



2025

Benefits Guide

This publication contains important information about your employee benefit program.

Please read thoroughly.

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Questions?

Email osu-benefits@okstate.edu or call OSU Benefits **405.744.5449**.



Eligibility

If you are appointed to work at least a six-month assignment and have a .75 or greater FTE in an eligible staff or faculty employee position, you may participate in the University's insurance plans.

All eligible spouses recognized under applicable law qualify for University benefits in accordance with the University's plan documents. For questions about eligibility, please contact your campus HR Director.

For medical, dental, and vision, your eligible dependents are as follows:

- ▶ Your spouse
- ▶ Your child under the age of 26; may be married or unmarried
 - ▷ Does not need to be enrolled as a student; and/or may have a separate residence from you
 - ▷ Your married or unmarried child of any age who is medically certified as disabled and dependent upon you for support and maintenance

Employees should carefully review the dependents they are covering on medical, dental, and/or vision insurance. During OSU/A&M Benefits Enrollment, employees should drop coverage for anyone who does not meet the criteria listed above for an eligible dependent. If covering eligible dependents, supporting documentation will be required to add them to the plan (e.g., marriage license, tax return, birth certificate).



Enrollment

OSU/A&M Benefits Enrollment

Annual Enrollment occurs October 28-November 8, 2024. During this time, you may review coverage and make changes to your insurance and add or remove dependents from coverage. Changes you make during OSU/A&M Benefits Enrollment will start January 1.

Complete the enrollment process and access additional resources related to your benefits package through the self-service menu for your institution. Or utilize the Benefitfocus (Benefitplace) App:

- ▶ Install the Benefitfocus App called Benefitplace from Google Play or the Apple App Store.
- ▶ Enter the company ID, OSUAM.
- ▶ Log into your benefits using your campus credentials.

Important

CHANGE OF STATUS EVENT

You cannot change your insurance coverage during the year except in the case of a qualified change of status. You have 30 days from the date of a qualifying change of status event to notify OSU/A&M Benefits and change your insurance selections. Most changes are effective the first of the month following notification. If you do not make your changes during the 30-day status-change period, your changes cannot be made until the next OSU/A&M Benefits Enrollment period. Financial hardship and provider network changes are not considered qualifying events.

Here are some common examples of qualified change of status events:

- ▶ Marriage, divorce, legal separation, or spouse's death
- ▶ Birth, adoption, medical child support order, or dependent's death
- ▶ Change in residence if the change affects you or your dependents' current plan eligibility
- ▶ Gain or loss of other group coverage, starting or returning from leave of absence, or change of job status (e.g., changing from part-time to full-time)



Health Savings Account (HSA)

Employees have the opportunity to contribute pre-tax dollars to an account to use for qualified medical expenses.

Employees who wish to participate in an HSA must be enrolled in a high deductible health plan, such as BlueEdge High Deductible, cannot be enrolled in Medicare, cannot be claimed as a dependent on another person's tax return, and cannot be enrolled in any other non-qualified medical plan.

HSAs are not use-it-or-lose-it plans. The contributions you make to the account roll over year to year and are yours to take with you if you leave the University. The HSA is not pre-funded. You use what is available in the account after it has been deposited. HSA participants can use the funds beyond medical expenses for such items as COBRA premiums, long term care insurance, and Medicare insurance premiums including A, B, C, and D products.

Management of your HSA is your responsibility. You will receive a Welcome Kit in the mail from HealthEquity along with your HealthEquity Visa Card issued in the primary account holder's name. To set up your account go to my.healthequity.com. You will need to add dependent information to your account after receiving your welcome kit. You will also need to add beneficiary information to your HealthEquity account. You can use your debit card, administered by HealthEquity, to pay for eligible expenses.

HealthEquity may request documentation to verify your identity to comply with the USA Patriot Act. This request must be fulfilled for the account to be opened. Funds cannot be deposited until the account is open. Delayed submission of appropriate documentation may result in forfeiture of missed contributions.

There are fees associated with your HSA. When you access your account online, you will be directed to your homepage which includes forms and resources, including a fee schedule. OSU/A&M will contribute \$62.50 per month up to \$750 per year for those enrolled in employee only coverage. OSU/A&M will contribute \$104.17 per month up to \$1,250 per year for those enrolled in employee plus dependent coverage. You must have an HSA set up to receive these monthly contributions. Please review the fee schedule associated with your account.

