatment of injury. ICU confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident. The benefit is paid for each day of confinement up to 30 days.

Rehabilitation/Skilled Nursing Benefit

This benefit will pay the amount shown in the Schedule of Benefits for confinement to a rehabilitation facility or skilled nursing facility for treatment of an injury. Confinement must be for a minimum of 24 hours and begin within 365 days from the date of the accident. The benefit is paid for each day of confinement up to 90 days.

Blood/Plasma/Platelets Benefit

This benefit will pay the amount shown in the Schedule of Benefits for transfusion of blood, plasma or platelets for a surgical procedure. This benefit is paid one time per person, per accident.

Surgery Benefit

This benefit will pay the amount shown in the Schedule of Benefits based on the type of surgical procedure performed. Surgery must be performed within 365 days of date of the accident. If more than one surgical procedure is performed on the same day, the benefit paid will be based on the surgery that provides the largest benefit amount.

Outpatient/Miscellaneous Surgery Benefit

This benefit will pay the amount shown in the Schedule of Benefits for an outpatient surgical procedure or an inpatient surgical procedure not otherwise covered. Surgery must be required due to injury and performed within 365 days of the accident. This benefit is payable once per person, per accident.

Transportation Benefit

This benefit will pay the amount shown in the Schedule of Benefits for each day an insured must travel to or from a health care facility more than 50 miles away from the primary residence for treatment of injury. Travel must occur within 365 days after the accident and is payable for up to 3 trips per accident.

Family Lodging Benefit

This benefit will pay the amount shown in the Schedule of Benefits each day an expense is incurred for lodging by an adult family member or companion accompanying the insured who is confined as the result of an injury more than 50 miles away from the primary residence. This benefit is payable up to 30 nights per accident.

Coma Benefit

This benefit will pay the amount shown in the Schedule of Benefits if an insured lapses into a coma as the result of an injury. The coma must occur within 365 days of injury and last for a minimum of 7 days.

FOLLOW UP CARE

Follow Up Doctor's Visit Benefit

This benefit will pay the amount shown in the Schedule of Benefits for a follow up visit with a doctor for the treatment of an injury. Treatment must be provided at a doctor's office, an outpatient hospital facility or urgent care facility and occur after initial treatment in a doctor's office or emergency room. Benefits are payable for one follow up visit for the same injury and must be completed within one year from the date of the accident.

Physical Therapy Benefit

This benefit will pay the amount shown in the Schedule of Benefits for any day the insured receives physical therapy in a health care facility as the result of an injury. Physical therapy must begin within 365 days after the accident. This benefit is payable for up to 10 visits per accident.

Chiropractic Visit Benefit

This benefit will pay the amount shown in the Schedule of Benefits for each day the insured receives chiropractic care as the result of an injury. Chiropractic care must begin within 365 days after the date of the accident. This benefit is payable for up to 10 visits per accident.

Medical Equipment Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the insured rents or buys durable medical equipment as the result of an injury. The medical equipment must be prescribed by a doctor within 365 days after the injury occurs. This benefit is payable one time per person, per accident.

Prosthetic Device Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the insured purchases a prosthetic device as the result of an injury. The prosthetic device must be prescribed by a doctor within 365 days after the injury occurs. This benefit is payable one time per person, per accident.

COMMON INJURIES

Burn Benefit

This benefit will pay the amount shown in the Schedule of Benefits for second or third degree burns sustained due to an accident. Benefits are based on the severity of the burn. Only one benefit is payable per person, per accident. If multiple burns are sustained as the result of the same accident, the highest eligible benefit will be paid.

Paralysis Benefit

This benefit will pay the amount shown in the Schedule of Benefits for paralysis due to an accident. The benefit amount is based on the type of paralysis. Paralysis must be diagnosed by a doctor within 365 days of the accident. This benefit is payable only once per person, per accident.

Laceration Benefit

This benefit will pay the amount shown in the Schedule of Benefits for lacerations sustained as the result of an accident. The benefit amount is based on the type of laceration. Lacerations must be repaired within 96 hours after an accident. Only one laceration benefit will be paid per person, per accident. If multiple lacerations are sustained, the benefit amount applicable to the total length of all lacerations will be paid.

