

Current and Former Employee Health

Plan Name	Primary Member	Primary Member	Spouse	Spouse	Child	Child	Children	Children
Blue Cross Blue Shield of Oklahoma - BlueLincs HMO	\$703.92	+9.50%	\$967.76	+9.50%	\$652.50	+9.50%	\$1,522.08	+9.50%
CommunityCare HMO	\$693.84	-1.26%	\$935.50	+13.55%	\$447.62	+15.81%	\$759.62	+15.82%
GlobalHealth HMO	\$1,086.02	+4.86%	\$1,603.04	+4.86%	\$620.18	+4.86%	\$1,012.78	+4.86%
HealthChoice High and High Alternative	\$707.00	0.00%	\$828.88	0.00%	\$355.62	0.00%	\$603.46	0.00%
HealthChoice Basic and Basic Alternative	\$564.72	0.00%	\$662.72	0.00%	\$291.22	0.00%	\$492.62	0.00%
HealthChoice High Deductible Health Plan (HDHP)	\$492.80	0.00%	\$578.68	0.00%	\$254.52	0.00%	\$429.72	0.00%

Medicare Supplement

Plan Name	Per Covered Member	Per Covered Member
BSBSOK - BlueSecure	\$568.78	+12.00%
HealthChoice SilverScript High Option Medicare Supplement	\$437.00	0.00%
HealthChoice SilverScript Low Option Medicare Supplement	\$356.06	0.00%

Medicare Advantage Prescription Drug Plan RFP

Plan Name	Per Covered Member	Per Covered Member
BCBSOK - MAPD	\$268.10	+6.09%
CommunityCare – MAPD	\$217.00	-1.36%
Generations by Global Health	\$220.00	+12.82%
Humana MAPD PPO	\$273.42	+9.20%

Dental

Plan Name	Primary Member	Primary Member	Spouse	Spouse	Child	Child	Children	Children
BCBSOK-BlueCare Dental High Plan	\$37.40	-0.48%	\$37.40	-0.48%	\$30.30	-0.53%	\$77.30	-0.49%
BCBSOK-BlueCare Dental Low Plan	\$23.72	-0.50%	\$23.72	-0.50%	\$20.50	-0.49%	\$50.16	-0.48%
Cigna Prepaid High (K1I09)	\$14.24	+5.01%	\$11.54	+5.10%	\$8.82	+5.00%	\$15.16	+4.99%
Cigna Prepaid Low (OKIV9)	\$11.00	+4.96%	\$7.14	+5.00%	\$4.86	+5.19%	\$10.94	+4.99%
Delta Dental PPO	\$39.98	+5.99%	\$39.98	+5.99%	\$34.78	+5.97%	\$87.92	+6.00%
Delta Dental PPO-Choice	\$18.60	+4.03%	\$42.12	+4.00%	\$42.44	+4.02%	\$102.98	+4.00%
HealthChoice Dental	\$48.58	0.00%	\$48.58	0.00%	\$39.28	0.00%	\$100.74	0.00%
MetLife High Classic MAC	\$54.28	+1.99%	\$54.28	+1.99%	\$46.50	+1.97%	\$115.20	+2.00%
MetLife Low Classic MAC	\$30.20	0.00%	\$30.20	0.00%	\$25.90	0.00%	\$63.74	0.00%
Sun Life Preferred Active PPO	\$39.30	+5.99%	\$39.10	+5.96%	\$29.36	+5.99%	\$78.82	+6.00%

Vision

Supplier/Plan Name	Primary Member	Primary Member	Spouse	Spouse	Child	Child	Children	Children
Primary Vision Care Services (PVCS)	\$10.40	0.00%	\$9.28	0.00%	\$9.20	0.00%	\$11.50	0.00%
Superior Vision	\$7.40	0.00%	\$7.34	0.00%	\$6.96	0.00%	\$14.30	0.00%
Vision Care Direct	\$15.48	0.00%	\$10.96	0.00%	\$10.96	0.00%	\$24.48	0.00%
VSP (Vision Service Plan)	\$8.62	0.00%	\$5.66	0.00%	\$5.58	0.00%	\$12.22	0.00%

TRICARE Supplement

Supplier/Plan Name	Primary Member	Primary Member	Primary Member + Dependent	Primary Member + Dependent	Primary Member + 2 or More Dependents	Primary Member + 2 or More Dependents
Selman & Company LLC.	\$65.50	0.00%	\$129.50	0.00%	\$181.00	0.00%