

2023  
EMPLOYEE BENEFITS  
*program*



**For Plans Effective**  
January 1<sup>st</sup>, 2023 - December 31<sup>st</sup>, 2023

# 2023 Employee Benefit Program

Team UCO,

In times filled with uncertainty, it's important to know that there are some things you can count on — including UCO's commitment to providing a comprehensive benefits package focused on your physical, financial and emotional well-being. As part of the UCO family, we want you and your family to have support for your overall health. In 2023, UCO will continue to provide rich benefit options with affordable premiums, plus introduce some exciting NEW partners and plan designs.

We offer a full range of benefits that you can tailor to your specific needs, so we encourage you to carefully review the information provided in this guide. Take the time to understand our offerings, to optimize your open enrollment and employee benefit experience in 2023.

In Good Health,

- *Your Benefits Team*

## ACTION IS REQUIRED FOR OPEN ENROLLMENT

All benefits will have an ACTIVE open enrollment this year which means you must make an election or you won't be enrolled for 2023.

## What's Changing for 2023?

### Medical

- Partnering with Healthcare Highways.
- You will still have the option to enroll in 1 of 4 benefits plans, but some of the plans are changing.

### Dental

- Partnering with Delta Dental of Oklahoma.
- Large network of providers.

### Health Savings Accounts (HSA)

- IRS calendar year maximum contribution will be increasing for 2023.



# 2023 Employee Benefit Program

The benefits offered are designed to provide comprehensive coverage for you and your eligible dependents. This benefit guide highlights many of the options available to you as an eligible employee. We encourage you to evaluate and elect the benefits that best suit your personal needs.

## YOUR 2023 BENEFIT PROGRAM INCLUDES:

- Medical & Prescription Insurance
- Telehealth (General Medicine & Behavioral Health)
- Dental Insurance
- Vision Insurance
- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
- Basic Life and AD&D
- Voluntary Life and AD&D
- Voluntary Short Term Disability Insurance
- Long Term Disability Insurance
- Employee Assistance Program
- Voluntary Accident Insurance
- Voluntary Critical Illness Insurance
- Voluntary Hospital Indemnity Insurance
- Retirement Benefits
- Tuition Waiver

## WHO IS ELIGIBLE?

Full-time employees scheduled for 30 or more hours per week are eligible to participate in the benefit program.

You May Also Cover Eligible Dependents Which Include:	<ul style="list-style-type: none"> <li>• Your legal spouse</li> <li>• Your child(ren) up to age 26</li> <li>• Your disabled dependent child with documentation</li> </ul>
New Hires	New hires that elect benefits will be effective on the first of the month following date of employment.

## IRS REGULATIONS

Due to IRS regulations, once you have made your benefit elections for this plan year, you may not change your elections until the next Open Enrollment period. The only exception to this is if you have a qualifying life event. Any such change must be reported within 30 days of the event.

Examples Of Qualifying Life Events:	<ul style="list-style-type: none"> <li>• Marital status change (marriage, divorce, legal separation)</li> <li>• Change in dependents (birth, adoption, or change in custody)</li> <li>• Death of spouse, domestic partner or dependent</li> <li>• Change in your spouse/domestic partner's employment status resulting in a loss or gain of coverage.</li> <li>• Change in your employment status resulting in a loss or gain of coverage.</li> <li>• Loss or gain of coverage/eligibility under another group benefits plan</li> </ul>
How To Make Changes:	If you experience a qualifying life event and wish to make changes to your benefits, you must contact HR within 30 days of the event.

# Medical Healthcare Highways - NEW!

	HEALTHCARE HIGHWAYS \$1,250 PLAN	HEALTHCARE HIGHWAYS HEALTH SAVINGS ACCOUNT (HSA)
Network	Sync - Integris, OU, and OU Children's	Plus - All Major Providers
	In-Network*	In-Network*
\$0 Covered Services	Included	NOT Included
Benefits		
Calendar Year Deductible/ Out-of-Pocket Maximum	Per Person	Per Person
Deductible	\$1,250	\$3,000
• Individual	\$3,750	\$9,000
• Family		
Coinsurance	Plan Pays 80% / You Pay 20%	Plan Pays 80% / You Pay 20%
Out-of-Pocket	\$3,500	\$6,500
• Individual	\$10,500	\$13,000
• Family		
Preventive Care	No Cost	No Cost
Telehealth (General Medicine & Behavioral Health) MDLive	No Cost	General Medicine - \$50 (applies to deductible) Behavioral Health – Cost Varies (applies to deductible)
Outpatient Mental Health Visits	\$25 Copay	Deductible then 20%
Diagnostic Lab/X-Ray	No cost after office visit copay	Deductible then 20%
Advanced Imaging (MRI, CT, etc)	Deductible then 20%	Deductible then 20%
Urgent Care / Emergency Room	\$50 Copay / \$250 Copay (waived if admitted)	Deductible then 20%
Inpatient Hospital / Outpatient Surgery	Deductible then 20%	Deductible then 20%
	Prescription Drug	Prescription Drug
\$0 Drug List	\$0 Copay	\$0 Copay
Tier 1	\$40 Copay	
Tier 2	\$75 Copay	
Tier 3	\$125 Copay	Deductible then 20%
Specialty	\$200 Copay	

\*Out-of-Network benefits are available but are not illustrated; please refer to your plan documents. Also, reimbursement is at the in-network contracted rate; you are responsible for any cost above that amount, plus any applicable cost sharing.

