

OU Insurance Monthly Rate Sheet for the 2009 Plan Year

Dental Monthly Rates								
Plan	Employee		Employee & Spouse		Employee & Child(ren)		Employee & Family	
	Rate	Cost	Rate	Cost	Rate	Cost	Rate	Cost
Delta Basic	\$15.28	0.00	\$50.28	\$35.00	\$60.28	\$45.00	\$100.87	\$85.59
Delta Alternate	\$43.73	\$28.45	\$85.45	\$70.17	\$101.80	\$86.52	\$137.12	\$121.84

Basic Life Insurance Monthly Rates (Employee)

Option	Monthly Cost
1 - 1.5 x annual salary	\$ 0.115/ per \$1,000

Supplemental Life Insurance Monthly Rates (Employee)

Option	Monthly Cost
2 – 1.5 x annual salary (3.0 total Basic +Supplemental)	See Specific Age table below
3 – 3.0 x annual salary (4.5 total Basic +Supplemental)	See Specific Age table below
4 – 4.5 x annual salary (6.0 total Basic + Supplemental)	See Specific Age table below
7 - Waived Coverage	\$ 0.00

***(Cost of coverage greater than 1.5 x salary is age rated.)**

Age	Monthly Cost
<24	\$0.05/ per \$1000
25-29	\$0.06/ per \$1000
30-34	\$0.08/ per \$1000
35-39	\$0.09/ per \$1000
40-44	\$0.13/ per \$1000
45-49	\$0.21/ per \$1000
50-54	\$0.39/ per \$1000
55-59	\$0.58/ per \$1000
60-64	\$0.72/ per \$1000
65-69	\$1.27/ per \$1000
70>	\$2.06/ per \$1000

Life Insurance Monthly Rates (Spouse)

Options	Age	Monthly Cost
	<24	\$ 0.02/ per\$1000
1 – .75 x employee's annual salary	25-29	\$ 0.02/ per\$1000
2 – 1.5 x employee's annual salary	30-34	\$ 0.05/ per\$1000
3 – 2.25 x employee's annual salary	35-39	\$ 0.06/ per\$1000
4 – 3 x employee's annual salary	40-44	\$ 0.10/ per\$1000
5 – No Coverage	45-49	\$ 0.17/ per\$1000
	50-54	\$ 0.29/ per\$1000
	55-59	\$ 0.45/ per\$1000
	60-64	\$ 0.51/ per\$1000
	65-69	\$ 0.90/ per\$1000
	70>	\$ 1.46/ per\$1000

Life Insurance Monthly Rates (Child / Children)

Options	Monthly Cost
1 - \$5,000 per child	\$1.00
2 - \$10,000 per child	\$2.00
3 - No Coverage	\$0.00

AD&D Monthly Rates (Employee)

Option/Coverage	Rate	Employee Cost		Option / Coverage	Rate	Employee Cost
1	\$ 20,000	\$ 0.20	\$ 0.00	14	\$ 150,000	\$ 2.10 \$ 1.90
4	\$ 50,000	\$ 0.70	\$ 0.50	19	\$ 200,000	\$ 2.80 \$ 2.60
9	\$ 100,000	\$ 1.40	\$ 1.20	24	\$ 250,000	\$ 3.50 \$ 3.30
				25	Waived Coverage	\$ 0.00 \$ 0.00

AD&D Monthly Rates (Spouse)

	Coverage	Monthly Cost
12	\$10,000	\$0.03
05	\$20,000	\$0.06
13	\$30,000	\$0.09
10	\$40,000	\$0.12
15	No Coverage	\$0.00

AD&D Monthly Rates (Child / Children)

	Coverage	Monthly Cost
05	\$5,000	\$0.01
10	\$10,000	\$0.02
11	No Coverage	\$0.00

Vision Care Monthly Rates

	Member Only	Member + Spouse	Member + Children	Member + Family
Basic	\$7.77	\$12.04	\$12.29	\$19.81
Premium	\$13.69	\$21.21	\$21.65	\$34.90

Long-Term Disability Monthly Rates (Employee)

Options	Monthly Cost	Minimum Benefit	Maximum Benefit
1 66 2/3 % of pay	\$0.66/\$100	\$100/month	\$5,000/month*
2 50% of pay	\$0.30/\$100	\$100/month	\$2,000/month
3 66 2/3 % of pay	\$1.02/\$100	\$100/month	\$15,000/month*
5 No Coverage	\$0.00	\$0.00	\$0.00

* In addition to the monthly cash payments to the employee, Options 1 and 3 will also pay into the employee's DCP account.

