

Dear Participant,

Through your educational appointment in the **ORAU/ORISE/OGS** Research Participation Program, you are eligible to participate in certain benefit plans through Oak Ridge Associated Universities (ORAU). Please read the information below carefully, as it details changes to the currently offered medical, prescription, dental, and vision plans.

***\*Any benefit related changes will be effective January 1, 2025, and the participant benefits website will update accordingly.***

## **Medical, Dental, Vision Plan Changes**

There will be an increase to the benefit package premiums for 2025.

### **Medical**

There are no plan design changes to the medical plan for 2025.

A quick reminder of the programs available through the ORAU Medical Plan for 2025:

- [\*\*AbleTo Behavioral Health Program\*\*](#) – Members that are feeling stressed, overwhelmed, or exhausted have a new resource in the AbleTo program. It provides flexible mental health care that fits in your schedule including support from a compassionate therapist, or coach, or both.
- [\*\*Hypertension Management Program\*\*](#) – Members with high blood pressure will be eligible to participate in the Livongo Hypertension Management Program by Teladoc Health. The program provides a connected blood pressure monitor and one-on-one support from expert coaches.
- [\*\*Healthy Maternity Program\*\*](#) – Confidential maternity health advice and personalized one-on-one support from a maternity nurse. 24/7 Nurse line for general health-related questions.
- [\*\*Hinge Health\*\*](#) – aims to reduce pain, opioid use, and surgeries with claims across the MSK continuum: preventive, acute, chronic and surgery. Participate in the program at no cost.

### **Prescription**

Prescription drug coverage will continue to be provided by CVS Caremark and access the CVS Caremark pharmacy network which includes over 60,000 retail and independent pharmacies nationwide. The 2025 Advanced Control Formulary and 2025 Advanced Control Specialty Formulary include the medications that will be covered and their associated tier.

### **Dental & Vision**

For 2025, there are no plan design changes to the dental plan.

For the vision plan, we have added an enhanced benefit called VSP LightCare. Members can use their existing annual frame allowance (\$150) for ready-to-wear, non-prescription blue-light filtering glasses or ready-to-wear non-prescription sunglasses (instead of prescription eyewear), both with UV defense built right into the lenses.

## **Participant Health Insurance Premiums for 2025**

Monthly premiums will continue to be based on the number of eligible family members you choose to cover. Please note the Dental and Vision bundle is optional, but enrollment in the Medical and Prescription plan is required to enroll in the Dental and Vision bundle. You can choose to drop the Dental and Vision bundle according to the rules in the [FAQ](#) on the Participant Benefits Website.

2025 Plan	Total		
	Individual	M + 1	Family
BCBST Medical	\$ 500.46	\$ 999.78	\$ 1,405.94
CVS Rx	\$ 140.24	\$ 277.20	\$ 395.92
Delta Dental	\$ 33.92	\$ 67.76	\$ 108.08
VSP Vision	\$ 9.76	\$ 19.60	\$ 31.28
Totals	\$ 684.38	\$ 1,364.34	\$ 1,941.22

2025 Plan	Total		
	Individual	M + 1	Family
BCBST Medical	\$ 500.46	\$ 999.78	\$ 1,405.94
CVS Rx	\$ 140.24	\$ 277.20	\$ 395.92
Totals	\$ 640.70	\$ 1,276.98	\$ 1,801.86

## **Participant Assistance Program**

As a reminder, participants are provided with access to the Participant Assistance Program (PAP) offered through TELUS Health. This program is provided to you at no additional cost and is available to assist participants in managing life's challenges and maintaining a happy and well-balanced life.

The program offers short-term counseling sessions per issue per year to assist with many situations including:

- Relationship and Marital concerns
- Family issues
- Coping with Illness
- Everyday needs and life events

In addition to the counseling benefit, the program offers appointment-life assistance. This includes information and support to help you achieve a better balance between your personal studies, participation in the ORAU program, life, and family needs.

An informational flyer detailing the program services and contact information is attached.

## **Additional Details**

Please read carefully through the below information regarding actions you may need to take for the 2025 insurance plans.

1. If you are currently enrolled in the ORAU Medical and Prescription plans, and/or the Dental and Vision plans and you **do not** want to change your elections, no action is required on your part. Your premium will be updated automatically to reflect the 2025 premium changes.
2. If you wish to change your current insurance elections or covered dependents, normal health insurance guidelines apply. Please see the [FAQ](#) section of the participant benefits website for questions.
3. If you would like to enroll or wish to cancel any ORAU insurance coverage, please contact your ORAU/ORISE/OGS program point of contact, as well as the Benefits Administrator at [HRHealthInsurance@orau.org](mailto:HRHealthInsurance@orau.org).
4. Participation in the PAP program through TELUS Health occurs automatically and will be at no cost to you. No action is required to participate in this benefit.

