



OKLAHOMA

Current and Former Employee

Plan Name	Primary Member	Primary Member	Spouse	Spouse	Child	Child	Children	Children
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$580.46	-1.15%	\$798.04	-1.15%	\$538.06	-1.15%	\$1,255.14	-1.15%
CommunityCare HMO	\$622.06	-41.10%	\$729.34	-52.59%	\$312.90	-41.83%	\$530.98	-38.30%
GlobalHealth HMO	\$932.72	+9.00%	\$1,376.78	+9.00%	\$532.64	+9.00%	\$869.82	+9.00%
HealthChoice High and High Alternative	\$640.28	+3.96%	\$750.70	+3.96%	\$322.08	+3.96%	\$546.54	+3.96%
HealthChoice Basic and Basic Alternative	\$511.82	+5.02%	\$600.64	+5.01%	\$263.94	+5.01%	\$446.46	+5.01%
HealthChoice High Deductible Health Plan (HDHP)	\$446.30	+5.69%	\$524.08	+5.69%	\$230.52	+5.69%	\$389.18	+5.69%

Medicare Supplement

Plan Name	Per Covered Member	Per Covered Member
BSBSOK – BlueSecure	\$425.10	+14.13%
HealthChoice SilverScript High Option Medicare Supplement	\$411.30	+5.20%
HealthChoice SilverScript Low Option Medicare Supplement	\$339.22	+4.67%

Medicare Advantage Prescription Drug Plan

Plan Name	Per Covered Member	Per Covered Member
BCBSOK – MAPD	\$238.40	-3.72%
CommunityCare Senior Health Plan	\$218.30	0.00%
Generations by GlobalHealth	\$209.00	+1.95%
Humana National MAPD	\$185.54	-8.92%

Dental

Plan Name	Primary Member	Primary Member	Spouse	Spouse	Child	Child	Children	Children
BCBSOK – BlueCare Dental High Plan	\$35.08	-12.43%	\$35.08	-12.43%	\$28.44	-12.33%	\$72.52	-12.52%
BCBSOK – BlueCare Dental Low Plan	\$23.84	-12.55%	\$23.84	-12.55%	\$20.60	-12.19%	\$50.40	-12.35%
Cigna Prepaid High (K1I09)	\$12.56	+2.11%	\$10.16	+2.01%	\$7.78	+1.83%	\$13.36	+1.98%
Cigna Prepaid Low (OKIV9)	\$9.70	+2.11%	\$6.30	+1.94%	\$4.28	+1.90%	\$9.64	+1.90%
Delta Dental PPO	\$40.92	+5.03%	\$40.92	+5.03%	\$35.60	+5.01%	\$90.00	+5.02%
Delta Dental PPO – Choice	\$17.26	+10.08%	\$39.12	+10.01%	\$39.42	+10.05%	\$95.66	+10.00%
HealthChoice Dental	\$47.48	+13.81%	\$47.48	+13.81%	\$38.38	+13.82%	\$98.44	+13.80%
MetLife High Classic MAC	\$47.32	0.00%	\$47.32	0.00%	\$40.56	0.00%	\$100.38	0.00%
MetLife Low Classic MAC	\$26.88	0.00%	\$26.88	0.00%	\$23.06	0.00%	\$56.66	0.00%
Sun Life Preferred Active PPO	\$34.98	0.00%	\$34.80	0.00%	\$26.12	0.00%	\$70.14	0.00%

Vision

Supplier/Plan Name	Primary Member	Primary Member	Spouse	Spouse	Child	Child	Children	Children
Primary Vision Care Services (PVCS)	\$10.40	0.00%	\$9.28	0.00%	\$9.20	0.00%	\$11.50	0.00%
Superior Vision	\$7.40	0.00%	\$7.34	0.00%	\$6.96	0.00%	\$14.30	0.00%
Vision Care Direct	\$15.70	0.00%	\$11.20	+0.36%	\$11.20	+0.36%	\$22.00	-2.14%
VSP (Vision Service Plan)	\$8.62	0.00%	\$5.66	0.00%	\$5.58	0.00%	\$12.22	0.00%

TRICARE supplement RFP

Supplier/Plan Name	Primary Member	Primary Member	Primary Member + Dependent	Primary Member + Dependent	Primary Member + 2 or More Dependents	Primary Member + 2 or More Dependents
Selman & Company LLC.	\$65.50	0.00%	\$129.50	0.00%	\$181.00	0.00%