

Monthly Cumulative Plan Premiums for Current Employees Plan Year Jan. 1-Dec. 31, 2023

Monthly Benefit Allowances	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
	\$ 686.56	\$ 1,365.80	\$ 1,605.00	\$ 1,745.76	\$ 928.28	\$ 1,096.78

Monthly Plan Rates

HEALTH	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 580.46	\$ 1,378.50	\$ 1,916.56	\$ 2,633.64	\$ 1,118.52	\$ 1,835.60
CommunityCare HMO	\$ 622.06	\$ 1,351.40	\$ 1,664.30	\$ 1,882.38	\$ 934.96	\$ 1,153.04
GlobalHealth HMO	\$ 932.72	\$ 2,309.50	\$ 2,842.14	\$ 3,179.32	\$ 1,465.36	\$ 1,802.54
HealthChoice High and High Alternative	\$ 640.28	\$ 1,390.98	\$ 1,713.06	\$ 1,937.52	\$ 962.36	\$ 1,186.82
HealthChoice Basic and Basic Alternative	\$ 511.82	\$ 1,112.46	\$ 1,376.40	\$ 1,558.92	\$ 775.76	\$ 958.28
HealthChoice High Deductible Health Plan (HDHP)	\$ 446.30	\$ 970.38	\$ 1,200.90	\$ 1,359.56	\$ 676.82	\$ 835.48
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
BCBSOK – BlueCare Dental High Plan	\$ 35.08	\$ 70.16	\$ 98.60	\$ 142.68	\$ 63.52	\$ 107.60
BCBSOK – BlueCare Dental Low Plan	\$ 23.84	\$ 47.68	\$ 68.28	\$ 98.08	\$ 44.44	\$ 74.24
Cigna Prepaid High (K1I09)	\$ 12.56	\$ 22.72	\$ 30.50	\$ 36.08	\$ 20.34	\$ 25.92
Cigna Prepaid Low (OKIV9)	\$ 9.70	\$ 16.00	\$ 20.28	\$ 25.64	\$ 13.98	\$ 19.34
Delta Dental PPO	\$ 40.92	\$ 81.84	\$ 117.44	\$ 171.84	\$ 76.52	\$ 130.92
Delta Dental PPO – Choice	\$ 17.26	\$ 56.38	\$ 95.80	\$ 152.04	\$ 56.68	\$ 112.92
HealthChoice Dental	\$ 47.48	\$ 94.96	\$ 133.34	\$ 193.40	\$ 85.86	\$ 145.92
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
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	\$ 26.90	\$ 38.10	\$ 48.90	\$ 26.90	\$ 37.70
VSP (Vision Service Plan)	\$ 8.62	\$ 14.28	\$ 19.86	\$ 26.50	\$ 14.20	\$ 20.84

DISABILITY	\$10.36					
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LIFE	Basic Life (\$20,000) \$5.20			First \$20,000 of Supplemental Life \$5.20		
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SUPPLEMENTAL LIFE – Age-rated cost per additional \$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 \$11.26
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