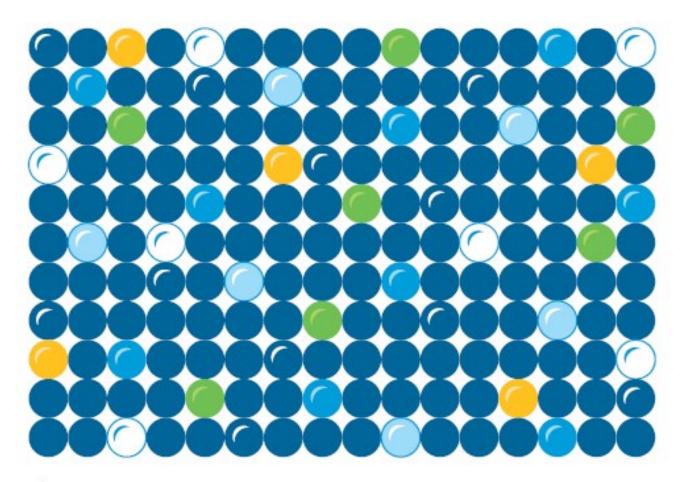
2025 EMPLOYEE BENEFITS GUIDE





Торіс	Page
Benefit Enrollment	<u>4</u>
Medical Plan Benefits and Programs	<u>6</u>
zero Information	<u>19</u>
\$0 Prescription Programs	<u>21</u>
OCU Clinic	<u>22</u>
Dental Plan	<u>24</u>
Vision Plan	<u>25</u>
Flexible Spending Account (FSA)	<u>27</u>
Limited Flexible Spending Account	<u>28</u>
Health Savings Account (HSA)	<u>28</u>
HSA and Limited FSA Overview	<u>29</u>
Retirement Plan	<u>30</u>
Basic Life and AD&D	<u>31</u>
Voluntary Life and AD&D	<u>32</u>
Long-Term Disability	<u>33</u>
Accident and Critical Illness	<u>35</u>
Employee Assistance Program	<u>40</u>
Education Assistance Programs	<u>41</u>
Vacation and Sick Leave	<u>42</u>
Additional Benefits	<u>44</u>
Appendix	<u>46</u>
Important Contacts	<u>55</u>
Holidays and Important Dates	<u>57</u>
OCU Mission and Values	<u>59</u>

We are pleased to provide you with a comprehensive range of benefit plans and programs designed to meet the needs of you and your family.

This guide covers your options for your 2025 benefits including medical, dental, vision, flexible spending and health savings accounts, and life and disability coverage.

Additionally, this guide contains vital information about programs included in the medical plan as well as general information about your retirement plan, employee assistance program, education assistance programs, leave benefits and more.





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 <u>page 5</u> 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 Enrollment Window Ends?

Once your enrollment window ends, 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 may also add your spouse as long as you add the new dependent.

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 <u>Bluelink</u>, 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 <u>here</u> 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

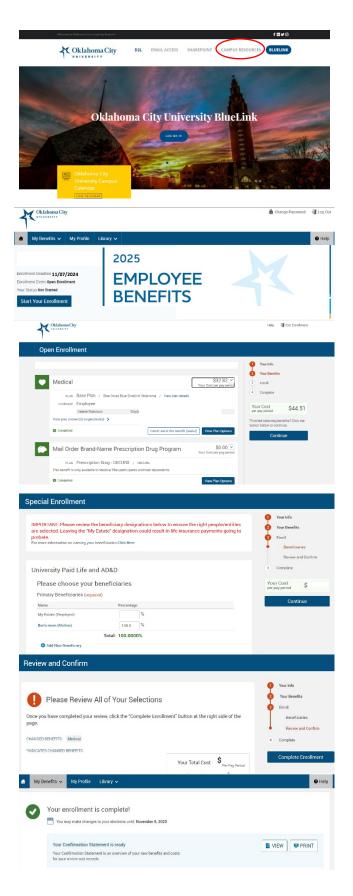
Review the plans under each Plan Type header and confirm your covered dependents and plan election. Once you have reviewed all coverage offerings, click "Continue" on the right side of the page.

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.



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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 UMR, A United Healthcare Company.

2025 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:

- Quantum Health is all you need! Your dedicated Quantum Health Coordinators will take the guesswork out of healthcare. Contact Quantum Health to get answers to claims, billing and benefit questions, contact providers to coordinate your treatment, review care options and more.
- United Healthcare Choice Plus network encompassing a large number of providers and facilities across the metro area. Your Oklahoma City University Plan offers:
 - Teladoc is the telehealth program which offers a \$0 copay for Base Plan and Buy Up Plan members.
 HDHP members will pay \$54 until deductible is met. See pages <u>14</u> <u>15</u> for additional information.
 - Teladoc Chronic Condition Management for diabetes and hypertension. See page 16 for more!
 - Real Appeal for weight management support and coaching. See page 17 for more!
 - AbleTo is a 8 week coaching program for mental wellness and is \$0 for all health plan members!
- FHCMEC @ OCU, the university's health clinic, waives out-of-pocket expenses for covered medical plan members. See page 22 for more!
- ZERO offers certain services and procedures by select providers at no cost to medical plan members.
 See page 19 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 <u>page 21</u> for additional information.





