

## 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 (Outline)	
<b>Health Care</b> Blue Cross Blue Shield of Oklahoma <b>Plan A</b> Preferred Network  <b>Employee pays a portion</b>	Reg. Full Time Employees with 75% FTE	Enroll on the first day of employment.  You have 31 days from your employment date to elect coverage for yourself & your eligible dependents. Otherwise, you may enroll or add coverage during Open Enrollment in the fall.  Coverage is effective the first day of the month following your employment date.	Premium \$726.68 SE Pays \$634.48 for employee coverage  <b>Employee Pays \$ 92.20</b>	<b>Employee \$92.20</b>  Child \$201.95 + \$92.20 = \$294.15 Children 528.44 + \$92.20 = 620.64 Spouse 687.99 + \$92.20 = 780.19 Spouse & Child(ren) \$1085.83 + \$92.20 = \$1178.03	<p style="text-align: center;"><b>PREFERRED NETWORK</b></p> *Comprehensive health care insurance with prescription benefit. <b>Deductible:</b> \$750 individual/\$2250 family. After meeting the deductible, the plan will pay 80% of eligible and allowable charges if in network. <b>Maximum out-of-pocket:</b> \$3000 Individual/\$9000 Family. <b>After out-of-pocket is met</b> , the plan will pay 100% of eligible and allowable charges if in network. <b>Co-Pays:</b> Primary \$20/Specialist \$40 in network provider. <b>Cover children</b> through their 26 <sup>th</sup> birth month. Coverage is effective the first day of the month following your hire date. <b>Online Health Assessment (HA): \$250</b> credit toward deductible applies to current plan year and must be completed between 1-1-20 and 12-31-20 prior to claims payment. Employees <u>and covered dependents over age 18</u> , are eligible.  *See benefit summary for details. <b>Zero Card eligible</b>	
<b>Health Care</b> Blue Cross Blue Shield of Oklahoma <b>Plan B</b> Choice & Preferred Networks  <b>Provided by SE to Employee Only</b>	Reg. Full Time Employees with 75% FTE	Enroll on the first day of employment.  You have 31 days from your employment date to elect coverage for yourself & your eligible dependents. Otherwise, you may enroll or add coverage during Open Enrollment in the fall.  Coverage is effective the first day of the month following your employment date.	SE Pays \$634.48 for employee coverage.	Child \$180.81 Children 473.12 Spouse 515.22 Spouse & Child(ren) \$871.40	<p style="text-align: center;"><b>PREFERRED NETWORK</b></p> *Comprehensive health care insurance with prescription benefit <b>Deductible:</b> \$1250 individual/\$3750 family After meeting the deductible, the plan will pay 80% (see benefit summary). <b>Maximum Out of Pocket:</b> \$3500 Individual /\$10500 Family. After maximum is met, the plan pays 100% of eligible and allowable charges if in network. <b>Co-Pays:</b> Primary \$25/Specialist \$40 <b>Cover children</b> through their 26 <sup>th</sup> birth month. <b>Online Health Assessment (HA): \$250</b> credit toward deductible, applies to current plan year and must be completed between 1-1-20 and 12-31-20 prior to claims payment. Employees <u>and covered dependents over age 18</u> , are eligible.  *See benefit summary for details. <b>Zero Card eligible</b>	<p style="text-align: center;"><b>CHOICE NETWORK</b></p> *Comprehensive health care insurance with prescription benefit <b>Deductible:</b> \$1250 individual/\$3750 family After meeting the deductible, the plan will pay 70% (see benefit summary). <b>Maximum Out of Pocket:</b> \$4000 Individual/\$12000 Family. After maximum is met, the plan pays 100% of eligible and allowable charges if in network. <b>Co-Pays:</b> Primary \$35/Specialist \$50 <b>Cover children</b> through their 26 <sup>th</sup> birth month. <b>Online Health Assessment (HA): \$250</b> credit toward deductible applies to current plan year and must be completed between 1-1-20 and 12-31-20 prior to claims payment. Employees <u>and covered dependents over age 18</u> , are eligible.  *See benefit summary for details. <b>Zero Card eligible</b>
<b>Health Care</b> Blue Cross Blue Shield of Oklahoma <b>Plan C</b> Preferred Network  <b>Provided by SE to Employee Only</b>	Reg. Full Time Employees with 75% FTE	Enroll on the first day of employment.  You have 31 days from your employment date to elect coverage for yourself & your eligible dependents. Otherwise, you may enroll or add coverage during Open Enrollment in the fall.  Coverage is effective the first day of the month following your employment date.	SE Pays \$538.63 for employee coverage.  <b>SE pays \$95.85 toward dependent health if elected, or \$39.82 for employee only High Option Dental</b>	Child \$175.64 - <del>\$95.85</del> = \$ 79.79 Children 459.59 - <del>95.85</del> = 363.74 Spouse 497.80 - <del>95.85</del> = 401.95 Spouse & Child(ren) \$843.80 - <del>95.85</del> = \$747.95	<p style="text-align: center;"><b>PREFERRED NETWORK</b></p> *Comprehensive health care insurance with prescription benefit. <b>Deductible:</b> \$1500 individual/\$4000 family. After meeting the deductible, the plan will pay 80% of eligible and allowable charges if in network. <b>Maximum out-of-pocket:</b> \$4000 Individual/\$12000 Family. <b>After out-of-pocket is met</b> , the plan will pay 100% of eligible and allowable charges if in network. <b>Co-Pays:</b> Primary \$35/Specialist \$50 in network provider. <b>Cover children</b> through their 26 <sup>th</sup> birth month. <b>Online Health Assessment (HA): \$250</b> credit toward deductible applies to current plan year and must be completed between 1-1-20 and 12-31-20 prior to claims payment. Employees <u>and covered dependents over age 18</u> , are eligible.  *See benefit summary for details. <b>Zero Card eligible</b>	

