

Oklahoma State and Education Employees Group Insurance Board

A Division of the Office of Management and Enterprise Services

Monthly Premiums for Former Employees and Surviving Dependents

Plan Year January 1, 2013 - December 31, 2013

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice High	\$ 463.99	\$ 681.96	\$ 235.57	\$ 363.45
HealthChoice High Alternative	\$ 463.99	\$ 681.96	\$ 235.57	\$ 363.45
HealthChoice Basic	\$ 402.98	\$ 593.52	\$ 207.66	\$ 319.80
HealthChoice Basic Alternative	\$ 402.98	\$ 593.52	\$ 207.66	\$ 319.80
HealthChoice S-Account	\$ 382.56	\$ 515.44	\$ 190.18	\$ 291.90
HealthChoice USA	\$ 710.21	\$ 710.21	\$ 233.25	\$ 359.70
CommunityCare HMO	\$ 543.82	\$ 792.14	\$ 276.98	\$ 443.16
GlobalHealth HMO	\$ 398.84	\$ 654.14	\$ 210.18	\$ 335.08
DISABILITY (Employee only)	\$9.10 (Limited county participation only)			
DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
HealthChoice Dental	\$ 31.38	\$ 31.38	\$ 26.90	\$ 66.96
Assurant Freedom Preferred	\$ 28.83	\$ 28.67	\$ 21.50	\$ 57.80
Assurant Heritage Plus with SBA (Prepaid)	\$ 11.74	\$ 8.86	\$ 7.60	\$ 15.20
Assurant Heritage Secure (Prepaid)	\$ 7.20	\$ 5.98	\$ 5.20	\$ 10.38
CIGNA Dental Care Plan (Prepaid)	\$ 9.26	\$ 6.06	\$ 7.08	\$ 15.32
Delta Dental PPO	\$ 33.64	\$ 33.62	\$ 29.26	\$ 74.04
Delta Dental Premier	\$ 40.66	\$ 40.66	\$ 35.40	\$ 89.54
Delta Dental PPO – Choice	\$ 15.06	\$ 34.18	\$ 34.44	\$ 83.60
VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Humana/CompBenefits VisionCare Plan	\$ 6.76	\$ 5.06	\$ 3.57	\$ 4.46
Primary Vision Care Services (PVCS)	\$ 9.25	\$ 8.00	\$ 8.50	\$ 10.75
Superior Vision Services	\$ 7.14	\$ 7.10	\$ 6.72	\$ 13.80
UnitedHealthcare Vision	\$ 8.18	\$ 5.79	\$ 4.59	\$ 6.98
Vision Service Plan (VSP)	\$ 8.93	\$ 5.98	\$ 5.73	\$ 12.88

These rates do not reflect any retirement system contribution