For the 2025 tax year, the maximum contribution is \$4,300 for individuals and \$8,550 for family. You may also have an opportunity to make a \$1,000 catch up contribution if you are age 55 or older.



Flexible Spending Account (FSA)

Flexible Spending Account (FSA)— Healthcare

The flexible spending account for healthcare is administered by American Fidelity Assurance.

A healthcare FSA allows you to set aside a portion of your earnings to pay for qualified healthcare expenses as established by the IRS. Money deducted from your paycheck into the healthcare FSA is not subject to payroll taxes, resulting in a substantial payroll tax savings to you. The annual plan maximum for 2025 per participating employee is \$3,300. If you have remaining funds at the end of the year you can carry over up to \$660.

- ▶ If you are in BlueEdge and do not have a health savings account, you can elect the healthcare FSA
- ▶ Under the Affordable Care Act, the Internal Revenue Service has set an annual limit on the maximum an employer can contribute to a healthcare FSA; the 2025 limit is \$500; therefore your monthly employer contribution to the healthcare FSA will be \$41.67 (\$500 annual maximum)

You may use the FSA for the following expenses.

- ▶ Deductibles, coinsurance, and copayments
- ▶ Other qualified expenses which are allowable for a medical tax deduction

Please note expenses must be incurred in 2025 while you are a covered participant in the plan and elections cannot be stopped or changed during the year unless a qualified family status change occurs (as defined by the IRS) (see page 4).

Flexible Spending Account (FSA)— Dependent Care

The dependent care FSA lets you use pretax dollars towards qualified dependent care. The maximum amount you may contribute to the dependent care FSA is \$5,000 per household (or \$2,500 if married and filing separately) per calendar year for dependents up to age 13.



2025 Medical/Rx Benefit Summary

Making a Choice

To determine the best plan for you, we have provided a side-by-side comparison of your choices in the following chart.

Benefits	BlueOptions			BlueEdge (HSA)	
	Blue Preferred Network	Blue Choice Network	Out-of-Network	Blue Choice Network	Out-of-Network
Calendar Year Deductible					
Individual	\$1,000	\$1,000	\$1,500	\$3,300	\$3,300
Family	\$3,000	\$3,000	\$4,500	\$6,600	\$6,600
Out-of-Pocket Maximum Includes Deductibles					
Individual	\$5,000	\$5,000	\$10,000	\$6,900	\$6,900
Family	\$15,000	\$15,000	\$30,000	\$13,800	\$13,800
Physician Office Visits					
Primary Care	\$30	\$30	50% after deductible	20% after deductible	50% after deductible
Specialist	\$50	\$50	50% after deductible	20% after deductible	50% after deductible
Preventive Care (plan pays for preventive care)					
No Charge for Mammograms, Child Immunizations, or Certain Diagnostic Tests In- or Out-of-Network	100%	100%	30% after deductible	100%	30% after deductible
Immunizations—Well Child and Adult	100%	100%	30% after deductible	100%	30% after deductible
Routine Lab	100%	100%	30% after deductible	100%	30% after deductible
Routine Bone Density Testing	100%	100%	30% after deductible	100%	30% after deductible
Women's Preventive Care Benefits	100%	100%	30% after deductible	100%	30% after deductible
Colorectal Exam	100%	100%	30% after deductible	100%	30% after deductible
PSA (Prostate Specific Antigen) Test	100%	100%	30% after deductible	100%	30% after deductible
X-Ray and Lab Services					
Diagnostic Test (X-ray, blood work)	100%	100%	50% after deductible	20% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Urgent Care	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Hospital Services					
Inpatient	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible

Benefits	BlueOptions			BlueEdge (HSA)	
	Blue Preferred Network	Blue Choice Network	Out-of-Network	Blue Choice Network	Out-of-Network
Emergent Emergency Room (BlueOptions only: \$100 copay per occurrence deductible; waived if admitted)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Non Emergent Emergency Room (BlueOptions only: \$100 copay per occurrence deductible; waived if admitted)	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Mental Health/Substance Abuse					
Inpatient	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient	\$30 copay or 20% after deductible	\$50 copay or 30% after deductible	50% after deductible	20% after deductible	50% after deductible
Substance Abuse					
Inpatient	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient	\$30 copay or 20% after deductible	\$50 copay or 30% after deductible	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing Care	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Home Healthcare	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Hospice Care	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Prescription Drugs	Retail	Retail	Mail Order	Retail	Mail Order
Preferred Generic	\$10 copay	\$10 copay	\$25 copay	20% after deductible	20% after deductible
Non-Preferred Generic	\$40 copay	\$40 copay	\$100 copay	20% after deductible	20% after deductible
Preferred Brand	\$75 copay	\$75 copay	\$187.50 copay	20% after deductible	20% after deductible
Non-Preferred Brand	\$150 copay	\$150 copay	\$375 copay	20% after deductible	20% after deductible
Specialty	\$225 copay	\$225 copay	Not covered	20% after deductible	20% after deductible