# Medical Healthcare Highways - NEW!

	HEALTHCARE HIGHWAYS PRIMARY HEALTH PARTNERS (PHP) SYNC	HEALTHCARE HIGHWAYS PRIMARY HEALTH PARTNERS (PHP) PLUS	PHP (PAIRED WITH EITHER PLAN ON THIS PAGE)
Network	Sync Integris, OU Health, and OU Children's	Plus All Major Providers	PHP Only
	In-Network*	In-Network*	<b>PHP benefits included in both PHP medical plans</b>
\$0 Covered Services	Included	Included	Included
Benefits			
Calendar Year Deductible/ Out-of-Pocket Maximum	Per Person	Per Person	N/A
Deductible	\$4,000	\$6,000	N/A
• Individual	\$8,000	\$12,000	
• Family			
Coinsurance	Plan Pays 100% / You Pay 0%	Plan Pays 100% / You Pay 0%	N/A
Out-of-Pocket	\$4,000	\$6,000	N/A
• Individual	\$8,000	\$12,000	
• Family			
Preventive Care	No Cost	No Cost	No Cost
Office Visits (PCP/Specialist)	Deductible / \$50 Copay	Deductible / \$50 Copay	No Cost / N/A
Telehealth (General Medicine & Behavioral Health) MDLive	No Cost	No Cost	No Cost through PHP Doctors Only
Outpatient Mental Health Visits	\$25 Copay	\$25 Copay	N/A
Diagnostic Lab/X-ray	Deductible	Deductible	No Cost / N/A
Advanced Imaging (MRI, CT, etc)	Deductible	Deductible	N/A
Urgent Care / Emergency Room	\$100 Copay / \$250 Copay	\$100 Copay / \$250 Copay	No Cost / N/A
Inpatient Hospital / Outpatient Surgery	Deductible	Deductible	N/A
	<b>Prescription Drug</b>	<b>Prescription Drug</b>	<b>Prescription Drug</b>
\$0 Drug List	\$0 Copay	\$0 Copay	Varies depending on prescription
Tier 1 / Tier 2 / Tier 3	\$40 Copay / \$75 Copay / \$125 Copay	\$40 Copay / \$75 Copay / \$125 Copay	
Specialty	\$150 Copay	\$150 Copay	

\*Out-of-Network benefits are available but are not illustrated; please refer to your plan documents. Also, reimbursement is at the in-network contracted rate; you are responsible for any cost above that amount, plus any applicable cost sharing.

# Primary Health Partners

Primary Health Partners (PHP) is a Direct Primary Care clinic established in 2016. They provide a more personal, direct relationship between the provider and you, the patient.

At PHP, their providers put their patients first by treating them when they need it, offering same day or next day visits. They provide patients with proactive treatment plans and plenty of time during appointments to get the care they need and deserve. Providers are available 24/7, literally – after hours, weekends and even holidays.

## PHP Provides:

- Same or next day appointments.
- Appointments are scheduled so that you experience little to no wait.
- Longer, extended appointments mean you have time to talk with your provider about all your questions and concerns, not just the one thing you came in for.
- 24/7 access to your provider through office visits, email, text, phone or video chat means you never need to go to urgent care and most costly ER visits can be avoided.
- Traveling on vacation and come down with a rash? No problem. Just call or text your provider and they can treat you over the phone and even call in a prescription to the nearest pharmacy.
- Hate waiting in long lines at retail pharmacies? Each of their clinics has an on-site pharmacy and lab so you get to walk out with your prescription in-hand at their wholesale cost.
- Relationship-based medicine means you are not just a number at PHP.
- No office visit copay. Most services are included in your membership if you are enrolled in one of the PHP plans.

## What is included in your membership at no additional cost?

Most services at PHP are included in your membership. There are only a few things that are not, such as labs, flu tests and flu shots. Here are services you can have done at **NO** additional cost:

- EKG
- IV Treatment
- Skin Lesion Removal
- Laceration Repair
- Treatment and Management of Chronic Conditions
- Treatment of Acute Conditions
- Annual Wellness Visits
- Casting of Clean Breaks
- Laboratory Services
- Select Durable Medical Equipment
- Physical Therapy

# Preventive Care

We encourage all participants to take advantage of the “no cost” preventive benefits to help you stay healthy and catch anything lurking early. Early detection most often leads to better outcomes and lower costs.

- No symptoms, illness or history prompting the screening.
- **Covered at 100% in network**, no copays, no deductible or cost.
- Please refer to Healthcare Highways list including annual physical, vaccines, screenings for things like cancer, high blood pressure and osteoporosis.
- Must be in accordance with age, frequency and gender guidelines.

