

The University of Oklahoma
All Campuses

COBRA Medical, Dental, and Vision Insurance Rate Sheet
 2021 Plan Year – Monthly Rates

BCBS Medical Insurance		
	PPO	HDHP
Employee Only	\$ 616.39	\$ 541.91
Employee & Spouse	\$ 1,479.35	\$ 1,300.58
Employee & Child(ren)	\$ 1,171.14	\$ 1,029.63
Employee & Family	\$ 1,787.53	\$ 1,571.53
Spouse Only	\$ 862.96	\$ 758.68
Child(ren) Only	\$ 616.39	\$ 541.91
Family Only	\$ 1,171.14	\$ 1,029.63

BCBS Dental Insurance		
	Basic Plan	Alternate Plan
Employee Only	\$ 30.46	\$ 50.29
Employee & Spouse	\$ 58.89	\$ 97.21
Employee & Child(ren)	\$ 56.51	\$ 93.29
Employee & Family	\$ 87.41	\$ 144.33
Spouse Only	\$ 30.46	\$ 50.29
Child(ren) Only	\$ 30.46	\$ 50.29
Family Only	\$ 56.51	\$ 93.29

MetLife Vision Insurance		
	Standard Plan	Premium Plan
Employee Only	\$ 7.53	\$ 13.24
Employee & Spouse	\$ 11.65	\$ 20.52
Employee & Child(ren)	\$ 11.89	\$ 20.95
Employee & Family	\$ 19.16	\$ 33.76
Spouse Only	\$ 7.53	\$ 13.24
Child(ren) Only	\$ 7.53	\$ 13.24
Family Only	\$ 11.89	\$ 20.95