<p><b>Health Care</b></p> <p>Blue Cross Blue Shield of Oklahoma</p> <p><b>Plan F</b></p> <p>Choice Network</p> <p>HSA Eligible (Health Savings Account)</p> <p><u>Provided by SE to Employee Only</u></p>		<p>Enroll on the first day of employment.</p> <p>You have 31 days from your employment date to elect coverage for yourself &amp; your eligible dependents. Otherwise, you may enroll or add coverage only during Open Enrollment in the fall.</p> <p>Coverage is effective the first day of the month following your employment date.</p>	<p>SE Pays \$544.23 for employee coverage.</p> <p><b>SE pays \$90.25 toward dependent health if elected, or \$39.82 for employee only High Option Dental</b></p>	<p>Child \$150.09 - \$90.25 = \$ 59.84          Children 439.36 - 90.25 = 349.11          Spouse 480.25 - 90.25 = 390.00          Spouse &amp; Child(ren) \$868.03 - 90.25 = \$777.78</p>	<p align="center"><b>CHOICE NETWORK</b></p> <p>*Comprehensive health care insurance with prescription benefit. <b>Deductible:</b> \$3000 individual/\$6000 family, After meeting the deductible, the plan will pay 80% of eligible and allowable charges if in network. <b>Maximum out-of-pocket:</b> \$6650 Individual/\$13000 Family. <b>After out-of-pocket is met</b>, the plan will pay 100% of eligible and allowable charges if in network. <b>No Co-Pays. Cover children</b> through their 26<sup>th</sup> birth month. <b>Online Health Assessment (HA): \$200</b> toward deductible applies to current plan year, <b>applicable after deductible is met with this plan</b>, and must be completed between 1-1-20 and 12-31-20 prior to claims payment.</p> <p><b>HSA Eligible Plan:</b></p> <ul style="list-style-type: none"> <li>✓ IRS allows you to pre-tax payroll deductions to put into an HSA</li> <li>✓ Must enroll in BCBS Plan E to open HSA</li> <li>✓ Cannot be enrolled in a FSA and HSA at the same time</li> <li>✓ Receive a debit card from Chard-Snyder to pay for eligible expenses</li> <li>✓ Contributions             <ul style="list-style-type: none"> <li>• Employee only - \$3550 annually</li> <li>• Employee &amp; Family - \$7100 annually</li> <li>• Additional \$1000 from age 55-65 annually</li> </ul> </li> <li>✓ <b>Zero Card eligible after deductible is met</b></li> </ul> <p>*See benefit summary for details.</p>		
<p><b>The Zero Card</b></p> <p>Large list of eligible medical services and prescriptions at no cost to the member</p>	<p>Blue Cross and Blue Shield Members</p>	<p>Automatically enrolled when Blue Cross and Blue Shield is elected.</p>	<p>No cost to employee</p>	<p>No Premiums/No Enrollment Required</p>	<p><b>The Zero Card:</b></p> <ul style="list-style-type: none"> <li>✓ Employees may use the Zero Card services FREE of charge</li> <li>✓ Lower your out-of-pocket medical and prescription costs</li> <li>✓ The program contains a Special Group of Contracted Providers</li> <li>✓ Receive many medical services at no cost</li> <li>✓ Receive MRI's, CT scans, Ultrasounds... at no cost</li> <li>✓ Receive many generic maintenance medications at not cost</li> <li>✓ Receive lab work at no cost</li> <li>✓ If you enroll in <b>Plan F</b>, you are not eligible to use the Zero Card, or be eligible for the \$200 HA credit, until after your annual deductible has been met.</li> </ul>		
<p><b>VISION</b></p> <p>Vision Service Plan</p> <p>VSP Base Plan</p> <p>VSP Enhanced Plan</p>	<p>Reg. Full Time Employees with 75% FTE</p>	<p>Enroll on the first day of employment.</p> <p>You have 31 days from your employment date to elect coverage for yourself &amp; your eligible dependents. Otherwise, you may enroll or add coverage only during Open Enrollment in the fall.</p> <p>Coverage is effective the first day of the month following your employment date.</p>	<p>\$6.54 Employee coverage</p>	<p><b>Base Plan</b></p> <p>Child \$6.28          Children 7.46          Spouse 6.56          Spouse &amp; Child(ren) \$15.82</p>	<p><b>Enhanced Plan</b></p> <p>Employee \$ 5.75          Child \$17.55          Children 19.79          Spouse 18.09          Spouse &amp; Child(ren) \$35.50</p>	<p align="center"><b>Base Plan</b></p> <p><b>Well Vision Exam</b></p> <ul style="list-style-type: none"> <li>✓ \$10 co-pay /every calendar year</li> <li>✓ <b>Prescription Glasses</b> \$25 co-pay</li> <li>✓ <b>Lenses/</b> every calendar year             <ul style="list-style-type: none"> <li>• Single vision, lined bifocal, &amp; lined trifocal lenses</li> <li>• Polycarbonate lenses for dependent children</li> </ul> </li> <li>✓ <b>Frame/</b> every calendar year \$150 - \$170 allowance             <ul style="list-style-type: none"> <li>• 20% off the amount over your allowance</li> </ul> </li> </ul> <p>Cover children <b>through their 26<sup>th</sup> birth month.</b>  <b>OR~ Contact Lens Care</b></p> <ul style="list-style-type: none"> <li>✓ \$150 allowance for contacts; co-pay does not apply</li> <li>✓ 15% discount on contact exam (fitting &amp; evaluation) every calendar year</li> </ul> <p><b>Extra Savings</b></p> <ul style="list-style-type: none"> <li>✓ Glasses/Sunglasses</li> <li>✓ Laser Vision Correction average 15% savings with contracted facilities</li> </ul>	<p align="center"><b>Enhance Plan</b></p> <p>The Enhanced Plan allows you to get a second pair of glasses or contacts in the same calendar year subject to the same co-pays as your first pair benefit.</p>