Dental

Maintaining healthy teeth and gums and seeking professional treatment when dental problems arise is important to your overall health. Employees and their families should maintain good dental habits and seek professional dental care. Please review the overview grid below comparing the three plans and choose which best fits you and your dependents.

OSU/A&M Offers Three Dental Plans through Delta Dental

- ▶ Low plan
- ▶ High plan (orthodontia up to age 26)
- ▶ Platinum plan (orthodontia adult + children)

Network	Delta Dental Low Plan			Delta Dental High Plan			Delta Dental Platinum Plan
	PPO	Premier	Out-of-Network	PPO	Premier	Out-of-Network	All
Calendar Year Maximum							
	\$1,500 per person	\$1,500 per person	\$1,500 per person	\$2,000 per person	\$2,000 per person	\$2,000 per person	\$3,000 per person
Deductible							
Individual	\$50	\$50	\$50	\$25	\$25	\$25	\$25
Family	\$150	\$150	\$150	\$75	\$75	\$75	\$75
Plan Coverages							
Preventive and Diagnostic Care	100%	100%	100%	100%	100%	100%	100%
Basic	15% after deductible	30% after deductible	30% after deductible	15% after deductible	30% after deductible	30% after deductible	15% after deductible
Major	40% after deductible	50% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible
Orthodontia							
	Not covered	Not covered	Not covered	50% applies to children under age 26	50% applies to children under age 26	50% applies to children under age 26	50% applies to Adult and Children
Maximum	Not covered	Not covered	Not covered	\$2,000	\$2,000	\$2,000	\$3,000

This is only a sample of the services covered by each plan. For more details on each plan, please go online to hr.okstate.edu/benefits/dental.

	Dental Monthly Premiums		
	Delta Dental Low Plan	Delta Dental High Plan	Delta Dental Platinum
Employee	\$46.42	\$60.86	\$93.90
Employee + Spouse	\$91.96	\$120.78	\$186.88
Employee + Child(ren)	\$105.62	\$177.10	\$278.56
Family	\$163.32	\$229.20	\$361.14

Vision

VSP wants to make sure you clearly see all the unforgettable moment's life has to offer. This is why they are committed to making it easy for you to visit one of the participating doctors on their network for your annual eye exam. VSP offers an extra \$50 towards your frames when you use featured brands like bebe, Calvin Klein, Cole Haan, Flexon, Lacoste, Nike, and Nine West. For a list of providers and additional information, please visit vsp.com.

Covered Services	Choice Base Plan	Choice Buy-Up
	In-Network	In-Network
Exam with Dilation as Necessary	\$10 copay	\$10 copay
Standard Plastic Lenses	\$25 copay	\$25 copay
Frames	\$0 copay; \$150 allowance, 20% off balance over allowance	\$0 copay; \$180 allowance, 20% off balance over allowance
Contact Lenses	\$120 allowance, up to \$60 copay	\$150 allowance, up to \$50 copay
Laser Vision Correction	15% off retail price	15% off retail price

Monthly Premiums

	Monthly Vision Contributions	
	Base Plan	Buy-Up Plan
Employee	\$7.74	\$15.94
Employee + Spouse	\$15.50	\$31.92
Employee + Child(ren)	\$16.58	\$34.16
Family	\$26.52	\$54.58

This is only a sample of the services covered by the plan. For more details on your vision plan, please go online to hr.okstate.edu/benefits/vision. Participants are allowed to receive frames or contact lenses benefit in the same year.



Voluntary Benefits

Group Basic Life and AD&D

OSU/A&M provides basic life and accidental death and dismemberment coverage to continuous, regular benefits eligible employees who work at least 30 hours a week (0.75 FTE). Plus, OSU/A&M offers you the opportunity to purchase additional insurance for yourself and your family. Lincoln Financial provides the life insurance coverage.

Coverage Provided by OSU/A&M

Employees have basic life coverage provided by OSU/A&M of two times annualized salary up to \$200,000, with accidental death and dismemberment coverage. The Lincoln Financial life insurance plan includes the following.

