



# 2026

## *Benefits Guide*

This publication contains important information about your employee benefit program.

**Please read thoroughly.**

# Table of Contents

Eligibility.....	3	MASA Medical Transport Solutions .....	14
2026 Medical/Rx Benefit Summary .....	5	Benefits Value Advisor.....	15
Health Savings Account (HSA).....	7	Hinge Health and Wondr Weight Management	
Flexible Spending Account (FSA) .....	8	Program .....	17
Dental.....	9	Teladoc Health Programs .....	19
Vision .....	10	Contact Information.....	20
Group Basic Life and AD&D .....	11		
Voluntary Benefit Options.....	12		

## Questions?

Email [osu-benefits@okstate.edu](mailto:osu-benefits@okstate.edu)

# Eligibility

If you are appointed to work at least a six-month assignment and have a 0.75 or greater FTE in an eligible staff or faculty employee position, you may participate in the university's insurance plans.

All spouses and dependents recognized under applicable law are eligible for university benefits in accordance with the university's plan documents. For questions about eligibility, please contact your campus HR Director.

For medical benefits, your eligible dependents are as follows:

- ▶ Your spouse, who does not have access to group health coverage through their own employer
- ▶ Your child under the age of 26
  - ▷ May be married or unmarried
  - ▷ Does not need to be enrolled as a student; may have a separate residence from you
  - ▷ Your married or unmarried child of any age who is medically certified as disabled and dependent upon you for support and maintenance

For dental and vision benefits, eligible dependents fit the criteria in the above list, except spouses that have access to group health coverage through their own employer. This applies to medical only. Spouses still qualify for dental and vision benefits if elected as a dependent under one of these benefit offerings.

Employees should carefully review the dependents currently covered under their medical, dental, and/or vision insurance. During Benefits Enrollment, coverage must be dropped for anyone who does not meet the eligibility criteria listed above.

When adding eligible dependents, supporting documentation (such as a marriage license, tax return, or birth certificate) is required. This documentation must be submitted within 30 days of enrollment. If it is not provided, dependents will be retroactively terminated from the plans, and any claims incurred during that period will be billed back to the ineligible dependent.

# New Hire Enrollment Process

You have 30 days from your official hire or benefits eligibility date to make your benefit elections. Coverage will begin on the first day of the month following that date.

This is your opportunity to review all available benefit options and select the ones that best meet your needs and goals.

## Before You Begin

- ▶ You must have an activated university email address and password, which is established during your new hire process. Please complete this step before proceeding with your enrollment.
- ▶ If you do not complete enrollment, you will be automatically enrolled in the **Blue Options employee-only medical plan**. Changes to these elections will not be permitted until the next open enrollment period, unless you experience a qualifying life event.

## ACCESSING THE BENEFITS PLATFORM

1. Log in to the Employee Self-Service Portal using your university email and password.
2. Click on **"Employee"** from the top navigation bar.
3. Select **"Benefits: Enroll, Verify, Qualifying Events"**.
4. You'll be automatically redirected to the Benefits Administration platform.

### Need Help?

If you have questions or need assistance, contact:

- ▶ OSU/A&M Benefits Team at [osu-benefits@okstate.edu](mailto:osu-benefits@okstate.edu)

We encourage you to complete your elections well before the deadline.

## New Hire and Open Enrollment Process

### HOW TO ENROLL IN BENEFITS

1. On the benefits platform, click **"Get Started"** under your New Hire Enrollment banner.
2. Review your profile information to ensure accuracy.
3. Add or update your dependents as needed.
4. Explore and select your benefit options based on your needs.

**Important—Complete Your Checkout:** To finalize your enrollment, you must select an option for each available benefit and complete the checkout process by reviewing and submitting your elections. Benefits left in your cart will not be applied unless checkout is completed. Be sure to finish this step to ensure your coverage.

