OU Insurance Monthly Rate Sheet for the 2025 Plan Year
The University of Oklahoma – All Campuses

Monthly Rates Shown for Active, Full Time (0.75-1.0 FTE) Employees

- Biweekly Employees – Multiply the Employee Share by 0.50 to determine the amount paid per check (it will be half of the monthly rate).
- 9/9 Biweekly Employees – Multiply the Employee Share by 1.5 and divide by 2 to determine the amount paid per check.
- Part-Time Employees with 0.74 FTE or less, contact HR for help determining your rate.

Dental Insurance

	Basic Plan			Alternate Plan		
Plan	**Employee Share**	**OU Share**	**Rate**	**Employee Share**	**OU Share**	**Rate**
Employee Only	**$15.88**	$15.32	$31.20	**$36.20**	$15.32	$51.52
Employee + Spouse	**$45.02**	$15.32	$60.34	**$84.26**	$15.32	$99.58
Employee + Child(ren)	**$42.56**	$15.32	$57.88	**$80.24**	$15.32	$95.56
Employee + Family	**$74.22**	$15.32	$89.54	**$132.52**	$15.32	$147.84

Vision Insurance (Employee Paid Benefit)

	Standard Plan	Premium Plan
Plan	Rate	Rate
Employee Only	$5.86	$8.76
Employee + Spouse	$11.72	$17.52
Employee + Child(ren)	$12.54	$18.74
Employee + Family	$20.04	$29.96

Medical Insurance – To determine your tier, take your annual salary and divide by your FTE.

For example, $35,000 salary with 0.75 FTE: $35,000 / 0.75 = $46,666.67 = Tier 2

Tier 1 - $41,999.99 and below

	PPO			HDHP		
Plan	**Employee Share**	OU Share	Rate	**Employee Share**	OU Share	Rate
Employee Only	**$67.18**	$679.14	$746.32	**$26.26**	$629.88	$656.14
Employee + Child(ren)	**$283.60**	$1,134.40	$1,418.00	**$124.66**	$1,121.98	$1,246.64
Employee + Spouse	**$376.14**	$1,415.02	$1,791.16	**$236.20**	$1,338.50	$1,574.70
Employee + Family	**$497.78**	$1,666.50	$2,164.28	**$285.42**	$1,617.32	$1,902.74

Tier 2 - $42,000 to $64,999.99

	PPO			HDHP		
Plan	**Employee Share**	OU Share	Rate	**Employee Share**	OU Share	Rate
Employee Only	**$119.42**	$626.90	$746.32	**$72.18**	$583.96	$656.14
Employee + Child(ren)	**$354.50**	$1,063.50	$1,418.00	**$199.46**	$1,047.18	$1,246.64
Employee + Spouse	**$555.26**	$1,235.90	$1,791.16	**$330.68**	$1,244.02	$1,574.70
Employee + Family	**$735.86**	$1,428.42	$2,164.28	**$399.58**	$1,503.16	$1,902.74

Tier 3 - $65,000 and above

	PPO			HDHP		
Plan	**Employee Share**	OU Share	Rate	**Employee Share**	OU Share	Rate
Employee Only	**$194.04**	$552.28	$746.32	**$111.54**	$544.60	$656.14
Employee + Child(ren)	**$411.22**	$1,006.78	$1,418.00	**$299.20**	$947.44	$1,246.64
Employee + Spouse	**$698.56**	$1,092.60	$1,791.16	**$456.66**	$1,118.04	$1,574.70
Employee + Family	**$844.08**	$1,320.20	$2,164.28	**$551.80**	$1,350.94	$1,902.74

Basic Life Insurance

	Employee Only	
Plan	**Rate per $1,000**	**Monthly Cost to Employee**
1.5 X Annual Salary	$0.028	**$0.00**

