

# 2022 Staff Benefits Highlights



## **BENEFITS AT OU HEALTH**

This document includes a high-level summary of the benefits available to employees of OU Health, and is designed to give prospective employees some insight into what your OU Health Total Rewards package has to offer. Employees have many options to choose from to create a benefits package that best meets the needs of each person and their family members.

## **ELIGIBILITY**

Employees classified by OU Health as a full-time or part-time employee are eligible to receive OU Health's benefits package on the first of the month following date of hire. You are covered by basic life, AD&D insurance and short-term disability on your date of hire, as well as provided leave options, retirement and the Employee Assistance Program (EAP) upon hire.

## MEDICAL AND PRESCRIPTION PLANS

*BlueCross BlueShield of Oklahoma & PRIME Therapeutics*

2022 Plan Comparison	PPO 1	PPO 2	HSA 1	HSA 2
<b>Annual Plan Deductible</b>	\$500 individual \$1,000 family	\$1,000 individual \$2,000 family	\$1,500 individual \$3,000 family	\$2,500 individual \$5,000 family
<b>Out-of-Pocket Maximum</b>	\$5,150 individual \$10,300 family	\$6,150 individual \$12,300 family	\$6,150 individual \$12,300 family	\$6,750 individual \$13,500 family
<b>OU Health-Affiliated Facilities</b>	Copay; no deductible in most cases	Copay; no deductible in most cases	Lower coinsurance after deductible	Lower coinsurance after deductible
<b>Primary Care Physician Office Visit – Routine Services</b>	OUH: \$15 In-Network: \$25 Out-of-Network: 75%	OUH: \$25 In-Network: \$35 Out-of-Network: 75%	OUH: 10% In-Network: 20% Out-of-Network: 75% after deductible	OUH: 10% In-Network: 20% Out-of-Network: 75% after deductible
<b>Preventive Care – Office-Based</b>	OUH & In-Network: \$0; No deductible	OUH & In-Network: \$0; No deductible	OUH & In-Network: \$0; No deductible	OUH & In-Network: \$0; No deductible
<b>Prescriptions – 30 day</b>	<u>OUH Pharmacy</u> Generic: \$0 Brand: 20%	<u>OUH Pharmacy</u> Generic: \$0 Brand: 20%	<u>OUH Pharmacy</u> Generic: \$0 Brand: 20%	<u>OUH Pharmacy</u> Generic: \$0 Brand: 20%
	<u>Other Pharmacies</u> Generic: \$5 Brand: 30%	<u>Other Pharmacies</u> Generic: \$5 Brand: 40%	<u>Other Pharmacies</u> Generic: \$5 Brand: 40%	<u>Other Pharmacies</u> Generic: \$5 Brand: 40%
<b>Prescriptions – 90 day</b>	<u>OUH Pharmacy</u> Generic: \$0 Brand: 20%	<u>OUH Pharmacy</u> Generic: \$0 Brand: 20%	<u>OUH Pharmacy</u> Generic: \$0 Brand: 20%	<u>OUH Pharmacy</u> Generic: \$0 Brand: 20%
	<u>Other Pharmacies</u> Generic: \$12.50 Brand: 30%	<u>Other Pharmacies</u> Generic: \$12.50 Brand: 40%	<u>Other Pharmacies</u> Generic: \$12.50 Brand: 40%	<u>Other Pharmacies</u> Generic: \$12.50 Brand: 40%
<b>Specialty Drugs – 30 day</b>	<u>OUH Pharmacy</u> 20%	<u>OUH Pharmacy</u> 20%	<u>OUH Pharmacy</u> 20%	<u>OUH Pharmacy</u> 20%
	<u>Other Pharmacies</u> 30%	<u>Other Pharmacies</u> 40%	<u>Other Pharmacies</u> 40%	<u>Other Pharmacies</u> 40%

*\$20,000 lifetime infertility benefit available for select services, including IVF.*

## VISION PLANS

*VSP*

Vision Plan Services	Base Plan	Enhanced Plan
<b>Exam Copay</b> <i>(comprehensive exam with dilation)</i>	\$0	\$0
<b>Exam / Lenses / Frame Frequency</b>	12 / 12 / 24 months	Yearly
<b>Glasses, Contacts or Both?</b>	Glasses <b>OR</b> Contacts per plan year	Glasses AND Contacts per plan year
<b>Frame Allowance</b>	\$150 Allowance + 20% savings on remaining frame cost	\$200 Allowance + 20% savings on remaining frame cost
<b>Contact Lens Allowance</b>	\$150 Allowance	\$200 Allowance

## DENTAL PLANS

*Delta Dental*

Dental Plan Options	PPO Choice Advantage	PPO Basic	PPO Premier
Preventive/Diagnostic	Flat dollar amount per service billed**	100%	100%
Basic Restorative		20%*	20%*
Major Restorative		50%*	50%*
Orthodontic		50%*	50%*
Per Person per Calendar Year Deductible	\$50 per person	\$75 per person	\$50 per person
Per Calendar Year Annual Maximum	\$1,500 per person	\$1,200 per person	\$2,000 per person
Lifetime Orthodontic Maximum	\$1,500 per person	\$1,500 per person	\$2,500 per person

\* Per person, per benefit year deductible applies (not to exceed family maximum).