## Examples include but are not limited to:

- Routine Physical Exam
- Well Baby and Child Care
- Well Woman Visits
- Immunizations
- Routine Bone Density Test
- Routine Breast Exam
- Routine Gynecological Exam
- Screening for Gestational Diabetes
- Obesity Screening and Counseling
- Routine Digital Rectal Exam
- Routine Colonoscopy
- Routine Colorectal Cancer Screening
- Routine Prostate Test
- Routine Lab Procedures
- Routine Mammograms
- Routine Pap Smear
- Health Education/Counseling Services
- Health Counseling for STDs and HIV
- Testing for HPV and HIV

## Questions?

Check your plan materials, talk with your health care provider or call 833-258-4834.



# Telehealth Healthcare Highways/MDLive

Healthcare Highways provides access to minor medical and behavioral/mental health virtual care through MDLIVE. Connect to a board-certified doctor by phone or video chat day or night. All employees and family members enrolled in the Healthcare Highways medical plan have access to this benefit. ***If you are on the 1250 plan or either PHP plan, there is no cost to you! The costs for those on the HSA plan will display in real time when logged into MDLIVE.***

Access MDLIVE by visiting [www.mdlive.com/hch](http://www.mdlive.com/hch). You can also call MDLIVE directly at (855) 848-8813.

You can also download their mobile app. Once you register online, you will be able to sign in on the app and be able to access care wherever you go.

## MEDICAL VIRTUAL CARE

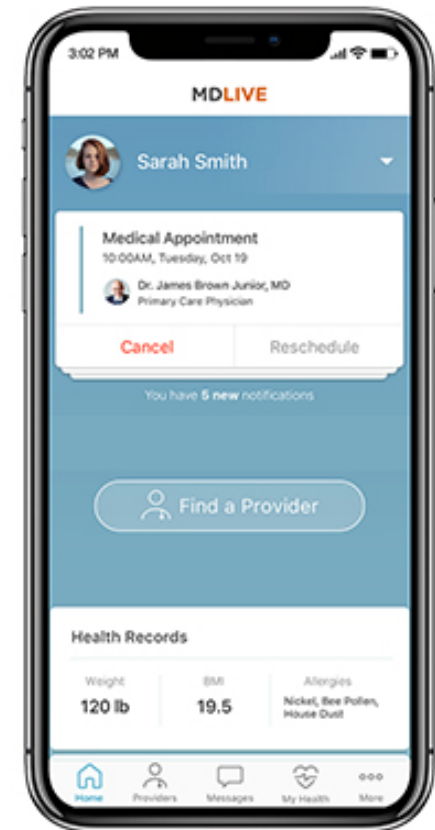
24/7 access to board certified, licensed physicians and pediatricians who can diagnose, treat and prescribe most medications for minor medical conditions such as:

- Preventive Care with Wellness Screenings (No Cost, 100% Covered)
- Allergies/Sinusitis
- Earache
- Strep/sore throat
- Pink eye
- Respiratory infection
- Urinary Tract Infections
- Headaches
- Cold and Flu
- Bronchitis
- Asthma

## BEHAVIORAL/MENTAL HEALTH VIRTUAL CARE

Licensed counselors and psychiatrists can diagnose, treat and prescribe most medications for non-emergency behavioral/mental health conditions such as:

- Addictions
- Bipolar Disorders
- Depression
- Eating Disorders
- Grief/Loss
- Postpartum Depression
- Trauma/PTSD
- Life Changes
- Panic Disorders





# Where to go when

For affordable and quality healthcare



 Telehealth Virtual Care	 Convenience Care Clinic	 Primary Care Physician	 Urgent Care	 Emergency Room	 Freestanding Emergency Dept.
Germs: No Travel: No Hours: 24/7/365 Cost: \$0 - \$47 *	Germs: Yes Travel: Yes Hours: Extended hours Cost: \$25 - \$125*	Germs: Yes Travel: Yes Hours: Business hours Cost: \$25 - \$150*	Germs: Yes Travel: Yes Hours: Extended hours Cost: \$50 - \$200*	Germs: Yes Travel: Yes Hours: 24/7/365 Cost: \$1,200*	Germs: Yes Travel: Yes Hours: Varies Cost: \$4,195*
Virtual doctor visit with board certified, licensed physicians who can diagnose, treat and prescribe medications for many common ailments.  Sometimes virtual care can expand beyond general medicine to assist with mental health, dermatology, nutrition and more.	Walk-in clinics that offer treatment for non-life threatening conditions such as sprains, rashes, burns and sore throats.	Doctor office visit with board certified, licensed physicians who can diagnose, treat and prescribe medications for many common ailments.	When you need care quickly, but it's not a true emergency.  Mobile urgent care may be available in your area and can provide many urgent care services at your home.	For life-threatening or very serious conditions that require immediate care. Such conditions often require you to be admitted to the hospital.  ER facilities in a hospital are more efficient and much more cost effective than freestanding emergency departments.	Not recommended: FSEDs are not attached to a hospital and cannot admit you to a hospital (if needed).  If you require immediate care, go to an ER facility attached to the hospital.