Emergency Dental Work Benefit

This benefit will pay the amount shown in the Schedule of Benefits if emergency dental treatment is required as the result of an accident. This includes the repair of a broken sound, natural tooth or crown and the extraction of a broken sound, natural tooth. The benefit amount is based on the type of procedure. Dental work must occur within 365 days after the accident. This benefit will be paid once per person, per accident regardless of the number of teeth involved.

Eye Injury Benefit

This benefit will pay the amount shown in the Schedule of Benefits if an eye injury is sustained as the result of an accident. The injury must require surgery or removal of a foreign object by a doctor within 365 days after the accident. One eye injury benefit is payable per person per accident.

Specific Injury Benefit

This benefit will pay the amount shown in the Schedule of Benefits if one of the specific injuries listed is sustained as the result of an accident. Benefit amounts are based on the type of injury sustained. The injury must require surgery or medical treatment within 365 days after the accident. Only one benefit is payable per person per accident.

Dislocations Benefit

This benefit will pay the amount shown in the Schedule of Benefits if a dislocation is sustained as the result of an accident. Benefit amounts are based on the type of dislocation sustained and must be treated by a doctor within 365 days after the accident. This benefit will be paid for up to 3 dislocations per person per accident.

Fractures Benefit

This benefit will pay the amount shown in the Schedule of Benefits if a fracture is sustained as the result of an accident. Benefit amounts are based on the type of fracture sustained and must be treated by a doctor within 365 days after the accident. This benefit will be paid for up to 3 fractures per person per accident.

CATASTROPHIC ACCIDENT BENEFITS

Accidental Death Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in loss of life. The loss must be a direct result of the accident, independent of all other causes and occur within 365 days of the accident.

Common Carrier Accidental Death Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in loss of life while on or occupying a common carrier. The loss must be a direct result of an accident, independent of all other causes and occur within 365 days of the accident. This benefit is payable in lieu of the Accidental Death benefit.

Accidental Dismemberment Benefit

This benefit will pay the amount shown in the Schedule of Benefits if the injury sustained results in a loss as described in the Schedule of Benefits. The loss must be a direct result of the accident, independent of all other causes and occur within 365 days of the accident.

OPTIONAL RIDERS

Wellness Screening Benefit

This benefit will pay the amount shown in the Schedule of Benefits for any of the wellness screening tests listed. The benefit will be paid once per person during a calendar year regardless of the number of screening tests administered during that year.

Screening Tests

- Abdominal aortic aneurysm ultrasonography
- Baseline testing for Concussion
- Blood test for lipids, including total cholesterol, LDL, HDL and triglycerides
- Bone density screening
- Bone marrow testing
- Breast MRI
- Breast ultrasound
- CA 15-3 blood test for breast cancer
- CA 125 blood test for ovarian cancer
- Carotid Doppler
- CEA blood test for colon cancer
- Chest X-ray
- Child sports physicals
- Colonoscopy or virtual colonoscopy
- CT angiography
- Electrocardiogram
- Fasting blood glucose test
- Flexible sigmoidoscopies
- Mammograms
- Pap smears
- Prostate-specific antigen (PSA) test
- Serum cholesterol test to determine level of HDL and LDL
- Stress test on a bicycle or treadmill
- Testicular ultrasound
- Thermography
- Thin Prep Pap Test

Child Organized Sport Activity Benefit Rider

An additional 25%, up to \$5,000 for benefits is payable if the accident occurred while a dependent child is participating in an organized sport.

If there is any conflict between this information and the policy issued, the terms of the policy will prevail.

Scheduled Benefit Accident insurance policies are for accident only insurance and do not provide coverage for sickness. Select Benefits insurance policies are not a replacement for a major medical policy or other comprehensive coverage and do not satisfy the minimum essential coverage requirements of the Affordable Care Act. They are designed to provide benefits at a preselected, fixed-dollar amount. Coverage may be subject to exclusions, limitations, reductions, and termination of benefit provisions. Select Benefits policies are insured by Symetra Life Insurance Company located at 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004, and are not available in all U.S. states or any U.S. territory.