Quantum Health



YOUR ONE PLACE TO GO FOR HEALTHCARE AND BENEFITS HELP

Welcome to one-of-a-kind support.

When dealing with healthcare and benefits, it can be hard to know where to start. Quantum Health is your one place to turn when you need assistance.

One number to call (with any questions One app for self-service help

elp

One team of experts dedicated to helping you

When your benefits kick in, think of Quantum Health as your dedicated team of nurses, claims specialists and benefits experts ready to save you time and:

- Answer claims, billing and benefits questions
- Find in-network providers
- Verify coverage and get prior approval, if needed
- Contact providers to coordinate your treatment
- Review your care options
- Provide information on health issues
- Help you save on out-of-pocket costs
- Help you get the most out of your benefits
- Find links to all of OCU's plans and programs
- Add Quantum's phone number (866) 920-2069 to your smartphone so you know Quantum is calling

When you don't know where to begin, start with us.

No request is too big or small for your Quantum Health Care Coordinators. When you need help, we'll be just a tap, click, chat or call away. 7



Quantum Health





From replacing ID cards to more complicated matters, like resolving an incorrect medical bill, no request is too big or small for your Quantum Health Care Coordinators.

Think of us as your personal team of nurses, benefits experts and claims specialists who will do whatever it takes to support your unique healthcare needs. We're your one resource to contact whenever you need help with your healthcare or benefits.

Empowered and resourceful, Care Coordinators do things like:

- Get answers to claims, billing and benefits questions
- Find in-network providers
- Verify coverage and get prior approval if needed
- Contact providers to coordinate your treatment
- Review your care options
- Replace ID cards

WHATEVER IT TAKES TO MAKE YOUR BENEFITS WORK FOR YOU

Sometimes we may call you - but we wouldn't call if it weren't important. We might call if:

- You could save on your out-of-pocket costs
- There is a concern with your prescriptions
- Insurance information is needed
- You qualify for a coaching program

 We need to follow up on a procedure or discharge



Quantum Health



HEALTH BENEFITS

When you need help, contact your Quantum Health Care Coordinators.

THE ONE NUMBER TO CALL FOR ALL THINGS RELATED TO YOUR HEALTH PLAN

Think of us as your personal team of nurses, benefits experts and claims specialists. We will do whatever it takes to support your unique healthcare needs and help you navigate your benefits.

From replacing ID cards to more complicated matters, like claim resolutions, no request is too big or small for your Care Coordinators. Contact us whenever you need help with your healthcare, prescriptions or benefits.

- Network of local and national providers
- Negotiates with providers to offer discounted rates

 Third-party administrator for claims processing and payment

- Claims review and coverage verification
- Explanation of benefits statements detailing claims submitted from providers, how much the plan covers and how much you owe
- Pharmacy benefit manager
- Prescription claims processing
- Negotiates with pharmacies and drug manufacturers to offer discounted rates
- Development and management of formulary (preferred drug list) and pharmacy network
- Home delivery of prescriptions



okcu.quantum-health.com

(866) 920-2069 (Monday-Friday, 7:30 a.m. to 9:00 p.m. CST.)





Medical and Pharmacy

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HEALTH

Medical Benefits	Base UHC Choice Plus Network	
Annual Deductible	In-Network	Out-of-Network
Individual	\$2,500	\$5,000
Family	\$7,500	\$15,000
Coinsurance	70%	50%
(Plan pays after deductible)	70%	50%
Out-of-Pocket	In-Network	Out-of-Network
Individual	\$6,500	Unlimited
Family	\$13,000	Unlimited
Lifetime Maximum	Unlir	nited
Physician Services	In-Network	Out-of-Network
Preventive Care Services As outlined in the Affordable Care Act	100%	50% after deductible
FHCMEC Health Clinics	100%	N/A
Teladoc (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: Retail Copayment (30-day supply)	Preferred Pharmacy	Out-of-Network
Generic	\$20	50% after \$30 copay
Preferred Brand	\$40	50% after \$60 copay
Non-preferred Brand	\$60	50% after \$80 copay
Specialty (30-day supply only)	\$125	20% after \$125 copay
Pharmacy Benefits: Maintenance Copayment (90-day supply)	In-Network	Out-of-Network
Generic	\$40	
Preferred Brand	\$80	Not Covered
Non-preferred Brand	\$120	
1		

How to do a provider search:





Medical and Pharmacy

Medical Benefits	Buy-Up UHC Choice Plus Network	
Annual Deductible	In-Network	Out-of-Network
Individual	\$1,250	\$2,500
Family	\$3,750	\$7,500
Coinsurance	80%	50%
(Plan pays after deductible)	80%	30%
Out-of-Pocket	In-Network	Out-of-Network
Individual	\$5,000	Unlimited
Family	\$10,000	Unlimited
Lifetime Maximum	Unlir	nited
Physician Services	In-Network	Out-of-Network
Preventive Care Services As outlined in the Affordable Care Act	100%	50% after deductible
FHCMEC Health Clinics	100%	N/A
Teladoc (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	
Retail Copayment	Pharmacy	Out-of-Network
(30-day supply)	Flainacy	
Generic	\$20	50% after \$30 copay
Preferred Brand	\$40	50% after \$60 copay
Non-preferred Brand	\$60	50% after \$80 copay
Specialty (30-day supply only)	\$125	20% after \$125 copay
Pharmacy Benefits:		
Maintenance Copayment	In-Network	Out-of-Network
(90-day supply)		
Generic	\$40	•
Preferred Brand	\$80	Not Covered
Non-preferred Brand	\$120	



