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

Monthly Benefit Allowances	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
	$ 869.52	$ 1,589.38	$ 1,898.22	$ 2,113.46	$ 1,178.38	$ 1,393.62

Monthly Plan Rates

HEALTH	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
CommunityCare HMO	$ 749.36	$ 1,759.70	$ 2,289.68	$ 2,659.10	$ 1,279.34	$ 1,648.76
GlobalHealth HMO	$ 1,257.14	$ 3,112.78	$ 3,830.68	$ 4,285.14	$ 1,975.04	$ 2,429.50
HealthChoice High and High Alternative	$ 818.66	$ 1,778.46	$ 2,190.26	$ 2,477.24	$ 1,230.46	$ 1,517.44
HealthChoice Basic and Basic Alternative	$ 671.52	$ 1,459.58	$ 1,805.88	$ 2,045.36	$ 1,017.82	$ 1,257.30
HealthChoice High Deductible Health Plan (HDHP)	$ 588.82	$ 1,280.32	$ 1,584.06	$ 1,794.14	$ 892.56	$ 1,102.64
TRICARE Supplement – Selman & Company	$ 65.50	$ 129.50	$ 181.00	$ 181.00	$ 129.50	$ 181.00

DENTAL	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
BCBSOK - BlueCare Dental High Plan	$ 39.28	$ 78.56	$ 110.36	$ 159.76	$ 71.08	$ 120.48
BCBSOK - BlueCare Dental Low Plan	$ 24.92	$ 49.84	$ 71.36	$ 102.52	$ 46.44	$ 77.60
Cigna Prepaid (GAOV9)	$ 13.94	$ 24.00	$ 31.32	$ 38.22	$ 21.26	$ 28.16
Delta Dental PPO	$ 41.30	$ 82.60	$ 118.52	$ 173.42	$ 77.22	$ 132.12
Delta Dental PPO - Choice	$ 18.60	$ 60.72	$ 103.16	$ 163.70	$ 61.04	$ 121.58
HealthChoice Dental	$ 51.60	$ 103.20	$ 144.92	$ 210.18	$ 93.32	$ 158.58
MetLife High Classic MAC	$ 57.46	$ 114.92	$ 164.16	$ 236.98	$ 106.70	$ 179.52
MetLife Low Classic MAC	$ 30.14	$ 60.28	$ 86.14	$ 123.98	$ 56.00	$ 93.84
Sun Life Preferred Active PPO	$ 40.48	$ 80.74	$ 110.98	$ 161.96	$ 70.72	$ 121.70

VISION	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Primary Vision Care Services (PVCS)	$ 10.40	$ 19.68	$ 28.88	$ 31.18	$ 19.60	$ 21.90
Superior Vision	$ 7.40	$ 14.74	$ 21.70	$ 29.04	$ 14.36	$ 21.70
Unity Vision (formerly VCD of OK)	$ 15.48	$ 26.44	$ 37.40	$ 50.92	$ 26.44	$ 39.96
VSP (Vision Service Plan)	$ 8.62	$ 14.28	$ 19.86	$ 26.50	$ 14.20	$ 20.84

DISABILITY	$10.36

LIFE	Basic Life ($20,000) $5.20	First $20,000 of Supplemental Life $5.20

SUPPLEMENTAL LIFE – Age-rated cost per additional $20,000 unit			
<30 – $1.20	30-34 – $1.20	35-39 – $1.20	40-44 – $1.60
45-49 – $2.80	50-54 – $5.20	55-59 – $8.00	60-64 – $9.20
65-69 – $14.80	70-74 – $25.60	75+ – $39.20	

DEPENDENT LIFE	Low Option $2.60	Standard Option $4.32	Premier Option $11.26