

Monthly Premiums for COBRA Participants

Plan Year Jan. 1 – Dec. 31, 2021



OKLAHOMA
Office of Management
& Enterprise Services

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma - BlueLincs HMO	\$ 605.37	\$ 893.62	\$ 327.07	\$ 534.07
CommunityCare HMO	\$ 1,088.63	\$ 1,585.71	\$ 554.45	\$ 887.13
GlobalHealth HMO	\$ 815.92	\$ 1,204.40	\$ 465.94	\$ 760.90
HealthChoice High and High Alternative	\$ 628.22	\$ 736.56	\$ 316.00	\$ 536.23
HealthChoice Basic and Basic Alternative	\$ 497.11	\$ 583.40	\$ 256.37	\$ 433.64
HealthChoice High Deductible Health Plan (HDHP)	\$ 430.71	\$ 505.78	\$ 222.46	\$ 375.58

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK - BlueCare Dental High Plan	\$ 38.80	\$ 38.80	\$ 31.42	\$ 80.29
BCBSOK - BlueCare Dental Low Plan	\$ 26.81	\$ 26.81	\$ 23.07	\$ 56.55
Cigna Prepaid High (K1109)	\$ 12.55	\$ 10.16	\$ 7.79	\$ 13.36
Cigna Prepaid Low (OKIV9)	\$ 9.69	\$ 6.30	\$ 4.28	\$ 9.65
Delta Dental PPO	\$ 38.80	\$ 38.80	\$ 33.76	\$ 85.35
Delta Dental PPO – Choice	\$ 15.99	\$ 36.27	\$ 36.54	\$ 88.70
HealthChoice Dental	\$ 42.55	\$ 42.55	\$ 34.39	\$ 88.23
MetLife High Classic MAC	\$ 49.57	\$ 49.57	\$ 42.47	\$ 105.16
MetLife Low Classic MAC	\$ 28.56	\$ 28.56	\$ 24.48	\$ 60.18
Sun Life Preferred Active PPO	\$ 36.90	\$ 36.72	\$ 27.54	\$ 74.01

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	\$ 10.61	\$ 9.47	\$ 9.38	\$ 11.73
Superior Vision	\$ 7.77	\$ 7.73	\$ 7.32	\$ 15.03
Vision Care Direct	\$ 16.22	\$ 11.49	\$ 11.49	\$ 23.19
VSP (Vision Service Plan)	\$ 8.89	\$ 5.90	\$ 5.81	\$ 12.73

EGID policy states that one person must always pay the primary member premium. When a spouse, child or children are insured under a particular benefit but the primary member did not keep that benefit, one person is always billed the primary member rate.