

**Monthly Insurance Deductions Tulsa Public Schools
Effective January 1, 2017 - December 31, 2017**

All Certified Employees and Support Employees Eligible for FBA (Working 6 hrs or more on a regular contract)

<i>Health Insurance Plan</i>		<i>Member Only</i>	<i>Member + Child</i>	<i>Member + Children</i>	<i>Member + Spouse</i>	<i>Member + Spouse + Child</i>	<i>Member + Spouse + Children</i>
HealthChoice High Deductible Health Plan (HDHP)	*1	(198.44)	(1.36)	127.54	236.68	433.76	562.66
HealthChoice High & High Alternative		0.00	288.16	488.66	674.30	962.46	1,162.96
HealthChoice Basic & Basic Alternative	*2	(138.00)	89.82	241.06	367.30	595.12	746.36
Aetna HMO		1.52	385.12	385.12	940.32	1,323.92	1,323.92
Community Care HMO		279.48	712.66	972.58	1,518.38	1,951.56	2,211.48
Global HMO	*3	(41.26)	244.74	426.08	740.74	1,026.74	1,208.08

***1- You will be paid \$198.44 per month (\$2,381.28 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 \$138.00 per month (\$1,656.00 per year) if you choose either of the HealthChoice Basic plans.

*3 - You will be paid \$41.26 per month (\$495.12 per year) if you choose Global HMO.

Support Employees Not Eligible for FBA (Employees Scheduled For 25-29 Hours Per Week)*

<i>Health Insurance Plan</i>		<i>Member Only</i>	<i>Member + Child</i>	<i>Member + Children</i>	<i>Member + Spouse</i>	<i>Member + Spouse + Child</i>	<i>Member + Spouse + Children</i>
HealthChoice High Deductible Health Plan (HDHP)		256.80	453.88	582.78	691.92	889.00	1,017.90
HealthChoice High & High Alternative		455.24	743.40	943.90	1,129.54	1,417.70	1,618.20
HealthChoice Basic & Basic Alternative		317.24	545.06	696.30	822.54	1,050.36	1,201.60
Aetna HMO		456.76	840.36	840.36	1,395.56	1,779.16	1,779.16
Community Care HMO		734.72	1,167.90	1,427.82	1,973.62	2,406.80	2,666.72
Global HMO		413.98	699.98	881.32	1,195.98	1,481.98	1,663.32

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

<i>Dental Insurance Plan</i>		<i>Member Only</i>	<i>Member + Child</i>	<i>Member + Children</i>	<i>Member + Spouse</i>	<i>Member + Spouse + Child</i>	<i>Member + Spouse + Children</i>
Assurant Freedom Preferred		19.26	41.84	79.94	49.36	71.94	110.04
Assurant Heritage Plus withSBA (Prepaid)		0.74	8.34	15.94	9.60	17.20	24.80
Assurant Heritage Secure (Prepaid)		0.00	5.20	10.38	5.98	11.18	16.36
Cigna Dental Care Plan (Prepaid)		0.00	4.08	9.18	6.00	10.08	15.18
Delta Dental PPO		22.64	51.90	96.68	56.26	85.52	130.30
Delta Dental PPO Plus Premier		33.52	72.30	131.58	78.04	116.82	176.10
Delta Dental PPO - Choice		4.06	38.50	87.66	38.24	72.68	121.84
HealthChoice Dental		23.30	50.70	95.94	57.60	85.00	130.24
MetLife Classic (Not available until 2017)		25.98	57.66	104.76	62.96	94.64	141.74
MetLife Value MAC (Not available until 2017)		16.24	39.58	74.26	43.48	66.82	101.50
MetLife Value PDP (Not available until 2017)		18.48	43.72	81.28	47.96	73.20	110.76

<i>Vision Insurance Plan</i>		<i>Member Only</i>	<i>Member + Child</i>	<i>Member + Children</i>	<i>Member + Spouse</i>	<i>Member + Spouse + Child</i>	<i>Member + Spouse + Children</i>
Primary VisionCare Services (PVCS)		9.36	17.36	20.36	17.36	25.36	28.36
Superior Vision Services		7.40	14.36	21.70	14.76	21.72	29.06
Vision Care Direct		15.90	27.16	38.64	27.16	38.42	49.90
Vision Service Plan (VSP)		9.40	15.59	22.98	15.69	21.88	29.27