

OKLAHOMA HIGHER EDUCATION EMPLOYEE INTERLOCAL GROUP (OKHEEI)

2018 Monthly Premiums Medicare and Pre-Medicare Retiree Rates

Pre-Medicare Retiree - Blue Cross Blue Shield of OK

Plan	Retiree Only	Spouse	Child	Children	Spouse + Child(ren)
High Plan (Red)	\$654.58	\$687.45	\$261.97	\$523.83	\$1,211.16
Mid Plan (White)	\$581.83	\$611.11	\$232.91	\$465.71	\$1,076.70
Low Plan (Blue)	\$500.80	\$525.72	\$200.16	\$400.44	\$926.28

Post-Medicare Retiree - United HealthCare

Plan (Medicare Plan F)	Retiree*	Spouse (on Medicare)	Spouse (Pre-Medicare)	Child (on Medicare)	Child(ren) (Pre-Medicare)
Sr. Supplement without Part D	\$205.26*	\$205.26	Varies based on plan elected above.	\$205.26	Varies based on plan elected above.
Sr. Supplement w/ Part D Low	\$279.88*	\$279.88	Varies based on plan elected above.	\$279.88	Varies based on plan elected above.
Sr. Supplement w/ Part D High	\$412.71*	\$412.71	Varies based on plan elected above.	\$412.71	Varies based on plan elected above.

*Rate does not include OTRS Subsidy

Retiree Dental - Delta Dental of OK

Plan	Retiree Only	Retiree + Spouse	Retiree + Child	Retiree + Children	Family
High Plan (with Ortho)	\$36.86	\$73.70	\$54.30	\$70.20	\$110.70
Low Plan (without Ortho)	\$26.00	\$55.80	\$38.24	\$46.70	\$78.20
Preventive Plan	\$18.26	\$37.52	\$30.24	\$39.58	\$60.18

Retiree Vision - Vision Service Plan

Plan	Retiree Only	Retiree + Spouse	Retiree + Child	Retiree + Children	Family
VSP	\$6.54	\$13.10	\$12.82	\$14.00	\$22.36