How to do a provider search:

UHC Provider Search



Medical and Pharmacy

Medical Benefits	HDHP UHC Choice Plus Network		
Annual Deductible	In-Network	Out-of-Network	
Individual	\$3,500	\$7,000	
Family	\$7,000	\$14,000	
Coinsurance		500/	
(Plan pays after deductible)	80%	50%	
Out-of-Pocket	In-Network	Out-of-Network	
Individual	\$7,000	Unlimited	
Family	\$14,000	Unlimited	
Lifetime Maximum	Unlin	nited	
Physician Services	In-Network	Out-of-Network	
Preventive Care Services As outlined in the Affordable Care Act	100%	50% after deductible	
FHCMEC Health Clinics	100%	N/A	
Teladoc (Virtual Visits)	80% after deductible	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 0	deductible	
Ambulance	80% after	deductible	
Urgent Care	80% after deductible	50% after deductible	
Pharmacy Benefits: Retail Copayment (30-day supply)	Preferred Pharmacy	Out-of-Network**	
Generic		75% after deductible	
Preferred Brand	80% after deductible	70% after deductible	
Non-preferred Brand			
Specialty (30-day supply only)		80% after deductible	
Pharmacy Benefits:			
Maintenance Copayment	In-Network	Out-of-Network	
(90-day supply)			
Generic			
Preferred Brand	80% after deductible	Not Covered	
Non-preferred Brand			



How to do a provider search:

UHC Provider Search









Medical Plan

Base Plan	Total Monthly Premium	Monthly Employee Contribution*	Monthly OCU Contribution
Employee Only	\$ 827.16	\$ 89.84	\$ 737.32
Employee & Spouse/Partner	\$1,728.78	\$ 494.94	\$1,233.84
Employee & Child(ren)	\$1,538.52	\$ 410.08	\$1,128.44
Employee & Family	\$2,448.42	\$ 797.64	\$1,650.78

Buy Up Plan	Total Monthly Premium	Monthly Employee Contribution*	Monthly OCU Contribution
Employee Only	\$ 924.90	\$ 312.78	\$ 612.12
Employee & Spouse/Partner	\$1,933.10	\$1,024.18	\$ 908.92
Employee & Child(ren)	\$1,720.36	\$ 872.68	\$ 847.68
Employee & Family	\$2,737.78	\$1,604.82	\$1,132.96

HDHP Plan	Total Monthly Premium	Monthly Employee Contribution*	Monthly OCU Contribution
Employee Only	\$ 664.06	\$ 63.88	\$ 600.18
Employee & Spouse/Partner	\$1,387.90	\$ 351.92	\$1,035.98
Employee & Child(ren)	\$1,235.14	\$ 291.58	\$ 943.56
Employee & Family	\$1,965.62	\$ 567.14	\$1,398.48

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 biweekly payroll.

Teladoc Health – General Medicine



When you need a doctor, access one anytime, anywhere





Skip the trip to the waiting room. With Teladoc Health you can talk with a doctor within an hour by phone or app from wherever you are.

Know your care options:

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General Medical

For non-emergency conditions like the flu, allergies, infections, and much more. Our doctors can also prescribe medicine if necessary.

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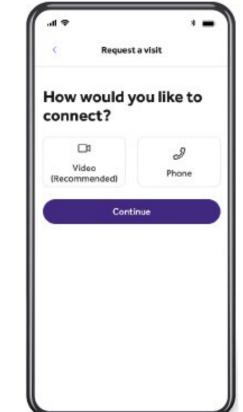
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Family doctor

For annual exams and ongoing medical conditions needing regular monitoring.

Urgent care/ER

For severe conditions like chest pain, sprains, cuts, burns, or broken bones.



Feel better when you need to

Visit TeladocHealth.com Call 1-800-835-2362 | Download the app **¢** | **♦**

*HDHP members will pay \$54 until deductible is satisfied

Teladoc Health – Behavioral Health





\$0 Copay



again with therapy by phone or video

Talk to a Teladoc Health therapist from wherever you are most comfortable:



Choose a licensed therapist or psychiatrist who best fits your needs



Schedule and have a visit 7 days a week by phone or video



Confidential therapy from wherever you are most comfortable

Schedule a confidential therapy visit

Visit TeladocHealth.com Call 1-800-835-2362 | Download the app ...

*HDHP members will pay these amounts until deductible is satisfied: Psychiatry initial visit \$235 Ongoing psychiatry visits \$105 Licensed Therapist visit \$95 15



Flexible programs to improve your health on your terms

Discover a one-of-a-kind approach to managing chronic conditions.