### QUALIFYING LIFE EVENT (QLE)

Per IRS guidelines, you cannot change your insurance coverage during the year except in the case of a qualifying life event. You have 30 days from the date of a qualifying life event to notify OSU/A&M Benefits and change your insurance selections. Most changes are effective the first of the month following notification. If you do not make your changes during the 30-day status-change period, your changes cannot be made until the next Benefits Enrollment period. Financial hardship and provider network changes are not considered qualifying life events.

Here are some common examples of qualified change of status events:

- ▶ Change in residence if the change affects you or your dependents' current plan eligibility
- ▶ Birth, adoption, medical child support order, or dependent's death
- ▶ Marriage, divorce, legal separation, or spouse's death
- ▶ Gain or loss of other group coverage, starting or returning from leave of absence, or change of job status (e.g., changing from part-time to full-time)

# 2026 Medical/Rx Benefit Summary

## Making a Choice

To determine the best plan for you, we have provided a side-by-side comparison of your choices in the following chart.

Benefits	BlueOptions			BlueEdge (HSA)	
	Blue Preferred Network	Blue Choice Network	Out-of-Network	Blue Choice Network	Out-of-Network
Calendar Year Deductible					
Individual	\$1,000	\$1,000	\$1,500	\$3,400	\$3,400
Family	\$3,000	\$3,000	\$4,500	\$6,600	\$6,600
Out-of-Pocket Maximum Includes Deductibles					
Individual	\$5,000	\$5,000	\$10,000	\$6,900	\$6,900
Family	\$15,000	\$15,000	\$30,000	\$13,800	\$13,800
Physician Office Visits					
Primary Care	\$30	\$30	50% after deductible	20% after deductible	50% after deductible
Specialist	\$50	\$50	50% after deductible	20% after deductible	50% after deductible
Preventive Care (plan pays for preventive care)					
No Charge for Mammograms, Child Immunizations, or Certain Diagnostic Tests In- or Out-of-Network	100%	100%	30% after deductible	100%	30% after deductible
Immunizations—Well Child and Adult	100%	100%	30% after deductible	100%	30% after deductible
Routine Lab	100%	100%	30% after deductible	100%	30% after deductible
Routine Bone Density Testing	100%	100%	30% after deductible	100%	30% after deductible
Women's Preventive Care Benefits	100%	100%	30% after deductible	100%	30% after deductible
Colorectal Exam	100%	100%	30% after deductible	100%	30% after deductible
PSA (Prostate Specific Antigen) Test	100%	100%	30% after deductible	100%	30% after deductible
X-Ray and Lab Services					
Diagnostic Test (X-ray, blood work)	100%	100%	50% after deductible	20% after deductible	50% after deductible
Imaging (CT/PET scans, MRIs)	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Urgent Care	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Hospital Services					
Inpatient	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible

Benefits	BlueOptions			BlueEdge (HSA)	
	Blue Preferred Network	Blue Choice Network	Out-of-Network	Blue Choice Network	Out-of-Network
Emergent Emergency Room (BlueOptions only: Additional \$100 copay per occurrence; waived if admitted)	20% after deductible	20% after deductible	20% after deductible	20% after deductible	20% after deductible
Non Emergent Emergency Room (BlueOptions only: Additional \$100 copay per occurrence; waived if admitted)	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Mental Health/Substance Abuse					
Inpatient	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient	\$30 copay or 20% after deductible	\$50 copay or 30% after deductible	50% after deductible	20% after deductible	50% after deductible
Substance Abuse					
Inpatient	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Outpatient	\$30 copay or 20% after deductible	\$50 copay or 30% after deductible	50% after deductible	20% after deductible	50% after deductible
Skilled Nursing Care	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Home Healthcare	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Hospice Care	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Durable Medical Equipment	20% after deductible	30% after deductible	50% after deductible	20% after deductible	50% after deductible
Prescription Drugs	Retail	Retail	Mail Order	Retail	Mail Order
Preferred Generic	\$10 copay	\$10 copay	\$25 copay	20% after deductible	20% after deductible
Non-Preferred Generic	\$40 copay	\$40 copay	\$100 copay	20% after deductible	20% after deductible
Preferred Brand	\$75 copay	\$75 copay	\$187.50 copay	20% after deductible	20% after deductible
Non-Preferred Brand	\$150 copay	\$150 copay	\$375 copay	20% after deductible	20% after deductible
Specialty	\$225 copay	\$225 copay	Not covered	20% after deductible	20% after deductible