Important Contacts

OCU Benefit Contacts			
Compensation & Benefits	Contact	Phone	E-mail
Director of Compensation & Benefits	Blythe Benson	405.208.6020	bbenson@okcu.edu
Sr. Benefits & Wellness Specialist	Valerie Robinson	405.208.5983	vrobinson@okcu.edu

Benefit Plan Contacts			
Medical	BlueCross BlueShield of Oklahoma	800.942.5837	www.bcbsok.com
International Mail Order Prescriptions	CRX	866.488.7874	www.crxintl.com
\$0 Generic and Brand Medications	Rx 'n Go/Beyond	888.697.9646 833.390.1043	Generic: rxngo.com Brand: rxngo.com/beyond
Medical Plan Virtual Visits	MDLive	888.970.4081	www.mdlive.com/bcbsok
Campus Health Clinic	FHCMEC @ OCU	405.373.2400	www.okcu.edu/students/health
No Cost Medical Procedures and Services	ZERO	855.816.0001	https://zero.health
Dental	Delta Dental of Oklahoma	405.607.2100	www.deltadentalok.org
Vision	VSP	800.877.7195	www.vsp.com
Flexible Spending and Health Savings Accounts	Advantage Benefits Plus	405.341.7587	www.abplusonline.com
Life/AD&D and Disability Insurance	Lincoln Financial	800.423.2765	www.lfg.com
Retirement Plan	TIAA	800.842.2252	www.tiaa.org
Employee Assistance Program (EAP)	EmployeeConnect through Lincoln Financial	888.624.4824	www.guidanceresources.com
Accident & Critical Illness Plans	Symetra	800.497.3699	www.symetra.com

Holidays and Important Dates

2023 Holidays and Important Dates	
Offices are closed unless indicated otherwise *** Dates are subject to change	
University opens	Tuesday, January 3
MKL Jr. Day	Monday, January 16
Spring Break	Monday, March 13-17, offices open
Good Friday (half-day)	Friday, April 7, offices close at noon
Summer Schedule begins	Monday, May 8, offices open M-Th, 8am-5:30pm
Memorial Day	Monday, May 29
Juneteenth	Monday, June 19
Independence Day	Tuesday, July 4
Labor Day	Monday, September 4
Fall Break	Monday-Tuesday, October 16-17, offices open
Thanksgiving Break	Thursday – Friday, November 23-24
Winter Break	Friday, December 22-Tuesday, January 2

Photo Table of Contents

Page 2 Cobb, Dick. [Photograph 2012.201.B0979.0450], photograph, February 10, 1960; (<https://gateway.okhistory.org/ark:/67531/metadc1298746/>: accessed October 28, 2022), The Gateway to Oklahoma History, <https://gateway.okhistory.org/>; crediting Oklahoma Historical Society.

Page 16 Winford, Wesley. [Photograph 2012.201.B0979.0388], photograph, February 4, 1958; (<https://gateway.okhistory.org/ark:/67531/metadc1299649/>: accessed October 10, 2022), The Gateway to Oklahoma History, <https://gateway.okhistory.org/>; crediting Oklahoma Historical Society.

Page 26 Meyers Photo Shop. Oklahoma City University, photograph, [1943,1944~]; (<https://gateway.okhistory.org/ark:/67531/metadc1551470/>: accessed October 10, 2022), The Gateway to Oklahoma History, <https://gateway.okhistory.org/>; crediting Oklahoma Historical Society.

Page 31 King, Cliff. [Photograph 2012.201.B0979.0554], photograph, August 31, 1959; (<https://gateway.okhistory.org/ark:/67531/metadc1297208/>: accessed October 10, 2022), The Gateway to Oklahoma History, <https://gateway.okhistory.org/>; crediting Oklahoma Historical Society.