Diabetes Management

A personalized way to help manage diabetes. Get tools and support to track blood sugar levels and develop healthier lifestyle habits.

Program includes:

- A connected blood glucose meter
- Unlimited strips and lancets
- Tips, action plans and one-on-one coaching
- Real-time support for out-of-range readings

Hypertension Management

Take control of your heart health with guidance and a personalized plan. With a smart blood pressure monitor, you can track, get support, set up reminders and message a coach, all in one place.

Program includes:

- A connected blood pressure monitor
- Step-by-step action plans based on your goals
- Tips on nutrition and activity
- One-on-one support from expert coaches

Visit TeladocHealth.com Call 1-800-835-2362 | Download the app **¢** | **♦**



Real Appeal



Real Appeal

WEIGHT MANAGEMENT SUPPORT



Helping You Build Healthier Habits

Imagine having all the support you need to create a healthy lifestyle and boost your well-being. Real Appeal[®] makes it possible, by helping you take small steps for lasting change.

More Support for More Confidence

Real Appeal is a practical online weight management program. It's available to you and eligible family members at no additional cost as part of your health insurance.



Supportive Coaching and Sessions

Get personalized guidance from a coach, who leads collaborative weekly group sessions.

Making Behavior Change Possible Together, we'll address topics like emotional eating, mindset and motivation, and more.

Resources to Stay Motivated

Your Success Kit gives you access to online fitness classes, scales, a portion plate, and more. Boosting your well-being starts with:

Your mindset

We'll dive into awareness, motivation, confidence, accountability, and more.

Holistic health

Creating a healthy mindset starts with focusing on actions, not just weight loss.

Peer support

Your online group supports you by sharing challenges and successes.



Get started now at **enroll.realappeal.com** or scan the QR code.

Please have your health insurance ID card handy when enrolling.

AbleTo



AbleTo 🖌



You'll get

- An 8-week program Build coping skills through a tailored plan grounded in science
- Digital activities Practice new skills between coaching sessions

A 1:1 support Meet weekly with your coach by phone or video

Self-care tools Get 24/7 access to guided meditations, breathing exercises, journals, and more

^{\$0} for ALL Health Plan Members! Coaching for mental wellness

Tackle everyday stress and anxiety with the guidance of a highly qualified and caring coach. You'll work with your coach weekly to build life skills focused on your unique needs and goals. In between sessions, practice what you've learned at your own pace using online activities.

You'll learn how to

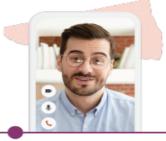
- > Manage stress and feel more in control
- > Change negative thoughts
- > Improve your mood
- > Set achievable goals
- Maintain better boundaries
- > Build healthy habits
- > Become more resilient to change
- > Communicate your needs

Here's how it works

Follow these simple steps to begin your mental wellness journey.









Visit AbleTo.com/health-plan Select UMR as your Health Plan Fill out a short questionnaire Start your personalized program

18

Zero

zero



*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**.*



Pain

Management

Women's Health And So Much More...



Step 01

Sleep

Studies

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

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Chat Live:

www.zero.health Glve U<u>s a Shout:</u>

help@zero.health

855-816-0001 Drop Us a Line:





Your enrollment in the university's medical plans entitle 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 <u>zero.health</u> 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 <u>help@zero.health</u> 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.



Oklahoma City University is proud to offer TWO prescription savings programs that offer 90day 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!



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



- Cymbalta
- Eliquis
- Rinvoq

*HDHP members CAN use CRX prior to meeting their deductible.





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.

<u>Employees and their dependents on all three of Oklahoma City University's medical plans pay</u> <u>no out-of-pocket costs</u> 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	Physicals and wellness exams	Industrial Health Injury
COVID-19 Testing & Treatment	Childhood exams	Laceration and Wound Care
Cough, Colds, Congestion	Mental health issues	Travel medicine consultations
Sore throat	Family Planning and	Routine immunizations
Nausea, Vomiting, Diarrhea	Contraception	Laboratory Testing
Muscle ache and strains	Asthma	EKG
Sports Injuries, Sprains	Hypertension	Pulmonary Function Testing
	Diabetes Management	



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

What You Need To Know About Your Medical Plan Coverage

- 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 dependents on all three of Oklahoma City University's 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 <u>Tobacco Surcharge 2025 FAQs</u> 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 days within the first 90 days of your hire date.



• You engage in and complete a tobacco cessation program in the first 90 days of your hire date.



United **Concordia** dental[™]

United Concordia Dental Concordia Flex Plan	Elite Plus 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): Exams Bitewing X-rays All Other X-rays Cleanings (twice per calendar year in combination with Periodontal Maintenance) ³ Fluoride Treatments (once per calendar year for dependent children under age 19) Sealants (once per 60 consecutive month period for dependent children under age 16) Space Maintainers (for dependent children under age 16) Palliative Treatment Periodontal Maintenance (twice per calendar year in combination with routine cleaning) ³	100%
Basic Services (Class II Benefits): Basic Restorative (Fillings) Simple Extractions Stainless Steel Crowns (For Dependent Children Only) General Anesthesia	80%
Major Services (Class III Benefits): Inlays, Onlays, Crowns Repair of Inlays, Onlays, Crowns, Bridges and Dentures Prosthetics (Bridges, Dentures) Implants Endodontics Nonsurgical Periodontics Surgical Periodontics Complex Oral Surgery	50%
Orthodontics (Class IV Benefits) Diagnostic, Active, Retention Treatment to age 19	50%

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

Create a MyDentalBenefits account

It's the online hub where you can check your coverage details, see claims and payments, print extra ID cards and more.

