

Medical Insurance



Medical Coverage

OBU strives to provide the most equitable and cost effective benefit programs to our employees. We recognize the influence that these programs have on the financial and personal welfare of each employee and their families. This year we are renewing our medical benefits with BCBS of Oklahoma. If you are already enrolled with BCBS, your current elections will automatically renew for the new plan year. If you are not currently enrolled and you wish to enroll during open enrollment, a new application is required.

How the Plan Works

The Preferred Provider Organization (PPO) Plan, administered by BCBS gives you the freedom of receiving care within the network or from out-of-network providers. However, when you use providers within the network, the plan pays the highest level of benefits. If you are not sure whether a certain doctor or hospital is an in-network provider, you can visit www.bcbsok.com or call Customer Service at 800-942-5837.

Take Charge of Your Health

Learning as much as possible about your plan can help you to make more informed choices regarding your needs and those of your covered dependents. Review the Medical Plan Benefit Highlights attached for more detail.

Prescription Coverage

We are changing our prescription Rx drug benefit this year. It will no longer be subject to deductible and coinsurance. The Rx benefit will be multi-tiered, placing drugs into one of three copayment levels; generic, Preferred Brand, or Brand.

If you have your prescription filled at a participating retail network pharmacy, you will pay a \$15 copay for generic drugs, \$35 copay for Preferred Brand drugs, and a \$60 copay for Non-Preferred Brand drugs. You may purchase up to a 30-day supply of certain covered drugs.

If you are taking a medication for an extended period of time, you can purchase up to a 90-day supply of covered drugs through the PrimeMail delivery service. To use the PrimeMail program ask your doctor to give you a new prescription for up to a 90-day supply of your regular medication, plus refills, if appropriate. Go to www.myprimemail.com to download the necessary forms and follow the instructions for mail order delivery.

Making the Most of Rx Benefits

Use these tips to make sure you get the most out of your Rx benefits.

- Use a network pharmacy (www.bcbsok.com)
- Use generic drugs when available
- Be an informed consumer
- Ask if your Rx is on the Wal-Mart or Target \$4

Your Monthly payroll deductions for Medical effective January 1, 2012 are:

Election	OBU Pays	BluePreferred	BlueChoice
Employee only	\$ 204.73	\$51.18	\$97.67
Employee & Family	\$ 530.78	\$176.93	\$304.58

Please check your first pay stub after January 1, 2012, to make sure that your deductions are showing correctly. It is your responsibility to make sure that you are enrolled in the correct plan for 2012.

This chart gives a side-by-side look at the benefits you receive when you utilize in-network providers, please consult the carrier materials for out-of-network benefits.

Medical Options	BluePreferred	BlueChoice
Deductible Individual Family	\$5,000 \$15,000	\$5,000 \$15,000
Coinsurance	80 / 20%	80 / 20%
Out-of-Pocket Maximum Per Person (plus deductible)	\$3,000	\$3,000
Health Care Account (HCA)	\$3,800 Provided by OBU Up to 3 individuals	\$3,800 Provided by OBU Up to 3 individuals
Office Visit Primary Care Specialist	\$20 Copay \$50 Copay	\$20 Copay \$50 Copay
Diagnostic/Lab/ Simple X-Ray	Office Visit Copay if performed in conjunction with Doctor's office visit	Office Visit Copay if performed in conjunction with Doctor's office visit
Complex Imaging - including but not limited to (MRI, CAT, and PET Scans)	20% after Deductible	20% after Deductible
Preventive Adult Physical Exam	Paid at 100%, no copay	Paid at 100%, no copay
Childhood Immunizations	Paid at 100%, no copay	Paid at 100%, no copay
Maternity	Paid as any other illness or injury	Paid as any other illness or injury
In-Patient Hospitalization	20% after Deductible	20% after Deductible
Out-Patient Hospitalization or Surgery	20% after Deductible	20% after Deductible
Emergency Services	\$100 + Deductible + 20%	\$100 + Deductible + 20%
Prescription Drug Coverage Generic Preferred Brand Non-Preferred Brand	\$15 Copay \$35 Copay \$60 Copay	\$15 Copay \$35 Copay \$60 Copay
Lifetime Maximum Benefit	Unlimited	Unlimited