### 2023 Annual Enrollment

#### Northeastern Oklahoma A&M College













### Health Plan













## 2023 Health Plan Renewal

- 2023 projection initially indicated a 21% increase with an additional 10% increment for NEO
- \$74.5m projected plan cost
  - Additional cost from 2022-2023 \$13m
- 10.55% increase
- No change in premium credits
  - Biometric premium credit \$20/month
  - Tobacco free affidavit credit \$20/month











## Health Plan Design

| BlueOptions Plan                      | 2023                                   |
|---------------------------------------|--|
| In-network Deductible                 | \$850 individual<br>\$2,500 family     |
| Out-of-network Deductible             | \$1,500 individual<br>\$4,500 family   |
| In-network, out-of-Pocket maximum     | \$5,000 individual<br>\$15,000 family  |
| Out-of-network, out-of-pocket maximum | \$10,000 individual<br>\$30,000 family |













## Health Plan Design

| BlueEdge High Deductible Plan | 2023                               |
|-------------------------------|------------------------------------|
| Deductible                    | \$3,000 individual                 |
| (in-network & out-of-network) | \$5,600 family                     |
| Out-of-pocket maximum         | \$6,900 individual                 |
| (in-network & out-of-network) | \$13,800 family                    |
| HSA Employer Contribution     | \$750 individual<br>\$1,250 family |













## 2023 NEO Premiums

|                     | Total Premium |          | Institution |        | Employee |          |
|---------------------|---------------|----------|-------------|--------|----------|----------|
| РРО                 |               |          |             |        |          |          |
| Employee Only       | \$            | 577.32   | \$          | 527.32 | \$       | 50.00    |
| Employee + Children |               | 1,039.18 |             | 568.86 |          | 470.32   |
| Employee + Spouse   |               | 1,212.38 |             | 584.42 |          | 627.96   |
| Family              |               | 1,847.44 |             | 641.54 |          | 1,205.90 |
| HDHP                |               |          |             |        |          |          |
| Employee Only       | \$            | 570.78   | \$          | 520.78 | \$       | 50.00    |
| Employee + Children |               | 1,018.20 |             | 566.96 |          | 451.24   |
| Employee + Spouse   |               | 1,168.82 |             | 580.50 |          | 588.32   |
| Family              |               | 1,721.10 |             | 630.16 |          | 1,090.94 |











## **BCBS Health Management Reminders**

- Ovia Health
- Livongo
- Benefits Value Advisor
- Wondr Health
- Hinge Health





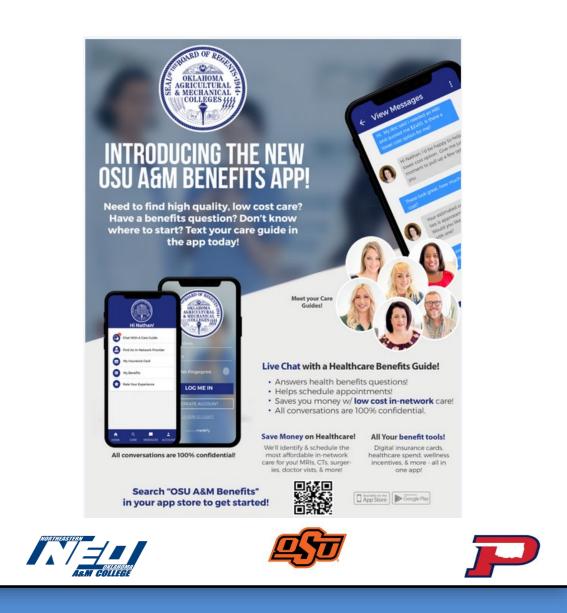






# Medefy

- Benefits navigation system
- Medical, Dental and Vision
- OSU A&M Health Benefits
- Care Guides 24/7







### **Dental Insurance**













#### **PPO – POINT OF SERVICE PLAN OPTIONS**

|  |            | LOW OPTION            | 1          | HIGH OPTION                   |                       |           | PLATINUM OPTION |                       |     |
|--|------------|-----------------------|------------|-------------------------------|-----------------------|-----------|-----------------|-----------------------|-----|
|  | РРО        | Premier               | OON        | PPO                           | Premier               | OON       | PPO             | Premier               | OON |
| Preventive/Diagnostic                      | 100%       | 100%                  | 100%       | 100%                          | 100%                  | 100%      | 100%            |                       |     |
| Basic Restorative                          | 85%*>      | <b>70%</b> * <b></b>  | 70%*◊      | 85%*>                         | 70%*◊                 | 70%*◊     | 85%*>           |                       |     |
| Major Restorative                          | 60%*       | 50%*                  | 50%*       | 60%*                          | 50%*                  | 50%*      | 60%*            |                       |     |
| Orthodontic                                | N/A        | N/A                   | N/A        | 50% (Child) 50%               |                       |           | 50% (Family     | ')                    |     |
| Per Person Per Calendar<br>Year Deductible | \$50/\$150 | \$50/\$150            | \$50/\$150 | \$25/\$75 \$25/\$75 \$25/\$75 |                       | \$25/\$75 |                 |                       |     |
| Per Calendar Year<br>Annual Maximum        |            | \$1,500<br>Per Person |            |                               | \$2,000<br>Per Person |           |                 | \$3,000<br>Per Person |     |
| Lifetime Orthodontic<br>Maximum            | N/A        |                       |            | \$2,000<br>Per Child          |                       |           |                 | \$3,000<br>Per Person |     |