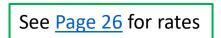


Scan to create your

MyDentalBenefits account

Set up an account after your plan's effective date. When you're ready, simply visit UnitedConcordia.com/

GetMDB. Make sure to have your member ID or social security number handy.









vision care

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	
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)	N/A
Lens Enhancements	See full <u>Summary of Benefits</u> 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 <u>VSP.com</u> for exclusive offers

See Page 26 for rates





United **Concordia** dental[™]

Dental Plan	Total Monthly Premium	Monthly Employee Contribution*	Monthly OCU Contribution
Employee Only	\$ 43.88	\$ 21.94	\$ 21.94
Employee & Spouse/Partner	\$ 87.80	\$ 43.90	\$ 43.90
Employee & Child(ren)	\$ 100.92	\$ 50.46	\$ 50.46
Employee & Family	\$ 163.64	\$ 81.82	\$ 81.82

Vision Plan	Total Monthly Premium	Monthly Employee Contribution*	Monthly OCU Contribution
Employee Only	\$ 12.24	\$ 6.12	\$ 6.12
Employee & Spouse/Partner	\$ 19.44	\$ 9.72	\$ 9.72
Employee & Child(ren)	\$ 19.92	\$ 9.96	\$ 9.96
Employee & Family	\$ 32.04	\$ 16.02	\$ 16.02

vision care



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 \$3,300 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 <u>www.advantagebenefitsplus.com</u> 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 <u>53</u> - <u>54</u> 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 50 - 51 for additional information.

Important Notes on FSA

- Eligible 2025 expenses must be incurred during the plan year or grace period through March 15, 2026. 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.
- You can not be enrolled in n FSA while enrolled in a HDHP.



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.





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 <u>page 28</u>. 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 June effective dates will be up front. If your effective date is July December; one half will be matched.
- Advantage Benefits Plus must be the HSA custodian to receive the match from OCU.

OCU HSA Match 2025

100% up to \$600 for Self-Only Coverage 100% up to \$1,100 for other than Self-Only Coverage

HSA Contribution Limits 2025

(including OCU's match) Individual: \$4,300 Family: \$8,550 \$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
- If you would like to enroll into a Limited Flexible Spending Account but not a Health Savings Account, please contact Valerie Robinson at <u>vrobinson@okcu.edu</u> or 405.208.5983.

Limited FSA Contribution Limits 2025 Individual: \$3,300

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



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 <u>bswift</u> landing page.
- Create your online account with TIAA and choose your investments at <u>www.tiaa.org.okcu</u>.
 - You are 100% vested after five years of service (you vest 20% per year)
 - You may increase or decrease your contributions upon request anytime during the year by submitting a new salary reduction agreement

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.

Investing Your Money

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

Talk with a TIAA Financial Advisor

To schedule an individual in-person appointment visit:

TIAA - Consultations

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





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

The university provides a basic life insurance benefit at no cost through Symetra 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 services:

• 24/7 Emergency Help and Travel Assistance

- Emergencies happen. When they happen far from home, it's comforting to know there's a team of multilingual professionals standing by to help.
- Your Travel Assistance Program offers a variety of 24-hour-a-day services in more than 200 countries and territories worldwide. Each just a phone call away!
- 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 these additional services, call 1-877-823-5807.

Voluntary Life and AD&D



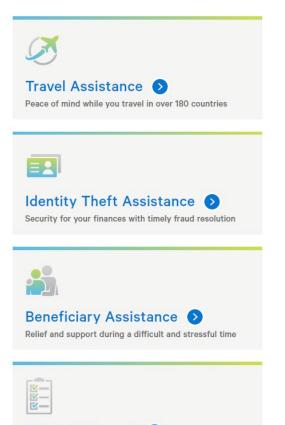
Can your loved ones afford to lose your income?



You work hard to protect the people you care about, but some hardships can't be predicted.

With group life insurance, you can help ensure your loved ones have the financial protection they need if you pass away. And by enrolling in this valuable insurance at work, you can take advantage of typically lower costs and a simplified process.

COMPLIMENTARY SERVICES FOR GROUP LIFE INSURANCE



EstateGuidance® 📀

Simplify your estate planning and reduce costs





Take advantage of a simplified process with:

- Simple enrollment— Our streamlined application process makes it easy to start coverage.
- No medical questionnaires if you enroll during your initial eligibility period.¹
- Convenient payroll deductions if any premium is owed.
- Flexible coverage amounts to meet your family's needs.

Covered Individual	Maximum Amount	Guaranteed Issue
Employee	\$500,000	\$200,000
Spouse	\$100,000	\$50,000
Child(ren)	\$10,000	\$10,000

Evidence of Insurability is required for all election increases and for any amount in excess of the Guarantee Issue amount. You can access the Evidence of Insurability link in bswift or <u>click here</u>.