Long Term Care Monthly Rates - (Employee and Spouse)

Age	Monthly Premium	Age	Monthly Premium
< 25	\$11.23	58	\$70.30
25	\$11.89	59	\$74.67
26	\$12.26	60	\$79.06
27	\$12.67	61	\$83.61
28	\$13.14	62	\$88.84
29	\$13.66	63	\$94.88
30	\$14.21	64	\$102.23
31	\$14.80	65	\$111.21
32	\$15.48	66	\$121.85
33	\$16.20	67	\$134.58
34	\$17.03	68	\$149.52
35	\$17.91	69	\$166.06
36	\$18.91	70	\$183.77
37	\$19.98	71	\$202.91
38	\$21.15	72	\$223.63
39	\$22.34	73	\$245.85
40	\$23.59	74	\$268.96
41	\$24.94	75	\$292.83
42	\$26.37	76	\$317.58
43	\$27.90	77	\$342.76
44	\$29.58	78	\$369.03
45	\$31.40	79	\$396.82
46	\$33.41	80	\$425.88
47	\$35.59	81	\$455.88
48	\$37.83	82	\$486.53
49	\$40.01	83	\$517.52
50	\$42.22	84	\$548.52
51	\$44.52	85	\$579.44
52	\$47.07	86	\$609.60
53	\$49.88	87	\$638.88
54	\$53.07	88	\$667.88
55	\$56.59	89	\$697.19
56	\$60.78	90	\$726.63
57	\$65.50		

Insurance Rates 2009 (updated 10/26/08) Active, Full-time, Salaried Employees

Rates for all other benefits and pay groups at <http://hr.ou.edu/benefits/Annual.asp>. The "Employee Cost" amount is your total monthly cost. Amounts in parentheses () are credited to your paycheck.

Medical Insurance Rates 2009

TIER 1 - \$30K or Below												
Plan	EMPLOYEE ONLY			EMPLOYEE AND CHILD(REN)			EMPLOYEE AND SPOUSE			EMPLOYEE AND FAMILY		
	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate
BlueChoice PPO	\$0.00	\$380.16	\$380.16	\$197.31	\$525.00	\$722.31	\$283.39	\$629.00	\$912.39	\$376.48	\$745.00	\$1,121.48
BlueLincs HMO	(\$29.00)	\$367.80	\$338.80	\$118.73	\$525.00	\$643.73	\$184.13	\$629.00	\$813.13	\$254.47	\$745.00	\$999.47
BlueEdge HCA	(\$14.49)	\$380.16	\$365.67	\$169.77	\$525.00	\$694.77	\$248.61	\$629.00	\$877.61	\$333.73	\$745.00	\$1,078.73
Community Care HMO (Tulsa Area)	(\$15.66)	\$380.16	\$364.50	\$167.55	\$525.00	\$692.55	\$245.80	\$629.00	\$874.80	\$330.27	\$745.00	\$1,075.27

TIER 2 - \$30,000.01 to \$41,999.99												
Plan	EMPLOYEE ONLY			EMPLOYEE AND CHILD(REN)			EMPLOYEE AND SPOUSE			EMPLOYEE AND FAMILY		
	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate
BlueChoice PPO	\$18.35	\$361.81	\$380.16	\$211.31	\$511.00	\$722.31	\$318.39	\$594.00	\$912.39	\$436.48	\$685.00	\$1,121.48
BlueLincs HMO	(\$23.01)	\$361.81	\$338.80	\$132.73	\$511.00	\$643.73	\$219.13	\$594.00	\$813.13	\$314.47	\$685.00	\$999.47
BlueEdge HCA	\$3.86	\$361.81	\$365.67	\$183.77	\$511.00	\$694.77	\$283.61	\$594.00	\$877.61	\$393.73	\$685.00	\$1,078.73
Community Care HMO (Tulsa Area)	\$2.69	\$361.81	\$364.50	\$181.55	\$511.00	\$692.55	\$280.80	\$594.00	\$874.80	\$390.27	\$685.00	\$1,075.27