If you have questions about any of the benefit offerings, please reach out to [HRHealthInsurance@orau.org](mailto:HRHealthInsurance@orau.org).

Thank you,



**MEDICAL COVERAGE**

# ORAU Medical Plan – BCBSTN Network P

Key In-Network Medical Benefits	In-Network	Out-of-Network
<b>Deductible</b> (Individual/Family)	\$500 / \$1,000	\$1,000 / \$2,000
<b>Out-of-Pocket Maximum</b> (Individual/Family)	\$3,000 / \$6,000	\$6,000 / \$12,000
<b>Covered Services</b>		
<b>Office Visit</b> (Physician/Specialist)	\$20 PCP copay \$40 Specialist copay \$10 Teladoc Telemedicine	Member pays 40% after deductible
<b>Routine Preventive Care</b>	Plan pays 100%, no deductible	Member pays 40% after deductible
<b>Emergency Room</b>	\$150 copay	\$150 copay
<b>Inpatient Hospital Stay</b>	\$200 copay	Member pays 40% after deductible
<b>Outpatient Surgery</b>	\$100 copay	Member pays 40% after deductible
<b>Advanced Radiological Imaging</b>	\$100 copay / service	Member pays 40% after deductible
<b>Urgent Care</b>	\$20 / \$40 copay (if billed as physician visit) \$100 copay (if billed as facility claim)	Member pays 40% after deductible
<b>Therapy</b> (physical, speech, etc)	\$40 copay	Member pays 40% after deductible
<b>Prescription Drugs (Generic / Preferred / Non-Preferred / Specialty)</b>		
<b>Pharmacy</b> (30-day supply) <b>Mail Order</b> (90-day supply)	\$10 / \$35 / \$55 / 30% \$20 / \$70 / \$110	Not covered

# ORAU Medical Plan

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- + Medical is administered by BCBST
- + Prescription drug coverage is provided through CVS Caremark
  - The prescription formulary for 2025 will be the Advanced Control Formulary
  - Network of 60,000+ pharmacies nationwide
- + **Enrollees have 1 consolidated ID card**
  - BCBST will generate 1 ID cards for all enrollees to be used for both medical and prescription drug coverage
  - Prescription Drug information will have CVS Caremark contact information
  - Participants will not be receiving new cards for the 2025 plan year unless they are a new enrollee

# Telemedicine - Teladoc

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- **All medical plan participants have access to telemedicine through BCBST's telemedicine program through Teladoc Health**
  - Board-certified physicians available by phone or online video
  - A convenient option for diagnosis and treatment of acute conditions such as:
    - Allergies, colds, flu
    - Pediatric conditions
    - Earaches
    - Nausea and vomiting
    - Skin conditions
    - Pink eye
    - Stress, anxiety, depression
    - Addiction
  - Telehealth general medical visits are covered with a \$10 copay

# Teladoc

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Teladoc offers more than just primary care! Did you know you can utilize Teladoc for a wide range of services?