# Health Savings Account (HSA)

A Health Savings Account (HSA) is a tax-favored personal savings account that works with your High Deductible Health Plan (HDHP). You can use it to pay for qualified medical expenses such as deductibles, copays, dental, and vision care. You may open and contribute to an HSA if you're enrolled in the HDHP Plan and you are not enrolled in a traditional PPO plan through your spouse or other employer sponsored plan, are not enrolled in a Medicare plan, are not claimed as a dependent on someone else's tax return, and do not have a Healthcare FSA or HRA.



## Fund Your HSA

Set aside pre-tax dollars up to IRS limits through convenient payroll deductions. By contributing to your HSA regularly, you can build a safety net for healthcare costs.



## Receive Care Using the BlueEdge HSA

In-network preventive care is covered at 100%. You pay for all other medical services and prescriptions until you meet the deductible. ***HSA funds can be used to help offset expenses.***



After you satisfy the deductible, you and the plan share costs, called coinsurance, until you meet the out-of-pocket maximum. ***HSA funds can be used to help offset expenses.***



Once you meet the out-of-pocket maximum, the plan covers 100% of eligible expenses for the remainder of the plan year.



## Use Your HSA

You decide how and when to use your HSA dollars. You can use your HSA to pay for qualified medical expenses such as deductibles, copays, dental, and vision care. For a complete list of qualified medical expenses, see [\*\*IRS Publication 502.\*\*](#)

## 2026 HSA Contribution Limits

You can contribute up to the following amounts to your HSA.



**\$4,400**

Individual coverage



**\$8,750**

Family coverage



**\$1,000**

Catch-up contribution if you are 55 or older



**\$750/\$1,250**

Employer contributions: individual/family



**\$3,650/\$7,500**

Employee contribution limits: individual/family

# Flexible Spending Account (FSA)

## Flexible Spending Account (FSA)—Healthcare

The flexible spending account for healthcare is administered by American Fidelity.

You may use the FSA for the following expenses:

- ▶ Deductibles, coinsurance, and copayments
- ▶ Orthodontia services, dental work, vision exams, and materials including frames and contacts
- ▶ Over-the-counter medications
- ▶ Prescriptions

To view an extensive list of eligible expenses, please check with American Fidelity, your administrator.

### Flexible Spending Account (FSA) Contributions

- ▶ Employees may elect to contribute a minimum of **\$120 annually**, up to the **IRS 2026 federal limit of \$3,400**.
- ▶ The elected amount is **divided across the pay periods** for the year.

While FSA funds typically have a “use it or lose it rule”, the university allows you to roll over some of these left-over funds into your account for next year. The maximum rollover amount is \$680 per IRS guidelines for 2026. In order to rollover, you must re-enroll in the FSA plan for 2026.

The deadline to file claims for eligible expenses incurred in 2025 is 03/31/2026. Any funds exceeding the rollover limit will be forfeited if not claimed by this date.

### FSA Eligibility with HDHP Enrollment

- ▶ Employees who enroll in a **High Deductible Health Plan (HDHP)** but **do not elect a Health Savings Account (HSA)** may choose to enroll in a general-purpose FSA.
- ▶ These employees will receive a **\$500 employer contribution** to their FSA.
  - ▷ To receive this contribution, the employee **must actively enroll** in the FSA.

### Important IRS Guidance

- ▶ Per IRS rules, individuals **cannot contribute to an HSA** if they or their spouse are covered by a **general-purpose Health FSA**.
  - ▷ This applies even if the spouse is **not listed as a dependent** on the FSA.
- ▶ Employees are encouraged to **consult a tax advisor** for guidance on how this rule may apply to their situation.

