

**Oklahoma Higher Education Employee Insurance Group  
2019 MONTHLY PREMIUMS**

**FOR ACTIVE EMPLOYEES/DEPENDENTS AND PRE 65 RETIREES**

Amounts represent **MONTHLY** payroll deductions.

		EMPLOYEE COST	SPOUSE ONLY	ONE CHILD ONLY	TWO OR MORE CHILDREN ONLY	FAMILY (SPOUSE AND ONE OR MORE CHILDREN)
<b>MEDICAL:</b>		NSU PAYS				
Plan A	\$750 Choice	\$695.24	\$0.00	\$658.24	\$193.22	\$505.59
Plan B	\$1250 Options	\$607.04	\$0.00	\$492.93	\$172.98	\$452.65
Plan C	\$1500 Choice	\$515.33	\$0.00	\$476.27	\$168.04	\$439.71
Plan D	\$3000 Choice	\$528.62	\$0.00	\$496.89	\$179.24	\$469.00
Plan E	\$1500 HSA Choice	\$559.25	\$0.00	\$497.51	\$153.66	\$473.22

<b>DENTAL:</b>		Employee cost is already added to other categories:				
Delta Dental High Option	\$0.00	\$36.86	\$73.70	\$54.30	\$70.20	\$110.70
Delta Dental Low Option	\$0.00	\$26.00	\$55.80	\$38.24	\$46.70	\$78.20
Delta Dental Preventive Option	\$0.00	\$18.26	\$37.52	\$30.24	\$39.58	\$60.18

<b>VISION:</b>						
Vision Service Plan (VSP)	\$6.54	\$0.00	\$6.56	\$6.28	\$7.46	\$15.82
Vision Service Plan (VSP) Buy-Up	\$6.54	\$5.75	\$18.09	\$17.55	\$19.79	\$35.50

PLEASE NOTE THAT THE UNIVERSITY PAYS UP TO \$695.24 FOR THE EMPLOYEE'S MEDICAL COVERAGE and \$6.54 FOR THE EMPLOYEE'S VISION INSURANCE

NOTE: RATES ARE SUBJECT TO CHANGE JAN. 1, 2020.



BlueCross BlueShield  
of Oklahoma

## 2019 Benefit Summary



Network	Plan A		Plan B		Plan C		Plan D		Plan E	
	Choice	Preferred & Choice	Choice	Preferred & Choice	Choice	Choice	Choice	Choice	Choice	Choice
General Plan Information										
Calendar Year Deductible (CYD)	\$750 Ind / \$2250 Family	\$1250 Ind / \$3750 Family	\$1500 Ind / \$4000 Family	\$1500 Ind / \$4000 Family	\$3000 Ind / \$9000 Family	\$3000 Ind / \$9000 Family	\$3000 Ind / \$9000 Family	\$3000 Ind / \$9000 Family	\$1500 Ind / \$3000 Family	HSA ELIGIBLE
Calendar Year Out of Pocket Max <small>Includes deductible and pharmacy/medical copays</small>	\$3000 Ind / \$9000 Family	\$3500 Ind / \$10500 Family BP \$4000 Ind / \$12000 Family BC	\$4000 Ind / \$12000 Family	\$4000 Ind / \$12000 Family	\$6350 Ind / \$13000 Family	\$6350 Ind / \$13000 Family	\$6350 Ind / \$13000 Family	\$6350 Ind / \$13000 Family	\$3000 Ind / \$6000 Family	
Member Coinsurance	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD
Primary Office Visit Copay	\$20 Copay	\$25 BP / \$35 BC Copay	\$20 Copay	\$25 BP / \$35 BC Copay	\$35 Copay	\$35 Copay	\$35 Copay	\$35 Copay	20% after CYD	20% after CYD
Specialty Office Visit Copay	\$40 Copay	\$40 BP / \$50 BC Copay	\$40 Copay	\$40 BP / \$50 BC Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	20% after CYD	20% after CYD
Preventive Care Visits (Well Baby, Adult/Child Immunizations, Routine Health Screenings)	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Diagnostics Lab/X-Ray	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD
In-Patient Hospitalization	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD
Out-Patient Surgery	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD
Allergy Treatment/Testing	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD BP 30% after CYD BC	20% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD
Emergency Room	\$100 Copay; then 20% after CYD (waived if admitted)	\$150 Copay, then 20%/30% after CYD (waived if admitted)	\$100 Copay; then 20% after CYD (waived if admitted)	\$150 Copay, then 20%/30% after CYD (waived if admitted)	\$150 Copay; then 20% after CYD (waived if admitted)	\$150 Copay; then 20% after CYD (waived if admitted)	\$150 Copay; then 20% after CYD (waived if admitted)	\$100 Copay; then 20% after CYD (waived if admitted)	\$50 Copay	20% after CYD
Urgent Care	\$40 Copay	\$40 BP / \$50 BC Copay	\$40 Copay	\$40 BP / \$50 BC Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	\$50 Copay	20% after CYD
Health Risk Assessment	HA deductible credit applies to 2019 plan year and must be completed between 01/01/2019 and 12/31/2019. HA must be completed and credited prior to claims payment. No retroactive claim adjustments will be allowed.									
<b>Mental Health/Substance Abuse</b>										
In-Patient	20% after CYD	20%/30% after CYD	20% after CYD	20%/30% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD
Out-Patient	\$20 Office Visit Copay 20% after CYD for other services	\$25 BP / \$35 BC Copay 20%/30% after CYD for other services	\$20 Office Visit Copay 20% after CYD for other services	\$25 BP / \$35 BC Copay 20%/30% after CYD for other services	\$35 Office Visit Copay 20% after CYD for other services	\$35 Office Visit Copay 20% after CYD for other services	\$35 Office Visit Copay 20% after CYD for other services	\$35 Office Visit Copay 20% after CYD for other services	\$35 Office Visit Copay 20% after CYD for other services	20% after CYD