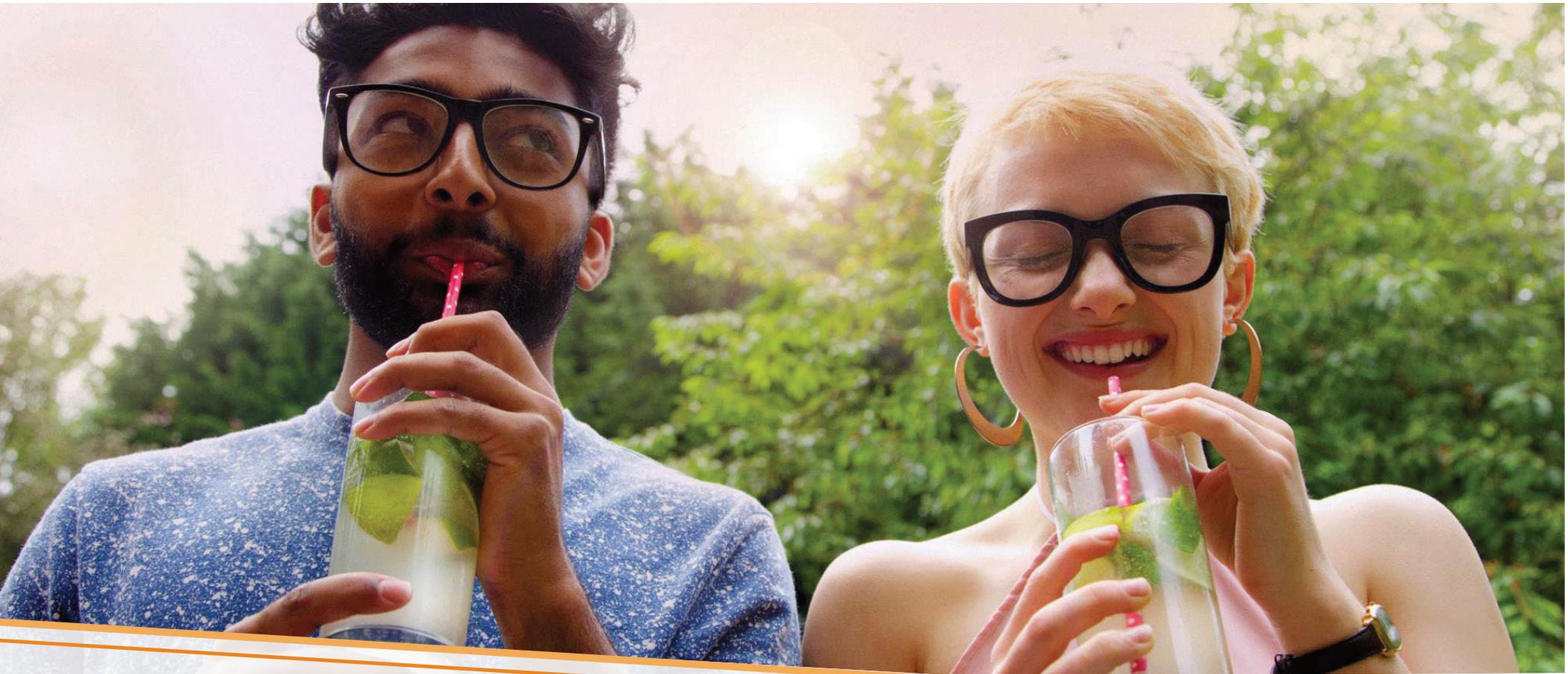
- Mental Health: Talk to an expert for anxiety, depression and other issues.
- Dermatology: Get treatment for skin conditions by uploading pictures.
- Nutrition Counseling: Get a nutrition plan from dietitians.
- Back & Joint Care: Work with a health coach to manage your pain.
- Tobacco Cessation: Talk to a doctor about enrolling in this program.



## How do I use Teladoc Health?

You'll need to register an account by answering a few quick questions. Make sure to have your Member ID card ready when you register. To get started:

- › Log in to the **BCBSTN<sup>SM</sup>** app and choose **Talk to a Doctor Now**, or
- › Visit **bcbst.com/Teladoc**, or
- › Call **1-800-TELADOC (1-800-835-2362)**.



## DENTAL & VISION COVERAGE

# Dental Plan

## Delta Dental of Tennessee DPPO

Key Dental Benefits	Delta Dental of TN DPPO	
	In-Network	Out-of-Network
<b>Deductible</b> (Individual/Family)	\$25 / \$75	
<b>Benefit Maximum</b> (per Individual)	\$1,500	
<b>Covered Services</b>		
<b>Preventive Services</b>	No charge	
<b>Basic Services</b>	20% coinsurance after deductible	
<b>Major Services</b>	50% coinsurance after deductible	
<b>Orthodontia</b> (Adults and Children)	50% coinsurance; \$1,500 Lifetime Maximum Benefit	

# Vision Plan Highlights

## VSP Vision

	In-Network	Out-of-network
<b>Exam</b> (once every 12 months)	\$10 copay	Up to \$50
<b>Lenses</b> (once every 12 months)	None	Up to \$50
Single Vision		Up to \$75
Bifocal Trifocal		Up to \$100
<b>Frames or VSP LightCare in lieu of prescription frames</b> (once every 24 months)	\$150 allowance	Up to \$70
<b>Contact Lenses</b> (once every 12 months; instead of prescription glasses)	\$150 allowance	Up to \$105
Frequency: Exam Lenses Frames Contacts	Once every calendar year	Once every calendar year



