

# Oklahoma Higher Education Employee Interlocal Group (OKHEEI)

## 2024 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	\$107.21	\$907.12	\$342.00	\$721.61	\$1,369.69
PLAN B	\$0.00	\$599.05	\$210.22	\$550.08	\$1,013.17
PLAN C	\$0.00	\$558.29	\$196.98	\$515.44	\$946.33
PLAN F	\$0.00	\$509.23	\$159.15	\$465.88	\$920.42

*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 \$737.70 TOWARDS THE EMPLOYEE'S MEDICAL COVERAGE:

- PLAN A—SWOSU PAYS \$737.70 (EMPLOYEE PAYS \$107.21)
- PLAN B—SWOSU PAYS \$737.70
- PLAN C—SWOSU PAYS \$604.09 (\$50.00 to employee salary)
- PLAN F—SWOSU PAYS \$577.07 (\$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, 2025