

# Biweekly Cumulative Plan Premiums for Current Employees

## Plan Year Jan. 1-Dec. 31, 2023

Biweekly Benefit Allowances	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
	\$ 343.28	\$ 682.90	\$ 802.50	\$ 872.88	\$ 464.14	\$ 548.39

### 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	\$ 290.23	\$ 689.25	\$ 958.28	\$ 1,316.82	\$ 559.26	\$ 917.80
CommunityCare HMO	\$ 311.03	\$ 675.70	\$ 832.15	\$ 941.19	\$ 467.48	\$ 576.52
GlobalHealth HMO	\$ 466.36	\$ 1,154.75	\$ 1,421.07	\$ 1,589.66	\$ 732.68	\$ 901.27
HealthChoice High and High Alternative	\$ 320.14	\$ 695.49	\$ 856.53	\$ 968.76	\$ 481.18	\$ 593.41
HealthChoice Basic and Basic Alternative	\$ 255.91	\$ 556.23	\$ 688.20	\$ 779.46	\$ 387.88	\$ 479.14
HealthChoice High Deductible Health Plan (HDHP)	\$ 223.15	\$ 485.19	\$ 600.45	\$ 679.78	\$ 338.41	\$ 417.74
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	\$ 17.54	\$ 35.08	\$ 49.30	\$ 71.34	\$ 31.76	\$ 53.80
BCBSOK – BlueCare Dental Low Plan	\$ 11.92	\$ 23.84	\$ 34.14	\$ 49.04	\$ 22.22	\$ 37.12
Cigna Prepaid High (K1I09)	\$ 6.28	\$ 11.36	\$ 15.25	\$ 18.04	\$ 10.17	\$ 12.96
Cigna Prepaid Low (OKIV9)	\$ 4.85	\$ 8.00	\$ 10.14	\$ 12.82	\$ 6.99	\$ 9.67
Delta Dental PPO	\$ 20.46	\$ 40.92	\$ 58.72	\$ 85.92	\$ 38.26	\$ 65.46
Delta Dental PPO – Choice	\$ 8.63	\$ 28.19	\$ 47.90	\$ 76.02	\$ 28.34	\$ 56.46
HealthChoice Dental	\$ 23.74	\$ 47.48	\$ 66.67	\$ 96.70	\$ 42.93	\$ 72.96
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	\$ 13.45	\$ 19.05	\$ 24.45	\$ 13.45	\$ 18.85
VSP (Vision Service Plan)	\$ 4.31	\$ 7.14	\$ 9.93	\$ 13.25	\$ 7.10	\$ 10.42

<b>DISABILITY</b>	\$5.18					
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<b>LIFE</b>	Basic Life (\$20,000) \$2.60		First \$20,000 of Supplemental Life \$2.60			
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SUPPLEMENTAL LIFE – Age-rated cost per additional \$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			

<b>DEPENDENT LIFE</b>	Low Option \$1.30		Standard Option \$2.16		Premier Option \$5.63	
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