Long-Term Disability





Group long-term disability insurance

How long could you make ends meet without an income?

No one expects to become disabled, but the truth is that a disabling injury or illness like cancer or a broken leg can happen to anyone. If a disability prevented you from working, how long could you meet your financial needs?



Financial protection when you need it most

Group long-term disability insurance replaces a portion of your income if you're unable to work so you can focus on recovery and getting back on the job.



Easy enrollment

Benefit Amount: 60% of your salary up to \$15,000 per month



Disability benefits begin after 12 months of service







IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most

Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

• Visit HealthCare.gov or call 1-800-318-2596 (TTY: 1-855-889-4325) to find health coverage options.

• To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

• For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments."

• If you have this policy through your job, or a family member's job, contact the employer.



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 36 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.





Voluntary Accident Plan & Rates





ACCIDENT INSURANCE BENEFITS

Benefits

Ambulance	Classic	Premier
Ambulance - Ground	\$250	\$400
Ambulance - Air	\$1,500	\$2,000
Hosptilization 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 Confinment	\$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



To find out which benefits best suit your lifestyle and needs, <u>click here</u> to visit Symetra's interactive online platform

Symetra Life Insurance Company

SYMETRA®

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.



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 <u>38</u> – <u>39</u> 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.

Voluntary Critical Illness Plan





CRITICAL ILLNESS

Benefits	Symetra - Enhanced
Coverage Amount	\$10k & \$20k
Spouse/child amount	Sp: 50%, Ch: 25%
Wellness Benefit	\$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 Infecton	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 Hepititis	25%
Childhood Conditions:	
Major Congenital Structural Abnormalilty	100%
Congenital Metabolic Disorder	100%
Congenital Chromosomal Abnormality	100%
Chronic Medical Conditions diagnosed in Childhood	50%

Voluntary 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

Helping you cope with the present and plan for the future



When life gets tough, it's helpful to have someone in your corner to listen, offer advice and point you in the right direction for additional help. That's what you get from DisabilityGuidance[™] an Employee Assistance Program that offers confidential counseling when you need it most

Your Employee Assistance Program

We're available 24/7 to assist you.

Call: 1-888-327-9573 TDD: 1-800-697-0353 Online: guidanceresources.com Web ID: SYMETRA

When talking on the phone, mention Symetra as your employer sponsor.

Your DisabilityGuidanceSM Employee Assistance Program

Access Anytime

Call: 1-888-327-9573 TDD: 1-800-697-0353 Online: guidanceresources.com Web ID: SYMETRA

When talking on the phone, mention Symetra as your employer sponsor.



You and eligible family members can meet face-to-face with a counselor, financial planner or attorney for expert, confidential information and guidance.1 Your household is eligible for a total of five sessions per calendar year, plus an additional five with a covered disability claim.² These services are included in the overall premium so no additional payment is required to use the program.

Confidential Counseling

Trained counselors with a master's or doctorate degree are just a phone call away-and completely confidential. They'll listen to your concerns and quickly refer you to appropriate resources and providers for:

- Stress, anxiety and depression
- Credit card or loan problems
- Difficulties with children
- Job pressures
- Grief and loss
- Substance abuse

Financial Information and Resources

Contact a certified public accountant or certified financial planner for financial information and guidance, including:

- · Getting out of debt
- Credit card or loan problems
- Tax guestions
- Retirement planning
- Estate planning
- Saving for college

Legal Support

Talk to an attorney about:

- Divorce and family law
- Debt and bankruptcy
- Landlord/tenant issues
- Real estate transactions
- Civil and criminal actions
- Contracts

Need Legal Representation?

A guidance consultant will refer you to a qualified attorney in your area for a free 30-minute consultation. Any customary legal fees after that are reduced by 25%.

Group insurance policies are insured by Symetra Life Insurance Company, 777 108th Avenue NE, Suite 1200, Bellevue, WA 98004. Travel Assistance, Identify Theff Protection and Beneficiary Companion programs are provided by Generali Global Assistance. Value-add programs may not be available in all states. Generali Global Assistance is not affiliated with Symetra Life Insurance Company or any of its subsidiaries. For more information, visit usgeneraliglobal Assistance (GGA) will not vexuate or repartiate you if a GGA-designated physician determines that sub-thrasport is not medically advisable or necessary of if the injury or lifness can be treated locally. GGA provides the services in all countries. However, GGA may determines that services cannot be prov certain countries or locales because of statutions such as vari, natural instability. GGA will attempt to assist you consistent with the limitations presented by the prevised and the erac. GGA cannot be held reporting in providing, services when such failure or del caused by conditions beyond its control, including but not limited to flight conditions, labor disturbance and strike, rebellion, rict, civil commotion, war or uprising, nuclear accidents, natural disaster, acts of God, or where rendering service is prohibited by local law or regulations. The medical tarrangements must be made through General Global Assistance. Provided service, and the proprise are to member's responsibile. There is no guarantee that intervention on behalf of covered members will not be assisted with, theffs involving non-U.S. bank accounts.

