OKLAHOMA HIGHER EDUCATION EMPLOYEE INSURANCE GROUP (OKHEEI)

2026 Monthly Premiums

Blue Cross Blue Shield of OK						
Plan	**NSU PAYS**	**EE Only**	**EE + Spouse**	**EE + Child**	**EE + Children**	**Family**
PLAN A	$913.27	$152.27	$1,161.07	$448.37	$927.11	$1,744.42
PLAN B	$913.27	$0.00	$741.61	$260.24	$680.99	$1,254.29
PLAN C	$761.83	$0.00	$704.08	$248.43	$650.05	$1,193.46
PLAN D	$913.27	$51.21	$834.41	$326.05	$770.38	$1,375.84
PLAN F	$727.76	$0.00	$642.21	$200.71	$587.53	$1,160.77

Delta Dental of OK						
Plan		**EE Only**	**EE + Spouse**	**EE + Child**	**EE + Children**	**Family**
High Plan (with Ortho)	$0.00	$60.36	$123.86	$88.06	$113.88	$179.54
Low Plan (without Ortho)	$0.00	$41.32	$88.60	$60.74	$69.70	$124.20
Preventive Plan	$0.00	$20.28	$41.66	$33.58	$43.94	$66.80

Vision - Vision Service Plan						
Plan		**EE Only**	**EE + Spouse**	**EE + Child**	**EE + Children**	**Family**
VSP CORE PLAN	$6.54	$0.00	$6.56	$6.28	$7.46	$15.82
VSP BUY UP OPTION	$0.00	$5.75	$11.53	$11.27	$12.33	$19.68
Total Cost		**$5.75**	**$18.09**	**$17.55**	**$19.79**	**$35.50**