## Flexible Spending Account (FSA)—Dependent Care

The Dependent Care FSA lets you use pretax dollars towards qualified dependent care. The maximum amount you may contribute to the dependent care FSA is \$7,500 per household (or \$3,750 if married filing separately) per calendar year for dependents up to age 13. Please discuss the tax ramifications of your dependent care elections with your tax advisor or accountant.



# Dental

## OSU/A&M Offers Three Dental Plans Through Delta Dental

- ▶ Low plan
- ▶ High plan (orthodontia up to age 26)
- ▶ Platinum plan (orthodontia adult + children)

Network	Delta Dental Low Plan			Delta Dental High Plan			Delta Dental Platinum Plan
	PPO	Premier	Out-of-Network	PPO	Premier	Out-of-Network	All
Calendar Year Maximum							
	\$1,500 per person	\$1,500 per person	\$1,500 per person	\$2,000 per person	\$2,000 per person	\$2,000 per person	\$3,000 per person
Deductible							
Individual	\$50	\$50	\$50	\$25	\$25	\$25	\$25
Family	\$150	\$150	\$150	\$75	\$75	\$75	\$75
Plan Coverages							
Preventive and Diagnostic Care	100%	100%	100%	100%	100%	100%	100%
Basic	15% after deductible	30% after deductible	30% after deductible	15% after deductible	30% after deductible	30% after deductible	15% after deductible
Major	40% after deductible	50% after deductible	50% after deductible	40% after deductible	50% after deductible	50% after deductible	40% after deductible
Orthodontia							
	Not covered	Not covered	Not covered	50% applies to children under age 26	50% applies to children under age 26	50% applies to children under age 26	50% applies to Adult and Children
Maximum	Not covered	Not covered	Not covered	\$2,000	\$2,000	\$2,000	\$3,000

This is only a sample of the services covered by each plan. For more details on each plan, please contact your campus HR office or the OSU/A&M benefits team.

	Dental Monthly Premiums			Dental Bi-Weekly Premiums (24 pay period deductions)		
	Delta Dental Low Plan	Delta Dental High Plan	Delta Dental Platinum	Delta Dental Low Plan	Delta Dental High Plan	Delta Dental Platinum
Employee	\$46.42	\$60.86	\$93.90	\$23.21	\$30.43	\$46.95
Employee + Spouse	\$91.96	\$120.78	\$186.88	\$45.98	\$60.39	\$93.44
Employee + Child(ren)	\$105.62	\$177.10	\$278.56	\$52.81	\$88.55	\$139.28
Family	\$163.32	\$229.20	\$361.14	\$81.66	\$114.60	\$180.57

# Vision

For a list of providers and additional information, please visit [vsp.com](https://vsp.com).

Covered Services	Choice Base Plan	Choice Buy-Up
	In-Network	In-Network
Exam with Dilation as Necessary	\$10 copay	\$10 copay
Standard Plastic Lenses	\$25 copay	\$25 copay
Frames	\$0 copay; \$150 allowance, 20% off balance over allowance	\$0 copay; \$180 allowance, 20% off balance over allowance
Contact Lenses	\$120 allowance; up to \$60 copay	\$150 allowance; up to \$50 copay
Laser Vision Correction	15% off retail price	15% off retail price

## Premiums

	Monthly Vision Contributions		Bi-Weekly Vision Contributions (24 pay period deductions)	
	Base Plan	Buy-Up Plan	Base Plan	Buy-Up Plan
Employee	\$7.74	\$15.94	\$3.87	\$7.97
Employee + Spouse	\$15.50	\$31.92	\$7.75	\$15.96
Employee + Child(ren)	\$16.58	\$34.16	\$8.29	\$17.08
Family	\$26.52	\$54.58	\$13.26	\$27.29

This is only a sample of the services covered by the plan. For more details on your vision plan, please contact your campus HR office or the OSU/A&M benefits team. Participants can receive either a frame or contact lenses benefit in the same year.