### **Dental Premiums**

| Delta Dental of Oklahoma (DDOK) |          |           |          |  |  |
|---------------------------------|----------|-----------|----------|--|--|
| 2023                            | Low Plan | High Plan | Platinum |  |  |
| Employee                        | \$40.72  | \$50.72   | \$83.10  |  |  |
| Employee + Spouse               | \$80.66  | \$100.64  | \$165.38 |  |  |
| Employee +<br>Child(ren)        | \$92.64  | \$147.58  | \$246.50 |  |  |
| Family                          | \$143.26 | \$191.00  | \$319.58 |  |  |

\*Does not reflect employee low plan contribution made by the employer











### Vision Insurance













#### **VSP PLANS AT A GLANCE**

|   | Choice Plan C<br>Base Plan  | Choice EasyOptions<br>Buy-Up Plan   |  |  |
|---|---|---|--|--|
| Exams   | <ul> <li>WellVision Exam<sup>®</sup> covered every calendar year \$10 Copay</li> <li>Retinal Imaging exam covered every calendar year \$39 Copay</li> </ul>   |   |  |  |
| Frame Allowance                                   | \$150 Frame allowance every calendar year\$180 Frame allowance every calendar year\$200 allowance for featured frame brands\$230 allowance for featured frame brands  |   |  |  |
| Lenses<br>(every calendar year)                   | <ul> <li>Fully covered single vision, lined bifocal, lined trifocal or standard progressive lenses for adults</li> <li>Fully covered single vision, lined bifocal, lined trifocal, standard progressives or polycarbonate lenses for children</li> <li>\$25 Copay included in glasses.</li> </ul> |   |  |  |
| Lens Enhancements                                 | <ul> <li>20-25% savings on lens enhancements such<br/>as –<br/>Scratch-resistant, UV, Anti-glare coating</li> </ul>   | <ul> <li>20-25% savings on lens enhancements such<br/>as –<br/>Scratch-resistant, UV, Anti-glare coating</li> </ul>   |  |  |
| Contact Lens<br>Allowance<br>(in lieu of glasses) | <b>\$120</b> allowance for contact lens materials (fitting and evaluation, with a <b>\$60</b> copay)  | <b>\$150</b> allowance for contacts lens materials (fitting and evaluation, with a <b>\$50</b> copay)   |  |  |
| EasyOptions Plan                                  | N/A   | Choose One Plan Upgrade:<br>An additional \$70 frame allowance or,<br>An additional \$50 Contact lens allowance or,<br>Covered premium progressives or,<br>Covered anti-glare coating |  |  |

### Vision Premiums – no changes from 2022

| Vision Service Plan (VSP) |         |         |  |  |  |
|---------------------------|---------|---------|--|--|--|
| 2023 Basic Bu             |         |         |  |  |  |
| Employee                  | \$5.98  | \$10.70 |  |  |  |
| Employee + Spouse         | \$11.98 | \$21.42 |  |  |  |
| Employee + Child(ren)     | \$12.82 | \$22.92 |  |  |  |
| Family                    | \$20.48 | \$36.62 |  |  |  |













# Flexible Spending Accounts Health Savings Accounts

- Flexible Spending Accounts (FSA)
  - Health FSA maximum \$3,050 for out-of-pocket medical and pharmacy expenses (\$610 carryover)
  - Dependent Care FSA maximum \$5,000 per household for childcare expenses for dependent children under the age of 13
- Health Savings Accounts (HSA) must be enrolled in the BlueEdge High Deductible Health Plan
  - Employee Only maximum \$3,100; employer will contribute \$750 (Total \$3,850)
  - Employee + Dependent maximum \$6,500; employer will contribute \$1,250 (Total \$7,750)
  - Age 55 or older additional \$1,000 to contribution limit





AHOMA A/M INSTITUTIONS





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## **MASA Medical Transport Solutions**

- Employee paid premiums
- Covers what insurance doesn't
- Emergency Ground/Air Transportation
- Works with all ambulance carriers
- \$14 and \$39 per month plans pre-tax













## Life Insurance













# Life Insurance

- Basic Life and Accidental Death & Dismemberment
- Supplemental Life Insurance
  - Employees can enroll or increase by up to four \$10,000 increments (\$40,000), if employee is not at their guaranteed issue limit and has no prior evidence of insurability (EOI) denial. Guaranteed issue is 2 times annual salary up to \$300,000.
  - Employees can enroll or increase by one \$10,000 increment for spousal life, if the employee is not at the guaranteed issue limit and has no prior EOI denial. Spousal supplemental life guaranteed issue limit is 1 times the employee annual salary not to exceed \$130,000.











## **Retiree Group Health**













# **Retiree Group Health**

- October 15 November 11
  - Plan 3 (F) no increase, but may have an age-based increase
  - Plan 4 (FHD) 2% increase, plus can have an age-based increase
  - Plan 5 (G) no increase, but may have an age-based increase
  - Basic Rx plan has a 10% increase; Enhanced has a 5% increase
  - Under 65 Health
  - No changes to vision; and same premium increase to dental as employees











### Annual Enrollment

#### Dates: October 31 – November 11, 2022













## **Questions or Clarifications?**