# VSP: Adding VSP LightCare

With VSP LightCare you can use your frame and lens allowance toward ready-made:

1. Non-prescription blue light filtering glasses
2. Non-prescription sunglasses

## **Defend your Eyes Indoors and Out:**

- Wear blue light filtering glasses indoors to defend against digital eye strain. Digital screens and fluorescent lighting emit blue light that can contribute to headaches, blurred vision, and sore eyes – all possible symptoms of digital eye strain.
- Shield your eyes from the sun's ultraviolet rays that can damage your corneas and cause eye-related diseases like cataracts. 100% UVA and UVB protection is the best choice for your sunglasses.
  - ❖ Register and log in to [vsp.com](http://vsp.com) to review your benefit information. If you like shopping online go to [eyeconic.com](http://eyeconic.com) where you can shop in-network with your VSP benefits.

# Put Your Eyes at Ease with VSP LightCare



## Why UV and Blue Light Coverage?

Even if you don't wear prescription glasses, an annual eye exam is an easy and cost-effective way to take care of your eyes and overall health.

With VSP LightCare™, you can use your frame and lens benefit to get non-prescription eyewear from your VSP® network doctor.

### DEFEND YOUR EYES INDOORS AND OUT:

**Wear blue light filtering glasses indoors** to help defend against digital eye strain. Excessive blue light exposure from digital screens and fluorescent lighting may contribute to dry eyes, blurred vision, tired eyes, sore eyes, headaches, and watery eyes—all possible symptoms of digital eye strain.

**Always wear sunglasses outdoors.** Shield your eyes from the sun's ultraviolet rays that can damage your corneas and cause eye-related diseases like cataracts. 100% UVA and UVB protection is the best choice for your sunglasses.<sup>1</sup>

### PROVIDER CHOICES YOU WANT

With thousands of private practice doctors and more than 700 Visionworks® retail locations nationwide, getting the most out of your benefits is easy at a VSP Premier Edge™ location.

	Preferred private practice and retail in-network choices
	private practice doctors
	Visionworks

Plus, if you prefer to shop online, you can use your benefits in-network on **eyeconic.com**®.<sup>2</sup> Select from a wide selection of ready-made sunglasses and blue light filtering glasses for everyone.



## Your VSP LightCare Coverage Includes:\*

### Eye Exam

A fully-covered WellVision Exam®.<sup>3</sup>

### Eyewear

Use your frame and lens allowance toward ready-made:

- non-prescription sunglasses *or*
- non-prescription blue light filtering glasses

\*Register and log in to [vsp.com](https://vsp.com) to review your benefit information. Based on applicable laws; benefits may vary by location.

Questions? Visit [vsp.com](https://vsp.com) | 800.877.7195

1. Tips for Choosing the Best Sunglasses, American Academy of Ophthalmology, June 2021. 2. To find out whether your employer participates in Eyeconic®, log in to [vsp.com](https://vsp.com) to check your vision benefits. 3. Less any applicable copay.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on [vsp.com](https://vsp.com).

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# Participant Assistance Program

Every participant in an active appointment is eligible to use the PAP through TELUS Health. You DO NOT need to be enrolled in our Medical insurance to use this benefit.

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**100% Sponsored by ORAU, provided through Telus Health -**

## **Counseling on Personal Issues, such as:**

- Stress, anxiety, depression
- Relationships
- Substance abuse
- Child and eldercare
- Grief and Loss
- Legal or Financial Issues
- Assistance for you and your household members
- Visits based on a clinically appropriate model



Go to [one.telushealth.com](https://one.telushealth.com)  
Username & Password: orau

# CVS

[www.caremark.com](http://www.caremark.com)

Both the 2024 and 2025 CVS Caremark Formulary's and Specialty Formulary's are available on the [Participant Benefits Website](#). For your plan-specific formulary drug coverage, please log into your member portal through the website and search by name for the medication.

Starting January 1, 2025, the prescription drug formulary with CVS Caremark will change to the Advanced Control Formulary Drug List.

