



TULSA PUBLIC SCHOOLS MONTHLY INSURANCE DEDUCTIONS

EFFECTIVE JANUARY 1, 2020-DECEMBER 31, 2020

Certified and support employees eligible for Flexible Benefit Allowance (FBA)
(Eligible Support employees are defined as those that work 6 hours or more on a regular contract)

Health Insurance Plans	Member Only	Member+ Child	Member+ Children	Member+ Spouse	Member+ Spouse+ Child	Member+ Spouse+ Children
HealthChoice High Deductible Health Plan (HDHP) *1	(193.64)	24.46	174.58	302.22	520.32	670.44
HealthChoice High & High Alternative	0.00	309.80	525.72	722.12	1,031.92	1,247.84
HealthChoice Basic & Basic Alternative *2	(128.54)	122.80	296.60	443.42	694.76	868.56
BlueLincs HMO *3	(56.00)	246.50	437.96	770.50	1,073.00	1,264.46
Community Care HMO	354.44	848.64	1,145.18	1,767.86	2,262.06	2,558.60
Global HMO	94.84	500.72	757.66	1,143.98	1,549.86	1,806.80

*1 - You will be paid \$193.64 per month (\$2,323.68 per year) if you choose the HealthChoice

High Deductible Health Plan (HDHP) and will be eligible to open a pre-tax Health Savings Account (HSA).

*2 - You will be paid \$128.54 per month (\$1,542.48 per year) if you choose either of the HealthChoice Basic Plans.

*3 - You will be paid \$56.00 per month (\$672.00 per year) if you choose BlueLincs HMO

Dental Insurance Plans	Member Only	Member+ Child	Member+ Children	Member+ Spouse	Member+ Spouse+ Child	Member+ Spouse+ Children
Cigna DHMO Dental Care Plan (Prepaid)	0.00	4.20	9.46	6.18	10.38	15.64
Delta Dental PPO	25.92	58.04	107.16	62.84	94.96	144.08
Delta Dental PPO - Choice	4.68	40.50	91.64	40.24	76.06	127.20
HealthChoice Dental	30.72	64.44	117.22	72.44	106.16	158.94
MetLife High Classic Mac	37.54	79.12	140.58	86.08	127.66	189.12
MetLife Low Classic Mac	16.96	40.90	75.90	44.92	68.86	103.86
SunLife Preferred Active PPO	20.46	43.94	83.56	51.76	75.24	114.86

*Employees scheduled for 20-24 hours per week need to add an additional \$5.50 to the premium

Vision Insurance Plans	Member Only	Member+ Child	Member+ Children	Member+ Spouse	Member+ Spouse+ Child	Member+ Spouse+ Children
Primary VisionCare Services (PVCS)	9.98	19.18	21.48	19.26	28.46	30.76
Superior Vision Services	7.62	14.80	22.36	15.20	22.38	29.94
Vision Care Direct	15.90	27.16	38.64	27.16	38.42	49.90
Vision Service Plan (VSP)	8.72	14.42	21.20	14.50	20.20	26.98

Support employees not eligible for Flexible Benefit Allowance (FBA)
(Eligible employees that work 25-29 hours per week)

Health Insurance Plans	Member Only	Member+ Child	Member+ Children	Member+ Spouse	Member+ Spouse+ Child	Member+ Spouse+ Children
HealthChoice High Deductible Health Plan (HDHP)	306.46	524.56	674.68	802.32	1,020.42	1,170.54
HealthChoice High & High Alternative	500.10	809.90	1,025.82	1,222.22	1,532.02	1,747.94
HealthChoice Basic & Basic Alternative	371.56	622.90	796.70	943.52	1,194.86	1,368.66
BlueLincs HMO	444.10	746.60	938.06	1,270.60	1,573.10	1,764.56
Community Care HMO	854.54	1,348.74	1,645.28	2,267.96	2,762.16	3,058.70
Global HMO	594.94	1,000.82	1,257.76	1,644.08	2,049.96	2,306.90

* Employees scheduled for 20-24 hours per week need to add an additional \$57.90 to the premium