Supplemental Life and Spouse Life Insurance

	Monthly Cost per $1,000 of Covered Benefit	
Age	**Supplemental Life**	**Spouse Life**
0-24	**$0.05**	**$0.05**
25-29	**$0.06**	**$0.06**
30-34	**$0.08**	**$0.08**
35-39	**$0.09**	**$0.09**
40-44	**$0.10**	**$0.10**
45-49	**$0.17**	**$0.15**
50-54	**$0.35**	**$0.23**
55-59	**$0.54**	**$0.43**
60-64	**$0.67**	**$0.66**
65-69	**$1.27**	**$1.27**
> 70	**$2.06**	**$2.06**

Supplemental Life – Child(ren)

Coverage Level	**Children Only**
$5,000	**$1.00**
$10,000	**$2.00**

Accidental Death & Dismemberment (AD&D)

Coverage Level	**Rate**	**Monthly Cost**		**Coverage**	**Rate**	**Monthly Cost**
$20,000	$0.20	**$0.00**		$150,000	$2.10	**$1.90**
$50,000	$0.70	**$0.50**		$200,000	$2.80	**$2.60**
$100,000	$1.40	**$1.20**		$250,000	$3.50	**$3.30**

Supplemental AD&D

Coverage Level	**Spouse**
$10,000	**$0.03**
$20,000	**$0.06**
$30,000	**$0.09**
$40,000	**$0.12**
Coverage Level	**Child / Children**
$5,000	**$0.01**
$10,000	**$0.02**

Voluntary Short-Term Disability – Employee Only

Coverage Level	**Employee Only**
60% of weekly salary, up to $1,500 per week	Age Rated Below
Age	**Monthly Cost per $100**
0-49	**$5.30**
50-59	**$6.20**
60>	**$7.60**

Voluntary Long-Term Disability – Employee Only

Coverage Level	**Maximum per month**	**Minimum per month**	**Monthly Cost per $100**
50% of pay	$2,000	$100	**$0.096**
66 2/3% of pay	$5,000*	$100	**$0.240**
66 2/3% of pay	$15,000*	$100	**$0.326**

The University of Oklahoma - *All Campuses*
Monthly Insurance Premiums - 2025 Plan Year

BCBS Dental Coverage	*Hired On or After 01/01/2008*		*Hired Before 01/01/2008*	
	Basic Plan	**Alternate Plan**	**Basic Plan**	**Alternate Plan**
Retiree Only	$ 31.20	$ 51.52	$ -	$ 20.32
Retiree and Child(ren)	$ 57.88	$ 95.56	$ 26.68	$ 64.36
Retiree and Spouse	$ 60.34	$ 99.58	$ 29.14	$ 68.38
Retiree and Family	$ 89.54	$ 147.84	$ 58.34	$ 116.64

The Standard Life Insurance Coverage	
	Monthly Rate
Retiree Only	$0.029 / per $1,000

VSP Vision Coverage		
	Standard Plan	**Premium Plan**
Retiree Only	$ 5.86	$ 8.76
Retiree and Child(ren)	$ 12.54	$ 18.74
Retiree and Spouse	$ 11.72	$ 17.52
Retiree and Family	$ 20.04	$ 29.96
Spouse Only	$ 5.86	$ 8.76
Child(ren) Only	$ 5.86	$ 8.76
Family Only	$ 12.54	$ 18.74

The University of Oklahoma

All Campuses

Monthly Retiree Health Insurance Premiums* - 2025 Plan Year

Pre-Medicare Retiree - Cigna		
		Total Premium
PPO	Retiree Only	$ 1,134.72
	Retiree and Child(ren)	$ 2,155.95
	Retiree and Spouse	$ 2,723.31
	Retiree and Family	$ 3,290.67
HDHP	Retiree Only	$ 912.60
	Retiree and Child(ren)	$ 1,733.94
	Retiree and Spouse	$ 2,190.25
	Retiree and Family	$ 2,646.54

**Rates shown are actual rates and do not include any university premium subsidy percentage; the subsidy amounts are different per retiree and are based on age and years of service at time of retirement.*