

**OKLAHOMA HIGHER EDUCATION EMPLOYEE INSURANCE
2025 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	\$977.56	\$1,903.06	\$1,249.21	\$1,688.42	\$2,438.25
BCBS PLAN B-\$1250 Options	\$853.52	\$1,546.62	\$1,096.74	\$1,489.96	\$2,025.76
BCBS PLAN C-\$2000 Preferred	\$698.93	\$1,344.87	\$926.84	\$1,295.30	\$1,793.84
BCBS PLAN F-\$3500 Choice	\$667.67	\$1,256.85	\$851.81	\$1,206.69	\$1,732.60
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 2025 PLAN YEAR IS:

\$810.00