Oklahoma Higher Education Employee Insurance Group
(OKHEEI Group)
2026 Payroll Deductions

Effective Date: January 1, 2026

Defined Contribution - ECU will Pay $865.00 towards employee pre-tax health insurance benefits OR $150.00 into a 403b pre-tax retirement account if the employee provides proof of coverage and waives their coverage from ECU. No money will be deposited in the account until the employee enrolls into the 403b account. If you waive health coverage, you are not eligible for Dental or Vision Insurance through the university.

Step 1: Choose BCBS Health Plan

| **BCBS Plan A Blue Advantage** | Monthly Medical Cost | Employer's Monthly Cost | Employee Monthly Cost |
|---|---|---|---|
| Employee Only | $1,065.54 | $865.00 | $200.54 |
| Employee + Spouse | $2,074.34 | $865.00 | $1,209.34 |
| Employee + Child | $1,361.64 | $865.00 | $496.64 |
| Employee + Children | $1,840.38 | $865.00 | $975.38 |
| Employee + Family | $2,657.69 | $865.00 | $1,792.69 |

| **BCBS Plan B Blue Advantage** | Monthly Medical Cost | Employer's Monthly Cost | Employee Monthly Cost |
|---|---|---|---|
| Employee Only | $913.27 | $865.00 | $48.27 |
| Employee + Spouse | $1,654.88 | $865.00 | $789.88 |
| Employee + Child | $1,173.51 | $865.00 | $308.51 |
| Employee + Children | $1,594.26 | $865.00 | $729.26 |
| Employee + Family | $2,167.56 | $865.00 | $1,302.56 |

| **BCBS Plan C Blue Advantage** | Monthly Medical Cost | Employer's Monthly Cost | Employee Monthly Cost |
|---|---|---|---|
| Employee Only | $761.83 | $865.00 | ($103.17) |
| Employee + Spouse | $1,465.91 | $865.00 | $600.91 |
| Employee + Child | $1,010.26 | $865.00 | $145.26 |
| Employee + Children | $1,411.88 | $865.00 | $546.88 |
| Employee + Family | $1,955.29 | $865.00 | $1,090.29 |

**Plan D is Blue Options (Blue Preferred and Blue Choice Networks)**

| **BCBS Plan D Blue Options** | Monthly Medical Cost | Employer's Monthly Cost | Employee Monthly Cost |
|---|---|---|---|
| Employee Only | $964.48 | $865.00 | $99.48 |
| Employee + Spouse | $1,747.68 | $865.00 | $882.68 |
| Employee + Child | $1,239.32 | $865.00 | $374.32 |
| Employee + Children | $1,683.65 | $865.00 | $818.65 |
| Employee + Family | $2,289.11 | $865.00 | $1,424.11 |

| **BCBS Plan F Blue Advantage** | Monthly Medical Cost | Employer's Monthly Cost | Employee Monthly Cost |
|---|---|---|---|
| Employee Only | $727.76 | $865.00 | ($137.24) |
| Employee + Spouse | $1,369.97 | $865.00 | $504.97 |
| Employee + Child | $928.47 | $865.00 | $63.47 |
| Employee + Children | $1,315.29 | $865.00 | $450.29 |
| Employee + Family | $1,888.53 | $865.00 | $1,023.53 |

| **Delta Dental High 2026** | Monthly Dental Cost |
|---|---|
| Employee Only | $60.36 |
| Employee + Spouse | $123.86 |
| Employee + Child | $88.06 |
| Employee + Children | $113.88 |
| Employee + Family | $179.54 |

| **Delta Dental Low** | Monthly Dental Cost |
|---|---|
| Employee Only | $41.32 |
| Employee + Spouse | $88.60 |
| Employee + Child | $60.74 |
| Employee + Children | $69.70 |
| Employee + Family | $124.20 |

| **Delta Dental Preventative** | Monthly Dental Cost |
|---|---|
| Employee Only | $20.28 |
| Employee + Spouse | $41.66 |
| Employee + Child | $33.58 |
| Employee + Children | $43.94 |
| Employee + Family | $66.80 |

| **VSP Vision Base - 2026** | Monthly Vision Cost |
|---|---|
| Employee Only | $6.54 |
| Employee + Spouse | $13.10 |
| Employee + Child | $12.82 |
| Employee + Children | $14.00 |
| Employee + Family | $22.36 |

| **VSP Vision Buy-up** | Monthly Vision Cost |
|---|---|
| Employee Only | $12.29 |
| Employee + Spouse | $24.63 |
| Employee + Child | $24.09 |
| Employee + Children | $26.33 |
| Employee + Family | $42.04 |

| **LTD Base** | Employer Paid | Voluntary |
|---|---|---|
| | 100% | Based on insurance guidelines |
| **LTD Buy-Up** | Employer Paid | Voluntary |
| | Difference btw base & buy up | Based on insurance guidelines |
| **BASIC LIFE & AD & D** | Employer Paid | Voluntary |
| | 100% | Based on insurance guidelines |