

Monthly Cumulative Plan Premiums for Current Employees

Plan Year Jan. 1-Dec. 31, 2022

Monthly Benefit Allowances

	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
	\$ 673.10	\$ 1,339.02	\$ 1,573.52	\$ 1,711.52	\$ 910.08	\$ 1,075.26

Monthly Plan Rates

HEALTH	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
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Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 587.20	\$ 1,394.52	\$ 1,938.84	\$ 2,664.26	\$ 1,131.52	\$ 1,856.94
CommunityCare HMO	\$ 1,056.06	\$ 2,594.34	\$ 3,132.20	\$ 3,454.94	\$ 1,593.92	\$ 1,916.66
GlobalHealth HMO	\$ 855.70	\$ 2,118.80	\$ 2,607.46	\$ 2,916.80	\$ 1,344.36	\$ 1,653.70
HealthChoice High and High Alternative	\$ 615.90	\$ 1,338.02	\$ 1,647.82	\$ 1,863.74	\$ 925.70	\$ 1,141.62
HealthChoice Basic and Basic Alternative	\$ 487.36	\$ 1,059.32	\$ 1,310.66	\$ 1,484.46	\$ 738.70	\$ 912.50
HealthChoice High Deductible Health Plan (HDHP)	\$ 422.26	\$ 918.12	\$ 1,136.22	\$ 1,286.34	\$ 640.36	\$ 790.48
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
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BCBSOK – BlueCare Dental High Plan	\$ 40.06	\$ 80.12	\$ 112.56	\$ 163.02	\$ 72.50	\$ 122.96
BCBSOK – BlueCare Dental Low Plan	\$ 27.26	\$ 54.52	\$ 77.98	\$ 112.02	\$ 50.72	\$ 84.76
Cigna Prepaid High (K1109)	\$ 12.30	\$ 22.26	\$ 29.90	\$ 35.36	\$ 19.94	\$ 25.40
Cigna Prepaid Low (OKIV9)	\$ 9.50	\$ 15.68	\$ 19.88	\$ 25.14	\$ 13.70	\$ 18.96
Delta Dental PPO	\$ 38.96	\$ 77.92	\$ 111.82	\$ 163.62	\$ 72.86	\$ 124.66
Delta Dental PPO – Choice	\$ 15.68	\$ 51.24	\$ 87.06	\$ 138.20	\$ 51.50	\$ 102.64
HealthChoice Dental	\$ 41.72	\$ 83.44	\$ 117.16	\$ 169.94	\$ 75.44	\$ 128.22
MetLife High Classic MAC	\$ 47.32	\$ 94.64	\$ 135.20	\$ 195.02	\$ 87.88	\$ 147.70
MetLife Low Classic MAC	\$ 26.88	\$ 53.76	\$ 76.82	\$ 110.42	\$ 49.94	\$ 83.54
Sun Life Preferred Active PPO	\$ 34.98	\$ 69.78	\$ 95.90	\$ 139.92	\$ 61.10	\$ 105.12

VISION	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
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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
Vision Care Direct	\$ 15.70	\$ 26.86	\$ 38.02	\$ 49.34	\$ 26.86	\$ 38.18
VSP (Vision Service Plan)	\$ 8.62	\$ 14.28	\$ 19.86	\$ 26.50	\$ 14.20	\$ 20.84

DISABILITY	\$10.36 (Limited city and county participation only)					
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LIFE	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	

DEPENDENT LIFE	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 6.