\*Cost range is based on the UCO Plan copays to the national average cost of a visit

# Health Savings Account (HSA)

## Voya

The HSA is a tax-advantaged bank account which can be opened if you are enrolled in a qualified HDHP and meet all other IRS-regulated eligibility criteria. Deposits can be made on a tax-free basis and the money you deposit has a tax-advantaged growth opportunity (triple federal tax benefits). HSA funds can be used to pay for qualified out-of-pocket medical expenses and qualified dental and vision expenses. You can even pay some insurance premiums, such as long-term care and COBRA premiums with HSA funds. If you do not use the funds in your HSA, the money is yours to keep and rolls forward from year to year. HSAs are not subject to the 'use it or lose it' rule.

### IRS 2023 MAXIMUMS

Each year the IRS releases maximum amounts that can be contributed to an HSA. The HSA employee maximum limits includes both employee and any applicable employer contributions. **Employees 55 and older may contribute an additional \$1,000.**

Calendar Year Maximum HSA Contribution	UCO's Contribution	Employees Maximum Contribution	Employee Plan Coverage
\$3,850	\$1,200 (\$100/Month)	\$2,650	Employee Only
\$7,750	\$1,200 (\$100/Month)	\$6,550	Employee + Spouse Employee + Child
\$7,750	\$1,440 (\$120/Month)	\$6,310	Employee + Children Employee + Family

HDHP
Health Insurance protects you against catastrophic claims
Lower premiums reduce employee payroll contributions and allow for savings in their HSA
Promotes consumerism

HSA
Bank account in your name
<b>Triple Tax Savings:</b> Contributions, Interest, Reimbursements are tax-free
Use for qualified Medical, Dental, and Vision expenses

### TAX BENEFITS & FLEXIBILITY

- HSA contributions are tax-free
- Interest and investment earnings accrued in your HSA are not taxable
- Amounts withdrawn from your HSA for qualified expenses are tax-free
- Open the HSA account at any time
- Start or stop contributions at anytime
- Increase or decrease the amount you contribute at any time

### ELIGIBILITY REQUIREMENTS

- Be enrolled in the HSA medical plan
- Not be enrolled in any other medical insurance, except what's permitted by the IRS
- Not be enrolled in Medicare
- Not be claimed as a dependent on another individual's tax return
- Not be eligible for a disqualifying Health Reimbursement Account (HRA)
- Not be enrolled in a Standard Health Care Flexible Spending Account (FSA); and your spouse may not be enrolled in a Standard Health Care FSA

# Health Savings Account

## **How do I make contributions into my HSA?**

Typically contributions can be made throughout the year through a pre-tax payroll deferral.

## **What if I exceed the maximum contribution amount?**

Excess contributions are subject to income taxes and an additional penalty tax. Regardless of the contribution source, you're responsible for making sure you don't exceed the maximum amount allowed by the IRS.

## **What are qualified expenses I can use my HSA funds for?**

You can use your HSA funds for qualified expenses as determined by the IRS. Some examples include: deductible and coinsurance expenses for medical and dental care, prescriptions, vision care, LASIK eye surgery, etc. You can also use HSA funds for some insurance premiums, such as long-term care and COBRA premiums. You can find detailed information about qualified expenses in Section 213(d) of the Internal Revenue Code and [IRS Publication 502](#).

## **Can I use my HSA to pay for non-health related expenses?**

Yes. You may withdraw money from your HSA for items other than qualified expenses, but the amount you withdraw will be subject to income tax and an additional 20% tax penalty will be applicable.

## **What happens if I change health plans?**

All the money in your HSA is yours to keep. If you are no longer enrolled in a qualified HDHP you will not be able to make any more contributions to the account, but you can still use the money that has accumulated to pay for qualified expenses. If you enrolled in a HDHP midyear and contributed the full IRS contribution amount, you may be subject to additional taxes and penalties if you don't maintain your HSA eligibility throughout the following tax year.

## **What happens if I leave my current employer?**

The HSA will remain open and available to use for qualified expenses. However, you can only continue to contribute to the account if you are enrolled in an HDHP.

## **What happens to my HSA when I die?**

The HSA will automatically transfer to your beneficiary. If that person is your surviving spouse, they will not be subject to applicable taxes. If the HSA is transferred to a designated beneficiary other than your spouse, the funds are considered taxable income.

## **Are there any forms I need to file with my taxes?**

Yes. The IRS requires that you complete the Form 8889 with your tax return. The HSA bank that administers your account will send you an end-of-the-year statement with all required information.

## **Who will be the "bookkeeper" for my HSA?**

It is your responsibility to keep track of your deposits and expenditures and keep all of your receipts in case of an IRS audit.

*For additional information about HSA accounts, please visit [www.irs.gov](http://www.irs.gov) or consult a tax advisor.*

Q&A

# Flexible Spending Accounts (FSA)

## Voya

### Standard FSA

Eligible employees, not enrolled in the HDHP, may participate in the standard FSA. You may contribute to this account on a pre-tax basis to pay for qualified medical, dental and vision expenses.

