



# 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	\$587.20	-1.06%	\$807.32	-7.85%	\$544.32	+69.75%	\$1,269.74	+142.50%
CommunityCare HMO	\$1,056.06	-1.05%	\$1,538.28	-1.05%	\$537.86	-1.05%	\$860.60	-1.05%
GlobalHealth HMO	\$855.70	+6.97%	\$1,263.10	+6.97%	\$488.66	+6.97%	\$798.00	+6.97%
HealthChoice High and High Alternative	\$615.90	0.00%	\$722.12	0.00%	\$309.80	0.00%	\$525.72	0.00%
HealthChoice Basic and Basic Alternative	\$487.36	0.00%	\$571.96	0.00%	\$251.34	0.00%	\$425.14	0.00%
HealthChoice High Deductible Health Plan (HDHP)	\$422.26	0.00%	\$495.86	0.00%	\$218.10	0.00%	\$368.22	0.00%

## Medicare Supplement

Plan Name	Per Covered Member	Per Covered Member
BSBSOK - BlueSecure	\$372.48	+2.36%
HealthChoice SilverScript High Option Medicare Supplement	\$390.96	0.00%
HealthChoice SilverScript Low Option Medicare Supplement	\$324.10	0.00%

## Medicare Advantage Prescription Drug Plan

Plan Name	Per Covered Member	Per Covered Member
BCBSOK - MAPD	\$247.60	+3.99%
CommunityCare Senior Health Plan	\$218.30	-4.60%
Generations by GlobalHealth	\$205.00	-0.49%
Humana National MAPD	\$203.72	-9.34%

## Dental

Plan Name	Primary Member	Primary Member	Spouse	Spouse	Child	Child	Children	Children
BCBSOK - BlueCare Dental High Plan	\$40.06	+5.31%	\$40.06	+5.31%	\$32.44	+5.32%	\$82.90	+5.31%
BCBSOK - BlueCare Dental Low Plan	\$27.26	+3.73%	\$27.26	+3.73%	\$23.46	+3.71%	\$57.50	+3.72%
Cigna Prepaid High (K1I09)	\$12.30	0.00%	\$9.96	0.00%	\$7.64	0.00%	\$13.10	0.00%
Cigna Prepaid Low (OKIV9)	\$9.50	0.00%	\$6.18	0.00%	\$4.20	0.00%	\$9.46	0.00%
Delta Dental PPO	\$38.96	+2.42%	\$38.96	+2.42%	\$33.90	+2.42%	\$85.70	+2.41%
Delta Dental PPO- Choice	\$15.68	0.00%	\$35.56	0.00%	\$35.82	0.00%	\$86.96	0.00%
HealthChoice Dental	\$41.72	0.00%	\$41.72	0.00%	\$33.72	0.00%	\$86.50	0.00%
MetLife High Classic MAC	\$47.32	-2.63%	\$47.32	-2.63%	\$40.56	-2.59%	\$100.38	-2.64%
MetLife Low Classic MAC	\$26.88	-4.00%	\$26.88	-4.00%	\$23.06	-3.92%	\$56.66	-3.97%
Sun Life Preferred Active PPO	\$34.98	-3.32%	\$34.80	-3.33%	\$26.12	-3.26%	\$70.14	-3.34%

## 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	-2.89%	\$7.34	-3.17%	\$6.96	-3.06%	\$14.30	-2.99%
Vision Care Direct	\$15.70	-1.26%	\$11.16	-0.89%	\$11.16	-0.89%	\$22.48	-1.14%
VSP (Vision Service Plan)	\$8.62	-1.15%	\$5.66	-2.08%	\$5.58	-2.11%	\$12.22	-2.08%

## TRICARE Supplement

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	+8.26%	\$129.50	+8.37%	\$181.00	+12.77%