+ Employees enrolled in PPO Choice Advantage will receive a fee schedule from Delta Dental.

## RETIREMENT BENEFITS

*Fidelity Investments*

The OU Health 401(k) Plan combines the contributions from OU Health with your own contributions to help you save for the future. OU Health provides a 100% match for each pay period you contribute (from 3% to 9% of pay) based on your years of vested service. You can begin deferring to the 401(k) upon date of hire, as soon as administratively possible.

### Matching Contribution

Years of Vesting Service	Years of Vesting Service
0-2	100% of 3% of pay
3-5	100% of 4% of pay
6-8	100% of 6% of pay
9-11	100% of 7% of pay
12-14	100% of 8% of pay
15+	100% of 9% of pay

### Vesting\*

Years of Vesting Service	Vested Contributions to 401(K) Plan Account
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5+	100%

\*1 year of vesting service = anniversary date to anniversary date.

## PAID TIME OFF

Regular employees begin accruing PTO hours each pay period immediately upon employment. However, the hours may not be used until the pay period during which the first 90 days of employment is completed. PTO is used for holidays, vacations, illness, injuries and short-term disability waiting periods.

Beginning in June 2021, a three-year, phased approach has been applied to the annual PTO accruals for all staff. This will bring OU Health into the 75<sup>th</sup> percentile of the national benchmark of academic medical centers in regards to PTO accruals.

### STAFF BELOW DIRECTOR LEVEL PTO PLAN

Completed Years of Service	Year 1 (June 27, 2021 - June 25, 2022)		Year 2 (June 26, 2022 - June 24, 2023)		Year 3 (June 25, 2023 - June 30, 2024)	
	Annual Full-Time Hours Accrual*	Maximum Hours	Annual Full-Time Hours Accrual*	Maximum Hours	Annual Full-Time Hours Accrual*	Maximum Hours
0 to < 3 Years	208	240	216	240	216	240
3 to < 5 Years	248	280	256	280	256	280
5 to < 9 Years	248	320	256	320	256	320
9 to < 10 Years	280	360	288	360	296	360
10 to < 15 Years	280	400	288	400	296	400
15+ Years	288	400	304	400	320	400

### DIRECTOR LEVEL & ABOVE PTO PLAN

Completed Years of Service	Year 1 (June 27, 2021 - June 25, 2022)		Year 2 (June 26, 2022 - June 24, 2023)		Year 3 (June 25, 2023 - June 30, 2024)	
	Annual Full-Time Hours Accrual*	Maximum Hours	Annual Full-Time Hours Accrual*	Maximum Hours	Annual Full-Time Hours Accrual*	Maximum Hours
0 to < 3 Years	248	320	264	320	288	320
3 to < 5 Years	280	360	288	360	304	360
5 to < 9 Years	280	360	288	360	304	360
9 to < 10 Years	296	400	304	400	312	400
10 to < 15 Years	296	400	304	400	312	400
15+ Years	320	400	320	400	320	400

\*To calculate hourly rate, divide annual accrual by 2,080. 80 hours is the max PTO accrual per bi-weekly pay period.