## *Group Basic Life and AD&D*

OSU/A&M provides basic life and accidental death and dismemberment coverage to continuous, regular benefits eligible employees who work at least 30 hours a week (0.75 FTE). Plus, OSU/A&M offers you the opportunity to purchase additional insurance for yourself and your family. Lincoln Financial provides the life insurance coverage.

### Coverage Provided by OSU/A&M

Employees have basic life coverage provided by OSU/A&M of **two times annualized salary up to \$200,000**, with accidental death and dismemberment coverage. The Lincoln Financial life insurance plan includes the following:

- ▶ Accidental death and dismemberment coverage equal to basic life insurance coverage
- ▶ Accelerated death benefit which allows terminally ill employees to receive benefits while living
- ▶ Automatic reduction of coverage at age 65, 70, and 75
- ▶ \$6,000 life insurance when you retire from OSU/A&M; must meet OSU/A&M retirement criteria

# Voluntary Benefit Options

## Supplemental Life Coverage

Employees may purchase additional coverage for themselves, their spouse, and their dependent child(ren). For more detailed information, please contact your campus HR office or the OSU/A&M benefits team.

- ▶ Cost is based on age of employee and spouse
- ▶ Child(ren) coverage is based on coverage units, rather than age (covered through age 26)
- ▶ Evidence of insurability is required if coverage is increased more than the guaranteed issue amount
- ▶ Portability is available to continue supplemental employee coverage upon separation
- ▶ Employees can port supplemental life on their spouse and children if the employee ports supplemental life on themselves
- ▶ Higher coverage limits are available at any time during the year by providing evidence of insurability satisfactory to Lincoln Financial Life Insurance

Supplemental Life Insurance Coverage Options	
Employee Supplemental Coverage	
Guaranteed Issue	2× salary in \$10,000 increments not to exceed \$300,000
Evidence of Insurability	5× salary in \$10,000 increments not to exceed \$750,000
Spouse Supplemental Coverage	
Guaranteed Issue	1× employee salary in \$10,000 increments not to exceed \$130,000
Evidence of Insurability	100% of employee coverage not to exceed \$380,000
Children Supplemental Coverage	
Options Include	Increments of \$2,500, \$5,000, \$7,500, and \$10,000

If you are interested in applying for additional supplemental life insurance coverage, please contact Human Resources for instructions. You will receive notification from Lincoln Financial, via your mailing address, regarding the status of your request.

## Cancer Protection

OSU/A&M offers a Cancer Protection Insurance Policy through American Fidelity Assurance (AFA) Company. If you are diagnosed with cancer, AFA's Limited Benefit Cancer Insurance Plan pays benefits directly to you. This money may be used however you need, allowing you to protect yourself from financial hardship.

How would you pay for these out-of-pocket medical expenses?

- ▶ Lost income
- ▶ Utilities
- ▶ Spouse's lost income
- ▶ Meals and lodging
- ▶ Transportation costs
- ▶ Special diets
- ▶ Housekeeping expenses
- ▶ House/mortgage payments

Contact Sheryl West for enrollment at [sheryl.west@americanfidelity.com](mailto:sheryl.west@americanfidelity.com).

## Long Term Disability

OSU/A&M offers a long term disability policy through Lincoln Financial. This is a voluntary plan and premiums will be deducted from your paycheck as an after tax deduction.

Disability coverage can help protect your income if you're unable to work due to illness or injury. While no one expects to become disabled, it's important to be prepared for the possibility. Without income, financial responsibilities can become difficult to manage. Long term disability (LTD) insurance provides financial support during such times. Employees may apply for LTD coverage at any point during the year. If you're within your first 30 days of employment, you're eligible for guaranteed issue of the policy—meaning no medical underwriting is required.

### LONG TERM DISABILITY COVERAGE OPTIONS AND COSTS

The plan pays 60% of your monthly salary (up to \$6,000 per month) if you qualify for benefits. The cost is \$0.27 for every \$100 of your monthly salary.

