

OKLAHOMA HIGHER EDUCATION EMPLOYEE INSURANCE (OKHEEI) GROUP

2027 Monthly Premiums

SWOSU Pre-Medicare & Medicare Retiree Rates

*Rate does not include TRS Subsidy					
Pre-65 Retiree - Blue Cross Blue Shield Advantage #600600					
Plan	Retiree Only	Retiree + Spouse	Retiree + Child	Retiree + Children	Reiree + Family
PLAN A	\$1,197.67	\$2,331.55	\$1,530.48	\$2,068.58	\$2,987.25
PLAN B	\$1,026.51	\$1,860.09	\$1,319.03	\$1,791.95	\$2,436.34
PLAN C	\$856.30	\$1,647.68	\$1,135.53	\$1,586.95	\$2,197.74
PLAN D**	\$1,084.08	\$1,964.39	\$1,393.00	\$1,892.42	\$2,572.96
PLAN F	\$818.00	\$1,539.84	\$1,043.60	\$1,478.39	\$2,122.71
** Plan D: BluePreferred and BlueChoice (Options) Network					
Post-65 Retiree - Multiple Carriers***					
Medicare Senior Supplement Plans	Retiree*	Retiree + Spouse	Retiree + Child	Retiree + Children	Reiree + Family
BCBS Advantage (High)	\$410.24	Individualized Plans	Please see rates above	Please see rates above	Please see rates above
BCBS Advantage (Low)	\$311.12				
BlueCross RX Only (High)	\$239.82				
BlueCross RX Only (Low)	\$140.70				
UHC Supplement Only	\$368.11				
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