## ADDITIONAL BENEFITS

<b>Benefits Paid by OU Health</b>	
401 (k) Company Matching Contributions <i>Fidelity</i>	<ul style="list-style-type: none"> <li>• Up to 9% of employee deferral</li> <li>• Percentage match based on years of service</li> </ul>
Short-Term Disability <i>Sedgwick</i>	<ul style="list-style-type: none"> <li>• 100% salary continuation for weeks 2-6 of leave (benefit decreases incrementally weeks 7-26)</li> <li>• 180 day maximum benefit duration, including 7 calendar day waiting period</li> </ul>
Basic Life Insurance <i>The Hartford</i>	<ul style="list-style-type: none"> <li>• 1.5x annual base salary (staff) or 2x annual base salary (directors and above)</li> </ul>
Basic Accidental Death and Dismemberment (AD&D) Insurance <i>The Hartford</i>	<ul style="list-style-type: none"> <li>• 1.5x annual base salary (staff) or 2x annual base salary (directors and above)</li> </ul>
Employee Assistance Program (EAP) <i>SupportLinc through CuraLinc Healthcare</i>	<ul style="list-style-type: none"> <li>• Available 24/7 to assist you and your family in times of need</li> <li>• Expert legal and financial consultation and concierge services available</li> <li>• Up to seven (7) confidential counseling sessions per employee and household members per event</li> </ul>
Paid Time Off (PTO)	<ul style="list-style-type: none"> <li>• Accrues throughout the year based on hours worked</li> <li>• Ability to roll over hours year to year up to a maximum accrual based on years of service</li> </ul>
Adoption Assistance	<ul style="list-style-type: none"> <li>• \$3,500 to \$4,500 reimbursement per child (\$7,000 annual maximum)</li> <li>• One year employment eligibility for full-time; two years and 20 hours worked per week for part-time</li> </ul>
Tuition Reimbursement	<ul style="list-style-type: none"> <li>• \$5,250 reimbursement per calendar year upon completion of 90 days employment</li> </ul>
Leave of Absence Management <i>Sedgwick</i>	<ul style="list-style-type: none"> <li>• FMLA (continuous or intermittent), non-FMLA, military and educational leave options</li> <li>• 12 weeks per year of paid parental leave for care of biological newborn, adoption or foster child care. Must have at least one year of service and either full-time or part-time status to be eligible.</li> </ul>
Employee Wellness Program <i>Virgin Pulse</i>	<ul style="list-style-type: none"> <li>• Program launching Spring 2022!</li> </ul>
Relocation Assistance <i>UrbanBound</i>	<ul style="list-style-type: none"> <li>• Relocation benefit that can be billed directly to OU Health's supplier network for a variety of moving-related expenses</li> </ul>
<b>Benefits Paid by OU Health and You</b>	
Medical and Prescription Drug <i>Blue Cross/Blue Shield of Oklahoma and Prime Therapeutics</i>	<ul style="list-style-type: none"> <li>• Choice of four medical plan options with prescription drug coverage</li> </ul>
Health Savings Account (HSA) <i>Optum Financial</i>	<ul style="list-style-type: none"> <li>• Triple tax-advantaged account (pre-tax deduction, non-taxed withdrawals, and non-taxed account investments) to use toward qualified healthcare expenses</li> <li>• OU Health contributes up to \$500 (individual) or \$1,000 (family) on a prorated, quarterly basis</li> </ul>
<b>Benefits Paid by You</b>	
Vision <i>VSP</i>	<ul style="list-style-type: none"> <li>• Two vision plan options</li> </ul>
Dental <i>Delta Dental</i>	<ul style="list-style-type: none"> <li>• Choice of three dental PPO plan options</li> </ul>
Flexible Spending Accounts (FSAs) <i>Optum Financial</i>	<ul style="list-style-type: none"> <li>• Pre-tax payroll deductions to use toward medical, dental, vision, prescription, and/or dependent care expenses</li> <li>• Limited Purpose FSA: pre-tax payroll deductions to use toward dental and vision expenses only. Must be enrolled in High Deductible Health Plan (HDHP) with HSA.</li> </ul>
Voluntary Life Insurance <i>The Hartford</i>	<ul style="list-style-type: none"> <li>• In addition to basic life insurance, up to 5x annual base salary for full-time employees (\$15,000 flat amount (part-time))</li> <li>• Portability option</li> </ul>
Dependent Life Insurance <i>The Hartford</i>	<ul style="list-style-type: none"> <li>• Spouse coverage up to \$75,000 for full-time/\$7,500 for part-time</li> <li>• Child coverage up to \$10,000 for full-time/\$5,000 for part-time</li> </ul>
Voluntary AD&D Insurance <i>The Hartford</i>	<ul style="list-style-type: none"> <li>• In addition to basic AD&amp;D insurance, up to 5x annual base salary for full-time employees (\$15,000 flat amount (part-time))</li> <li>• Portability option</li> </ul>
Long-term Disability <i>The Hartford</i>	<ul style="list-style-type: none"> <li>• Choice of three options: 50%, 60% or 66 2/3% of base salary (excludes part-time employees)</li> </ul>
OURewards+ Voluntary Benefit Options <i>Coastream</i>	<ul style="list-style-type: none"> <li>• Home, auto and pet insurance, identity theft protection, critical illness, hospital indemnity and accident insurance, legal assistance, additional life insurance, and shopping discounts</li> </ul>
Childcare & Family Plan Services <i>Bright Horizons</i>	<ul style="list-style-type: none"> <li>• Emergency back-up childcare for in-home, center-based or care within your personal network. Special co-pays apply per care option.</li> </ul>