

Monthly Premiums for Medicare Eligible Members Plan Year Jan. 1-Dec. 31, 2023



OKLAHOMA
Office of Management
& Enterprise Services

MEDICARE SUPPLEMENT PLANS

BCBSOK – BlueSecureSM	\$ 425.10 per covered person
HealthChoice SilverScript High Option Medicare Supplement	\$ 411.30 per covered person
HealthChoice SilverScript Low Option Medicare Supplement	\$ 339.22 per covered person

MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) PLANS

BCBSOK – MAPD	\$ 238.40 per covered person
CommunityCare Senior Health Plan	\$ 218.30 per covered person
Generations by GlobalHealth	\$ 209.00 per covered person
Humana National MAPD	\$ 185.54 per covered person

DENTAL PLANS

	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	\$ 35.08	\$ 35.08	\$ 28.44	\$ 72.52
BCBSOK – BlueCare Dental Low Plan	\$ 23.84	\$ 23.84	\$ 20.60	\$ 50.40
Cigna Prepaid High (K1I09)	\$ 12.56	\$ 10.16	\$ 7.78	\$ 13.36
Cigna Prepaid Low (OKIV9)	\$ 9.70	\$ 6.30	\$ 4.28	\$ 9.64
Delta Dental PPO	\$ 40.92	\$ 40.92	\$ 35.60	\$ 90.00
Delta Dental PPO – Choice	\$ 17.26	\$ 39.12	\$ 39.42	\$ 95.66
HealthChoice Dental	\$ 47.48	\$ 47.48	\$ 38.38	\$ 98.44
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	\$ 11.20	\$ 11.20	\$ 22.00
VSP (Vision Service Plan)	\$ 8.62	\$ 5.66	\$ 5.58	\$ 12.22

LIFE PLAN

From \$5,000 to \$40,000 \$3.12 Per \$1,000 unit

AGE-RATED SUPPLEMENTAL LIFE – Cost per \$1,000 unit 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

\$1.56 per \$500 unit, per dependent

These rates do not reflect any contribution from your retirement system.