Biweekly Cumulative Plan Premiums for Current Employees
Plan Year Jan. 1-Dec. 31, 2027

Biweekly Benefit Allowances	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
	$ 434.76	$ 794.69	$ 949.11	$ 1,056.73	$ 589.19	$ 696.81

Biweekly Plan Rates

HEALTH	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
CommunityCare HMO	$ 374.68	$ 879.85	$ 1,144.84	$ 1,329.55	$ 639.67	$ 824.38
GlobalHealth HMO	$ 628.57	$ 1,556.39	$ 1,915.34	$ 2,142.57	$ 987.52	$ 1,214.75
HealthChoice High and High Alternative	$ 409.33	$ 889.23	$ 1,095.13	$ 1,238.62	$ 615.23	$ 758.72
HealthChoice Basic and Basic Alternative	$ 335.76	$ 729.79	$ 902.94	$ 1,022.68	$ 508.91	$ 628.65
HealthChoice High Deductible Health Plan (HDHP)	$ 294.41	$ 640.16	$ 792.03	$ 897.07	$ 446.28	$ 551.32
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	$ 19.64	$ 39.28	$ 55.18	$ 79.88	$ 35.54	$ 60.24
BCBSOK - BlueCare Dental Low Plan	$ 12.46	$ 24.92	$ 35.68	$ 51.26	$ 23.22	$ 38.80
Cigna Prepaid (GAOV9)	$ 6.97	$ 12.00	$ 15.66	$ 19.11	$ 10.63	$ 14.08
Delta Dental PPO	$ 20.65	$ 41.30	$ 59.26	$ 86.71	$ 38.61	$ 66.06
Delta Dental PPO - Choice	$ 9.30	$ 30.36	$ 51.58	$ 81.85	$ 30.52	$ 60.79
HealthChoice Dental	$ 25.80	$ 51.60	$ 72.46	$ 105.09	$ 46.66	$ 79.29
MetLife High Classic MAC	$ 28.73	$ 57.46	$ 82.08	$ 118.49	$ 53.35	$ 89.76
MetLife Low Classic MAC	$ 15.07	$ 30.14	$ 43.07	$ 61.99	$ 28.00	$ 46.92
Sun Life Preferred Active PPO	$ 20.24	$ 40.37	$ 55.49	$ 80.98	$ 35.36	$ 60.85

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
Unity Vision (formerly VCD of OK)	$ 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