Biweekly Cumulative Plan Premiums for Current Employees
Plan Year Jan. 1-Dec. 31, 2026

Biweekly Benefit Allowances	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
	$ 377.15	$ 687.98	$ 821.34	$ 914.28	$ 510.51	$ 603.45

Biweekly Plan Rates

HEALTH	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Blue Cross Blue Shield of Oklahoma - BlueLincs HMO	$ 351.96	$ 835.84	$ 1,162.09	$ 1,596.88	$ 678.21	$ 1,113.00
CommunityCare HMO	$ 346.92	$ 814.67	$ 1,038.48	$ 1,194.48	$ 570.73	$ 726.73
GlobalHealth HMO	$ 543.01	$ 1,344.53	$ 1,654.62	$ 1,850.92	$ 853.10	$ 1,049.40
HealthChoice High and High Alternative	$ 353.50	$ 767.94	$ 945.75	$ 1,069.67	$ 531.31	$ 655.23
HealthChoice Basic and Basic Alternative	$ 282.36	$ 613.72	$ 759.33	$ 860.03	$ 427.97	$ 528.67
HealthChoice High Deductible Health Plan (HDHP)	$ 246.40	$ 535.74	$ 663.00	$ 750.60	$ 373.66	$ 461.26
TRICARE Supplement – Selman & Company	$ 32.75	$ 64.75	$ 90.50	$ 90.50	$ 64.75	$ 90.50

DENTAL	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
BCBSOK - BlueCare Dental High Plan	$ 18.70	$ 37.40	$ 52.55	$ 76.05	$ 33.85	$ 57.35
BCBSOK - BlueCare Dental Low Plan	$ 11.86	$ 23.72	$ 33.97	$ 48.80	$ 22.11	$ 36.94
Cigna Prepaid High (K1I09)	$ 7.12	$ 12.89	$ 17.30	$ 20.47	$ 11.53	$ 14.70
Cigna Prepaid Low (OKIV9)	$ 5.50	$ 9.07	$ 11.50	$ 14.54	$ 7.93	$ 10.97
Delta Dental PPO	$ 19.99	$ 39.98	$ 57.37	$ 83.94	$ 37.38	$ 63.95
Delta Dental PPO - Choice	$ 9.30	$ 30.36	$ 51.58	$ 81.85	$ 30.52	$ 60.79
HealthChoice Dental	$ 24.29	$ 48.58	$ 68.22	$ 98.95	$ 43.93	$ 74.66
MetLife High Classic MAC	$ 27.14	$ 54.28	$ 77.53	$ 111.88	$ 50.39	$ 84.74
MetLife Low Classic MAC	$ 15.10	$ 30.20	$ 43.15	$ 62.07	$ 28.05	$ 46.97
Sun Life Preferred Active PPO	$ 19.65	$ 39.20	$ 53.88	$ 78.61	$ 34.33	$ 59.06

VISION	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Primary Vision Care Services (PVCS)	$ 5.20	$ 9.84	$ 14.44	$ 15.59	$ 9.80	$ 10.95
Superior Vision	$ 3.70	$ 7.37	$ 10.85	$ 14.52	$ 7.18	$ 10.85
Vision Care Direct	$ 7.74	$ 13.22	$ 18.70	$ 25.46	$ 13.22	$ 19.98
VSP (Vision Service Plan)	$ 4.31	$ 7.14	$ 9.93	$ 13.25	$ 7.10	$ 10.42

DISABILITY	$5.18	
LIFE	Basic Life ($20,000) $2.60	First $20,000 of Supplemental Life $2.60

SUPPLEMENTAL LIFE – Age-rated cost per additional $20,000 unit

<30 – $0.60	30-34 – $0.60	35-39 – $0.60	40-44 – $0.80
45-49 – $1.40	50-54 – $2.60	55-59 – $4.00	60-64 – $4.60
65-69 – $7.40	70-74 – $12.80	75+ – $19.60	

DEPENDENT LIFE	Low Option $1.30	Standard Option $2.16	Premier Option $5.63