Monthly Premiums for Medicare Eligible Members Plan Year Jan. 1-Dec. 31, 2027

OKLAHOMA
Employees Group
Insurance Division

MEDICARE SUPPLEMENT PLANS	
HealthChoice SilverScript High Option Medicare Supplement	$ 510.44 per covered person
HealthChoice SilverScript Low Option Medicare Supplement	$ 415.98 per covered person

MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) PLANS	
CommunityCare Senior Health Plan	$ 217.00 per covered person
Generations by GlobalHealth	$ 220.00 per covered person
Humana MAPD PPO	$ 281.10 per covered person

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 PLAN			
From $5,000 to $40,000	$3.12 Per $1,000 unit		
AGE-RATED SUPPLEMENTAL LIFE – Cost per $1,000 unit for $41,000 and up			
<30 – $0.06	30-34 – $0.06	35-39 – $0.06	40-44 – $0.08
45-49 – $0.14	50-54 – $0.26	55-59 – $0.40	60-64 – $0.46
65-69 – $0.74	70-74 – $1.28	75+ – $1.96	

DEPENDENT LIFE	$1.56 per $500 unit, per dependent

These rates do not reflect any contribution from your retirement system.