Oklahoma Higher Education Employee Insurance Group 2014 MONTHLY PREMIUMS

FOR ACTIVE EMPLOYEES/DEPENDENTS AND PRE 65 RETIREES

		Amounts represent monthly payroll deductions.						
			EMPLOYEE	SPOUSE	ONE	TWO OR	FAMILY	
			COST	ONLY	CHILD	MORE	(SPOUSE AND	
					ONLY	CHILDREN	ONE OR MORE	
						ONLY	CHILDREN)	
MEDICAL:	NSL	JPAYS	1				,	
BlueCross BlueShield of Oklahoma High Option	\$	530.50	0.00	557.10	212.30	424.50	981.60	
BlueCross BlueShield of Oklahoma Basic Option	\$	399.70	0.00	419.70	159.80	319.70	739.40	
DENTAL:		Employee cost is already added to other categories:						
BlueCross BlueShield of Oklahoma		0.00	42.60	87.40	59.70	76.80	121.50	
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VISION:								

0.00

6.36

6.10

7.24

15.36

6.36

PLEASE NOTE THAT THE UNIVERSITY PAYS UP TO \$530.50 FOR THE EMPLOYEE'S MEDICAL COVERAGE and \$6.36 FOR THE EMPLOYEE'S VISION

NOTE: RATES ARE SUBJECT TO CHANGE JAN. 1, 2015.

Vision Service Plan