

Monthly Premiums for COBRA Participants Plan Year Jan. 1-Dec. 31, 2023



OKLAHOMA
Office of Management
& Enterprise Services

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 592.07	\$ 814.00	\$ 548.82	\$ 1,280.24
CommunityCare HMO	\$ 634.50	\$ 743.93	\$ 319.16	\$ 541.60
GlobalHealth HMO	\$ 951.37	\$ 1,404.32	\$ 543.29	\$ 887.22
HealthChoice High and High Alternative	\$ 653.09	\$ 765.71	\$ 328.52	\$ 557.47
HealthChoice Basic and Basic Alternative	\$ 522.06	\$ 612.65	\$ 269.22	\$ 455.39
HealthChoice High Deductible Health Plan (HDHP)	\$ 455.23	\$ 534.56	\$ 235.13	\$ 396.96

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	\$ 35.78	\$ 35.78	\$ 29.01	\$ 73.97
BCBSOK – BlueCare Dental Low Plan	\$ 24.32	\$ 24.32	\$ 21.01	\$ 51.41
Cigna Prepaid High (K1109)	\$ 12.81	\$ 10.36	\$ 7.94	\$ 13.63
Cigna Prepaid Low (OKIV9)	\$ 9.89	\$ 6.43	\$ 4.37	\$ 9.83
Delta Dental PPO	\$ 41.74	\$ 41.74	\$ 36.31	\$ 91.80
Delta Dental PPO – Choice	\$ 17.61	\$ 39.90	\$ 40.21	\$ 97.57
HealthChoice Dental	\$ 48.43	\$ 48.43	\$ 39.15	\$ 100.41
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	\$ 11.42	\$ 11.42	\$ 22.44
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.