

BENEFIT PROGRAMS FOR EMPLOYEES OF SOUTHEASTERN OKLAHOMA STATE UNIVERSITY

This information was developed by University Human Resources (HR) for the convenience of SE employees. It is a brief interpretation of more detailed and complex materials. If further clarification is needed, the actual law, policy, plan document, or contract should be consulted as the authoritative source. Co-pay varies with each plan. All health care providers (health, vision & dental) must be selected from a provider list for optimum benefit. SE continually monitors benefits and reserves the right to update benefit information sheet as necessary.

BASIC BENEFITS	WHO IS ELIGIBLE	WHEN TO ENROLL	SE PAYS (Cost Per Month or Annually)	EMPLOYEE PAYS (Cost Per Month)	COVERAGE PROVISIONS &/or EFFECTIVE DATE (Outline)	
Health Care Blue Cross Blue Shield of Oklahoma BlueChoice PPO <u>Red Plan</u>	Reg. Full Time Employees with 75% FTE	You have 30 days from your entry on duty date to elect coverage for yourself & your eligible dependents. Otherwise, you may enroll or add coverage only during Option Period Enrollment in the fall.	Premium \$654.58 SE Pays <u>\$581.83</u> for employee coverage Employee Pays \$ 72.75	Employee \$72.75 Child \$261.97 + \$72.75 = \$334.72 Children 498.60 + 72.75 = 596.58 Spouse 687.45 + 72.75 = 760.20 Spouse & Child(ren)\$1211.16 + 72.75 = \$1283.91	Comprehensive health care insurance with prescription benefit, PPO; \$1000 annual individual deductible/\$3000 family, calendar year. Cover children through their 26 th birth month. 80/20, \$25/\$40 co-pay network provider, 50/50 co-pay + unallowable charges from non-network providers. Coverage becomes effective the first day of the month following your entry on duty date. Health Assessment (HA) deductible credit applies to plan year and must be completed between 1-1-18 and 12-31-18 and credited prior to claims payment. Employees, covered spouses, <u>and dependents over age 18</u> , are eligible.	
Health Care Blue Cross Blue Shield of Oklahoma BlueOptions PPO <u>White Plan</u> <u>Provided by SE to Employee Only</u>	Reg. Full Time Employees with 75% FTE	You have 30 days from your entry on duty date to elect coverage for yourself & your eligible dependents. Otherwise, you may enroll or add coverage only during Option Period Enrollment in the fall.	SE Pays \$581.83 for employee coverage.	Child \$232.91 Children 465.71 Spouse 611.11 Spouse & Child(ren) \$1076.70	Annual individual deductible \$1250/\$3750 family deductible, calendar year. After meeting the deductible, the plan will pay 80%/70%/60%/50% of eligible & allowable charges depending on the provider level (see benefit summary). The individual maximum out-of-pocket expense is \$3500/\$4000/\$4500/\$6500. Family maximum out of pocket is higher. After maximum is met, the plan will pay 100% of all eligible and allowable charges if in network. Cover children through their 26 th birth month. Health Assessment (HA) deductible credit applies to plan year and must be completed between 1-1-18 and 12-31-18 and credited prior to claims payment. No retroactive claim adjustments will be allowed. Employees, covered spouses, <u>and dependents over age 18</u> , are eligible.	
Health Care Blue Cross Blue Shield of Oklahoma BlueChoice PPO <u>Blue Plan</u> <u>Provided by SE to Employee Only</u>	Reg. Full Time Employees with 75% FTE	You have 30 days from your entry on duty date to elect coverage for yourself & your eligible dependents. Otherwise, you may enroll or add coverage only during Option Period Enrollment in the fall.	SE Pays \$500.80 for employee coverage. SE pays \$81.03 toward dependent health if elected, or \$36.86 for employee only High Option Dental Plan	Child \$200.16 - \$81.03 = \$119.13 Children 400.44 - 81.03 = 319.41 Spouse 525.72 - 81.03 = 444.69 Spouse & Child(ren) \$926.28 - 81.03 = \$845.25	Plan pays member's first \$500 of eligible and allowable charges per covered individual. Annual individual deductible of \$500 and a family deductible of \$1000. Deductible begins after the first \$500 paid charges per covered individual. After meeting the deductible, the plan will pay 50% of all the eligible & allowable charges up to an individual maximum out-of-pocket expense of \$5,500 or a family maximum of \$11,000. After maximum is met, the plan will pay 100% of all eligible and allowable charges if in network, 70% if out of network. Cover children through their 26 th birth month. Health Assessment (HA) deductible credit applies to plan year and must be completed between 1-1-18 and 12-31-18 and credited prior to claims payment. No retroactive claim adjustments will be allowed. Employees, covered spouses, <u>and dependents over age 18</u> , are eligible.	
