

OXY Medical, Dental and Vision 2023 Monthly Employee and COBRA Rates

| Monthly Rates | Employee | COBRA |
|---------------------------------------|----------|------------|
| BCBS Of Texas HDHP Options | | |
| Yourself Only | \$65.00 | \$ 699.08 |
| You + Your Spouse or Domestic Partner | \$129.00 | \$1,406.66 |
| You + Child(ren) and/or DP Child(ren) | \$116.00 | \$1,253.24 |
| You + Family | \$194.00 | \$2,173.74 |

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| BCBS Of Texas PPO Options | | |
| Yourself Only | \$136.00 | \$ 763.35 |
| You + Your Spouse or Domestic Partner (DP) | \$271.00 | \$1,526.70 |
| You + Child(ren) and/or DP Child(ren) | \$244.00 | \$1,374.02 |
| You + Family | \$407.00 | \$2,290.04 |

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| UnitedHealthcare® Global (Limited Access) – Medical, Dental and Vision | | |
| Yourself Only | \$136.00 | \$1,743.36 |
| You + Your Spouse or Domestic Partner (DP) | \$271.00 | \$3,822.05 |
| You + Child(ren) and/or DP Child(ren) | \$244.00 | \$3,343.92 |
| You + Family | \$407.00 | \$5,434.80 |

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| Aetna Dental | | |
| Yourself Only | \$11.00 | \$ 49.78 |
| You + Your Spouse or Domestic Partner (DP) | \$23.00 | \$ 99.55 |
| You + Child(ren) and/or DP Child(ren) | \$21.00 | \$ 89.62 |
| You + Family | \$34.00 | \$149.32 |

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| VSP Vision | | |
| Yourself Only | \$ 7.05 | \$ 7.19 |
| You + Your Spouse or Domestic Partner (DP) | \$14.13 | \$14.41 |
| You + Child(ren) and/or DP Child(ren) | \$15.09 | \$15.39 |
| You + Family | \$24.15 | \$24.63 |