

**Monthly Insurance Deductions Tulsa Public Schools
Effective January 1, 2018 - December 31, 2018**

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	(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	419.42	659.96	826.30
Aetna HMO		80.72	533.38	533.38	1,188.50	1,641.16	1,641.16
Community Care HMO		287.40	736.76	1,006.38	1,572.58	2,021.94	2,291.56
Global HMO	*3	(1.54)	319.00	521.90	874.32	1,194.86	1,397.76

***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 \$1.54 per month (\$18.48 per year) if you choose Global HMO.

<i>TRICARE Supplement</i>	<i>Member</i>	<i>Member +1</i>	<i>Member +2 or more</i>
	60.50	119.50	160.50

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)		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	898.52	1,139.06	1,305.40
Aetna HMO		559.82	1,012.48	1,012.48	1,667.60	2,120.26	2,120.26
Community Care HMO		766.50	1,215.86	1,485.48	2,051.68	2,501.04	2,770.66
Global HMO		477.56	798.10	1,001.00	1,353.42	1,673.96	1,876.86

* 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	28.12	59.70	109.22	67.24	98.82	148.34
MetLife Classic	25.98	57.66	104.76	62.96	94.64	141.74
MetLife Value MAC	16.24	39.58	74.26	43.48	66.82	101.50
MetLife Value PDP	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	7.62	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)	8.02	13.30	19.60	13.38	18.66	24.96