<p><b>DELTA DENTAL</b></p> <p><u>HIGH PLAN</u></p> <p><u>LOW PLAN</u></p> <p><u>PREVENTIVE PLAN</u></p>	<p>Reg. Full Time Employees with 75% FTE</p>	<p>Enroll on the first day of employment.</p> <p>You have 31 days from your employment date to elect coverage for yourself &amp; your eligible dependents to avoid "late entrant" limitations with subsequent open enrollment. Otherwise, you may enroll or add coverage only during Open Enrollment in the fall.</p> <p>Coverage is effective the first day of the month following your employment date.</p>	<p><b>SE pays \$39.82 for employee High Dental if Health Plan B, C or F is elected with no dependent health.</b></p>	<p><b>HIGH</b></p> <p>Employee \$39.82 Employee/Chd \$58.64 Employee/Chldn \$75.82 Employee/Sp \$79.60 Employee/Sp/Child(ren) \$119.56</p> <p><b>LOW</b></p> <p>Employee \$29.96 Employee/Chd \$44.06 Employee/Chldn \$53.80 Employee/Sp \$64.28 Employee/Sp/Child(ren) \$90.10</p> <p><b>PREVENTIVE</b></p> <p>Employee \$18.26 Employee/Chd \$30.24 Employee/Chldn \$39.58 Employee/Sp \$37.52 Employee/Sp/Child(ren) \$60.18</p>	<table border="1"> <thead> <tr> <th>Services</th> <th colspan="3">Delta High</th> <th colspan="3">Delta Low</th> <th>Delta Preventive</th> </tr> </thead> <tbody> <tr> <td>Network</td> <td>PPO</td> <td>Premier</td> <td>OON</td> <td>PPO</td> <td>Premier</td> <td>OON</td> <td>PPO</td> </tr> <tr> <td>Preventive/Diagnostic</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%</td> <td>100%*</td> </tr> <tr> <td>Basic Restorative (Endodontics, Periodontic &amp; Oral Surgery)</td> <td>85%*</td> <td>70%*</td> <td>70%*</td> <td>75%*</td> <td>70%*</td> <td>70%*</td> <td>80%*</td> </tr> <tr> <td>Major Restorative</td> <td>60%*</td> <td>50%*</td> <td>50%*</td> <td>60%*</td> <td>50%*</td> <td>50%*</td> <td>N/A</td> </tr> <tr> <td>Orthodontic</td> <td colspan="3">50% (Child Only to age 26)</td> <td colspan="3">N/A</td> <td>N/A</td> </tr> <tr> <td>Per Person Per Calendar Year Deductible</td> <td colspan="3">(was \$25/\$75) New \$50/\$150</td> <td colspan="3">(was \$50/\$100) New \$100/\$200</td> <td>\$50/\$100</td> </tr> <tr> <td>Annual Benefit Maximum</td> <td colspan="3">\$2000 Per Person</td> <td colspan="3">\$1000 Per Person</td> <td>\$750 Per Person</td> </tr> <tr> <td>Orthodontic Benefit Maximum</td> <td colspan="3">Unlimited per Child</td> <td colspan="3">N/A</td> <td>N/A</td> </tr> </tbody> </table>	Services	Delta High			Delta Low			Delta Preventive	Network	PPO	Premier	OON	PPO	Premier	OON	PPO	Preventive/Diagnostic	100%	100%	100%	100%	100%	100%	100%*	Basic Restorative (Endodontics, Periodontic & Oral Surgery)	85%*	70%*	70%*	75%*	70%*	70%*	80%*	Major Restorative	60%*	50%*	50%*	60%*	50%*	50%*	N/A	Orthodontic	50% (Child Only to age 26)			N/A			N/A	Per Person Per Calendar Year Deductible	(was \$25/\$75) New \$50/\$150			(was \$50/\$100) New \$100/\$200			\$50/\$100	Annual Benefit Maximum	\$2000 Per Person			\$1000 Per Person			\$750 Per Person	Orthodontic Benefit Maximum	Unlimited per Child			N/A			N/A