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 <u>Tuition Remission Program</u> <u>Overview</u> 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 <u>Tuition Exchange Program Overview</u> about employee and dependent eligibility, program requirements, benefit coverage, application details, and more.



Vacation Leave

Leave is accrued according to Policy 3.03 for full-time positions:

Grade	First 24 months of employment		24-60 months of employment			60 months + of employment			
Accrual Period	Annually	Monthly	Biweekly	Annually	Monthly	Biweekly	Annually	Monthly	Biweekly
5 - 8	10 days	6.67 hours	3.08	11 days	7.33 hours	3.38	16 days	10.67	4.92
			hours			hours		hours	hours
9 - 13	15 days	10 hours	4.62 hours	16 days	10.67 hours	4.92 hours	21 days	14 hours	6.46 hours
14+ and 12- Month Faculty	20 days	13.33 hours		21 days	14 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 vacation payout received is compensation for not more than one year's vacation accrual.
- Employees record vacation leave in quarter hour (.25) increments.

Sick Leave

Leave is accrued according to Policy 3.07 for full-time positions

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) is the same accrual rate.
- 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.





OCU Wellness Program Mission Statement: Create a culture to support and facilitate the desire of each member of the OCU community to make healthy lifestyle choices to enhance personal wellbeing.

- 1. <u>Aduddell Fitness Center</u> Employees may access the center at no cost if they complete and agree to the online <u>wellness waiver</u>.
 - Contact Josh Hall, <u>jhall@okcu.edu</u> regarding fitness center memberships for adult family members.
- 2. Freede Wellness Center Employees may access the center for open gym or to use the upstairs walking jogging track when it doesn't interfere with scheduled collegiate games.
- 3. Intramurals Take part in intramurals to interact with students, add activity to your day, and have fun!
- 4. OCU medical plan members Check for details and cost elsewhere in this guide.
 - **Real Appeal** An online, year-long program to support weight management and metabolic syndrome maintenance for members with a BMI of 19+.
 - Able To Digital Mental Health Take an online assessment and find out how you score in five wellbeing categories. Then work through suggested lessons to help you understand and address areas of concern to improve your well-being.
 - **Teladoc (telehealth)** Schedule a telephone appointment with an expert for a medical concern or for a behavioral health appointment for talk therapy, discuss prescription medications or both.
 - **Tobacco cessation** Plan covers at 100% two quit attempts per year including four sessions with a cessation provider and up to 90-days of FDA-approved cessation medications with each quit attempt.
 - **Behavioral health office visits** In most cases the office visit cost with an in-network behavioral health provider will be billed the same as a primary care office visit.
- 5. <u>Employer Assistance Plan</u> GuidanceResouces up to five in person personal counseling sessions per issue per year
- 6. <u>Wellness Program</u>
 - <u>Wellness Champions</u> Find out who your Wellness Champion is to keep up to date with upcoming events or join the Champions group to make suggestions and develop future wellness plans.
 - **Wellness time** With supervisor approval employees may use up to 60 minutes per week on campus on wellbeing related activity and count that time as work on timesheets or leave reports.
 - **Team fitness challenges –** Join a team to keep your healthy lifestyle motivation high.
 - **Benefits and Wellness Expo** Visit the Expo to ask questions of our health plan representatives and community partners. Always a good place to pick up free giveaways, samples, and/or discounts.
 - **Mammograms on campus –** The OU Medicine mobile mammogram van visits campus annually in early spring offering mammograms to anyone in the OCU community who schedules a visit. Screening mammograms are typically covered at 100% by insurance but check with your plan. It doesn't get easier than this!



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.

Faculty and staff only may save money on meals in the Caf by purchasing 10 meals for \$45 at Student Accounts. The meals will be loaded onto employee ID card and are available to you for as long as you are an employee. Paying at the door for a meal is over \$10 a meal.

Aduddell Fitness Center

Faculty and staff may have access to the Aduddell Fitness Center at no cost. Complete the Wellness Waiver annually during Open Enrollment and your ID card will open the main door. Memberships are available for adult employee family members by reaching out to Josh Hall, Fitness Center Director.



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 Is565v@att.com

T··Mobile·

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

BenefitHub





A world of discounts is waiting... Save big. Every day.

Enjoy discounts, rewards and perks on thousands of the brands you love in a variety of categories:

- Travel
- Entertainment
- Auto
- Electronics
- Apparel
- Local Deals
- Education

- Restaurants
- Health and Wellness
- Beauty and Spa
- Tickets
- Sports & Outdoors



It's easy to access and start saving!



Visit: ocustars.benefithub.com

Referral Code: ZPSFCV

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

Appendix



\$0 Copayment, **\$0 Shipping Cost** 90-Day Supply of Medications Outstanding Customer Service Team





Generics & Insulin U.S. BASED MAIL-ORDER PROGRAM Brand Name Medications & Specialty Products

^1,500 generic medications, insulin products, and branded medications shipped to your home for FREE on PPO Plan

Specialty Products Include Humira, Stelara, Enbrel, Cosentyx, Copaxone



Sign up over the phone (888-697-9646) or online at rxngo.com

Medications are shipped to your home within 3 weeks from our domestic and Canadian pharmacy. Branded medications to 1st be filled at retail pharmacy, please have 30 days of your Rx on hand for the 1st brand order!

