

Monthly Premiums for Medicare Eligible Members Plan Year Jan. 1-Dec. 31, 2022



OKLAHOMA
Office of Management
& Enterprise Services

MEDICARE SUPPLEMENT PLANS

BCBSOK – BlueSecure	\$ 372.48 per covered person
HealthChoice SilverScript High Option Medicare Supplement	\$ 390.96 per covered person
HealthChoice SilverScript Low Option Medicare Supplement	\$ 324.10 per covered person

MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) PLANS

BCBSOK – MAPD	\$ 247.60 per covered person
CommunityCare Senior Health Plan	\$ 218.30 per covered person
Generations by GlobalHealth	\$ 205.00 per covered person
Humana National MAPD	\$ 203.72 per covered person

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	\$ 40.06	\$ 40.06	\$ 32.44	\$ 82.90
BCBSOK – BlueCare Dental Low Plan	\$ 27.26	\$ 27.26	\$ 23.46	\$ 57.50
Cigna Prepaid High (K1109)	\$ 12.30	\$ 9.96	\$ 7.64	\$ 13.10
Cigna Prepaid Low (OKIV9)	\$ 9.50	\$ 6.18	\$ 4.20	\$ 9.46
Delta Dental PPO	\$ 38.96	\$ 38.96	\$ 33.90	\$ 85.70
Delta Dental PPO – Choice	\$ 15.68	\$ 35.56	\$ 35.82	\$ 86.96
HealthChoice Dental	\$ 41.72	\$ 41.72	\$ 33.72	\$ 86.50
MetLife High Classic MAC	\$ 47.32	\$ 47.32	\$ 40.56	\$ 100.38
MetLife Low Classic MAC	\$ 26.88	\$ 26.88	\$ 23.06	\$ 56.66
Sun Life Preferred Active PPO	\$ 34.98	\$ 34.80	\$ 26.12	\$ 70.14

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	\$ 10.40	\$ 9.28	\$ 9.20	\$ 11.50
Superior Vision	\$ 7.40	\$ 7.34	\$ 6.96	\$ 14.30
Vision Care Direct	\$ 15.70	\$ 11.16	\$ 11.16	\$ 22.48
VSP (Vision Service Plan)	\$ 8.62	\$ 5.66	\$ 5.58	\$ 12.22

LIFE PLAN

From \$5,000 to \$40,000 2.56 Per \$1,000

AGE RATED SUPPLEMENTAL LIFE — Cost Per \$1,000 for \$41,000 and Up

<30 – \$0.06	30-34 – \$0.06	35-39 – \$0.06	40-44 – \$0.08
45-49 – \$0.14	50-54 – \$0.26	55-59 – \$0.40	60-64 – \$0.46
65-69 – \$0.74	70-74 – \$1.28	75+ – \$1.96	

DEPENDENT LIFE

\$ 1.28 Per \$500 Unit, Per Dependent

These rates do not reflect any retirement system contribution.