Oklahoma Higher Education Employee Interlocal Group (OKHEEI)

2021 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	$ 99.48	$ 841.82	$ 317.39	$ 669.67	$ 1,271.09
PLAN B	$ 0.00	$ 555.92	$ 195.09	$ 510.49	$ 940.23
PLAN C	$ 0.00	$ 537.12	$ 189.51	$ 495.89	$ 910.45
PLAN F	$ 0.00	$ 518.19	$ 161.95	$ 474.07	$ 936.60

Employee cost is already added to other categories

DELTA DENTAL OPTIONS:	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
HIGH PLAN	$ 39.82	$ 79.60	$ 58.64	$ 75.82	$ 119.56
LOW PLAN	$ 29.96	$ 64.28	$ 44.06	$ 53.80	$ 90.10
PREVENTATIVE PLAN	$ 18.26	$ 37.52	$ 30.24	$ 39.58	$ 60.18

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

PLEASE NOTE THAT SWOSU PAYS UP TO $684.60 TOWARDS THE EMPLOYEE'S MEDICAL COVERAGE:

- PLAN A—SWOSU PAYS $684.60; EMPLOYEE PAYS $99.48
- PLAN B—SWOSU PAYS $684.60
- PLAN C—SWOSU PAYS $581.18 ($50.00 to employee salary)
- PLAN F —SWOSU PAYS $587.22 ($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, 2022