# 2019 Benefit Summary *(continued)*



	Plan A	Plan B	Plan C	Plan D	Plan E
<b>Network</b>	Choice	Preferred & Choice	Choice	Choice	Choice
<b>Rehabilitation Services: Outpatient:</b> Separate 60 visit limits per benefit period for speech and occupational therapies.	20% after CYD	20% / 30% after CYD	20% after CYD	20% after CYD	20% after CYD
<b>Habilitation Services: Inpatient</b> 30 day limit per benefit period. PA required.	20% after CYD	20% / 30% after CYD	20% after CYD	20% after CYD	20% after CYD
<b>Physical and chiropractic Therapy</b> (combined limited to 60 visits per CY)	20% after CYD	20% / 30% after CYD	20% after CYD	20% after CYD	20% after CYD
<b>Durable Medical Equipment (DME)</b>	20% after CYD	20% / 30% after CYD	20% after CYD	20% after CYD	20% after CYD
<b>Skilled Nursing Facility</b> (100 days per CY)	20% after CYD	20% / 30% after CYD	20% after CYD	20% after CYD	20% after CYD
<b>Home Health Care</b> (100 days per CY)	20% after CYD	20% / 30% after CYD	20% after CYD	20% after CYD	20% after CYD
<b>Hospice</b> (PA Required)	20% after CYD	20% / 30% after CYD	20% after CYD	20% after CYD	20% after CYD
<b>Pharmacy</b>					
<b>Generic Drugs</b>		Retail: 25% of allowed amount; \$25 Min / \$75 Max Mail Order: \$75 Min / \$150 Max			20% after CYD
<b>Preferred Brand Name Drugs</b>		Retail: 25% of allowed amount; \$25 Min / \$75 Max Mail Order: \$75 Min / \$150 Max			20% after CYD
<b>Non-Preferred Brand Name Drugs</b>		Retail: 50% of allowed amount; \$50 Min / \$100 Max Mail Order: \$150 Min / \$300 Max			20% after CYD
<b>Specialty Drugs</b>		50% of allowed amount; \$50 Min / \$100 Max (limited to 30 day supply Must be ordered through Prime Therapeutics (no mail order available))			20% after CYD
		30 Day Supply Limit retail. Up to 90 Day Supply of Maintenance drugs. Up to 90 Day Supply Mail, Network Only			

This benefit summary is a Non-Grandfathered health plan. Benefits assume, and are subject to the use of BCBSOK's administrative policies, procedures, and medical policies. Out-of-network charges are paid utilizing the blue Choice PPO allowable amount. Members may be balanced billed by the provider. This benefit summary does not contain a complete list of benefits available to you nor does it contain a listing of exclusions, limitations, and conditions which apply to the benefits shown. Full information can be found only in the group Contract and Certificate of Benefits.