TIER 3 - \$42K to \$59,999.99												
Plan	EMPLOYEE ONLY			EMPLOYEE AND CHILD(REN)			EMPLOYEE AND SPOUSE			EMPLOYEE AND FAMILY		
	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate
BlueChoice PPO	\$28.16	\$352.00	\$380.16	\$244.31	\$478.00	\$722.31	\$364.39	\$548.00	\$912.39	\$496.48	\$625.00	\$1,121.48
BlueLincs HMO	(\$13.20)	\$352.00	\$338.80	\$165.73	\$478.00	\$643.73	\$265.13	\$548.00	\$813.13	\$374.47	\$625.00	\$999.47
BlueEdge HCA	\$13.67	\$352.00	\$365.67	\$216.77	\$478.00	\$694.77	\$329.61	\$548.00	\$877.61	\$453.73	\$625.00	\$1,078.73
Community Care HMO (Tulsa Area)	\$12.50	\$352.00	\$364.50	\$214.55	\$478.00	\$692.55	\$326.80	\$548.00	\$874.80	\$450.27	\$625.00	\$1,075.27

TIER 4 - \$60K to \$99,999.99												
Plan	EMPLOYEE ONLY			EMPLOYEE AND CHILD(REN)			EMPLOYEE AND SPOUSE			EMPLOYEE AND FAMILY		
	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate
BlueChoice PPO	\$38.16	\$342.00	\$380.16	\$255.31	\$467.00	\$722.31	\$410.39	\$502.00	\$912.39	\$556.48	\$565.00	\$1,121.48
BlueLincs HMO	(\$3.20)	\$342.00	\$338.80	\$176.73	\$467.00	\$643.73	\$311.13	\$502.00	\$813.13	\$434.47	\$565.00	\$999.47
BlueEdge HCA	\$23.67	\$342.00	\$365.67	\$227.77	\$467.00	\$694.77	\$375.61	\$502.00	\$877.61	\$513.73	\$565.00	\$1,078.73
Community Care HMO (Tulsa Area)	\$22.50	\$342.00	\$364.50	\$225.55	\$467.00	\$692.55	\$372.80	\$502.00	\$874.80	\$510.27	\$565.00	\$1,075.27

TIER 5 - \$100K to \$184,999.99												
Plan	EMPLOYEE ONLY			EMPLOYEE AND CHILD(REN)			EMPLOYEE AND SPOUSE			EMPLOYEE AND FAMILY		
	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate
BlueChoice PPO	\$57.16	\$323.00	\$380.16	\$265.31	\$457.00	\$722.31	\$459.39	\$453.00	\$912.39	\$616.48	\$505.00	\$1,121.48
BlueLincs HMO	\$15.80	\$323.00	\$338.80	\$186.73	\$457.00	\$643.73	\$360.13	\$453.00	\$813.13	\$494.47	\$505.00	\$999.47
BlueEdge HCA	\$42.67	\$323.00	\$365.67	\$237.77	\$457.00	\$694.77	\$424.61	\$453.00	\$877.61	\$573.73	\$505.00	\$1,078.73
Community Care HMO (Tulsa Area)	\$41.50	\$323.00	\$364.50	\$235.55	\$457.00	\$692.55	\$421.80	\$453.00	\$874.80	\$570.27	\$505.00	\$1,075.27

TIER 6 - \$185K and over												
Plan	EMPLOYEE ONLY			EMPLOYEE AND CHILD(REN)			EMPLOYEE AND SPOUSE			EMPLOYEE AND FAMILY		
	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate	Employee Cost	OU Share	Rate
BlueChoice PPO	\$77.16	\$303.00	\$380.16	\$273.31	\$449.00	\$722.31	\$508.39	\$404.00	\$912.39	\$666.48	\$455.00	\$1,121.48
BlueLincs HMO	\$35.80	\$303.00	\$338.80	\$194.73	\$449.00	\$643.73	\$409.13	\$404.00	\$813.13	\$544.47	\$455.00	\$999.47
BlueEdge HCA	\$62.67	\$303.00	\$365.67	\$245.77	\$449.00	\$694.77	\$473.61	\$404.00	\$877.61	\$623.73	\$455.00	\$1,078.73
Community Care HMO (Tulsa Area)	\$61.50	\$303.00	\$364.50	\$243.55	\$449.00	\$692.55	\$470.80	\$404.00	\$874.80	\$620.27	\$455.00	\$1,075.27