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<p><b>Long-Term Disability</b></p> <p>The Standard Life Insurance Company</p> <p>Core Plan or Buy-Up Option</p>	<p>Reg. Full Time Employees with 75% FTE</p>	<p>Enroll on the first day of employment.</p> <p>Coverage is effective the first day of the month following your employment date.</p>	<p><b>Core Plan:</b> Benefits after 6 months of continuous disability.</p> <p>(Appointment Salary X .00135 annually)</p>	<p><b>Buy-Up Option:</b> Provides benefits sooner-after 3 months of continuous disability benefits will begin. A minimal cost to employee through payroll deduction.</p> <p>(Appointment Salary X .00080/12)</p>	<p><b>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.</b> 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.)</p>																																																																								
<p><b>Short-Term Disability</b></p> <p>The Standard Life Insurance Company</p> <p>Core Plan Buy-Up Option</p>	<p>Reg. Full Time Employees with 75% FTE</p>	<p>Enroll on the first day of employment.</p> <p>Coverage is effective the first day of the month following your employment date.</p>	<p><b>Core Plan:</b> Benefits will begin after 14 days of continuous disability. This is used in conjunction with the Core LTD plan to help cover the gap until long term disability begins and runs concurrent with paid leave.</p>	<p><b>Buy-Up Option:</b> Benefits will begin after 14 days of continuous disability. This is used in conjunction with the LTD Buy Up plan to help cover the gap until long term disability begins and runs concurrent with paid leave.</p>																																																																									
<p>MetLife Insurance Company</p> <p>Voluntary Products</p>	<p>Reg. Full Time Employees with 75% FTE</p>	<p>Enroll on the first day of employment.</p> <p>Coverage is effective the first day of the month following your employment date.</p>	<p>Employer Pays \$0</p>	<p><b>Premiums vary by plan and level elected</b></p>	<p>Policies Available</p> <ul style="list-style-type: none"> <li>✓ Accident-High/Low</li> <li>✓ Critical Illness-High/Low</li> <li>✓ Hospital Indemnity-High/Low</li> </ul> <p>Plan Summaries Available</p>																																																																								
<p><b>Life Insurance</b></p> <p>The Standard Life Insurance Company</p>	<p>Reg. Full Time Employees with 75% FTE</p>	<p>Employees are automatically enrolled on the first day of the month following their employment date.</p> <p>Coverage is effective the first day of the month following your employment date.</p>	<p>(Salary x 2-rounded to the next higher \$1000) X.000134), annually.</p> <p>Updated with salary adjustments</p>	<p>No cost to employee</p>	<p>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 with salary adjustments; Includes Accidental Death and Dismemberment.</p>																																																																								

