

**OKLAHOMA HIGHER EDUCATION EMPLOYEE INSURANCE
2024 MONTHLY PREMIUMS
FOR ACTIVE EMPLOYEES AND DEPENDENTS**

SEMINOLE STATE COLLEGE

MEDICAL	EMPLOYEE ONLY	EMPLOYEE PLUS SPOUSE	EMPLOYEE PLUS CHILD	EMPLOYEE PLUS CHILDREN	EMPLOYEE PLUS FAMILY
BCBS PLAN A -\$750 Preferred	\$844.91	\$1,644.82	\$1,079.70	\$1,459.31	\$2,107.39
BCBS PLAN B-\$1250 Options	\$737.70	\$1,336.75	\$947.92	\$1,287.78	\$1,750.87
BCBS PLAN C-\$2000 Preferred	\$604.09	\$1,162.38	\$801.07	\$1,119.53	\$1,550.42
BCBS PLAN F-\$3500 Options	\$577.07	\$1,086.30	\$736.22	\$1,042.95	\$1,497.49
DENTAL					
DELTA HIGH PLAN	\$50.30	\$103.22	\$73.38	\$94.90	\$149.62
DELTA LOW PLAN	\$36.88	\$79.10	\$54.22	\$62.22	\$110.88
DELTA PREVENTIVE PLAN	\$18.26	\$37.52	\$30.24	\$39.58	\$60.18
VISION					
VISION SERVICE PLAN	\$6.54	\$13.10	\$12.82	\$14.00	\$22.36
VISION SERVICE PLAN BUY UP	\$12.29	\$24.63	\$24.09	\$26.33	\$42.04

THE DEFINED CONTRIBUTION FOR THE 2024 PLAN YEAR IS:
\$700.00

NOTE: RATES ARE SUBJECT TO CHANGE JAN 1 2025