- ▶ Accidental death and dismemberment coverage equal to basic life insurance coverage
- ▶ Accelerated death benefit which allows terminally ill employees to receive benefits while living
- ▶ Automatic reduction of coverage when reaching age 65, 70, and 75
- ▶ \$6,000 life insurance when you retire from OSU/A&M; must meet OSU/A&M retirement criteria

Voluntary Supplemental Coverage Opportunities

Employees may purchase additional coverage on themselves, spouse, and children.

- ▶ No proof of good health is required if enrolled within 30 days of hire; limit of two times employee salary (up to \$300,000) for employee and one time employee salary (up to \$130,000) for spouse
- ▶ Cost is based on age of employee and spouse
- ▶ Children coverage is based on coverage units, rather than age (covered through age 26)
- ▶ Proof of good health required if coverage is increased more than the guaranteed issue amount
- ▶ Portability is available to continue supplemental employee coverage upon separation
- ▶ Employees can port supplemental life on their spouse and children if the employee ports supplemental life on their self
- ▶ Even higher coverage limits are available at any time during the year by providing proof of good health satisfactory to Lincoln Financial Life Insurance

If you are interested in applying for additional supplemental life insurance coverage, please contact Human Resources for instructions. You will receive notification from Lincoln Financial, via your mailing address, regarding the status of your request.

Voluntary Benefits

Cancer Protection

OSU/A&M offers a Cancer Protection Insurance Policy through American Fidelity Assurance (AFA) Company. If you are diagnosed with cancer, AFA's Limited Benefit Cancer Insurance Plan pays benefits directly to you. This money may be used however you need, allowing you to protect yourself from financial hardship.

How would you pay for these out-of-pocket medical expenses?

- ▶ Lost income
- ▶ Utilities
- ▶ Spouse's lost income
- ▶ Meals and lodging
- ▶ Transportation costs
- ▶ Special diets
- ▶ Housekeeping expenses
- ▶ House/mortgage payments

Contact Sheryl West for enrollment sheryl.west@americanfidelity.com.



Long Term Disability

OSU/A&M offers a long term disability (LTD) policy through Lincoln Financial. This is a voluntary plan and premiums will be deducted from your paycheck as an after tax deduction.

No one plans to be disabled, but are you prepared if it were to happen to you? Disability can cause financial hardship. A disability plan is a great source for providing the income protection you need. It basically works as insurance on your income: when you are unable to work due to a disability, you would receive benefits to help pay for life's necessities. Employees can apply for a LTD policy at any time during the year. If you are within your first 30 days of hire, you are guaranteed issue of this policy.

LTD Coverage Options and Costs

60% of employee's monthly salary, up to a maximum benefit of \$6,000. The cost is \$0.27 per \$100 monthly salary.

Example for 60% LTD cost: $\$29,000 \div 12 = \$2,417 \div 100 = \$24.17 \times 0.27 = \6.53 per month.



MASA Medical Transport Solutions

Enroll in one of two emergent plans today and protect you and your family against the financial burden of massive out-of-pocket ambulance costs. Note: There are two MASA plans, one is continental and the other global. Please see below for more information.

Emergent and Platinum Membership Benefits

A MASA MTS Membership provides the ultimate peace of mind at an affordable rate for emergency ground and air transportation assistance expenses within the continental United States, Alaska, Hawaii, and while traveling in Canada, for the Emergent Plan or globally for the Platinum Plan, regardless of whether the provider is in or out of your group healthcare benefits network. After the group health plan pays its portion, MASA works with providers to make certain our Members have no out-of-pocket expenses—for emergency ambulance transportation assistance and other related services.

Emergency Air Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Ground Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Cost of Coverage

	Premium Rate per Month
Platinum	\$39.00
Emergent	\$14.00

Hospital to Hospital Ambulance Coverage¹

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.

Repatriation to Hospital Near Home Coverage¹

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization. More than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

1. All coverage provided by this membership is limited to the continental United States, Alaska, Hawaii, and Canada, and must originate and conclude therein.

Benefits Value Advisor

All OSU/A&M Medical plan participants will have access to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) Benefits Value Advisor (BVA), and to help you maximize your benefit plan. Through the BVA program, when you are in need of healthcare services, you will have the opportunity to speak with a specially-trained advisor about your options for receiving care. These advisors will help you and your covered family members better understand how your benefits work, provide you with a cost estimate for specific healthcare services or procedures, assist you with pre-certification of your benefits, and even schedule appointments with your selected provider for your upcoming services or procedure.

