

**Oklahoma Higher Education Employee Insurance Group  
(OKHEEI Group)  
2022 Payroll Deductions**

**Effective Date: January 1, 2022**

**Defined Contribution: ECU WILL PAY \$698.00 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. If you waive coverage you are not eligible for Vision or Dental Insurance through the university.**

**Step 1: Choose BCBS Health Plan.**

<b>BCBS Plan A</b>	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$828.35	\$698.00	\$130.35
Employee + Spouse	\$1,612.60	\$698.00	\$914.60
Employee + Child	\$1,058.55	\$698.00	\$360.55
Employee + Children	\$1,430.72	\$698.00	\$732.72
Employee + Family	\$2,066.10	\$698.00	\$1,368.10

<b>BCBS Plan B</b>	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$723.25	\$698.00	\$25.25
Employee + Spouse	\$1,310.56	\$698.00	\$612.56
Employee + Child	\$929.35	\$698.00	\$231.35
Employee + Children	\$1,262.56	\$698.00	\$564.56
Employee + Family	\$1,716.56	\$698.00	\$1,018.56

<b>BCBS Plan C</b>	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$613.99	\$613.99	(\$84.01)
Employee + Spouse	\$1,181.44	\$698.00	\$483.44
Employee + Child	\$814.20	\$698.00	\$116.20
Employee + Children	\$1,137.88	\$698.00	\$439.88
Employee + Family	\$1,575.84	\$698.00	\$877.84

<b>BCBS Plan F</b>	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$620.37	\$620.37	(\$77.63)
Employee + Spouse	\$1,167.81	\$698.00	\$469.81
Employee + Child	\$791.46	\$698.00	\$93.46
Employee + Children	\$1,121.20	\$698.00	\$423.20
Employee + Family	\$1,609.85	\$698.00	\$911.85

**Step 2: Choose if you want other Pre-Tax options such as Vision and/or Dental. If you are selecting Employee Only Coverage on plans (C or F) the excess funding can towards Vision and/or Dental insurance. You also have the option to take all or part of that money and put into an FSA for plans B, and C or an HSA account for plan F.**

<b>VSP Vision Base</b>	Monthly Vision Cost
Employee Only	\$6.54
Employee + Children	\$14.00
Employee + Child	\$12.82
Employee + Spouse	\$13.10
Employee + Family	\$22.36

<b>VSP Vision Buy-up</b>	Monthly Vision Cost
Employee Only	\$12.29
Employee + Children	\$26.33
Employee + Child	\$24.09
Employee + Spouse	\$24.63
Employee + Family	\$42.04

<b>Delta Dental High</b>	Monthly Dental Cost
Employee Only	\$43.74
Employee + Children	\$82.52
Employee + Child	\$63.80
Employee + Spouse	\$89.76
Employee + Family	\$130.10

<b>Delta Dental Low</b>	Monthly Dental Cost
Employee Only	\$32.06
Employee + Children	\$57.58
Employee + Child	\$47.14
Employee + Spouse	\$68.78
Employee + Family	\$96.42

<b>Delta Dental Preventative</b>	Monthly Dental Cost
Employee Only	\$18.36
Employee + Children	\$39.58
Employee + Child	\$30.24
Employee + Spouse	\$37.52
Employee + Family	\$60.18

**Note: Long Term Disability and Basic Life Insurance will continue as a Defined Benefit.**

<b>LTD Base</b>	Employer Paid
	100%
<b>LTD Buy-Up</b>	Employer Paid
	Difference btw base & buy up
<b>BASIC LIFE &amp; AD&amp;D</b>	Employer Paid
	100%