FSA & HSA

BENEFIT RESOURCES Inc.

FSA - ORU offers a pre-tax plan to employees. Contributions made by employees will be deducted each pay-period (x24). Employees have the option to redirect a portion of their salary into a health FSA and/or Dependent Care FSA. Funds in the health FSA account can be used for the employee and their legal dependents out of pocket health expenses such as copays, deductibles, prescriptions, dental and vision expenses not covered by insurance. See plan for full list of qualified expenses. (see plan doc. for restrictions)

Medical: $3,500 Year Limit, minimum $100

Dependent Care: $7,500 Year Limit, minimum $500

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. ORU will match up to $500.

Individual - $4,500 Yearly Limit (OE min. $500)

Family - $9,000 Year Limit, (OE min. $500)

INSURANCE BENEFITS

Benefit plans are available to Full-Time eligible employees working a minimum of 30 hours per week. All Full-Time staff and faculty are eligible for benefits first of the month following date of hire.

Employees must enroll in the benefit plans when first eligible or if you have a Qualifying Event (QE); otherwise, you will not be able to enroll until yearly open enrollment. New Hire and QE enrollments must be done within 30 days.

Qualifying Event examples: 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

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 Basic Life and A&D plans will be paid to your designated beneficiary. ORU pays the full cost of this benefit.

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

Employee - 1x to 3x regular earnings, maximum of $400,000. Guaranteed Issue *(GI) $175,000.

Spouse - Increments of $5,000 up to $200,000. Guaranteed Issue *(GI) $25,000. (coverage cannot be over 50% of employee supplimental life).

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

*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.

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. Pre-existing conditions apply for late enrollments.

EMPLOYER PAID 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.

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 may 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 the Z included
PiN- last 4 of SSN and last 2 of your birth year

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

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.com |
Phone (877) 377-6773

METLIFE - Life & Disability Insurance
www.metlife.com | Phone (800) 638-5433

METLIFE - Critical Illness & Accident
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 I Phone (800) 258-9041

ORU HR - Benefits Administrator
Tracy Gillean | benefits@oru.edu | Phone (918) 495 - 7561

ORU ORAL ROBERTS UNIVERSITY



2027
EMPLOYEE BENEFIT PLANS

UBI University Broadcasting Inc.

ORU MEDICAL (PPO)

BLUECROSS BLUESHIELD OF OK

PPO $3,000 DEDUCTIBLE

Network: Blue Advantage PPO

	In Network	Out of Network**
DEDUCTIBLE		
Individual	$3,000	$5,000
Family	$6,000	$10,000
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	$25 Copay	30% co-ins
SPC OFFICE VISIT	$50 Copay	30% co-ins
PREVENTIVE CARE	$0 Copay	30% co-ins
VIRTUAL VISITS MDLive	$0 Copay Behavioral Health is $90 (talk) or $250 (psychiatry)	
DIAGNOSTIC (X-ray, lab)	Ded & 20%	Ded & 50%
URGENT CARE	$50 Copay	30% co-ins
EMERGENCY ROOM	$100 + Ded & 20% (Copay waived if admit)	$100 + Ded & 20% to 50%
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	$160 & 20%
Express Scripts Mail Order	2 Copays for 90 day supply	

**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 when available.
Mail order scripts are covered in-network only.

Premiums	Per Pay Period
EE Only	$188.93
EE + Spouse	$465.23
EE + Child(ren)	$383.76
EE + Family	$652.98

ORU MEDICAL (HDHP)

BLUECROSS BLUESHIELD OF OK

HDHP/HSA $5,000 DEDUCTIBLE

Network: Blue Advantage PPO

	In Network	Out of Network**
DEDUCTIBLE		
Individual	$5,000	$7,000
Family	$8,000	$14,000
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	30% co-ins
VIRTUAL VISITS MDLIVE	$48 Copay Behavioral Health is $90 (talk) or $250 (psychiatry)	
DIAGNOSTIC (X-ray, lab)	Ded & 20%	Ded & 50%
URGENT CARE	Ded & 20%	Ded & 50%
EMERGENCY ROOM	Ded & 20%	Ded & 20 to 50%
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	90 day supply for 2 month cost	

**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 when available. Generic savings with Affirmed Rx.
Mail order scripts are covered in-network only.
HSA accounts are set up separately with the HSA bank provider. Bank application is located on www.benselect.com.

Premiums	Per Pay Period
EE Only	$85.23
EE + Spouse	$327.24
EE + Child(ren)	$282.37
EE + Family	$448.82

EE (Eligible Employee): An employee who is eligible for insurance coverage based upon the stipulations of the group health insurance plan.
**Spouse-legal spouse of employee. *Child(ren)-legal dependent up to age 26. (legal documentation of relationship is required).*

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	up to age 26

Premiums	Per Pay Period
EE Only	$11.00
EE + 1 Dependent	$22.76
EE + Family	$34.67

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. ***Enhanced benefits with the HOW program; see plan for more information.***

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. Financial and Legal services are also available.

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

VISION

UNITY VISION OF OKLAHOMA

Network: Unity Standard & Premium

	In Network	Out of Network
Eye Exam	$10	Up to $50
	12 Months	12 Months
MATERIALS		
PRESCRIPTION GLASSES		
Single Vision Lenses	$20	$50
Bifocal Lenses	$20	$75
Trifocal Lenses	$20	$100
Progressive	$20 + overage above allowance	$100
FRAMES or	Up to $150	Up to $60
CONTACT LENSES		
In lieu of frame/lenses	Up to $150	Up to $80
Medically Necessary	Up to $250	Up to $80

Premiums	Per Pay Period
EE Only	$5.64
EE + Spouse	$9.02
EE + Child(ren)	$10.40
EE + Family	$17.69

Additional Discounts & Savings included with your plan.
See Plan Summary documents for complete details.

MetLaw Legal

The plan provides cost-effective, multi-channel access to legal help when needed. The plan includes services for Estate Planning, Civil Lawsuits, Elder Care, Money/Financial, Home & Real Estate, Family/Personal, Tax Preparation, Traffic & other matters.

This Benefits information brochure is only a summary not a guarantee of benefits. Full plan details can be found at www.oru.edu/benefits. Benefits Overview page online.

