



TULSA PUBLIC SCHOOLS MONTHLY INSURANCE DEDUCTIONS

EFFECTIVE JANUARY 1, 2021–DECEMBER 31, 2021

All 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	(22.40)	298.26	501.20	853.70	1,174.36	1,377.30
Community Care HMO	451.38	994.96	1,321.12	2,006.00	2,549.58	2,875.74
Global HMO	184.02	640.82	930.00	1,364.80	1,821.60	2,110.78

*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 \$22.40 per month (\$268.80 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	27.04	57.84	105.76	65.08	95.88	143.80
BCBSOK BlueCare Dental Low Plan	15.28	37.90	70.72	41.56	64.18	97.00
Cigna Prepaid High (K1I09)	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	27.04	60.14	110.72	65.08	98.18	148.76
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	37.60	79.24	140.70	86.20	127.84	189.30
MetLife Low Classic Mac	17.00	41.00	76.00	45.00	69.00	104.00
SunLife Preferred Active PPO	25.18	52.18	97.74	61.18	88.18	133.74

*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)	10.40	19.60	21.90	19.68	28.88	31.18
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 FBA (Employees Scheduled For 20-29 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	1,497.47
HealthChoice High & High Alternative	307.95	617.75	833.67	1,030.07	1,339.87	2,171.69
HealthChoice Basic & Basic Alternative	243.68	495.02	668.82	815.64	1,066.98	1,728.14
BlueLincs HMO	296.75	617.41	820.35	1,172.85	1,493.51	2,289.95
Community Care HMO	533.64	1,077.22	1,403.38	2,088.26	2,631.84	4,025.28
Global HMO	399.96	856.76	1,145.94	1,580.74	2,037.54	3,126.64