# Money Accounts and How They Differ!

## Health Savings Account (HSA)

- You must enroll in a High Deductible Health Plan (HDHP) to open an HSA.
- HSA funds won't be available until you have contributed them to your account.
- As a reminder an HSA has no copays, so you are paying the negotiated rate for most services, unless it is a preventive service which is covered at 100%.
- The BCBS Plan E is the only HDHP plan being offered, so be sure to select this plan if you want an HSA.
- Plan E has a \$1500 Deductible and a \$3000 Out of Pocket Limit with an 20% Member Coinsurance in-network.
- You may only use the Zero Card after your deductible is met.
- Determine how much you currently spend on medical expenses, including dental care, vision needs and prescriptions. This is the amount you would might want to set aside pre-tax to reduce your taxable income.

### Here are some examples on how claims will process:

Routine Office Visit - Initial Rate \$200, negotiated Rate \$89		<b>\$1500</b> Deductible
Chiropractic Visit—Initial Rate \$120, negotiated Rate \$70	Doctor	\$ 89
Exam of Skin Cancer\Biopsy, Initial \$455, neg \$213.97	Chiro	\$ 70
Skin cancer removal, Initial \$300, negotiated \$172.35	Rx Metformin	\$ 4
	Rx Progest	\$ 34
	Rx Hormone	\$ 149
	Derm	\$ 214
	<u>Derm</u>	<u>\$ 172</u>
	Balance	\$ 768

Once you satisfy the **\$1500** Deductible then all your remaining expenses are covered at 80% with you paying the remaining 20%. Same Costs above are now as follows: Routine Office \$89—now \$17.80; Chiro Visit \$14; Derm Visit \$42.79

Your Out of Pocket Limit is \$3000. Once you've spent \$3000 in medical and prescription claims, BCBS will pay remaining claims at 100% as long as you remain in-network.



**Cost Estimator**

Estimate your cost for common procedures and treatments



**Get Started >**

### TIPS:

- Make sure you are registered on the BCBS BlueAccess for Members (BAM) site at [www.bcbsok.com](http://www.bcbsok.com). Once registered you'll have access to the Cost Estimator.
- You also have access to a preventive drug list that will allow you to purchase some medications without the deductible first applying. Look for copies of the preventive drug list on your new online enrollment system.



## Flexible Spending Account (FSA)

- There are two types of Flexible Spending Accounts, a Healthcare Spending Account and a Dependent Daycare Account.
- The Healthcare has a limit of \$2650 and the Dependent Daycare has a limit of \$5000 that you can set aside pre-tax each year.
- Determine how much you currently spend on medical expenses, including dental care, vision needs and prescriptions. This is the amount you would might want to set aside pre-tax to reduce your taxable income.
- The FSA has a 'use or lose it' clause so make sure to plan well. There will be a \$500 carryover provision this year, so any funds under \$500 will roll into next year's plan. This should provide some piece of mind that you won't lose any of your funds.
- With the FSA, you will determine how much you want to set aside for the year and that amount will be split up between the number of payroll deductions you have per year.

Example: Annual contribution \$1200 - 12 Payroll Deductions per year - you will have \$100 taken out of each paycheck throughout the year but you will have access to the entire \$1200 on January 1, 2019.

- You'll receive a Debit Card that will make it easy to access your funds at the doctors office or while picking up a prescription. If there is an instance that you can't use your Debit Card, you can then file a claim online through the Chard Snyder website.



### Help Yourself...

#### Chard Snyder Website

Our website is loaded with information and tools to help you get the most out of your plan. Access your account by logging in at [www.chard-snyder.com](http://www.chard-snyder.com).



#### Mobile App

Our mobile app is simple to use and easy to get from Google Play or the App Store.



- View account balances and transaction details
- Submit and review claims
- Upload paperwork
- Scan products for eligibility (Plan restrictions may apply)

#### Customer Service

Contact us through Live Chat from the Chard Snyder website, give us a call, or send us an email for quick, convenient, personal service.

800.982.7715 | [askpenny@chard-snyder.com](mailto:askpenny@chard-snyder.com)

#### Qualified Expenses:

Doctor Visits

Prescriptions

Any Covered Medical Expense

Dental Care

Vision Care

Chiropractic Services

Massage Therapy

Accupuncture

Some Over the Counter Items