Example for 60% LTD cost:  $\$29,000/12 = \$2,417/100$   
 $= \$24.17 \times 0.27 = \$6.53$  per month.

# MASA Medical Transport Solutions

Employees may enroll in one of two voluntary MASA plans to help cover emergency ground and air ambulance transportation costs.



**Emergent Plan:** Provides coverage within the continental United States, Alaska, Hawaii, and Canada.

**Platinum Plan:** Provides global coverage.

After your group health plan pays its portion, MASA works directly with providers to ensure members have no additional out-of-pocket expenses for covered emergency ambulance transportation and related services.



## Emergency Air Ambulance Coverage<sup>1</sup>

MASA MTS covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.



## Emergency Ground Ambulance Coverage<sup>1</sup>

MASA MTS covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.



## Hospital to Hospital Ambulance Coverage<sup>1</sup>

MASA MTS covers out-of-pocket expenses that you or a dependent family member may incur for hospital transfers, due to a serious emergency, to the nearest and most appropriate medical facility when the current medical facility cannot provide the required level of specialized care by air ambulance to include medically equipped helicopter or fixed-wing aircraft.



## Repatriation to Hospital Near Home Coverage<sup>1</sup>

MASA MTS provides services and covers out-of-pocket expenses for the coordination of a Member's non-emergency transportation by a medically equipped, air or ground ambulance in the event of hospitalization. More than one hundred (100) miles from the Member's home if the treating physician and MASA MTS' Medical Director says it's medically appropriate and possible to transfer the Member to a hospital nearer to home for continued care and recuperation.

## Cost of Coverage

	Premium Rate per Month
Platinum	\$39.00
Emergent*	\$14.00

\*. All coverage provided by this membership is limited to the continental United States, Alaska, Hawaii, and Canada, and must originate and conclude therein.

# Benefits Value Advisor

All OSU/A&M medical plan participants have access to the Blue Cross and Blue Shield of Oklahoma (BCBSOK) Benefits Value Advisor (BVA) program to help maximize their benefits. When you need healthcare services, you can speak with a specially trained advisor about your care options. Advisors can explain how your benefits work, provide cost estimates for specific services or procedures, assist with pre-certification, and even schedule appointments with your chosen provider.

## How Can a Benefits Value Advisor Save You \$100 and Lower Costs to the OSU/A&M Medical Plan?

Before you go for a non-emergent MRI, CT scan, or any of the procedures listed below (see box), contact a Benefits Value Advisor. This can save you \$100 on fees and will allow you to see cost estimates on in-network provider to get you the best price on these services. If you choose to have the BVA customer service representative do so, they can even schedule your appointment for you. You will save money, and by selecting a provider who delivers the same treatment at a lower cost, you will be doing your part to save the OSU/A&M medical plan money. Saving the plan money helps keep the OSU/A&M plan financially healthy, which keeps your cost-sharing (premiums, deductibles, coinsurance, and copayments) as low as possible going forward.

## How Much do Costs Really Vary for the Same Procedure?

Here is one example:

Brain MRI	Provider A	Provider B	Provider C	Provider D
Cost	\$1,150	\$898	\$750	\$455

## How Can I Talk to a Benefits Value Advisor?

It's easy! **Just call the customer service number on the back of your new 2026 BCBSOK ID card and ask to speak to a Benefits Value Advisor.** All OSU/A&M medical plan participants will receive new BCBSOK ID cards for the 2026 plan year. **Please remember, if you do not call and speak to a Benefits Value Advisor prior to a non-emergency MRI or CT Scan, you will incur the \$100 fee.**

\* Rate estimates provided by BCBSOK.

