

OKLAHOMA HIGHER EDUCATION EMPLOYEE INTERLOCAL GROUP

2018 MONTHLY INSURANCE PREMIUMS

For Active Employees/Dependents and Pre-65 Retirees

Medical Plan Name	NSU Pays	Tier				
		EE COST	EE+S	EE+CH	EE+2 OR MORE CHILDREN	FAMILY
BCBS Red Plan	\$654.58	\$0.00	\$687.45	\$261.97	\$523.83	\$1,211.16
BCBS White Plan	\$581.83	\$0.00	\$611.11	\$232.91	\$465.71	\$1,076.70
BCBS Blue Plan	\$500.80	\$0.00	\$525.72	\$200.16	\$400.44	\$926.28

Dental Plan Name	NSU Pays	Tier				
		EE COST	EE+S	EE+CH	EE+2 OR MORE CHILDREN	FAMILY
Delta Dental High	\$0.00	\$36.86	\$73.70	\$54.30	\$70.20	\$110.70
Delta Dental Low	\$0.00	\$26.00	\$55.80	\$38.24	\$46.70	\$78.20
Delta Dental Preventive	\$0.00	\$18.26	\$37.52	\$30.24	\$39.58	\$60.18

**Employee cost is already added to other categories.*

Vision Plan Name	NSU Pays	Tier				
		EE COST	EE+S	EE+CH	EE+2 OR MORE CHILDREN	FAMILY
Vision Service Plan (VSP)	\$6.54	\$0.00	\$6.56	\$6.28	\$7.46	\$15.82

PLEASE NOTE THAT THE UNIVERSITY PAYS UP TO \$654.58 FOR THE EMPLOYEE'S MEDICAL COVERAGE AND \$6.54 FOR THE EMPLOYEE'S VISION INSURANCE.

NOTE: RATES ARE SUBJECT TO CHANGE JANUARY 1, 2019.