

Monthly Premiums for COBRA Participants Plan Year Jan. 1-Dec. 31, 2022



OKLAHOMA
Office of Management
& Enterprise Services

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 598.94	\$ 823.47	\$ 555.21	\$ 1,295.13
CommunityCare HMO	\$ 1,077.18	\$ 1,569.05	\$ 548.62	\$ 877.81
GlobalHealth HMO	\$ 872.81	\$ 1,288.36	\$ 498.43	\$ 813.96
HealthChoice High and High Alternative	\$ 628.22	\$ 736.56	\$ 316.00	\$ 536.23
HealthChoice Basic and Basic Alternative	\$ 497.11	\$ 583.40	\$ 256.37	\$ 433.64
HealthChoice High Deductible Health Plan (HDHP)	\$ 430.71	\$ 505.78	\$ 222.46	\$ 375.58

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	\$ 40.86	\$ 40.86	\$ 33.09	\$ 84.56
BCBSOK – BlueCare Dental Low Plan	\$ 27.81	\$ 27.81	\$ 23.93	\$ 58.65
Cigna Prepaid High (K1109)	\$ 12.55	\$ 10.16	\$ 7.79	\$ 13.36
Cigna Prepaid Low (OKIV9)	\$ 9.69	\$ 6.30	\$ 4.28	\$ 9.65
Delta Dental PPO	\$ 39.74	\$ 39.74	\$ 34.58	\$ 87.41
Delta Dental PPO – Choice	\$ 15.99	\$ 36.27	\$ 36.54	\$ 88.70
HealthChoice Dental	\$ 42.55	\$ 42.55	\$ 34.39	\$ 88.23
MetLife High Classic MAC	\$ 48.27	\$ 48.27	\$ 41.37	\$ 102.39
MetLife Low Classic MAC	\$ 27.42	\$ 27.42	\$ 23.52	\$ 57.79
Sun Life Preferred Active PPO	\$ 35.68	\$ 35.50	\$ 26.64	\$ 71.54

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	\$ 10.61	\$ 9.47	\$ 9.38	\$ 11.73
Superior Vision	\$ 7.55	\$ 7.49	\$ 7.10	\$ 14.59
Vision Care Direct	\$ 16.01	\$ 11.38	\$ 11.38	\$ 22.93
VSP (Vision Service Plan)	\$ 8.79	\$ 5.77	\$ 5.69	\$ 12.46

EGID policy states that one person must always pay the primary member premium. When a spouse, child or children are insured under a particular benefit but the primary member did not keep that benefit, one person is always billed the primary member rate.