<p><b>Voluntary Life Insurance</b></p> <p>The Standard Life Insurance Company</p>	<p>Employee</p> <p>Spouse</p> <p>Child/Children</p>	<p>Enroll on the first day of employment. Effective the first of the month following your employment date. Must enroll within 31 days of eligibility to avoid proof of insurability.</p> <p>Evidence of Insurability form must be submitted if written election is made more than 31 days after becoming eligible for insurance.</p> <p>Coverage is effective the first day of the month following your employment date.</p>		<table border="1"> <thead> <tr> <th colspan="4">Employee and/or Spouse Monthly Rate <i>Spouse Rate is based on Employee Age</i></th> </tr> <tr> <th>Age</th> <th>Per \$1,000</th> <th>Per \$10,000</th> <th>Per \$100,000</th> </tr> </thead> <tbody> <tr><td>0-29</td><td>\$0.075</td><td>\$0.75</td><td>\$7.50</td></tr> <tr><td>30-34</td><td>\$0.095</td><td>\$0.95</td><td>\$9.50</td></tr> <tr><td>35-39</td><td>\$0.105</td><td>\$1.05</td><td>\$10.50</td></tr> <tr><td>40-44</td><td>\$0.145</td><td>\$1.45</td><td>\$14.50</td></tr> <tr><td>45-49</td><td>\$0.225</td><td>\$2.25</td><td>\$22.50</td></tr> <tr><td>50-54</td><td>\$0.335</td><td>\$3.35</td><td>\$33.50</td></tr> <tr><td>55-59</td><td>\$0.555</td><td>\$5.55</td><td>\$55.50</td></tr> <tr><td>60-64</td><td>\$0.685</td><td>\$6.85</td><td>\$68.50</td></tr> <tr><td>65-69</td><td>\$1.285</td><td>\$12.85</td><td>\$128.50</td></tr> <tr><td>70-74</td><td>\$2.075</td><td>\$20.75</td><td>\$207.50</td></tr> <tr><td>75-99</td><td>\$2.075</td><td>\$20.75</td><td>\$207.50</td></tr> </tbody> </table>	Employee and/or Spouse Monthly Rate <i>Spouse Rate is based on Employee Age</i>				Age	Per \$1,000	Per \$10,000	Per \$100,000	0-29	\$0.075	\$0.75	\$7.50	30-34	\$0.095	\$0.95	\$9.50	35-39	\$0.105	\$1.05	\$10.50	40-44	\$0.145	\$1.45	\$14.50	45-49	\$0.225	\$2.25	\$22.50	50-54	\$0.335	\$3.35	\$33.50	55-59	\$0.555	\$5.55	\$55.50	60-64	\$0.685	\$6.85	\$68.50	65-69	\$1.285	\$12.85	\$128.50	70-74	\$2.075	\$20.75	\$207.50	75-99	\$2.075	\$20.75	\$207.50	<table border="1"> <tr> <td>Child Rate</td> <td>\$0.23 per \$1000 \$2.30 per \$10,000 per family</td> </tr> <tr> <td colspan="2" style="text-align: center;"><i>All Rates on this page include AD&amp;D</i></td> </tr> </table>	Child Rate	\$0.23 per \$1000 \$2.30 per \$10,000 per family	<i>All Rates on this page include AD&amp;D</i>	
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<p><b>Section 125 FSA (Flexible Spending Account)</b></p> <p>Chard-Snyder</p> <p>Unreimbursed Medical &amp; Dependent Care</p>	<p>Reg. Full Time Employees with 75% FTE</p>	<p>Within 31 days of employment date for new employees; annual open enrollment.</p>	<p>Employer pays \$0</p>	<p>Election amount per month</p> <p>Tax savings.</p> <p><b>USE IT OR LOSE IT ANNUALLY</b></p>	<p>This benefit includes: unreimbursed medical expenses, excludes premiums (up to \$2750 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.