

**Oklahoma Higher Education Employee Insurance Group
(OKHEEI Group)
2019 Payroll Deductions**

Effective Date: January 1, 2019

ECU WILL PAY 100% OF THE EMPLOYEE PORTION OF PLAN B THROUGH PLAN E. ECU ALSO PAYS \$36.00 TOWARDS EMPLOYEE & SPOUSE/FAMILY COVERAGE.

BCBS Plan A	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$695.24	607.04	88.20
Employee + Children	\$1200.83	607.04	593.79
Employee + Child	\$888.46	607.04	281.42
Employee + Spouse	\$1353.48	643.04	710.44
Employee + Family	\$1734.11	643.04	1091.07

BCBS Plan B	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$607.04	607.04	0.00
Employee + Children	\$1059.69	607.04	452.65
Employee + Child	\$780.02	607.04	172.98
Employee + Spouse	\$1099.97	643.04	456.93
Employee + Family	\$1440.75	643.04	797.71

BCBS Plan C	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$515.33	515.33	0.00
Employee + Children	\$955.04	515.33	439.71
Employee + Child	\$683.37	515.33	168.04
Employee + Spouse	\$991.60	551.33	440.27
Employee + Family	\$1322.64	551.33	771.31

BCBS Plan D	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$528.62	528.62	0.00
Employee + Children	\$997.62	528.62	469.00
Employee + Child	\$707.86	528.62	179.24
Employee + Spouse	\$1025.51	564.62	460.89
Employee + Family	\$1378.60	564.62	813.98

BCBS Plan E "HSA"	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$559.25	559.25	0.00
Employee + Children	\$1032.47	559.25	473.22
Employee + Child	\$712.91	559.25	153.26
Employee + Spouse	\$1056.76	595.25	461.51
Employee + Family	\$1476.63	595.25	881.38

Delta Dental High	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$36.86	0.00	36.86
Employee + Children	\$70.20	0.00	70.20
Employee + Child	\$54.30	0.00	54.30
Employee + Spouse	\$73.70	0.00	73.70
Employee + Family	\$110.70	0.00	110.70

Delta Dental Low	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$26.00	0.00	26.00
Employee + Children	\$46.70	0.00	46.70
Employee + Child	\$38.24	0.00	38.24
Employee + Spouse	\$55.80	0.00	55.80
Employee + Family	\$78.20	0.00	78.20

Delta Dental Preventative	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$18.26	0.00	18.26
Employee + Children	\$39.58	0.00	39.58
Employee + Child	\$30.24	0.00	30.24
Employee + Spouse	\$37.52	0.00	37.52
Employee + Family	\$60.18	0.00	60.18

VSP Vision Base	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$6.54	\$6.54	\$0.00
Employee + Children	\$14.00	\$6.54	\$7.46
Employee + Child	\$12.82	\$6.54	\$6.28
Employee + Spouse	\$13.10	\$6.54	\$6.56
Employee + Family	\$22.36	\$6.54	\$15.82

VSP Vision Buy-up	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$12.29	6.54	5.75
Employee + Children	\$26.33	6.54	19.79
Employee + Child	\$24.09	6.54	17.55
Employee + Spouse	\$24.63	6.54	18.09
Employee + Family	\$42.04	6.54	35.50

LTD Base	Employer Paid	Voluntary
	100%	
LTD Buy-Up	Employer Paid	Voluntary
	Difference btw base & buy up	