Page 43 [Image of the newly constructed Administration Building](#) on the new campus of Oklahoma City College, circa 1922 (photographer unknown). *Courtesy of Archives & Special Collections, Dulaney-Browne Library, Oklahoma City University.*

Page 57 Eternal Challenge Statue with Eternal Flame and fountains at night, 6 August 1990 (photo by Hugh Scott). *Courtesy of Archives & Special Collections, Dulaney-Browne Library, Oklahoma City University.*

Page 72 [Gold Star Memorial Building, Oklahoma City University](#), photograph, Date Unknown; (<https://gateway.okhistory.org/ark:/67531/metadc231372/>: accessed October 28, 2022), The Gateway to Oklahoma History, <https://gateway.okhistory.org/>; crediting Oklahoma Historical Society.

Important Notices

Federal laws require that Oklahoma City University provide you with certain notices that inform you about your rights regarding eligibility, enrollment and coverage of health care plans. These notices, SPDs and plan amendments, will be available through the bswift portal. If you do not have access to the Internet or if you do not have the programs necessary to view this type of file, you can request printed copies of these documents from Human Resources at 405-208-6041 or by emailing vrobins@okcu.edu.

NOTICE	WHAT IT MEANS FOR YOU
HIPAA PRIVACY NOTICE	Describes your rights to health privacy.
SPECIAL ENROLLMENT RIGHTS	Describes when you can enroll for coverage when you have previously declined coverage.
PREMIUM ASSISTANCE UNDER MEDICAID AND CHIP	Provides a list of states that have premium assistance programs to help you pay for medical coverage if you are unable to afford health care coverage premiums.
FAMILY AND MEDICAL LEAVE ACT (FMLA)	If you or a family member is faced with a health condition that causes you to miss work, you may be able to take up to 12 weeks of job-protected time off under the FMLA.
SUMMARY OF BENEFITS AND COVERAGE (SBC)	Summarizes important information about your health coverage options in a standard format to help you compare each option.
NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT	Describes protections for mothers and their newborn children relating to the length of their hospital stays following childbirth.
WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998	Provides information regarding a woman's rights after a mastectomy.
GENETIC INFORMATION NON-DISCRIMINATION ACT OF 2008 (GINA)	Prohibits employers from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by the law.
MICHELLE'S LAW	Prohibits group health plans from terminating the coverage of a dependent child who has lost student status as a result of a medically necessary leave of absence.
YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE	The key purpose of this notice is to advise you that the prescription drug coverage you have under the Oklahoma City University's Plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2023. (This is known as "creditable coverage.")
HEALTH INSURANCE MARKETPLACE COVERAGE OPTIONS	Provides basic information about individual health insurance options available through the Marketplace (also referred to as Exchanges).

The information contained in this guide should in no way be construed as a promise or guarantee of employment. The Company reserves the right to modify, amend, suspend or terminate any plan at any time for any reason. If there is a conflict between the information in this brochure and the actual plan documents or policies, the document or policies will always prevail. Complete details about the benefits can be obtained by reviewing current plan descriptions, contracts, certificates, policies and plan documents available from your Human Resources Department.

All information in this guide is intended for your general use only and is not a substitute for medical advice or treatment for specific medical conditions. You should seek prompt medical care for any specific health issues and consult your physician before taking any action on your health conditions.

Our Mission

Oklahoma City University prepares all learners to Create, Lead, and Serve. We provide a diverse, inclusive culture committed to producing graduates who think critically and innovatively, communicate effectively, and use their knowledge and talents to make a local and global impact.

Oklahoma City University is committed to an education that:

- Provides students with the skills and confidence to adapt to and excel in a complex and dynamic world
- Invests continually in its students, staff, faculty, alumni, and programming to enrich academic and co-curricular offerings
- Fosters partnerships within and beyond the university to enrich lifelong learning
- Develops informed global citizens ready to engage with their communities and contribute to the world
- Develops graduates who are ethical, highly employable professionals
- Honors our United Methodist history and tradition of scholarship and service



Our Vision

Oklahoma City University will be an innovative academic institution with local impact and global reach and reputation. By providing a student-focused learning environment and an inclusive, values-centered culture that engages the community and the world, Oklahoma City University will be a university of choice for talented and high-potential students, faculty, and staff.

