OKLAHOMA HIGHER EDUCATION EMPLOYEE INSURANCE (OKHEEI) GROUP

2026 Monthly Premiums

SWOSU Pre-Medicare & Medicare Retiree Rates

Rate does not include OTRS Subsidy

Pre-65 Retiree - Blue Cross Blue Shield of OK #600600					
Plan	**Retiree Only**	**Retiree + Spouse**	**Retiree + Child**	**Retiree + Children**	**Reiree + Family**
PLAN A	$1,065.54	$2,074.34	$1,361.64	$1,840.38	$2,657.69
PLAN B	$913.27	$1,654.88	$1,173.51	$1,594.26	$2,167.56
PLAN C	$761.83	$1,465.91	$1,010.26	$1,411.88	$1,955.29
PLAN D**	$964.48	$1,747.68	$1,239.32	$1,683.65	$2,289.11
PLAN F	$727.76	$1,315.29	$928.47	$1,315.29	$1,888.53

** Plan D: BluePreferred and BlueChoice (Options) Network

Delta Dental of OK- #6441					
Plan	**Retiree Only**	**Retiree + Spouse**	**Retiree + Child**	**Retiree + Children**	**Retiree + Family**
High Plan (with Ortho)	$60.36	$123.86	$88.06	$113.88	$179.54
Low Plan (w/out Ortho)	$41.32	$88.60	$60.74	$69.70	$124.20
Preventive Plan	$20.28	$41.66	$33.58	$43.94	$66.80
Vision Service Plan- #30017046					
Plan	**Retiree Only**	**Retiree + Spouse**	**Retiree + Child**	**Retiree + Children**	**Retiree + Family**
VSP CORE PLAN	$6.54	$13.10	$12.82	$14.00	$22.36
VSP BUY UP OPTION	$12.29	$24.63	$24.09	$26.33	$42.04

Post-65 Retiree - Multiple Carriers***					
Medicare Senior Supplement Plans	**Retiree***	**Spouse (on Medicare)**	**Spouse (Pre-Medicare)**	**Child (on Medicare)**	**Child(ren) (Pre-Medicare)**
BlueCross Advantage w/Prescription HIGH	$386.20	Individualized Plans	Please see rates above	Individualized Plans	Please see rates above
BlueCross Advantage w/Prescription LOW	$291.80				
BlueCross PDP HIGH	$228.40				
BlueCross PDP LOW	$134.00				
United HealthCare Supplement Only- No Prescription	$328.11				

Updated 9/05/2025./DD//