</p> <ul style="list-style-type: none"> <li>✓ IRS allows you to pre-tax payroll deductions to put into a FSA</li> <li>✓ Cannot be enrolled in a FSA and HSA at the same time</li> <li>✓ Receive a debit card from Chard-Snyder to use for eligible expenses</li> <li>✓ Since Zero Card services are at \$0 cost, be sure to consider this when electing your annual enrollment amount</li> <li>✓ Contributions <ul style="list-style-type: none"> <li>• FSA - \$2750 annually</li> <li>• Dependent Care - \$5000 annually</li> <li>• \$500 Carry over begins in 2020</li> </ul> </li> </ul>																																																								
<p><b>Oklahoma Teachers' Retirement System (OTRS) 401(a)</b></p>	<p>Reg. FT emp. with 75% FTE or more; Adjunct faculty ineligible</p>	<p>Automatic Enrollment.</p>	<p>As of July 1, 2018, Southeastern will pay all contributions on employee's behalf, 7% of all wages + fringe benefits for all full time employees in addition to an 8.55% Administrative Fee</p>	<p>Employee Pays \$0</p> <p>As of July 1, 2018, Southeastern will pay contributions on employee's behalf, 7% of all wages + fringe benefits, for all full time employees.</p>	<p><b>Defined benefit plan requiring 7 years of contributions for Oklahoma service in public education to become vested.</b> Vesting allows the option to have lifetime annuity income. Contributions are deposited to the member's account &amp; 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.</p>																																																								
<p><b>FICA OASDI Medicare</b></p>	<p>All employees unless claim student exemption</p>	<p>Automatic Enrollment.</p>	<p>6.2% of first \$137,700 FICA gross in calendar year. <b>(Maximum \$8537.40)</b> 1.45% of all income in calendar year.</p>	<p>6.2% of first \$137,700 FICA gross in calendar year. <b>(Maximum \$8537.40)</b></p> <p>Same as SE pays</p>	<p><b>Old-Age, Survivors, &amp; Disability Insurance (OASDI)</b> covers employee, dependents, surviving family; lump-sum death benefits.</p> <p>Medicare provides coverage for: Part A - Hospitalization Part B - Supplemental medical insurance.</p>																																																								
<p><b>Workers' Compensation</b></p>	<p>All employees regardless of FTE including temporary &amp; student employees</p>	<p>Automatic Enrollment.</p>			<p>Covers employee medical expenses &amp; loss of income resulting from work-related illness or injury.</p>																																																								
<p><b>Unemployment Compensation</b></p>	<p>All employees regardless of FTE including temporary</p>	<p>Automatic Enrollment.</p>			<p>Provides economic security for a worker during temporary periods of unemployment.</p>																																																								