### Dependent Care FSA

The dependent care FSA allows you to set aside money from your paycheck on a pre-tax basis for eligible dependent daycare or elder care expenses. Eligible dependents include any child under age 13 or a dependent who is age 13 or older and residing in your home who is physically or mentally unable to care for themselves.

## IRS 2023 MAXIMUMS

### CALENDAR YEAR EMPLOYEE MAXIMUM FSA CONTRIBUTION

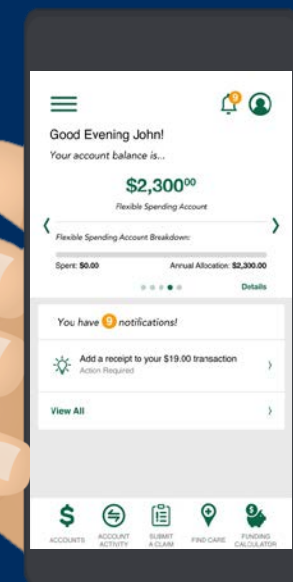
Health Care FSA	\$2,850
Dependent Care FSA	\$5,000 (\$2,500 if married, filing separately)

## USE IT OR LOSE IT

- The Health Care and Dependent Care FSA plans are subject to the “**use it or lose it**” rule which means unused funds (above \$570) at the end of the plan year do not roll forward and are forfeited. Anything over that amount is subject to the “use it or lose it” rule.
- You may not change your election during the plan year without a qualifying life event.

## Questions?

Download the Voya mobile app!



# Dental

## Delta Dental of Oklahoma – NEW!

The dental plan is a Preferred Provider Program that allows you to see any properly licensed dentist. However, maximum savings and lower out-of-pocket expenses are achieved when treatment is provided by a Delta Dental PPO or Premier in-network provider. Below is the percentage payable for covered & allowable services. Balance billing may occur out-of-network.

Benefits	HIGH PLAN		LOW PLAN		PREVENTIVE PLAN	
	PPO & Premier Network	Out-of-Network	PPO & Premier Network	Out-of-Network	PPO & Premier Network	Out-of-Network
Calendar Year Benefit Maximum	\$2,000 per Enrolled Member		\$1,250 per Enrolled Member		\$750 per Enrolled Member	
Calendar Year Deductible	\$75 per Individual to a maximum of \$225 for a Family		\$50 per Individual to a maximum of \$150 for a Family		\$50 per Individual to a maximum of \$150 for a Family	
Type I: Preventive Care	No Cost (Deductible Waived)		No Cost (Deductible Waived)		No Cost (Deductible Waived)	
Type II: Basic Care (Endodontics/Periodontics)	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%	Deductible then 20%	Deductible then 50%
Type III: Major Care (including implants)	Deductible then 50%		Deductible then 50%		Not Covered	
Orthodontia (Children up to age 26)	50% to a \$2,000 Lifetime Maximum		50% to a \$1,000 Lifetime Maximum		Not Covered	

# Vision Vision Service Plan (VSP)

These vision plans offer in and out-of-network benefits; however, your out-of-pocket expense will be lower if you utilize an in-network provider.

Benefits	Calendar Year Frequency	High Plan – VSP Choice Network (In-Network)*	Low Plan – VSP Choice Network (In-Network)*
Exam	12 months	\$10 Copay	\$10 Copay
Lenses: Single/Bifocal/Trifocal	12 months	Covered in full after \$25 Materials Copay	Covered in full after \$25 Materials Copay
Frames	12 months	\$150 Allowance	\$150 Allowance
Contact Lenses (in lieu of lenses)	12 months	\$150 Allowance	\$150 Allowance
Additional Pair of Glasses/Contacts	12 Months	A second pair of glasses/contacts subject to same copay as the first pair	Not Covered

\*Out-of-network benefits are available up to specific reimbursement amounts.

# 2023 MEDICAL PREMIUMS

## PRIMARY HEALTH PARTNERS - SYNC NETWORK

Includes \$0 Medical Services

### MONTHLY PREMIUMS

Employee Only.....	\$10
Employee & Spouse.....	\$450
Employee & Child.....	\$150
Employee & Children.....	\$200
Employee & Family.....	\$500

### BI-WEEKLY PREMIUM

Employee Only.....	\$5
Employee & Spouse.....	\$225
Employee & Child.....	\$75
Employee & Children.....	\$100
Employee & Family.....	\$250

### DEDUCTIBLE

Individual.....	\$4,000
Family.....	\$8,000

### OUT-OF-POCKET MAX

Individual.....	\$4,000
Family.....	\$8,000

## PRIMARY HEALTH PARTNERS - PLUS NETWORK

Includes \$0 Medical Services

### MONTHLY PREMIUM

Employee Only.....	\$75
Employee & Spouse.....	\$550
Employee & Child.....	\$225
Employee & Children.....	\$350
Employee & Family.....	\$650

### BI-WEEKLY PREMIUM

Employee Only.....	\$37.50
Employee & Spouse.....	\$275
Employee & Child.....	\$112.50
Employee & Children.....	\$175
Employee & Family.....	\$325

