

**Oklahoma Higher Education Employee Insurance Group
(OKHEEI Group)
2024 Payroll Deductions**

Effective Date: January 1, 2024

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 Dental or Vision Insurance through the university.

Step 1: Choose BCBS Health Plan

BCBS Plan A	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$844.91	\$698.00	\$146.91
Employee + Spouse	\$1,644.82	\$698.00	\$946.82
Employee + Child	\$1,079.70	\$698.00	\$381.70
Employee + Children	\$1,459.31	\$698.00	\$761.31
Employee + Family	\$2,107.39	\$698.00	\$1,409.39

BCBS Plan B	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$737.70	\$698.00	\$39.70
Employee + Spouse	\$1,336.75	\$698.00	\$638.75
Employee + Child	\$947.92	\$698.00	\$249.92
Employee + Children	\$1,287.78	\$698.00	\$589.78
Employee + Family	\$1,750.87	\$698.00	\$1,052.87

BCBS Plan C	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$604.09	\$698.00	(\$93.91)
Employee + Spouse	\$1,162.38	\$698.00	\$464.38
Employee + Child	\$801.07	\$698.00	\$103.07
Employee + Children	\$1,119.53	\$698.00	\$421.53
Employee + Family	\$1,550.42	\$698.00	\$852.42

BCBS Plan F	Monthly Medical Cost	Employer's Monthly Cost	Employee Monthly Cost
Employee Only	\$577.07	\$698.00	(\$120.93)
Employee + Spouse	\$1,086.30	\$698.00	\$388.30
Employee + Child	\$736.22	\$698.00	\$38.22
Employee + Children	\$1,042.95	\$698.00	\$344.95
Employee + Family	\$1,497.49	\$698.00	\$799.49

Step 2: Choose if you want other pre-tax options such as Dental and/or Vision. If you are selecting Employee Only Coverage on Plans (C or F) the excess funding can be put towards Dental and/or Vision. 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.

Delta Dental High	Monthly Dental Cost
Employee Only	\$50.30
Employee + Spouse	\$103.22
Employee + Child	\$73.38
Employee + Children	\$94.90
Employee + Family	\$149.62

Delta Dental Low	Monthly Dental Cost
Employee Only	\$36.88
Employee + Spouse	\$79.10
Employee + Child	\$54.22
Employee + Children	\$62.22
Employee + Family	\$110.88

Delta Dental Preventative	Monthly Dental Cost
Employee Only	\$18.26
Employee + Spouse	\$37.52
Employee + Child	\$30.24
Employee + Children	\$39.58
Employee + Family	\$60.18

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

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

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

LTD Base	Employer Paid	Voluntary
	100%	Based on insurance guidelines
LTD Buy-Up	Employer Paid	Voluntary
	Difference btw base & buy up	Based on insurance guidelines
BASIC LIFE & AD & D	Employer Paid	Voluntary
	100%	Based on insurance guidelines