

# Oklahoma Higher Education Employee Interlocal Group (OKHEEI)

## 2025 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	\$124.04	\$1,049.54	\$395.69	\$834.90	\$1,584.73
PLAN B	\$0.00	\$693.10	\$243.22	\$636.44	\$1,172.24
PLAN C	\$0.00	\$645.94	\$227.91	\$596.37	\$1,094.91
PLAN F	\$0.00	\$589.18	\$184.14	\$539.02	\$1,064.93

**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 \$853.52 TOWARDS THE EMPLOYEE'S MEDICAL COVERAGE:

- PLAN A—SWOSU PAYS \$853.52 (EMPLOYEE PAYS \$124.04)
- PLAN B—SWOSU PAYS \$853.52
- PLAN C—SWOSU PAYS \$698.93 (\$50.00 to employee salary)
- PLAN F—SWOSU PAYS \$667.67 (\$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, 2026

OTRS RETIREMENT CONTRIBUTIONS MAY BE REDUCED IF HEALTH AND/OR VISION INSURANCE ARE WAIVED