### DEDUCTIBLE

Individual.....	\$6,000
Family.....	\$12,000

### OUT-OF-POCKET MAX

Individual.....	\$6,000
Family.....	\$12,000

## HIGH DEDUCTIBLE HEALTH PLAN WITH HSA - PLUS NETWORK

Includes HSA contribution from UCO

### MONTHLY PREMIUM

Employee Only.....	\$10
Employee & Spouse.....	\$450
Employee & Child.....	\$150
Employee & Children.....	\$250
Employee & Family.....	\$550

### BI-WEEKLY PREMIUM

Employee Only.....	\$5
Employee & Spouse.....	\$225
Employee & Child.....	\$75
Employee & Children.....	\$125
Employee & Family.....	\$225

### DEDUCTIBLE

Individual.....	\$3,000
Family.....	\$9,000

### OUT-OF-POCKET MAX

Individual.....	\$6,500
Family.....	\$13,000

## \$1250 - SYNC NETWORK

Includes \$0 Medical Services

### MONTHLY PREMIUM

Employee Only.....	\$210
Employee & Spouse.....	\$945
Employee & Child.....	\$485
Employee & Children.....	\$805
Employee & Family.....	\$1375

### BI-WEEKLY PREMIUM

Employee Only.....	\$105
Emp. & Spouse.....	\$472.50
Emp. & Child.....	\$242.50
Emp. & Children.....	\$402.50
Emp. & Family.....	\$687.50

### DEDUCTIBLE

Individual.....	\$1,250
Family.....	\$3,750

### OUT-OF-POCKET MAX

Individual.....	\$3,500
Family.....	\$10,000

\*Coverage shown for in-network treatment

# 2023 DELTA DENTAL COSTS FOR IN-NETWORK PLANS

## PREVENTIVE PLAN

<b>MONTHLY PREMIUMS</b> Employee Only.....\$18.14 Employee & Spouse.....\$35.40 Employee & Child.....\$28.00 Employee & Children...\$35.40 Employee & Family.....\$50.18	<b>DEDUCTIBLE</b> Individual....\$50 Family.....\$150	<b>PREVENTATIVE SERVICES</b> Covered at 100%	<b>MAJOR SERVICES</b> N/A
	<b>ANNUAL MAXIMUM</b> Per Person.....\$750	<b>BASIC SERVICES</b> Covered at 80%	<b>ORTHODONTIC BENEFITS</b> N/A

## LOW PLAN

<b>MONTHLY PREMIUMS</b> Employee Only.....\$45.24 Employee & Spouse.....\$85.90 Employee & Child.....\$64.96 Employee & Children...\$88.36 Employee & Family.....\$127.80	<b>DEDUCTIBLE</b> Individual....\$50 Family.....\$150	<b>PREVENTATIVE SERVICES</b> Covered at 100%	<b>MAJOR SERVICES</b> Covered at 50%
	<b>ANNUAL MAXIMUM</b> Per Person...\$1,250	<b>BASIC SERVICES</b> Covered at 80%	<b>ORTHODONTIC BENEFITS</b> 50% with a \$1,000 Lifetime Max (only for dependent children under 26)

## HIGH PLAN

<b>MONTHLY PREMIUMS</b> Employee Only.....\$56.34 Employee & Spouse.....\$110.54 Employee & Child.....\$84.68 Employee & Children...\$113.00 Employee & Family.....\$161.06	<b>DEDUCTIBLE</b> Individual....\$75 Family.....\$225	<b>PREVENTATIVE SERVICES</b> Covered at 100%	<b>MAJOR SERVICES</b> Covered at 50%
	<b>ANNUAL MAXIMUM</b> Per Person....\$2,000	<b>BASIC SERVICES</b> Covered at 80%	<b>ORTHODONTIC BENEFITS</b> 50% with a \$2,000 Lifetime Max (only for dependent children under 26)

# 2023 VSP VISION COSTS FOR IN-NETWORK PLANS

## LOW PLAN

<b>MONTHLY PREMIUMS</b> Employee Only.....\$7.35 Employee & Spouse.....\$14.68 Employee & Child.....\$14.37 Employee & Children...\$15.69 Employee & Family.....\$25.07	<b>WELL VISION EXAM</b> \$10 copay
	<b>FRAME ALLOWANCE</b> \$150 allowance, \$25 copay
	<b>CONTACTS ALLOWANCE</b> \$150 allowance

## HIGH PLAN

<b>MONTHLY PREMIUMS</b> Employee Only.....\$11.99 Employee & Spouse...\$24.02 Employee & Child.....\$23.49 Employee & Children..\$25.68 Employee & Family.....\$40.98	<b>WELL VISION EXAM</b> \$10 copay
	<b>FRAME ALLOWANCE</b> \$150 allowance, \$25 copay
	<b>CONTACTS ALLOWANCE</b> \$150 allowance

Please note that this plan includes \$150 towards glasses OR contacts.

This plan allows 2 separate \$150 allowances for 2 pairs of glasses, 2 pairs of contacts, or 1 pair of each.

