



TULSA PUBLIC SCHOOLS MONTHLY INSURANCE DEDUCTIONS

EFFECTIVE JANUARY 1, 2025–DECEMBER 31, 2025

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	(214.20)	40.32	215.52	364.48	619.00	794.20
HealthChoice High & High Alternative	0.00	355.62	603.46	828.88	1,184.50	1,432.34
HealthChoice Basic & Basic Alternative *2	(142.28)	148.94	350.34	520.44	811.66	1,013.06
BlueLincs HMO *3	(64.16)	531.72	1,325.86	819.64	1,415.52	2,209.66
Community Care HMO *4	(4.28)	382.22	651.60	819.62	1,206.12	1,475.50
Global HMO	328.70	920.14	1,294.56	1,857.48	2,448.92	2,823.34

*1 - You will be paid \$214.20 per month (\$2,570.40 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 \$142.28 per month (\$1,707.36 per year) if you choose HealthChoice Basic only.

*3 - You will be paid \$64.16 per month (\$769.92 per year) if you choose BlueLincs HMO.

*4 - You will be paid \$4.28 per month (\$51.36 per year) if you choose Community Care HMO.

Dental Insurance Plans	Member Only	Member+ Child	Member+ Children	Member+ Spouse	Member+ Spouse+ Child	Member+ Spouse+ Children
BCBSOK BlueCare Dental High Plan	26.58	57.04	104.26	64.16	94.62	141.84
BCBSOK BlueCare Dental Low Plan	12.84	33.44	63.24	36.68	57.28	87.08
Cigna Prepaid High (K1109)	2.56	10.96	17.00	13.54	21.94	27.98
Cigna Prepaid Low (OKIV9)	0.00	4.62	10.42	6.80	11.42	17.22
Delta Dental PPO	26.72	59.54	109.66	64.44	97.26	147.38
Delta Dental PPO - Choice	6.88	47.68	105.90	47.38	88.18	146.40
HealthChoice Dental	37.58	76.86	138.32	86.16	125.44	186.90
MetLife High Classic Mac	42.22	87.82	155.16	95.44	141.04	208.38
MetLife Low Classic Mac	19.20	45.10	82.94	49.40	75.30	113.14
SunLife Preferred Active PPO	26.08	53.78	100.44	62.98	90.68	137.34

*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	15.48	26.44	39.96	26.44	37.40	50.92
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)	246.40	500.92	676.12	825.08	1,079.60	1,254.80
HealthChoice High & High Alternative	353.50	709.12	956.96	1,182.38	1,538.00	1,785.84
HealthChoice Basic & Basic Alternative	282.36	573.58	774.98	945.08	1,236.30	1,437.70
BlueLincs HMO	321.42	917.30	1,711.44	1,205.22	1,801.10	2,595.24
Community Care HMO	351.36	737.86	1,007.24	1,175.26	1,561.76	1,831.14
Global HMO	517.85	1,109.29	1,483.71	2,046.63	2,638.07	3,012.49

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