How Can a Benefits Value Advisor Save You \$100 and Lower Costs to the OSU/A&M Medical Plan?

Before you go for a non-emergent MRI, CT scan or any of the procedures listed below (see box) contact a Benefits Value Advisor. This can save you \$100 on fees and will allow you to see cost estimates on in-network provider to get you the best price on these services. If you choose to have the BVA customer service representative do so, they can schedule your appointment for you. You will save money, and by selecting a provider who delivers the same treatment at a lower cost, you will be doing your part to save the OSU/A&M medical plan money. Saving the plan money will help keep the OSU/A&M plan financially healthy which keeps your cost-sharing (premiums, deductibles, coinsurance, and copayments) as low as possible going forward.

Contact the BVA by calling the customer service number on the back of your BCBS insurance card.

How Much do Costs Really Vary for the Same Procedure?

Here is one example:

Brain MRI	Provider A	Provider B	Provider C	Provider D
Cost	\$1,150	\$898	\$750	\$455

- ▶ Diagnostic Radiology (ENGR, DRAD)
- ▶ Joint Replacement (ENGR, JRPL)
- ▶ Bariatric (ENGR, BART)
- ▶ Musculoskeletal IP (ENGR, MSKI)
- ▶ Musculoskeletal OP (ENGR, MSKO)
- ▶ Reduction Mammoplasty (ENGR, WOHL)



What Other Services Should I call BVA About?

BVA customer service representatives are available during regular BCBSOK customer service hours to help you and your family members plan for healthcare services such as:

- ▶ CAT or CT scans
- ▶ MRIs
- ▶ Endoscopy procedures
- ▶ Colonoscopy procedures
- ▶ Back or spinal surgery
- ▶ Knee surgery
- ▶ Shoulder surgery
- ▶ Hip replacement or joint replacement surgery

Member Rewards Program!

In addition, we are offering Member Rewards! Call BVA for any procedure you plan to have and see if you qualify for a Member Reward. Member Rewards are possible for those participants that shop through BVA for lower cost facilities. For example, in the illustration above on Brain MRIs, if you call BVA and choose the lowest cost facility, you may qualify for \$150! Member Rewards are determined by the facility you choose. Member Rewards vary from \$0-\$500 and are sent via checks mailed directly to the home address of the insured.

How Can I Talk to a Benefits Value Advisor?

It's easy! **Just call the customer service number on the back of your new 2025 BCBSOK ID card and ask to speak to a Benefits Value Advisor.** All OSU/A&M medical plan participants will receive new BCBSOK ID cards for the 2025 plan year. Please remember, if you do not call and speak to a Benefits Value Advisor prior to a non-emergency MRI, CT Scan, Diagnostic Radiology, Joint Replacement, Bariatric, Musculoskeletal IP and OP, or Reduction Mammoplasty, you will incur the \$100 fee.

* Rate estimates provided by BCBSOK.

Musculoskeletal Management with Hinge Health!

Conquer back or joint pain without drugs or surgery! You and your family members get free access to Hinge Health's programs for back or joint pain, which includes:

- ▶ A free tablet computer and wearable sensors
- ▶ Unlimited 1-on-1 health coaching
- ▶ Personalized exercise therapy

Eligibility: Employees and dependents 18+ enrolled in a BCBSOK medical plan through Oklahoma State University/A&M are eligible.

To learn more call **855.902.2777**, or apply at: hinge.health/oklahomastate-oe.

Blue Distinction® Specialty Care Services

Choosing Quality Care for You and Your Family

Under your plan, you have access to designated specialty care facilities that have met national measures for quality and cost-efficient care. When you use a Blue Distinction Center doctor or hospital, you will receive the most from your benefits and know that the doctor or hospital has a record of providing proven, effective specialty care.

The OSU/A&M medical plan will pay 90% of the facility charges (up from 80%) should you choose to utilize a Blue Distinction Center for the following care.

