



TULSA PUBLIC SCHOOLS MONTHLY INSURANCE DEDUCTIONS

EFFECTIVE JANUARY 1, 2022–DECEMBER 31, 2022

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 | (28.70) | 515.62 | 1,241.04 | 778.62 | 1,322.94 | 2,048.36 |
| Community Care HMO | 440.16 | 978.02 | 1,300.76 | 1,978.44 | 2,516.30 | 2,839.04 |
| Global HMO | 239.80 | 728.46 | 1,037.80 | 1,502.90 | 1,991.56 | 2,300.90 |

***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 (\$1,541.76 per year) if you choose either of the HealthChoice Basic plans.**

***3 - You will be paid \$28.70 per month (\$344.40 per year) if you choose BlueLincs HMO**

| Dental Insurance Plans | Member Only | Member+ Child | Member+ Children | Member+ Spouse | Member+ Spouse+ Child | Member+ Spouse+ Children |
|----------------------------------|-------------|---------------|------------------|----------------|-----------------------|--------------------------|
| BCBSOK BlueCare Dental High Plan | 29.06 | 61.50 | 111.96 | 69.12 | 101.56 | 152.02 |
| BCBSOK BlueCare Dental Low Plan | 16.26 | 39.72 | 73.76 | 43.52 | 66.98 | 101.02 |
| Cigna Prepaid High (K1109) | 1.30 | 8.94 | 14.40 | 11.26 | 18.90 | 24.36 |
| Cigna Prepaid Low (OKIV9) | 0.00 | 4.20 | 9.46 | 6.18 | 10.38 | 15.64 |
| Delta Dental PPO | 27.96 | 61.86 | 113.66 | 66.92 | 100.82 | 152.62 |
| 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 | 36.32 | 76.88 | 136.70 | 83.64 | 124.20 | 184.02 |
| MetLife Low Classic Mac | 15.88 | 38.94 | 72.54 | 42.76 | 65.82 | 99.42 |
| SunLife Preferred Active PPO | 23.98 | 50.10 | 94.12 | 58.78 | 84.90 | 128.92 |

***Employees scheduled for 20-30 hours per week, 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) | 10.40 | 19.60 | 21.90 | 19.68 | 28.88 | 31.18 |
| Superior Vision Services | 7.40 | 14.36 | 21.70 | 14.74 | 21.70 | 29.04 |
| Vision Care Direct | 15.70 | 26.86 | 38.18 | 26.86 | 38.02 | 49.34 |
| Vision Service Plan (VSP) | 8.62 | 14.20 | 20.84 | 14.28 | 19.86 | 26.50 |

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) | 211.13 | 429.23 | 579.35 | 706.99 | 925.09 | 1,075.21 |
| HealthChoice High & High Alternative | 307.95 | 617.75 | 833.67 | 1,030.07 | 1,339.87 | 1,555.79 |
| HealthChoice Basic & Basic Alternative | 243.68 | 495.02 | 668.82 | 815.64 | 1,066.98 | 1,240.78 |
| BlueLincs HMO | 293.60 | 837.92 | 1,563.34 | 1,100.92 | 1,645.24 | 2,370.66 |
| Community Care HMO | 528.03 | 1,065.89 | 1,388.63 | 2,066.31 | 2,604.17 | 2,926.91 |
| Global HMO | 427.85 | 916.51 | 1,225.85 | 1,690.95 | 2,179.61 | 2,488.95 |

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