Vision Service Plan VSP Choice Plan	Reg. Full Time Employees with 75% FTE	You have 30 days from your entry on duty date to elect coverage for yourself & your eligible dependents. Otherwise, you may enroll or add coverage only during Option Period Enrollment in the fall.	\$6.54 Employee coverage	Child \$6.28 Children 7.46 Spouse 6.56 Spouse & Child(ren) \$15.82	Well Vision Exam \$10 co-pay /every calendar year Prescription Glasses \$25 co-pay Lenses/ every calendar year -Single vision, lined bifocal, & lined trifocal lenses -Polycarbonate lenses for dependent children Frame/ every calendar year -\$150 allowance for a wide selection of frames -20% off the amount over your allowance Cover children through their 26th birth month.	~OR~ Contact Lens Care -No co-pay/ calendar year \$150 allowance for contacts & contact lens exam (fitting & evaluation) Extra Discounts & Savings -Glasses/Sunglasses -Contacts - Laser Vision Correction average 15% savings with contracted facilities Out-of-Network Reimbursement: Exam-up to \$45 Single vision lenses-up to \$30 Lines bifocal lenses-up to \$50 Lined trifocal lenses-up to \$65 Frame-up to \$70 Contacts-up to \$105

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<div>DELTA DENTAL</div> <div>HIGH PLAN</div> <div>LOW PLAN</div> <div>PREVENTIVE PLAN</div>	Reg. Full Time Employees with 75% FTE	You have 30 days from your entry on duty date to elect coverage for yourself & your eligible dependents to avoid "late entrant" limitations with subsequent open enrollment. Otherwise, you may enroll or add coverage only during Option Period Enrollment in the fall.	SE pays \$36.86 for employee high dental if the Blue Plan Health is elected and no dependent health.	<div>HIGH</div> <div>Employee \$36.86 Employee/Chd \$54.30 Employee/Chldn \$70.20 Employee/Sp \$73.70 Employee/Sp/Child(ren) \$110.70</div> <div>LOW</div> <div>Employee \$26.00 Employee/Chd \$38.24 Employee/Chldn \$46.70 Employee/Sp \$55.80 Employee/Sp/Child(ren) \$78.20</div> <div>PREVENTIVE</div> <div>Employee \$18.26 Employee/Chd \$30.24 Employee/Chldn \$39.58 Employee/Sp \$37.52 Employee/Sp/Child(ren) \$60.18</div>	<div>HIGH PLAN</div> <div>PPO Network Premier Network Out-of-Network</div> <div>Class I 100% 100% 100%</div> <div>Diagnostic/Preventive</div> <div>Class II 85% after \$25 ded. 70% after \$25 ded. 70% after \$25 ded.</div> <div>Basic Services</div> <div>Class III 60% after \$25 ded. 50% after \$25 ded. 50% after \$25 ded.</div> <div>Major Services</div> <div>Class IV 50% 50% 50%</div> <div>Orthodontic Services</div> <div>Dependents under 26</div> <div>LOW PLAN</div> <div>Class I 100% 100% 100%</div> <div>Diagnostic/Preventive</div> <div>Class II 75% after \$50 ded. 70% after \$50 ded. 70% after \$50 ded.</div> <div>Basic Services</div> <div>Class III 60% after \$50 ded. 50% after \$50 ded. 50% after \$50 ded.</div> <div>Major Services</div> <div>Class IV N/A N/A N/A</div> <div>No Orthodontic Services</div> <div>PREVENTIVE PLAN</div> <div>PPO Network Premier Network Out-of-Network</div> <div>Class I 100% after \$50 ded 100% after \$50 ded 100% after \$50 ded</div> <div>Diagnostic/Preventive</div> <div>Class II 80% after \$50 ded. 80% after \$50 ded. 80% after \$50 ded.</div> <div>Basic Services</div> <div>Class III N/A N/A N/A</div> <div>Major Services</div> <div>Class IV N/A N/A N/A</div> <div>No Orthodontic Services</div> <div>Children may be covered through their 26th birth month with all plans.</div>
<div>Long-Term Disability</div> <div>MetLife Insurance Company Core Plan or the Buy-Up Option</div>	Reg. Full Time Employees with 75% FTE	Eligible after 6 months.	Core Plan: You are insured on the date you become eligible & will start receiving benefits after 6 months of continuous disability. Appointment Salary X .00148 annually.	Buy-Up Option: Buy-Up; provides benefits sooner-after 3 months of continuous disability at a minimal cost to employee through payroll deduction. (Appointment Salary X .0008/12	Monthly Income Benefit replaces 60% of your monthly wage base up to a maximum of \$8,000 per month before offsets to a max of \$160,000.00. Minimum Standard benefit payment is the greater of \$100 or 10% of the Monthly Income Benefit before offsets. You have two options from which to choose, depending on when and how long you would receive benefits. (Offsets that will affect your benefit will include benefits paid to you such as social security disability, OTRS disability, etc.)
