



TULSA PUBLIC SCHOOLS MONTHLY INSURANCE DEDUCTIONS

EFFECTIVE JANUARY 1, 2019-DECEMBER 31, 2019

Certified and support employees eligible for Flexible Benefit Allowance (FBA)
(Eligible 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	(193.12)	14.40	157.24	278.70	486.22	629.06
HealthChoice High & High Alternative	0.00	299.24	507.80	697.50	996.74	1,205.30
HealthChoice Basic & Basic Alternative *2	(128.48)	112.06	278.40	418.90	659.44	825.78
Aetna St. Johns HMO	303.00	904.60	1,265.52	1,775.24	2,376.84	2,737.76
BlueLincs HMO *3	(44.90)	252.26	440.34	767.00	1,064.16	1,252.24
Community Care HMO	299.42	754.90	1,028.20	1,602.10	2,057.58	2,330.88
Global HMO	28.28	384.16	609.44	948.16	1,304.04	1,529.32

*1- You will be paid \$193.12 per month (\$2,317.44 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 \$128.48 per month (\$1,541.76 per year) if you choose either of the HealthChoice Basic plans.

*3 - You will be paid \$44.90 per month (\$538.80 per year) if you choose BlueLincs HMO

Dental Insurance Plans	Member Only	Member+ Child	Member+ Children	Member+ Spouse	Member+ Spouse+ Child	Member+ Spouse+ Children
Cigna Dental Care Plan (Prepaid)	0.00	4.20	9.46	6.18	10.38	15.64
Delta Dental PPO	24.84	56.02	103.70	60.66	91.84	139.52
Delta Dental PPO - Choice	4.68	40.50	91.64	40.24	76.06	127.20
HealthChoice Dental	28.12	59.70	109.22	67.24	98.82	148.34
MetLife High Classic Mac (MetLife Classic)	35.24	74.86	133.40	81.48	121.10	179.64
MetLife Low Classic Mac (MetLife Value MAC)	15.64	38.46	71.80	42.28	65.10	98.44
SunLife Preferred Active PPO (Assurant Freedom Preferred)	19.26	41.84	79.94	49.36	71.94	110.04

Vision Insurance Plans	Member Only	Member+ Child	Member+ Children	Member+ Spouse	Member+ Spouse+ Child	Member+ Spouse+ Children
Primary VisionCare Services (PVCS)	9.98	18.68	21.48	18.88	27.58	30.38
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)	285.98	493.50	636.34	757.80	965.32	1,108.16
HealthChoice High & High Alternative	479.10	778.34	986.90	1,176.60	1,475.84	1,684.40
HealthChoice Basic & Basic Alternative	350.62	591.16	757.50	898.00	1,138.54	1,304.88
Aetna St. Johns HMO	782.10	1,383.70	1,744.62	2,254.34	2,855.94	3,216.86
BlueLincs HMO	434.20	731.36	919.44	1,246.10	1,543.26	1,731.34
Community Care HMO	778.52	1,234.00	1,507.30	2,081.20	2,536.68	2,809.98
Global HMO	507.38	863.26	1,088.54	1,427.26	1,783.14	2,008.42

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