

Monthly Premiums for Current Employees Plan Year Jan. 1-Dec. 31, 2027



HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
CommunityCare HMO	\$ 749.36	\$ 1,010.34	\$ 529.98	\$ 899.40
GlobalHealth HMO	\$ 1,257.14	\$ 1,855.64	\$ 717.90	\$ 1,172.36
HealthChoice High and High Alternative	\$ 818.66	\$ 959.80	\$ 411.80	\$ 698.78
HealthChoice Basic and Basic Alternative	\$ 671.52	\$ 788.06	\$ 346.30	\$ 585.78
HealthChoice High Deductible Health Plan (HDHP)	\$ 588.82	\$ 691.50	\$ 303.74	\$ 513.82

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

DISABILITY (Employee only)	\$ 10.36 (Limited city and county participation only)
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DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	\$ 39.28	\$ 39.28	\$ 31.80	\$ 81.20
BCBSOK – BlueCare Dental Low Plan	\$ 24.92	\$ 24.92	\$ 21.52	\$ 52.68
Cigna Prepaid (GAOV9)	\$ 13.94	\$ 10.06	\$ 7.32	\$ 14.22
Delta Dental PPO	\$ 41.30	\$ 41.30	\$ 35.92	\$ 90.82
Delta Dental PPO – Choice	\$ 18.60	\$ 42.12	\$ 42.44	\$ 102.98
HealthChoice Dental	\$ 51.60	\$ 51.60	\$ 41.72	\$ 106.98
MetLife High Classic MAC	\$ 57.46	\$ 57.46	\$ 49.24	\$ 122.06
MetLife Low Classic MAC	\$ 30.14	\$ 30.14	\$ 25.86	\$ 63.70
Sun Life Preferred Active PPO	\$ 40.48	\$ 40.26	\$ 30.24	\$ 81.22

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
Unity Vision (formerly VCD of OK)	\$ 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
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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).			

2027 Current Employee Monthly Cumulative Premiums

HEALTH	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
CommunityCare HMO	\$ 749.36	\$ 1,759.70	\$ 2,289.68	\$ 2,659.10	\$ 1,279.34	\$ 1,648.76
GlobalHealth HMO	\$ 1,257.14	\$ 3,112.78	\$ 3,830.68	\$ 4,285.14	\$ 1,975.04	\$ 2,429.50
HealthChoice High and High Alternative	\$ 818.66	\$ 1,778.46	\$ 2,190.26	\$ 2,477.24	\$ 1,230.46	\$ 1,517.44
HealthChoice Basic and Basic Alternative	\$ 671.52	\$ 1,459.58	\$ 1,805.88	\$ 2,045.36	\$ 1,017.82	\$ 1,257.30
HealthChoice High Deductible Plan (HDHP)	\$ 588.82	\$ 1,280.32	\$ 1,584.06	\$ 1,794.14	\$ 892.56	\$ 1,102.64
TRICARE Supplement - Selman & Company	\$ 65.50	\$ 129.50	\$ 181.00	\$ 181.00	\$ 129.50	\$ 181.00
DENTAL	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
BCBSOK – BlueCare Dental High Plan	\$ 39.28	\$ 78.56	\$ 110.36	\$ 159.76	\$ 71.08	\$ 120.48
BCBSOK – BlueCare Dental Low Plan	\$ 24.92	\$ 49.84	\$ 71.36	\$ 102.52	\$ 46.44	\$ 77.60
Cigna Prepaid (GAOV9)	\$ 13.94	\$ 24.00	\$ 31.32	\$ 38.22	\$ 21.26	\$ 28.16
Delta Dental PPO	\$ 41.30	\$ 82.60	\$ 118.52	\$ 173.42	\$ 77.22	\$ 132.12
Delta Dental PPO – Choice	\$ 18.60	\$ 60.72	\$ 103.16	\$ 163.70	\$ 61.04	\$ 121.58
HealthChoice Dental	\$ 51.60	\$ 103.20	\$ 144.92	\$ 210.18	\$ 93.32	\$ 158.58
MetLife High Classic MAC	\$ 57.46	\$ 114.92	\$ 164.16	\$ 236.98	\$ 106.70	\$ 179.52
MetLife Low Classic MAC	\$ 30.14	\$ 60.28	\$ 86.14	\$ 123.98	\$ 56.00	\$ 93.84
Sun Life Preferred Active PPO	\$ 40.48	\$ 80.74	\$ 110.98	\$ 161.96	\$ 70.72	\$ 121.70
VISION	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Primary Vision Care Services (PVCS)	\$ 10.40	\$ 19.68	\$ 28.88	\$ 31.18	\$ 19.60	\$ 21.90
Superior Vision	\$ 7.40	\$ 14.74	\$ 21.70	\$ 29.04	\$ 14.36	\$ 21.70
Unity Vision (formerly VCD of OK)	\$ 15.48	\$ 26.44	\$ 37.40	\$ 50.92	\$ 26.44	\$ 39.96
VSP (Vision Service Plan)	\$ 8.62	\$ 14.28	\$ 19.86	\$ 26.50	\$ 14.20	\$ 20.84