<div>Life Insurance</div> <div>Metropolitan Life Insurance Company “MetLife”</div>	Reg. Full Time Employees with 75% FTE	Employees are automatically enrolled on the first day of the month following the date they become an Active Member. Dependants must be enrolled within 31 days of eligibility to avoid proof of insurability. Evidence of Insurability form must be submitted if written election is made more than 31 days after becoming eligible for insurance.	(Salary x 2-rounded to the next higher \$1000) X.000145), annually. Annual salary updated each January 1.	Spouse/Children \$10,000/\$5,000 \$2.40 or with AD&D \$2.65 total monthly premium. Spouse/Children \$20,000/\$10,000 \$4.80 or with AD&D \$5.30 total monthly premium. Spouse/Children \$50,000/\$10,000 \$12 or with AD&D \$13 total monthly premium.	Employee life insurance is 2 X the employees appointed annual salary rounded to the next higher \$1000, until age 65 (65% to age 69, 50% to age 74, 35% at age 75 and over) (maximum coverage of \$250,000); updated yearly based on July pay; plus Accidental Death and Dismemberment; \$10,000 seat belt & \$5,000 air bag extra coverage. Optional dependent coverage for spouse (\$10,000, \$20,000 or \$50,000); unmarried dependent child through the 26 the birth month, (\$5,000 or \$10,000).
<div>Section 125 Flexible Benefits</div> <div>(Cafeteria Plan) American Fidelity Unreimbursed Medical & Dependent Care</div>	Reg. Full Time Employees with 75% FTE	Within 30 days of employment date for new employees; annual open enrollment.		No cost Tax savings. USE IT OR LOSE IT ANNUALLY	IRS Section 125 Plan to tax shelter employee-paid health care, dental, cancer, and vision insurance premiums. A change in family status that affects insurance premium needs to be processed through Human Resources within 30 days of event. This benefit includes: unreimbursed medical expenses , excludes premiums (up to * \$2,500 per calendar year); and dependent care expenses (up to \$5,000 per calendar year), per IRS regulations). All eligible expenses can reduce taxable income, thereby increasing take-home pay. *Effective 1-1-13 max of \$2500 per calendar year
<div>Oklahoma Teachers’</div>	Reg. FT emp. with 75% FTE	Faculty, Administrative, & Professionals are mandated. Paraprofessional, Support Staff &	Contributes 7% of all wages and fringe benefits that exceed \$25,000.	Contributes 7% of all wages + fringe benefits, on the first \$25,000 earned each fiscal year: equal to \$1,750.00 annually	Defined benefit plan requiring 5 years of contributions for Oklahoma service in public education to become vested. Vesting allows the option to have lifetime annuity income.

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Retirement System (OTRS) 401(a)	or more; Adjunct faculty ineligible	Technical have optional enrollment at any time. NOTE: becoming optional member later than at hire or in July (when plan year begins) requires catching up on contributions on wages back to July.	8.55% Administrative Fee	(fiscal year).	Contributions are deposited to the member's account & may be withdrawn 4 months after leaving the system. Ten years of OTRS contributory service required to receive a \$100-\$105/mo. subsidy from OTRS toward group health plan premiums at retirement.																
FICA OASDI Medicare	All employees unless claim student exemption	Automatic Enrollment.	6.2% of first \$127,200 FICA gross in calendar year. (Maximum \$7886.40) 1.45% of all income in calendar year.	6.2% of first \$127,200 FICA gross in calendar year. (Maximum \$7886.40) Same as SE pays	Old-Age, Survivors, & Disability Insurance (OASDI) covers employee, dependents, surviving family; lump-sum death benefits. Medicare provides coverage for: Part A - Hospitalization Part B - Supplemental medical insurance.																
Worker's Compensation	All employees regardless of FTE including temporary & student employees	Automatic Enrollment.	All income in calendar year X .82%		Covers employee medical expenses & loss of income resulting from work-related illness or injury.																
Unemployment Compensation	All employees regardless of FTE including temporary	Automatic Enrollment.	All income in calendar year X .08 %		Provides economic security for a worker during temporary periods of unemployment.																
