

**OKLAHOMA HIGHER EDUCATION EMPLOYEE INSURANCE GROUP (OKHEEI)**

**2024 Monthly Premiums**

**Blue Cross Blue Shield of OK**

Plan	NSU PAYS	EE Only	EE + Spouse	EE + Child	EE + Children	Family
<b>PLAN A</b>	\$844.91	\$0.00	\$799.91	\$234.79	\$614.40	\$1262.48
<b>PLAN B</b>	\$737.70	\$0.00	\$599.05	\$210.22	\$550.08	\$1013.17
<b>PLAN C</b>	\$604.09	\$0.00	\$558.29	\$196.98	\$515.44	\$946.33
<b>PLAN F</b>	\$577.07	\$0.00	\$509.23	\$159.15	\$465.88	\$920.42

**Delta Dental of OK**

Plan		EE Only	EE + Spouse	EE + Child	EE + Children	Family
<b>High Plan (with Ortho)</b>	\$0.00	\$50.30	\$103.22	\$73.38	\$94.90	\$149.62
<b>Low Plan (without Ortho)</b>	\$0.00	\$36.88	\$79.10	\$54.22	\$62.22	\$110.88
<b>Preventive Plan</b>	\$0.00	\$18.26	\$37.52	\$30.24	\$39.58	\$60.18

**Vision - Vision Service Plan**

Plan		EE Only	EE + Spouse	EE + Child	EE + Children	Family
<b>VSP CORE PLAN</b>	\$6.54	\$0.00	\$6.56	\$6.28	\$7.46	\$15.82
<b>VSP BUY UP OPTION</b>	\$6.54	\$5.75	\$11.53	\$11.27	\$12.33	\$19.68