## In Addition to MRI and CT Scans, What Other Services Should I call BVA About?

BVA customer service representatives are available during regular BCBSOK customer service hours to help you and your covered dependents plan for healthcare services such as:

- ▶ CAT or CT scans
- ▶ MRIs
- ▶ Endoscopy procedures
- ▶ Colonoscopy procedures
- ▶ Joint replacement
- ▶ EKIs
- ▶ Back or spinal surgery
- ▶ Knee surgery
- ▶ Shoulder surgery
- ▶ Hip replacement or joint replacement surgery

### Member Rewards Program

Call BVA for any procedure you plan to have and see if you qualify for a Member Reward. Member Rewards are possible for those participants that shop through BVA for lower costs facilities. If you call BVA and choose the lowest cost facility, you may qualify for \$150. Member Rewards are determined by the facility you choose. Member Rewards vary from \$0-\$500 and are sent via checks mailed directly to the home address of the insured.



# *Musculoskeletal Management with Hinge Health!*



Conquer back or joint pain without drugs or surgery! Get free access to Hinge Health's programs for back or joint pain, which includes:

- ▶ A free tablet computer and wearable sensors
- ▶ Unlimited 1-on-1 health coaching
- ▶ Personalized exercise therapy

Eligibility: Employees and dependents 18+ enrolled in a BCBSOK medical plan are eligible.

To learn more call 855.902.2777, or apply at: [hinge.health/oklahomastate-oe](https://hinge.health/oklahomastate-oe).

## *Wondr Weight Management Program*

Wondr is a personalized, 100% digital weight loss program that teaches science-based skills to help people sleep better, stress less, improve emotional health, and more. A master class of sorts, our renowned team of experts teach clinically proven skills that improve overall physical, mental, and emotional well-being. Free to all OSU/A&M institutions.

### Philosophies Included

- ▶ Food and nutrition
- ▶ Physical activity
- ▶ Motivation
- ▶ Sleep
- ▶ Resilience
- ▶ Diversity and inclusion

### 3 Stages of Wondr

12-month program that builds upon each model:

- ▶ WondrSkills
- ▶ WondrUp
- ▶ WondrLast

Sign up at [wondrhealth.com](https://wondrhealth.com) TODAY!

# Blue Distinction® Specialty Care Services

## Choosing Quality Care for You and Your Family

Under your plan, you have access to designated specialty care facilities that have met national measures for quality and cost-efficient care. When you use a Blue Distinction Center (BDC) doctor or hospital, you will receive the most from your benefits and know that the doctor or hospital has a record of providing proven, effective specialty care.

The OSU/A&M medical plan will pay 90% of the facility charges (up from 80%) should you choose to utilize a Blue Distinction Center for the following care.

Blue Distinction Specialty Care services include:

- ▶ **Blue Distinction Centers for Cardiac Care:**  
Cardiac rehabilitation, cardiac catheterization, and cardiac surgery
- ▶ **Blue Distinction Centers for Knee and Hip Replacement:** Knee and hip replacement surgeries and services
- ▶ **Blue Distinction Centers for Spine Surgery:**  
Spine surgery services, including discectomy, fusion, and decompression procedures

## High Quality, Lower Cost

At a BDC facility, you may get a better outcome and may have lower out-of-pocket costs, depending on your plan. Blue Distinction Centers are healthcare facilities and providers recognized for their expertise in delivering specialty care. Blue Distinction Centers+ are healthcare facilities and providers recognized for their expertise and efficiency in delivering specialty care.

## SEARCHING FOR BLUE DISTINCTION CENTERS:

Blue Distinction Centers can be located through Provider Finder® in Oklahoma.

1. Log in to Blue Access for Members<sup>SM</sup> (BAMSM) at [www.bcbsok.com](http://www.bcbsok.com)
2. Click Log In or Sign Up in the top right corner
3. Once logged in, click Find a Doctor or Hospital
4. Select the Blue Distinction Specialty Care designation under more search options
5. Click the Find button

Learn more about Blue Distinction—Visit <https://www.bcbs.com/about-us/programs-initiatives/blue-distinction-specialty-care> or call the Customer Service number on the back of your member ID card.

# Teladoc Health Programs

## Teladoc Diabetes Program

This program supports diabetes management by providing tools and coaching to help you make informed decisions about your health.