Supplemental Tax Deferred Annuities (TDAs) VOYA 403(b) & 457(b)	All employees with the exception of student workers	Optional Enrollment at any time.		403(b) & 457(b) Min=\$200/year Max=\$18,500 for For additional catch-up amounts contact Human Resources.	403(b) 457(b) tax deferred supplemental retirement plans with VOYA approved for payroll deduction. Minimum and maximum tax-deferred exclusion allowances are federally regulated.																
Additional Benefits: Free Parking Most Lots+ Generous Leave Policies, i.e., Annual, Sick for employee + immediate family, Family Medical Leave, Military Leave + Paid Holidays (average 20 days paid per year) + Library + Tuition Assistance. Optional Benefits: Dreaded disease insurance, dependent health and life insurance, Oklahoma College Savings Plan, short-term disability insurance and long-term care insurance. Annual Leave Accrual: Based on Date of Emp. (DOE) and must be 75% FTE or more. <table><tr><th><u>Years of Service</u></th><th><u>Annual Leave</u></th><th><u>Mo. Accrual Rate</u></th><th><u>Accumulation Limit</u></th></tr><tr><td>0-5 years</td><td>15 days (120 hrs) per yr.</td><td>1.25 days (10 hrs)</td><td>30 days (240 hrs)</td></tr><tr><td>6-20 years</td><td>18 days (144 hrs) per yr.</td><td>1.5 days (12 hrs)</td><td>45 days (360 hrs)</td></tr><tr><td>Over 20 years</td><td>20 days (160 hrs) per yr.</td><td>1.67 days (13.33 hrs)**</td><td>60 days (480 hrs)</td></tr></table> <p>Non-exempt positions are eligible to earn compensation for overtime. To learn if you are exempt or non-exempt please call Human Resources (HR) X2162. Employees in non-exempt positions who work more than 40 hours during the established work week (Sunday through Saturday) qualify for compensatory time. Such employees will be given compensatory time in lieu of payment at the rate of one and one-half hours for each hour actually worked over 40 (holidays, annual, sick, and compensatory time used during the 40 hour week are not treated as hours worked for time and a half).</p> <p>*Generally Annual Leave does not apply to Faculty. Call Human Resources. A two week notice must be given for terminal annual leave to be paid, four week notice for managerial positions. **June's entry will be 13.37 hours to equal exactly 20 days earned for the fiscal year.</p>						<u>Years of Service</u>	<u>Annual Leave</u>	<u>Mo. Accrual Rate</u>	<u>Accumulation Limit</u>	0-5 years	15 days (120 hrs) per yr.	1.25 days (10 hrs)	30 days (240 hrs)	6-20 years	18 days (144 hrs) per yr.	1.5 days (12 hrs)	45 days (360 hrs)	Over 20 years	20 days (160 hrs) per yr.	1.67 days (13.33 hrs)**	60 days (480 hrs)
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<u>Helpful Telephone Numbers and Websites</u> American Fidelity.....800-323-3748 American Fidelity website.....http://www.afadvantage.com AF Advantage (Automated Balance Info Section 125).....800-325-0654 <u>HEALTH AND DENTAL INSURANCE</u> OKHEEI Group Blue Cross Blue Shield of Oklahoma.....http://www.bcbsok.com/okheei Health Customer Service..... 800-672-2567 Pharmacy Customer Service.....877-546-2779 DELTA Dental Customer Service.....800-522-0188 <u>LIFE & LTD (Long Term Disability)</u> MetLife Insurance Co.....1-800-423-2765				<u>VISION</u> Vision Service Plan (VSP).....1-800-877-7195 Vision Service Plan (VSP) website.....www.vsp.com OKLAHOMA TEACHERS' RETIREMENT SYSTEM.....1-877-738-6365 or www.ok.gov/trs SE website.....http://www.se.edu/ SE Human Resources website..... http://www.se.edu/dept/human-resources SE Academic Policies/Procedures Manual.....http://www.se.edu/policies SE Staff Policies/Procedures Handbook.....http://www.se.edu/policies RUSO Board Policies/Procedures.....http://www.ruso.edu/Home.aspx <u>Supplemental Tax Deferred Annuities (TDAs)</u> VOYA 457(b) 403(b)http://www.ok2retire.com																	
Southeastern Oklahoma State University does not discriminate on the basis of race, color, national origin, sex, disability, or age, in its programs and activities. The following person has been designated to handle inquiries regarding the non-discrimination policies: Title IX Coordinator, Administration Room 311, 580-745-3090.																					