

# Oklahoma Higher Education Employee Interlocal Group (OKHEEI)

## 2020 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	\$ 92.20	\$ 780.19	\$ 294.15	\$ 620.64	\$ 1,178.03
PLAN B	\$ 0.00	\$ 515.22	\$ 180.81	\$ 473.12	\$ 871.40
PLAN C	\$ 0.00	\$ 497.80	\$ 175.64	\$ 459.59	\$ 843.80
PLAN F	\$ 0.00	\$ 480.25	\$ 150.09	\$ 439.36	\$ 868.03

*Employee cost is already added to other categories*

DELTA DENTAL OPTIONS:	EMPLOYEE ONLY	EMPLOYEE + SPOUSE	EMPLOYEE + CHILD	EMPLOYEE + CHILDREN	EMPLOYEE + FAMILY
HIGH PLAN	\$ 39.82	\$ 79.60	\$ 58.64	\$ 75.82	\$ 119.56
LOW PLAN	\$ 29.96	\$ 64.28	\$ 44.06	\$ 53.80	\$ 90.10
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 \$634.48 TOWARDS THE EMPLOYEE'S MEDICAL COVERAGE:

- PLAN A—SWOSU PAYS \$634.48; EMPLOYEE PAYS \$92.20
- PLAN B—SWOSU PAYS \$634.48
- PLAN C—SWOSU PAYS \$538.63 (\$50.00 to employee salary)
- PLAN F —SWOSU PAYS \$544.23 (\$50.00 to employee salary)

WAIVED COVERAGE (\$200.00 to employee salary—must provide proof of other group insurance)

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

NOTE: RATES ARE SUBJECT TO CHANGE JANUARY 1, 2021