\*Coverage shown for in-network treatment



# Life and AD&D / Disability

## The Hartford

Benefit Plan	Benefit Detail
<b>Life and AD&amp;D</b>	All eligible employees are provided Basic Life and Accidental Death and Dismemberment (AD&D) coverage and your employer <u>pays the full cost of the premium.</u> <b>Benefit Amount: 2x Annual Salary to \$250,000</b>
<b>Voluntary Life and AD&amp;D</b>	All eligible employees have the option of purchasing additional Life and AD&D coverage for themselves and their eligible dependents. Employees must purchase voluntary Life and AD&D for themselves in order to purchase for their spouse or child(ren).  <b>Benefit Amounts:</b> Employee: Increments of \$10,000 up to 5x Salary to a maximum of \$500,000 <b>Guarantee issue: \$200,000</b>  Spouse: Increments of \$5,000 up to \$250,000 Not to exceed 100% of employee amount <b>Guarantee issue: \$50,000</b>  Children: \$10,000 <b>Guarantee Issue: \$10,000</b>
<ul style="list-style-type: none"> <li>Any purchase or increase in benefits, which does not take place within 31 days of employee's or dependent's original eligibility effective date is subject to EOI. Coverage is subject to approval from the insurance carrier before benefits are effective.</li> </ul>	

Disability insurance provides a partial income replacement benefit in the event you are unable to work due to illness or injury. All eligible employees are provided options for voluntary Short Term Disability insurance. Your employer pays the full cost of the Long Term Disability premium.

Benefit Plan	Benefit Detail
<b>Short Term Disability – Option 1*</b>	<b>Benefit:</b> 60% of weekly earnings in \$100 increments to a maximum weekly benefit of \$1,200 <b>Benefit Begins:</b> On the 8 <sup>th</sup> day for Accident or Illness (Day 1 if hospital confined) <b>Benefit Duration:</b> Up to 13 weeks
<b>Short Term Disability – Option 2*</b>	<b>Benefit:</b> 60% of weekly earnings in \$100 increments to a maximum weekly benefit of \$1,200 <b>Benefit Begins:</b> On the 15 <sup>th</sup> day for Accident or Illness (Day 1 if hospital confined) <b>Benefit Duration:</b> Up to 13 weeks
<b>Long Term Disability*</b>	<b>Benefit:</b> 60% of your monthly earnings to a maximum monthly benefit of \$8,000 <b>Benefit Begins:</b> after 90 days <b>Benefit Duration:</b> Up to Social Security Normal Retirement Age

# Voluntary Accident, Critical Illness and Hospital Indemnity

## The Hartford

Provides cash benefits to help pay for out of pocket expenses when you receive treatment for non-work injuries as a result of a covered claim.

Eligible employees have the option to elect coverage. *You must enroll during the initial new hire period or during open enrollment.*

ACCIDENT BENEFIT BENEFIT AMOUNT EXAMPLES		HOSPITAL INDEMNITY** BENEFIT AMOUNT EXAMPLES		CRITICAL ILLNESS** CONDITION EXAMPLES
<b>Plan 1</b> <ul style="list-style-type: none"> <li>Daily Hospital Confinement: \$200-400 per day</li> <li>ER Treatment: \$150</li> <li>Ambulance (Ground): Up to \$900</li> <li>Fractures: Up to \$6,000</li> <li>Lacerations: Up to \$600</li> <li>Accidental Death: \$30,000</li> </ul>	<b>Plan 2</b> <ul style="list-style-type: none"> <li>Daily Hospital Confinement: \$300-600 per day</li> <li>ER Treatment: \$200</li> <li>Ambulance (Ground): Up to \$1,200</li> <li>Fractures: Up to \$9,000</li> <li>Lacerations: Up to \$600</li> <li>Accidental Death: \$50,000</li> </ul>	<b>Plan 1</b> <ul style="list-style-type: none"> <li>Hospital/ICU Admission: \$500</li> <li>Hospital Confinement: \$100/day</li> <li>ICU Confinement: \$200/day</li> </ul>	<b>Plan 2</b> <ul style="list-style-type: none"> <li>Hospital/ICU Admission: \$1,000</li> <li>Hospital Confinement: \$200/day</li> <li>ICU Confinement: \$400/day</li> </ul>	<b>Employee:</b> \$10k, \$15k or \$30k <b>Spouse/Domestic Partner:</b> 50% of employee amount <b>Child(ren):</b> \$5k <b>Cancer, Vascular, Neurological Conditions:</b> 25-100% of coverage amount <b>Recurrence Benefit on Specified Condition:</b> 100% of coverage amount <b>Wellness Screening:</b> \$100 per year per person
COVERAGE	MONTHLY PREMIUM	COVERAGE	MONTHLY PREMIUM	MONTHLY PREMIUM
<b>Plan 1</b> Employee Only Employee + Spouse Employee + Child(ren) Family <b>Plan 2</b> Employee Only Employee + Spouse Employee + Child(ren) Family	\$8.91 \$14.03 \$15.15 \$23.75 \$13.28 \$20.90 \$22.65 \$35.47	<b>Plan 1</b> Employee Only Employee + Spouse Employee + Child(ren) Family <b>Plan 2</b> Employee Only Employee + Spouse Employee + Child(ren) Family	\$10.09 \$20.35 \$17.95 \$29.51 \$20.18 \$40.70 \$35.91 \$59.03	Premium is based on age. Please see plan documents for more details

\*\*Pre-existing condition limits may apply. See plan summary for details

# Retirement Options

## Oklahoma Teachers Retirement System

Oklahoma Teacher Retirement System (OTRS) is a **defined benefit plan** made for public school teachers and administrators in the state of Oklahoma. Once vested, participants are entitled to a monthly benefit in retirement.

