Monthly Premiums for COBRA Participants
Plan Year Jan. 1-Dec. 31, 2027

OKLAHOMA
Employees Group
Insurance Division

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
CommunityCare HMO	$ 764.35	$ 1,030.55	$ 540.58	$ 917.39
GlobalHealth HMO	$ 1,282.28	$ 1,892.75	$ 732.26	$ 1,195.81
HealthChoice High and High Alternative	$ 835.03	$ 979.00	$ 420.04	$ 712.76
HealthChoice Basic and Basic Alternative	$ 684.95	$ 803.82	$ 353.23	$ 597.50
HealthChoice High Deductible Health Plan (HDHP)	$ 600.60	$ 705.33	$ 309.81	$ 524.10

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	$ 40.07	$ 40.07	$ 32.44	$ 82.82
BCBSOK – BlueCare Dental Low Plan	$ 25.42	$ 25.42	$ 21.95	$ 53.73
Cigna Prepaid (GAOV9)	$ 14.22	$ 10.26	$ 7.47	$ 14.50
Delta Dental PPO	$ 42.13	$ 42.13	$ 36.64	$ 92.64
Delta Dental PPO – Choice	$ 18.97	$ 42.96	$ 43.29	$ 105.04
HealthChoice Dental	$ 52.63	$ 52.63	$ 42.55	$ 109.12
MetLife High Classic MAC	$ 58.61	$ 58.61	$ 50.22	$ 124.50
MetLife Low Classic MAC	$ 30.74	$ 30.74	$ 26.38	$ 64.97
Sun Life Preferred Active PPO	$ 41.29	$ 41.07	$ 30.84	$ 82.84

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	$ 10.61	$ 9.47	$ 9.38	$ 11.73
Superior Vision	$ 7.55	$ 7.49	$ 7.10	$ 14.59
Unity Vision (formerly VCD of OK)	$ 15.79	$ 11.18	$ 11.18	$ 24.97
VSP (Vision Service Plan)	$ 8.79	$ 5.77	$ 5.69	$ 12.46

EGID policy states that one person must always pay the primary member premium. When a spouse, child or children are insured under a particular benefit but the primary member did not keep that benefit, one person is always billed the primary member rate.