

SOUTHEASTERN OKLAHOMA STATE UNIVERSITY

COST COMPARISON HEALTH/DENTAL									
<u>Premium Rates-Monthly</u>	OSEEGIB 2009			OSEEGIB 2010			BCBSOK 2010		
	<u>High</u>	<u>Basic</u>	<u>Dental *</u>	<u>High</u>	<u>Basic</u>	<u>Dental *</u>	<u>High</u>	<u>Basic</u>	<u>Dental *</u>
Employee	409.12	347.96	28.58	442.80	384.22	30.28	431.89	325.36	30.14
Spouse	587.92	503.74	57.16	625.88	546.84	60.56	453.48	341.62	61.79
1 Child	199.98	171.56	52.40	228.32	200.36	55.52	172.75	130.14	42.20
Child(ren)	343.10	293.44	90.42	342.44	300.88	95.78	345.50	260.30	54.26
Spouse, Child	787.90	675.30	80.98	854.20	747.20	85.80	798.99	601.92	85.91
Family	931.02	797.18	119.00	968.32	847.72	126.06	798.99	601.92	85.91
Co-pay Office Visit	25.00	25.00		50.00	50.00		25.00	25.00	
Co-pay Rx Preferred	25.00	25.00		50.00	50.00		25.00	25.00	
Co-Pay Rx Non-preferred	30.00	30.00		60.00	60.00		30.00	30.00	

\*Dental: Each level of coverage includes employee premium.

<u>BCBSOK Premium Savings/Cost (-)</u>	Monthly			Annualized			<u>BCBSOK Co-pay Savings</u>
	<u>High</u>	<u>Basic</u>	<u>Dental</u>	<u>High</u>	<u>Basic</u>	<u>Dental</u>	
Employee	10.91	58.86	0.14	130.92	706.32	1.68	Per visit/prescription
Spouse	172.40	205.22	-1.23	2068.80	2462.64	-14.76	Office Visit
1 Child	55.57	70.22	13.32	666.84	842.64	159.84	Rx Preferred
Child(ren)	-3.06	40.59	41.52	-36.72	487.08	498.24	Rx Non-preferred
Spouse, Child	55.21	145.28	-0.11	662.52	1743.36	-1.32	
Family	169.33	245.80	40.15	2031.96	2949.60	481.80	

COST COMPARISON VISION - CHOICE PLAN						
<u>Premium Savings/Cost (-)</u>	OSEEGIB		OKHEEI Group			
	VSP	VSP	VSP	Monthly	Annualized	
	<u>2009</u>	<u>2010</u>	<u>2010</u>			
Employee	8.96	8.96	7.14	1.82	21.84	
Spouse	6.00	6.00	7.11	-1.11	-13.32	
1 Child	5.74	5.74	6.83	-1.09	-13.08	
Child(ren)	12.92	12.92	8.12	4.80	57.60	
Spouse, Child	11.74	11.74	17.24	-5.50	-66.00	
Family	18.92	18.92	17.24	1.68	20.16	