## Formulary additions

Drug Class	Drug name(s)
Antidiabetics, Dipeptidyl Peptidase-4 (DPP-4) Inhibitors*	ZITUVIMET <sup>^</sup> , ZITUVIMET XR <sup>^</sup> , ZITUVIO <sup>^</sup>
Antineoplastic Agents, Herceptin Biosimilars*	KANJINTI, TRAZIMERA
Antineoplastic Agents, Kinase Inhibitors*	LORBRENA (non-preferred)
Central Nervous System, Antipsychotics*	ABILIFY ASIMTUFII <sup>^</sup>
Central Nervous System, Botulinum Toxins*	DAXXIFY <sup>^</sup>
Central Nervous System, Miscellaneous*	VYVGART <sup>^</sup> , VYVGART HYTRULO <sup>^</sup>
Central Nervous System, Multiple Sclerosis Agents*	BAFIERTAM <sup>^</sup>
Endocrine and Metabolic, Central Precocious Puberty	TRIPTODUR
Endocrine and Metabolic, Diabetic Supplies*	TWIIST INSULIN PUMP AND SUPPLIES <sup>^</sup>
Endocrine and Metabolic, Enzyme Replacements	NEXVIAZYME <sup>^</sup>
Endocrine and Metabolic, Fertility Regulators*	PREGNYL
Endocrine and Metabolic, Insulin, Long-Acting*	INSULIN GLARGINE-YFGN <sup>^</sup>
Hematologic, Hemophilia Agents*	ALTUVIIIIO <sup>^</sup> , BENEFIX
Respiratory, Steroid Inhalants*	ASMANEX HFA
Respiratory, Steroid/Beta-Agonist Combinations*	Breyna <sup>^</sup> , budesonide-formoterol <sup>^</sup>

## Tier 3 to Tier 2

Drug Class	Drug name(s)
Anti-infectives, Antiretroviral Agents*	APRETUDE
Autoimmune Agents, Self-Administered*	LITFULO
Central Nervous System, Antiseizure Agents*	BRIVIACT

**Removing products that may have less convenient dosage forms, more side effects or cost more than other available options on the CVS Caremark<sup>®</sup> Drug List.**

## Formulary exclusions

Drug Class	Drug name(s)	Alternative(s)
Antidiabetics, Dipeptidyl Peptidase-4 (DPP-4) Inhibitors*	JANUMET, JANUMET XR	saxagliptin-metformin ext-rel, ZITUVIMET, ZITUVIMET XR
	JANUVIA	saxagliptin, ZITUVIO
Antidiabetics, Incretin Mimetic Agents*	VICTOZA**	liraglutide, MOUNJARO, OZEMPIC, RYBELSUS, TRULICITY
Antineoplastic Agents, Herceptin Biosimilars*	HERZUMA, OGIVRI	KANJINTI, TRAZIMERA

Central Nervous System, Botulinum Toxins*	DYSPORE	DAXXIFY, XEOMIN
Endocrine and Metabolic, Diabetic Supplies*	V-GO INSULIN INFUSION PUMP	OMNIPOD 5 INSULIN INFUSION PUMP, OMNIPOD DASH INSULIN INFUSION PUMP, OMNIPOD INSULIN INFUSION PUMP, TWIIST INSULIN INFUSION PUMP AND SUPPLIES
Endocrine and Metabolic, Fertility Regulators*	OVIDREL	PREGNYL
Hematologic Agents, Paroxysmal Nocturnal Hemoglobinuria (PNH) Agents	SOLIRIS, ULTOMIRIS (For Myasthenia Gravis Only)	VYVGART, VYVGART HYRULO (For Myasthenia Gravis Only)
Hematologic, Thrombocytopenia Agents*	MULPLETA	DOPTELET
	PROMACTA, TAVALLISSE	ALVAIZ, DOPTELET
Respiratory, Anticholinergics*	tiotropium bromide	SPIRIVA HANDIHALER
Respiratory, Steroid/Beta-Agonist Combinations*	DULERA	budesonide-formoterol, fluticasone-salmeterol (generics for Advair Diskus by Hikma and Teva), Breyna, Wixela Inhub, BREO ELLIPTA (except the 14-inhalation pack)
Topical, Dermatology, Rosacea*	RHOFADE	azelaic acid gel, brimonidine gel, metronidazole, FINACEA FOAM, SOOLANTRA

### Indication-based strategy updates

Indication	Drug(s) added
Psoriasis	<ul style="list-style-type: none"> <li>• BIMZELX add as a preferred product for Psoriasis</li> <li>• TALTZ change from preferred to excluded product for Psoriasis</li> </ul>
Ulcerative Colitis	<ul style="list-style-type: none"> <li>• TREMFYA add as a preferred for Ulcerative Colitis</li> </ul>

#### Key for table

**UPPER CASE** = brand-name medication

**lower case** = generic medication

\*Class has existing formulary exclusions

\*\*Multi-source Brand Product

^Previously New to Market Block