

Biweekly Cumulative Plan Premiums for Current Employees

Plan Year Jan. 1-Dec. 31, 2022

Biweekly Benefit Allowances

	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
	\$ 336.55	\$ 669.51	\$ 786.76	\$ 855.76	\$ 455.04	\$ 537.63

Biweekly Plan Rates

HEALTH	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 293.60	\$ 697.26	\$ 969.42	\$ 1,332.13	\$ 565.76	\$ 928.47
CommunityCare HMO	\$ 528.03	\$ 1,297.17	\$ 1,566.10	\$ 1,727.47	\$ 796.96	\$ 958.33
GlobalHealth HMO	\$ 427.85	\$ 1,059.40	\$ 1,303.73	\$ 1,458.40	\$ 672.18	\$ 826.85
HealthChoice High and High Alternative	\$ 307.95	\$ 669.01	\$ 823.91	\$ 931.87	\$ 462.85	\$ 570.81
HealthChoice Basic and Basic Alternative	\$ 243.68	\$ 529.66	\$ 655.33	\$ 742.23	\$ 369.35	\$ 456.25
HealthChoice High Deductible Health Plan (HDHP)	\$ 211.13	\$ 459.06	\$ 568.11	\$ 643.17	\$ 320.18	\$ 395.24
TRICARE Supplement–Selman & Company	\$ 32.75	\$ 64.75	\$ 90.50	\$ 90.50	\$ 64.75	\$ 90.50

DENTAL	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
BCBSOK – BlueCare Dental High Plan	\$ 20.03	\$ 40.06	\$ 56.28	\$ 81.51	\$ 36.25	\$ 61.48
BCBSOK – BlueCare Dental Low Plan	\$ 13.63	\$ 27.26	\$ 38.99	\$ 56.01	\$ 25.36	\$ 42.38
Cigna Prepaid High (K1109)	\$ 6.15	\$ 11.13	\$ 14.95	\$ 17.68	\$ 9.97	\$ 12.70
Cigna Prepaid Low (OKIV9)	\$ 4.75	\$ 7.84	\$ 9.94	\$ 12.57	\$ 6.85	\$ 9.48
Delta Dental PPO	\$ 19.48	\$ 38.96	\$ 55.91	\$ 81.81	\$ 36.43	\$ 62.33
Delta Dental PPO – Choice	\$ 7.84	\$ 25.62	\$ 43.53	\$ 69.10	\$ 25.75	\$ 51.32
HealthChoice Dental	\$ 20.86	\$ 41.72	\$ 58.58	\$ 84.97	\$ 37.72	\$ 64.11
MetLife High Classic MAC	\$ 23.66	\$ 47.32	\$ 67.60	\$ 97.51	\$ 43.94	\$ 73.85
MetLife Low Classic MAC	\$ 13.44	\$ 26.88	\$ 38.41	\$ 55.21	\$ 24.97	\$ 41.77
Sun Life Preferred Active PPO	\$ 17.49	\$ 34.89	\$ 47.95	\$ 69.96	\$ 30.55	\$ 52.56

VISION	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Primary Vision Care Services (PVCS)	\$ 5.20	\$ 9.84	\$ 14.44	\$ 15.59	\$ 9.80	\$ 10.95
Superior Vision	\$ 3.70	\$ 7.37	\$ 10.85	\$ 14.52	\$ 7.18	\$ 10.85
Vision Care Direct	\$ 7.85	\$ 13.43	\$ 19.01	\$ 24.67	\$ 13.43	\$ 19.09
VSP (Vision Service Plan)	\$ 4.31	\$ 7.14	\$ 9.93	\$ 13.25	\$ 7.10	\$ 10.42

DISABILITY	\$5.18 (Limited city and county participation only)					
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LIFE	HealthChoice Basic Life (\$20,000) \$2.10	First \$20,000 of Supplemental Life \$2.10
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SUPPLEMENTAL LIFE–Age-Rated Cost Per \$20,000 Unit

< 30 – \$0.60	30-34 – \$0.60	35-39 – \$0.60	40-44 – \$0.80
45-49 – \$1.40	50-54 – \$2.60	55-59 – \$4.00	60-64 – \$4.60
65-69 – \$7.40	70-74 – \$12.80	75+ – \$19.60	

DEPENDENT LIFE	Low Option \$1.30	Standard Option \$2.16	Premier Option \$4.71
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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 6.