### Eligibility

Available at no cost to you and your covered dependents with diabetes who are covered under the health plan.

### Program Features

- ▶ Connected Blood Glucose Meter: Automatically uploads readings online—no need for log books.
- ▶ Personalized Coaching: Receive tips via your meter and mobile app. Certified Diabetes Educators are available to answer questions.
- ▶ Free Supplies: Request refills for strips and lancets at no extra cost. Supplies are shipped directly to your home.

## Teladoc Hypertension Program

This program helps you manage high blood pressure with connected devices and personalized coaching.

### Eligibility

Available at no cost to you and your covered dependents with high blood pressure who are covered under the health plan.

### Program Features

- ▶ Free Blood Pressure Monitor: Provided at no extra charge.
- ▶ Helpful Tips: Receive guidance to manage your blood pressure and improve your well-being.
- ▶ Health Coaching: Get support for weight loss and answers to health-related questions.
- ▶ Secure Access: View and share your health records anytime.

## Contact Information

- ▶ Website: [TeladocHealth.com/Smile/OSU-HCSC](https://TeladocHealth.com/Smile/OSU-HCSC)
- ▶ OSU/A&M Registration Code: **OSU-HCSC**
- ▶ Member Support Call Center: **800.835.2362**

# Contact Information



## MEDICAL AND PHARMACY

Blue Cross Blue Shield  
**877.258.6781**  
[www.bcbsok.com/osu](http://www.bcbsok.com/osu)  
 PO Box 3283  
 Tulsa, OK 74102-3283



## VISION

VSP  
**800.877.7195**  
[www.vsp.com](http://www.vsp.com)



## DENTAL

Delta Dental  
**405.607.2100** (OKC Metro)  
**800.522.0188** (Toll Free)  
[www.deltadentalok.org](http://www.deltadentalok.org)



## BASIC/SUPPLEMENTAL LIFE

Lincoln Financial  
**888.787.2129**  
[mylincolnportal.com](http://mylincolnportal.com)



## OKLAHOMA TEACHERS RETIREMENT SYSTEM (OTRS)

**877.738.6365**  
[trs.state.ok.us](http://trs.state.ok.us)



## HEALTH SAVINGS ACCOUNT

HealthEquity  
**877.750.1445**  
[my.HealthEquity.com](http://my.HealthEquity.com)



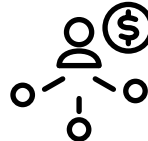
## TELADOC

[TeladocHealth.com/Smile/OSU-HCSC](http://TeladocHealth.com/Smile/OSU-HCSC)  
 OSU/A&M Specific Registration Code: OSU-HCSC  
 Member support call center: **800.835.2362**



## LONG TERM DISABILITY

Lincoln Financial  
**800.291.0112**  
[mylincolnportal.com](http://mylincolnportal.com)



## FLEXIBLE SPENDING ACCOUNT

American Fidelity Insurance



## ALTERNATE RETIREMENT PLAN (ARP) VOLUNTARY 403(B) AND 457(B)

TIAA  
**800.842.2776**  
[www.tiaa.org/okstate](http://www.tiaa.org/okstate)



## EMPLOYEE ASSISTANCE PROGRAM

ComPysch  
**855.850.2397**  
[www.guidanceresources.com](http://www.guidanceresources.com)



## CANCER

American Fidelity Assurance  
**Sheryl West**  
[Sheryl.West@americanfidelity.com](mailto:Sheryl.West@americanfidelity.com)  
**800.288.1239** ext. 201



## MUSCULOSKELETAL MANAGEMENT

Hinge Health  
[hinge.health/oklahomastate-oe](http://hinge.health/oklahomastate-oe)  
**855.902.2777**



This benefit guide is only intended to highlight some of the major benefit provisions of the company plan and should not be relied upon as a complete detailed representation of the plan. Please refer to the plan's summary plan descriptions for further detail. Should this guide differ from the summary plan descriptions, the summary plan descriptions prevail.