

**OKLAHOMA HIGHER EDUCATION EMPLOYEE INSURANCE
2023 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	\$851.83	\$1,658.30	\$1,088.55	\$1,471.27	\$2,124.66
BCBS PLAN B-\$1250 Options	\$743.75	\$1,347.70	\$955.69	\$1,298.34	\$1,765.21
BCBS PLAN C-\$1500 Preferred	\$631.39	\$1,214.92	\$837.28	\$1,170.13	\$1,620.50
BCBS PLAN F-\$3000 Choice	\$637.95	\$1,200.91	\$813.89	\$1,152.98	\$1,655.48

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 2023 PLAN YEAR IS:

\$700.00

NOTE: RATES ARE SUBJECT TO CHANGE JAN 1 2024