

# Oklahoma Higher Education Employee Interlocal Group (OKHEEI)

## 2019 Monthly Premiums For Active Employees and Dependents

*Amounts represent monthly payroll deductions  
Employee cost (Plan A only) is already added to other categories*

| BLUECROSS/BLUESHIELD OF OKLAHOMA MEDICAL OPTIONS: | EMPLOYEE ONLY | EMPLOYEE + SPOUSE | EMPLOYEE + CHILD | EMPLOYEE + CHILDREN | EMPLOYEE + FAMILY |
|---|---------------|-------------------|------------------|---------------------|-------------------|
| PLAN A  | \$ 88.20      | \$ 746.44         | \$ 281.42        | \$ 593.79           | \$ 1,127.07       |
| PLAN B  | \$ 0.00       | \$ 492.93         | \$ 172.98        | \$ 452.65           | \$ 833.71         |
| PLAN C  | \$ 0.00       | \$ 476.27         | \$ 168.04        | \$ 439.71           | \$ 807.31         |
| PLAN D  | \$ 0.00       | \$ 496.89         | \$ 179.24        | \$ 469.00           | \$ 849.98         |
| PLAN E  | \$ 0.00       | \$ 497.51         | \$ 153.66        | \$ 473.22           | \$ 917.38         |

*Employee cost is already added to other categories*

| DELTA DENTAL OPTIONS: | EMPLOYEE ONLY | EMPLOYEE + SPOUSE | EMPLOYEE + CHILD | EMPLOYEE + CHILDREN | EMPLOYEE + FAMILY |
|-----------------------|---------------|-------------------|------------------|---------------------|-------------------|
| HIGH PLAN             | \$ 36.86      | \$ 73.70          | \$ 54.30         | \$ 70.20            | \$ 110.70         |
| LOW PLAN              | \$ 26.00      | \$ 55.80          | \$ 38.24         | \$ 46.70            | \$ 78.20          |
| PREVENTATIVE PLAN     | \$ 18.26      | \$ 37.52          | \$ 30.24         | \$ 39.58            | \$ 60.18          |

| VISION SERVICE PLAN (VSP) OPTIONS: | EMPLOYEE ONLY | EMPLOYEE + SPOUSE | EMPLOYEE + CHILD | EMPLOYEE + CHILDREN | EMPLOYEE + FAMILY |
|------------------------------------|---------------|-------------------|------------------|---------------------|-------------------|
| VISION BASE PLAN                   | \$ 0.00       | \$ 6.56           | \$ 6.28          | \$ 7.46             | \$ 15.82          |
| VISION BUY-UP PLAN                 | \$ 5.75       | \$ 18.09          | \$ 17.55         | \$ 19.79            | \$ 35.50          |

PLEASE NOTE THAT SWOSU PAYS UP TO \$607.04 TOWARDS THE EMPLOYEE'S MEDICAL COVERAGE:

- PLAN A—SWOSU PAYS \$607.04; EMPLOYEE PAYS \$88.20.
- PLAN B—SWOSU PAYS \$607.04
- PLAN C—SWOSU PAYS \$515.33 (\$50.00 to employee salary)
- PLAN D—SWOSU PAYS \$528.62 (\$50.00 to employee salary)
- PLAN E—SWOSU PAYS \$559.25 (\$50.00 to employee salary)

WAIVED COVERAGE (\$200.00 to employee salary—must provide proof of other group insurance)

VISION BASE PLAN AND BUY-UP PLAN—UNIVERSITY PAYS \$6.54.

NOTE: RATES ARE SUBJECT TO CHANGE JANUARY 1, 2020.