

FSA & HSA

BENEFIT RESOURCES Inc.

FSA - ORU offers a Cafeteria Plan to employees. Contributions made by employees will be deducted on a pre-tax basis. You have the option of electing to have a portion of your salary redirected into the Flexible Spending Account. Funds in the health FSA can be used whenever you or your legal dependent(s) incur medical expenses that are not covered by insurance, such as health/dental/vision office copays, prescriptions, deductibles & coinsurance, etc. See plan for full list of qualified expenses and restrictions.

Medical - \$2,850 Year Limit

Dependent Care - \$5,000 Year Limit

HSA - ORU offers a Health Savings Account (HSA) to employees who elect the High Deductible Health Plan option. HSA funds may be used to pay for qualified medical expenses at any time without federal tax liability or penalty. HSA bank accounts are set up separately. See plan for full details and restrictions.

Individual - \$3,850 Year Limit

Family - \$7,750 Year Limit

INSURANCE BENEFITS

- ❖ Insurance is available to Full Time eligible employees working a minimum of 30 hours per week. All Full Time employees are eligible for benefits first of the month following your hire date.
- ❖ You must enroll in the benefit plans when you are first eligible or if you have a Qualifying Event (QE); otherwise, you will not be able to enroll until open enrollment. New Hire and QE enrollments must be done within 30 days.
- ❖ Qualifying Events: birth, adoption, marriage, divorce, death, job change, change in coverage, etc. Contact HR-Benefits to adjust coverage within 30 days of the event

LIFE & DISABILITY

MetLife- LIFE & DISABILITY

GROUP LIFE - Provides our full time employees with Basic Life & Accidental Death & Dismemberment coverage equal to 100% of your annual salary up to \$50,000. Benefits under the Life and A&D plans will be paid to your designated beneficiary. ORU pays the full cost of this benefit.

VOLUNTARY GROUP LIFE - Eligible employees may choose to buy additional Life and A&D coverage. Premium are paid 100% by the employee.

Employee - 1x to 3x earnings, maximum of \$400,000. Guaranteed Issue (GI)* amount \$175,000 or less. A&D maximum \$500,000.

Spouse - Increments of \$5,000 up to \$200,000. Guaranteed Issue (GI)* amount \$25,000 or less. A&D maximum \$250,000.

Child - Birth to age 26 coverage Guaranteed Issue (GI)* of \$10,000

VOLUNTARY SHORT TERM DISABILITY - Pays 60% weekly earnings to a max of \$1,500 weekly benefit.

•Pays 8th day after illness, or injury up to 25 weeks.

LONG TERM DISABILITY - If you become disabled, the plan will pay a benefit of 60% of your monthly income (up to a maximum of \$7,000) after the 180 day elimination period has been satisfied.

**Guarantee Issue (GI) is subject to the terms of limitations of the contract at the time of enrollment. Please see benefit summaries for full details.*

CRITICAL ILLNESS & ACCIDENT

METLIFE

ORU offers Critical Illness & Accident coverage to full-time employees. Critical Illness includes Cancer Care. Premiums are paid 100% by the employee. Pre-existing conditions apply. See plan for premium calculations and restrictions.

403(b) & 401(k) RETIREMENT PLANS

ORU offers a **403(b)** plan through TIAA. ORU employees are eligible to enroll upon date of hire. ORU matches 50% up to 6% of employee contributions after one year of service.

UBI offers a **401(k)** plan available through Principal. UBI employees are eligible to enroll after 1 year of service.

CARRIER CONTACT INFORMATION

ENROLLMENT SITE - www.benselect.com

User Name - Z number with Z (no spaces)

Pin - last 4 of SSN and last 2 of your birth year

BCBS of OKLAHOMA - Medical
Group # 254400 | Phone (800) 942-5837
www.bcbsok.com | BCBSOK on App store or Google play

DELTA DENTAL OF OKLAHOMA - Dental

Group # 5631 | www.deltadentalok.org
SpotLight Login Phone | (405) 607- 4709

VISION CARE DIRECT OF OK - Vision
Group # 9022 | www.ok.vision | Phone (877) 377-6773

METLIFE - Life AD&D, Vol. Life AD&D Vol
STD, LTD | Policy #
www.metlife.com | Phone (800) 638-5433

METLIFE - Critical Illness & Accident
Group # | Phone (800) METLIFE

BENEFIT RESOURCES INC. - FSA & HSA
Phone - (918) 481-6161 | Fax - (888) 863-8311
Phone App: BRI-OK

RETIREMENT PLANS
ORU 403(b) - TIAA
www.tiaa.org/oruemployees | Phone (800) 842-2776

UBI 401(K) - Principal
www.principal.com | Phone (800) 258-9041

ORU BENEFITS SPECIALIST
Tracy Gillean | benefits@oru.edu | Phone (918) 495 - 7561

ORU
ORAL
ROBERTS
UNIVERSITY

2023

EMPLOYEE BENEFIT PLANS

ORAL ROBERTS UNIVERSITY

FOUNDED IN 1962

Creased in wisdom and stature, and

UBI
University
Broadcasting
Inc.