QUESTIONS?

Prescriber Information PHONE 888-697-9646 FAX: 888-697-0646 ESCRIBE: Transition Pharmacy PA NPI# 1336325265 Generics & Insulin Contact 888-697-9646 rxngo@transitionrx.com Brand Medications Contact 833-390-1043 support@rxngobeyond.com

Important! Rx 'n Go Beyond medications are available for up to a 90-day supply via personal importation. 1st fills of branded medications must be through a U.S. retail pharmacy.





SAVINGS SIMPLE & SAFE

SIGN UP TODAY

Medications FREE to your door!

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!

- 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.
- 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
- SOO+ 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





Gone are the days of cumbersome paperwork and lengthy enrollment procedures. CRX International is here to make life easier, so everyone can focus on what matters most.

Are you ready to embrace the future of enrollment? Visit <u>crxintl.com</u> today to experience the convenience firsthand.

We are genuinely excited to introduce this innovative enhancement and are committed to serving you better than ever before.



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
 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

IMPORTANT: Not all expenses are eligible under all plans. An employer may limit which expenses are allowable under their Dependent Care FSA plan. If youare 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

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

- 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

Laxatives (non-fiber)

- Medicated nasal sprays, drops, & inhalersMedicated respiratory treatments &
- vapor productsMotion 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.

 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 	 gories are listed in bold face; common examples are liste 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 	 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
 Diagnostic Products Thermometers, blood pressure monitors, cholesterol testing Ear Care Unmedicated ear drops, syringes, ear wax removal 	 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 	 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.

<u>Please Note:</u> 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		
 Contact Lens or Eyeglass Insurance Cosmetic Surgery/Procedures Electrolysis Insurance Premiums and Interest 	 Long Term Care Premiums Marriage or Career Counseling Personal Trainers Teeth Whitening and bleaching 	Sunscreen (spf less than 30)Swimming LessonsVeneers
Note: This list is not meant to be all-inclusive.		

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

Important Contacts

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

Benefit Plan Contacts					
Medical	Quantum / UHC	866.920.2069	okcu.quantum-health.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	<u>Generic: rxngo.com</u> <u>Brand: rxngo.com/beyond</u>		
Medical Plan Virtual Visits	Teladoc	N/A	www.teladoc.com		
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	United Concordia	800.332.0366	www.unitedconcordia.com		
Vision	VSP	800.877.7195	www.vsp.com		
Flexible Spending and Health Savings Accounts	Advantage Benefits Plus	405.341.7587	www.abplusonlline.com		
Life/AD&D and Disability Insurance	Symetra	800.497.3699	www.symetra.com		
Retirement Plan	TIAA	800.842.2252	www.tiaa.org		
Employee Assistance Program (EAP)	Guidance Resources via Symetra	888.327.9573	www.guidanceresources.com		
Accident & Critical Illness Plans	Symetra	800.497.3699	www.symetra.com		

Holidays and Important Dates

2025 Holidays and Important Dates				
Offices are closed unless indicated otherwise *** Dates are subject to change				
New Year's Day	Wednesday, January 1			
University opens	Tuesday, January 2 – offices open			
Martin Luther King, Jr. Day	Monday, January 20			
Spring Break	March 17-21 – offices open			
Good Friday	Friday, April 18 – offices close at noon			
Summer office hours	Monday, May 5 – M-Th, office hours 8am-5:30pm			
Memorial Day	Monday, May 26			
Juneteenth	Thursday, June 19			
Independence Day	Friday, July 4 – no observance; day added to winter break			
Regular offices hours	Monday, July 28 – office hours M-F, 8am – 5pm			
First day of classes	Monday, August 25 – offices open			
Labor Day	Monday, September 1			
Fall Break	October 20-21 – offices open			
Thanksgiving holiday	Wednesday - Friday, November 26 – 28			
Winter Break	Tuesday, December 23 – Friday, January 2			
University opens	Monday, January 5, 2026			



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 vrobinson@okcu.edu.

NOTICE	WHAT IT MEANS FOR YOU
HEALTH CARE REFORM	Provides a summary of the law focusing on establishing state-based mechanisms for obtaining health coverage and establishing federal standards to oversee benefits designs and costs.
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-protection time off under FMLA.
TRANSPARENCY IN COVERAGE (TIC) MACHINE- READABLE FILES (MRF) NOTICE	Provides requirements of health plans to provide in-network provider rates and out of network allowable amounts.
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 RIGHTS AND PROTECTIONS AGAINST SURPRISE MEDICAL BILLS	Describes when you get emergency care or are treated by an out-of- network provider at an in-network hospital or ambulatory surgical center, you are protected from balance billing.
CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT (COBRA)	Provides details about how COBRA can provide ongoing health benefits after coverage ends under certain conditions.
NOTICE OF PRIVACY PRACTICES	Describes how your medical information may be used and disclosed and how you can gain access to that information.
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 medical plan is expected to pay out, on average, at least as much as the standard Medicare prescription drug coverage will pay in 2025. (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).

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.