

Oklahoma Higher Education Employee Insurance Group
2019 MONTHLY PREMIUMS
FOR ACTIVE EMPLOYEES/DEPENDENTS AND PRE 65 RETIREES

Amounts represent **MONTHLY** payroll deductions.

		NSU PAYS	EMPLOYEE COST	SPOUSE ONLY	ONE CHILD ONLY	TWO OR MORE CHILDREN ONLY	FAMILY (SPOUSE AND ONE OR MORE CHILDREN)
MEDICAL:							
Plan A	\$750 Choice	\$695.24	\$0.00	\$658.24	\$193.22	\$505.59	\$1,038.87
Plan B	\$1250 Options	\$607.04	\$0.00	\$492.93	\$172.98	\$452.65	\$833.71
Plan C	\$1500 Choice	\$515.33	\$0.00	\$476.27	\$168.04	\$439.71	\$807.31
Plan D	\$3000 Choice	\$528.62	\$0.00	\$496.89	\$179.24	\$469.00	\$849.98
Plan E	\$1500 HSA Choice	\$559.25	\$0.00	\$497.51	\$153.66	\$473.22	\$917.38

DENTAL:		Employee cost is already added to other categories:					
Delta Dental High Option	\$0.00	\$36.86	\$73.70	\$54.30	\$70.20	\$110.70	
Delta Dental Low Option	\$0.00	\$26.00	\$55.80	\$38.24	\$46.70	\$78.20	
Delta Dental Preventive Option	\$0.00	\$18.26	\$37.52	\$30.24	\$39.58	\$60.18	

VISION:						
Vision Service Plan (VSP)	\$6.54	\$0.00	\$6.56	\$6.28	\$7.46	\$15.82
Vision Service Plan (VSP) Buy-Up	\$6.54	\$5.75	\$18.09	\$17.55	\$19.79	\$35.50

PLEASE NOTE THAT THE UNIVERSITY PAYS UP TO \$695.24 FOR THE EMPLOYEE'S MEDICAL COVERAGE and \$6.54 FOR THE EMPLOYEE'S VISION INSURANCE

NOTE: RATES ARE SUBJECT TO CHANGE JAN. 1, 2020.