

# Monthly Cumulative Plan Premiums for Current Employees

## Plan Year Jan. 1-Dec. 31, 2021

### Monthly Benefit Allowances

	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
	\$ 659.89	\$ 1,312.75	\$ 1,542.66	\$ 1,677.96	\$ 892.24	\$ 1,054.18

### Monthly Plan Rates

HEALTH	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
<b>Blue Cross Blue Shield of Oklahoma – BlueLincs HMO</b>	\$ 593.50	\$ 1,469.60	\$ 1,790.26	\$ 1,993.20	\$ 914.16	\$ 1,117.10
<b>CommunityCare HMO</b>	\$ 1,067.28	\$ 2,621.90	\$ 3,165.48	\$ 3,491.64	\$ 1,610.86	\$ 1,937.02
<b>GlobalHealth HMO</b>	\$ 799.92	\$ 1,980.70	\$ 2,437.50	\$ 2,726.68	\$ 1,256.72	\$ 1,545.90
<b>HealthChoice High and High Alternative</b>	\$ 615.90	\$ 1,338.02	\$ 1,647.82	\$ 1,863.74	\$ 925.70	\$ 1,141.62
<b>HealthChoice Basic and Basic Alternative</b>	\$ 487.36	\$ 1,059.32	\$ 1,310.66	\$ 1,484.46	\$ 738.70	\$ 912.50
<b>HealthChoice High Deductible Health Plan (HDHP)</b>	\$ 422.26	\$ 918.12	\$ 1,136.22	\$ 1,286.34	\$ 640.36	\$ 790.48
<b>TRICARE Supplement – Selman&amp;Company</b>	\$ 60.50	\$ 119.50	\$ 160.50	\$ 160.50	\$ 119.50	\$ 160.50

DENTAL	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
<b>BCBSOK – BlueCare Dental High Plan</b>	\$ 38.04	\$ 76.08	\$ 106.88	\$ 154.80	\$ 68.84	\$ 116.76
<b>BCBSOK – BlueCare Dental Low Plan</b>	\$ 26.28	\$ 52.56	\$ 75.18	\$ 108.00	\$ 48.90	\$ 81.72
<b>Cigna Prepaid High (K1109)</b>	\$ 12.30	\$ 22.26	\$ 29.90	\$ 35.36	\$ 19.94	\$ 25.40
<b>Cigna Prepaid Low (OKIV9)</b>	\$ 9.50	\$ 15.68	\$ 19.88	\$ 25.14	\$ 13.70	\$ 18.96
<b>Delta Dental PPO</b>	\$ 38.04	\$ 76.08	\$ 109.18	\$ 159.76	\$ 71.14	\$ 121.72
<b>Delta Dental PPO – Choice</b>	\$ 15.68	\$ 51.24	\$ 87.06	\$ 138.20	\$ 51.50	\$ 102.64
<b>HealthChoice Dental</b>	\$ 41.72	\$ 83.44	\$ 117.16	\$ 169.94	\$ 75.44	\$ 128.22
<b>MetLife High Classic MAC</b>	\$ 48.60	\$ 97.20	\$ 138.84	\$ 200.30	\$ 90.24	\$ 151.70
<b>MetLife Low Classic MAC</b>	\$ 28.00	\$ 56.00	\$ 80.00	\$ 115.00	\$ 52.00	\$ 87.00
<b>Sun Life Preferred Active PPO</b>	\$ 36.18	\$ 72.18	\$ 99.18	\$ 144.74	\$ 63.18	\$ 108.74

VISION	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
<b>Primary Vision Care Services (PVCS)</b>	\$ 10.40	\$ 19.68	\$ 28.88	\$ 31.18	\$ 19.60	\$ 21.90
<b>Superior Vision</b>	\$ 7.62	\$ 15.20	\$ 22.38	\$ 29.94	\$ 14.80	\$ 22.36
<b>Vision Care Direct</b>	\$ 15.90	\$ 27.16	\$ 38.42	\$ 49.90	\$ 27.16	\$ 38.64
<b>VSP (Vision Service Plan)</b>	\$ 8.72	\$ 14.50	\$ 20.20	\$ 26.98	\$ 14.42	\$ 21.20

<b>DISABILITY</b>	\$10.36 (Limited city and county participation only)					
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<b>LIFE</b>	HealthChoice Basic Life (\$20,000) \$4.20	First \$20,000 of Supplemental Life \$4.20
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SUPPLEMENTAL LIFE--Age-Rated Cost Per \$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	

<b>DEPENDENT LIFE</b>	Low Option \$2.60	Standard Option \$4.32	Premier Option \$9.42
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Dependent Life does not include Accidental Death and Dismemberment (AD&D).  
For TRICARE Supplement Plan information for military only, refer to Page 5.