

Monthly Premiums for Current Employees Plan Year Jan. 1-Dec. 31, 2024



OKLAHOMA
Office of Management
& Enterprise Services

| HEALTH PLANS | MEMBER | SPOUSE | CHILD | CHILDREN |
|--|-----------|------------|-----------|------------|
| Blue Cross Blue Shield of Oklahoma – BlueLincs HMO | \$ 600.78 | \$ 825.98 | \$ 556.90 | \$ 1299.08 |
| CommunityCare HMO | \$ 650.06 | \$ 762.16 | \$ 326.98 | \$ 554.88 |
| GlobalHealth HMO | \$ 979.42 | \$ 1445.72 | \$ 559.30 | \$ 913.38 |
| HealthChoice High and High Alternative | \$ 679.62 | \$ 796.80 | \$ 341.86 | \$ 580.10 |
| HealthChoice Basic and Basic Alternative | \$ 543.08 | \$ 637.32 | \$ 280.06 | \$ 473.72 |
| HealthChoice High Deductible Health Plan (HDHP) | \$ 473.68 | \$ 556.24 | \$ 244.66 | \$ 413.06 |

| TRICARE SUPPLEMENT | MEMBER | MEMBER + ONE | MEMBER + TWO OR MORE |
|--------------------|----------|--------------|----------------------|
| Selman & Company | \$ 65.50 | \$ 129.50 | \$ 181.00 |

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|-----------------------------------|---|
| DISABILITY (Employee only) | \$ 10.36 (Limited city and county participation only) |
|-----------------------------------|---|

| DENTAL PLANS | MEMBER | SPOUSE | CHILD | CHILDREN |
|------------------------------------|----------|----------|----------|-----------|
| BCBSOK – BlueCare Dental High Plan | \$ 35.08 | \$ 35.08 | \$ 28.44 | \$ 72.52 |
| BCBSOK – BlueCare Dental Low Plan | \$ 23.84 | \$ 23.84 | \$ 20.60 | \$ 50.40 |
| Cigna Prepaid High (K1109) | \$ 13.56 | \$ 10.98 | \$ 8.40 | \$ 14.44 |
| Cigna Prepaid Low (OKIV9) | \$ 10.48 | \$ 6.80 | \$ 4.62 | \$ 10.42 |
| Delta Dental PPO | \$ 39.70 | \$ 39.70 | \$ 34.54 | \$ 87.30 |
| Delta Dental PPO – Choice | \$ 17.88 | \$ 40.50 | \$ 40.80 | \$ 99.02 |
| HealthChoice Dental | \$ 48.58 | \$ 48.58 | \$ 39.28 | \$ 100.74 |
| MetLife High Classic MAC | \$ 50.90 | \$ 50.90 | \$ 43.62 | \$ 107.98 |
| MetLife Low Classic MAC | \$ 28.90 | \$ 28.90 | \$ 24.78 | \$ 60.94 |
| Sun Life Preferred Active PPO | \$ 34.98 | \$ 34.80 | \$ 26.12 | \$ 70.14 |

| VISION PLANS | MEMBER | SPOUSE | CHILD | CHILDREN |
|-------------------------------------|----------|----------|----------|----------|
| Primary Vision Care Services (PVCS) | \$ 10.40 | \$ 9.28 | \$ 9.20 | \$ 11.50 |
| Superior Vision | \$ 7.40 | \$ 7.34 | \$ 6.96 | \$ 14.30 |
| Vision Care Direct | \$ 15.48 | \$ 10.96 | \$ 10.96 | \$ 24.48 |
| VSP (Vision Service Plan) | \$ 8.62 | \$ 5.66 | \$ 5.58 | \$ 12.22 |

| | | |
|-------------|------------------------------|--|
| LIFE | Basic Life (\$20,000) \$5.20 | First \$20,000 of Supplemental Life \$5.20 |
|-------------|------------------------------|--|

| SUPPLEMENTAL LIFE – Age-rated cost per additional \$20,000 unit | | | |
|---|------------------|-----------------|-----------------|
| <30 – \$ 1.20 | 30-34 – \$ 1.20 | 35-39 – \$ 1.20 | 40-44 – \$ 1.60 |
| 45-49 – \$ 2.80 | 50-54 – \$ 5.20 | 55-59 – \$ 8.00 | 60-64 – \$ 9.20 |
| 65-69 – \$ 14.80 | 70-74 – \$ 25.60 | 75+ – \$ 39.20 | |

| DEPENDENT LIFE | Low Option \$2.60 | Standard Option \$4.32 | Premier Option \$11.26 |
|------------------------------|----------------------|------------------------|------------------------|
| Spouse | \$ 6,000 of coverage | \$ 10,000 of coverage | \$ 20,000 of coverage |
| Child (live birth to age 26) | \$ 3,000 of coverage | \$ 5,000 of coverage | \$ 10,000 of coverage |

Dependent Life does not include Accidental Death and Dismemberment (AD&D).