MEDICAL (PPO)

BLUECROSS BLUESHIELD OF OK
PPO \$2,000 DEDUCTIBLE
Network: Blue Options

	In Network	Out of Network**
DEDUCTIBLE		
Individual	\$2,000	\$4,000
Family	\$4,000	\$8,000
COINSURANCE	20% after Ded.	50% of allowable amount
OUT-OF-POCKET (Includes Deductibles & Copays)		
Individual	\$4,000	\$10,000
Family	\$8,000	\$20,000
PCP OFFICE VISIT	\$25 Copay	Ded & 30%
SPC OFFICE VISIT	\$50 Copay	Ded & 30%
PREVENTIVE CARE	\$0 Copay	Ded & 30%
VIRTUAL VISITS (MDLIVE)	\$0 Copay	
DIAGNOSTIC (X-ray, lab)	Ded & 20%	Ded & 50%
URGENT CARE	\$50 Copay	Ded & 30%
EMERGENCY ROOM	\$100 + Ded & 20% (Ded waived if admit)	\$100 + Ded & 20%
INPATIENT HOSPITAL	Ded & 20%	Ded & 50%
OUTPATIENT SURGERY	Ded & 20%	Ded & 50%
RX CO-PAY		
Generic	\$15	\$15 & 20%
Preferred Generic	\$20	\$20 & 20%
Preferred Brand	\$60	\$60 & 20%
Non Preferred Brand	\$110	\$110 & 20%
Preferred Specialty*	\$160	\$60 & 20%
Express Scripts Mail Order	2 Copays for 90 Days	
*Specialty drugs not available through mail order		
*Out of Network providers will incur additional charges.		
*Member pays the difference between Generic & Brand, if Generic is not selected.		
Premiums		Per Pay Period
EE Only	\$164.80	
EE + Spouse	\$405.82	
EE + Child(ren)	\$334.75	
EE + Family	\$569.59	

EE (Eligible Employee): An employee who is eligible for insurance coverage based upon the stipulations of the group health insurance plan.

MEDICAL (HDHP)

BLUECROSS BLUESHIELD OF OK
HDHP \$4,000 DEDUCTIBLE
Network: Blue Options

In Network		Out of Network**
DEDUCTIBLE		
Individual	\$4,000	\$6,000
Family	\$6,000	\$12,000
COINSURANCE	20% after Ded	50% of allowable amount
OUT-OF-POCKET (Includes Deductibles & Copays)		
Individual	\$5,000	\$11,000
Family	\$10,000	\$22,000
PCP OFFICE VISIT	Ded & 20%	Ded & 50%
SPC OFFICE VISIT	Ded & 20%	Ded & 50%
PREVENTIVE CARE	\$0 Copay	Ded & 30%
VIRTUAL VISITS (MDLIVE)	\$44 Copay	
DIAGNOSTIC (X-ray, lab)	Ded & 20%	Ded & 50%
URGENT CARE	Ded & 20%	Ded & 50%
EMERGENCY ROOM	Ded & 20%	
INPATIENT HOSPITAL	Ded & 20%	Ded & 50%
OUTPATIENT SURGERY	Ded & 20%	Ded & 50%
RX CO-PAY		
Preferred Generic	Ded & 20%	Ded & 40%
Preferred Brand	Ded & 20%	Ded & 40%
Non Preferred Brand	Ded & 20%	Ded & 40%
Preferred Specialty*	Ded & 20%	Ded & 40%
Express Scripts Mail Order	2 Copays for 90 Days	
*Specialty drugs not available through mail order.		
*Out of Network providers will incur additional charges.		
*Member pays the difference between Generic & Brand if Generic is not selected.		
**HSA accounts are set up separately with the HSA bank.		
Provider. Bank application may be found on www.benselect.com		
Premiums		Per Pay Period
EE Only	\$77.25	
EE + Spouse	\$296.64	
EE + Child(ren)	\$255.96	
EE + Family	\$406.85	

DENTAL

DELTA DENTAL OF OKLAHOMA
Network: PPO or Premier

Service	In-network
Preventative /Diagnostic	100% deductible waived
Basic / Restorative	80%, after deductible
Major / Restorative	60%, after deductible
Orthodontia	Not covered
DEDUCTIBLE (waived for preventative)	
Per Person	\$50
Per Family	\$150
CALENDAR MAX	
	\$2,000
ELIGIBLE DEPENDENT AGE	
	26
Premiums	
Per Pay Period	
EE Only	\$9.60
EE + Spouse	\$20.40
EE + Family	\$30.00
The deepest discounts are going to be in the PPO network. No balance billing occurs in the PPO and Premier networks. Out-of-network visits are subject to balance billing. On the website, dentists that are listed as “PPO” and “Premier” are in the Delta Dental network.	

EMPLOYEE ASSISTANCE PLAN (EAP)

Save on out-of-pocket expenses with MetLife EAP. Virtual includes Behavioral Health Services. EAP provides you with access to licensed behavioral health providers 365 days a year, 24/7!

Phone (888)319-7819 | www.metlifeeap.com

VISION


VISION CARE DIRECT OF OKLAHOMA
Network: VCD Plus


	In Network	Out of Network
Eye Exam	\$10	Up to \$50
Family	\$6,000	\$12,000
MATERIALS		
PRESCRIPTION GLASSES		
Single Vision Lenses	\$20	\$50
Bifocal Lenses	\$20	\$75
Trifocal Lenses	\$20	\$100
Progressive	\$20 + overage above allowance	\$100
FRAMES		
	Up to \$130	Up to \$60
CONTACT LENSES		
In lieu of frame/lenses	Up to \$130	Up to \$80
Medically Necessary	Up to \$250	Up to \$80

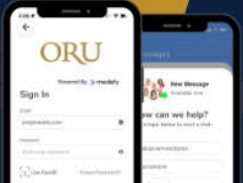
Covered in Full Every 12 Months	
Exam	
Lenses	
Frames	
Contacts	

Premiums	Per Pay Period
Primary Only	\$5.64
Primary + One	\$9.02
Primary + Child(ren)	\$10.40
Family	\$17.69
Additional Discounts & Savings included with your plan. See Plan Summary documents for complete details.	

This Benefits information brochure is only a summary not a guarantee of benefits.



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