Blue Distinction Specialty Care services include:

- ▶ **Blue Distinction Centers for Cardiac Care:**
Cardiac rehabilitation, cardiac catheterization, and cardiac surgery
- ▶ **Blue Distinction Centers for Knee and Hip Replacement:** Knee and hip replacement surgeries and services
- ▶ **Blue Distinction Centers for Spine Surgery:**
Spine surgery services, including discectomy, fusion and decompression procedures

High Quality, Lower Cost

At a BDC or a BDC+ facility, you may get a better outcome and may have lower out-of-pocket costs, depending on your plan. Blue Distinction Centers are healthcare facilities and providers recognized for their expertise in delivering specialty care. Blue Distinction Centers+ are healthcare facilities and providers recognized for their expertise and efficiency in delivering specialty care.

SEARCHING FOR BLUE DISTINCTION CENTERS:

Blue Distinction Centers can be located through Provider Finder® in Oklahoma.

1. Log in to Blue Access for MembersSM (BAMSM) at www.bcbsok.com
2. Click Log In or Sign Up in the top right corner
3. Once logged in, click Find A Doctor or Hospital
4. Select the Blue Distinction Specialty Care designation under more search options
5. Click the Find button

Learn more about Blue Distinction—Visit <https://www.bcbs.com/about-us/programs-initiatives/blue-distinction-specialty-care> or call the Customer Service number on the back of your member ID card.

Teladoc Diabetes Program

The Teladoc for Diabetes Program is designed to empower you to make better decisions for your diabetes management.

Eligible Members: This program is offered at no cost to you and your family members with diabetes who have coverage through the health plan.

More than a Standard Meter: Your meter is connected and automatically uploads your blood glucose readings, making them accessible online and log books a thing of the past.

Coaching Anytime and Anywhere: Receive personalized tips with our meter and mobile app to help manage your diabetes. Teladoc Certified Diabetes Educators answer nutrition and lifestyle questions.

Strip Refills at No Extra Cost: Get strips and lancets at no extra cost. When you are about to run out, you confirm the refill and we ship more supplies, right to your door.



Teladoc Hypertension Program

This program helps make living with high blood pressure easier by providing you with an exclusive connected blood pressure monitor, a mobile app to view and track all of your readings, and personalized health coaching.

Eligible Members: Teladoc is offered at no cost to you and your family members with high blood pressure who have coverage through the health plan.

Here's what you get when you join Teladoc:

- ▶ **Free Blood Pressure Monitor,** at no extra charge.
- ▶ **Tips to Help You Stay on Track:** Receive useful information that will help you manage your blood pressure to help you feel your best.
- ▶ **Coaching When You Need It Most:** Our health coaches provide answers to your questions, support on your weight loss journey, and tips on improving your health over time.
- ▶ **Safety and Security:** View and access your records anytime. Share it with your doctors if and when you want to.

Contact Information

- ▶ TeladocHealth.com/Smile/OSU-HCSC
 - ▷ OSU Specific Registration Code: OSU-HCSC
- ▶ Member support call center: **800.835.2362**

Contact Information



MEDICAL AND PHARMACY

Blue Cross Blue Shield
877.258.6781
www.bcbsok.com/osu
 PO Box 3283
 Tulsa, OK 74102-3283



VISION

VSP
800.877.7195
www.vsp.com



DENTAL

Delta Dental
405.607.2100 (OKC Metro)
800.522.0188 (Toll Free)
www.deltadentalok.org



BASIC/SUPPLEMENTAL LIFE

Lincoln Financial
888.787.2129
mylincolnportal.com



OKLAHOMA TEACHERS RETIREMENT SYSTEM (OTRS)

877.738.6365
trs.state.ok.us



HEALTH SAVINGS ACCOUNT

HealthEquity
877.750.1445
my.HealthEquity.com



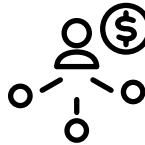
TELADOC

TeladocHealth.com/Smile/OSU-HCSC
 OSU Specific Registration Code: OSU-HCSC
 Member support call center: **800.835.2362**



LONG TERM DISABILITY

Lincoln Financial
800.291.0112
mylincolnportal.com



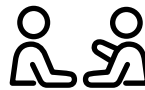
FLEXIBLE SPENDING ACCOUNT

American Fidelity Assurance



ALTERNATE RETIREMENT PLAN (ARP) VOLUNTARY 403(B) & 457(B)

TIAA
800.842.2776
www.tiaa.org/okstate



EMPLOYEE ASSISTANCE PROGRAM

ComPysch
855.850.2397
www.guidanceresources.com



CANCER

American Fidelity Assurance
Sheryl West
Sheryl.West@americanfidelity.com
800.288.1239 ext. 201



MUSCULOSKELETAL MANAGEMENT

Hinge Health
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This benefit guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.