### Contributions

Every participant in OTRS contributes a flat \$700 per fiscal year to their own account (broken up into 12 or 24 equal payments from their paycheck). The University then contributes the remainder of 7% of their salary and benefits cost into their OTRS account.

Annual Salary	Your Annual Contribution	UCO's Estimated Annual Contribution
\$30,000	\$700	\$1,882
\$50,000	\$700	\$3,289
\$70,000	\$700	\$4,695

Employees are vested within OTRS after seven years of contributions. If hired before November 1, 2017, employees are vested after five years of contributions. Participation is mandatory for all classified employees. Non-Classified employees will have a one-time option to join or decline at the beginning of their employment or reclassification of position.

## Voluntary Retirement Options

UCO offers 403b and 457b voluntary retirement options for UCO faculty and staff members, with both pretax and roth options on both plans. Because UCO is a governmental unit, the option to contribute to both a 403b and a 457b simultaneously is also available for employees to use.

### 403b vs 457b

A 403b is the public sector version of a 401k, while a 457b allows the employee to withdraw prior to age 59.5 (but cannot be employed by UCO) without penalty.

**Questions about voluntary retirement accounts? Contact Rebecca McGee, the university's Voya financial representative, for more information on investing, saving for retirement, and more.**

**(405) 568-2889 | [rebecca.mcgee@voyafa.com](mailto:rebecca.mcgee@voyafa.com)**

# Employee Assistance Program Deer Oaks

All eligible employees and their household members have access to the EAP and Work/Life Services through Deer Oaks that are **NO COST** and **CONFIDENTIAL**.

This benefit is available from day 1 of employment through 6 months following separation.

With the EAP services you will get up to 4 face-to-face sessions with a counselor (per household, per calendar year).

## BENEFITS OF EAP and LIFE SERVICES:

### Employee Assistance Program Services Can Help With:

- Depression, grief, loss and emotional well-being
- Family, marital and other relationship issues
- Addictions such as alcohol and drug abuse
- Stress or anxiety with work or family
- Financial and legal concerns
- Online will prep and other legal documents

### Life Services Toolkit includes:

- Estate Planning Assistance
- Financial Planning
- Health and Wellness
- Identity Theft Prevention
- Funeral Arrangements
- Services for your Beneficiary to help them cope with grief and loss, get answers to legal questions, plan a memorial or a funeral, address financial concerns and more.

# Contacts and Resources

<b>Medical</b> Healthcare Highways Policy #HCH1011	(833) 258-4834 <a href="http://www.healthcarehighways.com">www.healthcarehighways.com</a>
<b>Pharmacy</b> CVS Caremark  Primary Health Partners	(844) 758-0773 <a href="http://www.caremark.com">www.caremark.com</a>  (405) 577-6571
<b>Dental</b> Delta Dental of Oklahoma Policy #0015420	(800) 522-0188 <a href="http://www.detladentalok.org">www.detladentalok.org</a>
<b>Vision</b> VSP Policy #30086534	(800) 877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
<b>Health Savings Account (HSA)</b> Voya	(833) 232-4673 <a href="http://www.myhealthaccounts.voya.com">www.myhealthaccounts.voya.com</a>
<b>Flexible Spending Account (FSA)</b> Voya	(833) 232-4673 <a href="http://www.myhealthaccounts.voya.com">www.myhealthaccounts.voya.com</a>
<b>Life/AD&amp;D, Disability, EAP</b> The Hartford Policy # GL-681425	(800) 523-2233 <a href="http://www.thehartford.com">www.thehartford.com</a>
<b>Voluntary Worksite Benefits</b> The Hartford	833) 232-4673 <a href="http://www.myhealthaccounts.voya.com">www.myhealthaccounts.voya.com</a>
<b>EAP</b>	(888) 993-7650 <a href="http://www.deeroakseap.com">www.deeroakseap.com</a> First time registrants: Username: uco Password: uco
<b>Retirement Services: Oklahoma Teachers Retirement System (OTRS)</b>	(405) 521-2387
<b>To enroll in 2023 benefits</b>	<a href="http://www.employee.uco.edu">www.employee.uco.edu</a>



This guide is provided for informational purposes only and does not reflect a comprehensive description of your benefit plans. For more information, please refer to your Summary Plan Documents. In the event of discrepancy, your Summary Plan Document and Contracts take precedence.

