

Oklahoma Higher Education Employee Interlocal Group (OKHEEI)

2023 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	\$108.08	\$914.55	\$344.80	\$727.52	\$1,380.91
PLAN B	\$0.00	\$603.95	\$211.94	\$554.59	\$1,021.46
PLAN C	\$0.00	\$583.53	\$205.89	\$538.74	\$989.11
PLAN F	\$0.00	\$562.96	\$175.94	\$515.03	\$1,017.53

Employee cost is already added to other categories

DELTA DENTAL OPTIONS:	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
HIGH PLAN	\$50.30	\$103.22	\$73.38	\$94.90	\$149.62
LOW PLAN	\$36.88	\$79.10	\$54.22	\$62.22	\$110.88
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 \$743.75 TOWARDS THE EMPLOYEE'S MEDICAL COVERAGE:

- PLAN A—SWOSU PAYS \$743.75; EMPLOYEE PAYS \$108.08
- PLAN B—SWOSU PAYS \$743.75
- PLAN C—SWOSU PAYS \$631.39 (\$50.00 to employee salary)
- PLAN F —SWOSU PAYS \$637.95 (\$50.00 to employee salary)

WAIVED MEDICAL COVERAGE (\$200.00 to employee salary)

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

NOTE: RATES ARE SUBJECT TO CHANGE JANUARY 1, 2024