<b>Supplemental Tax Deferred Annuities (TDAs)</b> VOYA 403(b) & 457(b)	All employees with the exception of student workers	Optional Enrollment at any time.	<b>403(b) &amp; 457(b)</b> Min=\$200/year Max=\$19,500 for <b>For additional catch-up amounts contact Human Resources.</b>	403(b) 457(b) tax deferred supplemental retirement plans with <b>VOYA</b> approved for payroll deduction. <b>Minimum and maximum tax-deferred exclusion allowances are federally regulated.</b>
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**Additional Benefits: Free Parking Most Lots+ Generous Leave Policies, i.e., Annual & Sick Leave for employee + immediate family, Family Medical Leave, Military Leave + Paid Holidays (average 20 days paid per year) + Library + Tuition Assistance.**  
**Optional Benefits: Accident, Critical Illness and Hospital Indemnity policies, Oklahoma College Savings Plan and short-term disability coverage.**  
**Annual Leave Accrual: Based on Date of Emp. (DOE) and must be 75% FTE or more.**

<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)

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).

\*Annual Leave does not apply to Faculty. 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.

**Helpful Telephone Numbers and Websites**

**FSA/HSA/DEPENDENT CARE**

Chard Snyder.....1-888-993-4646  
Chard Snyder website.....[chard-snyder.com](http://chard-snyder.com)

**METLIFE VOLUNTARY PRODUCTS**.....1-800-638-5433

**HEALTH AND DENTAL INSURANCE**

OKHEEI Group Blue Cross Blue Shield of Oklahoma  
Website.....<http://www.bcbsok.com/okheei>  
Health Customer Service.....1-800-672-2567  
Pharmacy Customer Service.....1-877-546-2779  
DELTA Dental Customer Service.....1-800-522-0188  
**LIFE, LTD (Long Term Disability) & STD (Short Term Disability)**  
The Standard Life Insurance Co.....1-888-937-4783

**VISION**

Vision Service Plan (VSP).....1-800-877-7195  
Vision Service Plan (VSP) website.....[www.vsp.com](http://www.vsp.com)  
**OKLAHOMA TEACHERS' RETIREMENT SYSTEM**.....1-877-738-6365 or [www.ok.gov/trs](http://www.ok.gov/trs)  
**SE** website.....<https://www.se.edu/>  
**SE** Human Resources website.....<https://www.se.edu/human-resources/>  
**SE** Academic Policies/Procedures Manual.....<https://www.se.edu/human-resources/handbooks/>  
**SE** Staff Policies/Procedures Handbook.....<https://www.se.edu/human-resources/handbooks/>  
**RUSO Board Policies/Procedures**.....<https://www.se.edu/human-resources/handbooks/>

**Supplemental Tax Deferred Annuities (TDAs)**

**VOYA 457(b) 403(b)** .....<http://www.ok2retire.com>  
**VOYA** Customer Service.....1-855-663-8692  
**Zero Card** website.....[www.thezerocard.com](http://www.thezerocard.com)  
**Zero Card** Customer Service.....1-855-816-0001  
**Lab Card**.....[www.labcard.com](http://www.labcard.com)  
**Lab Card/Quest Customer Service**.....1-866-697-8378

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, Russell Bldg. Room 303 - 580-745-3090.