

Monthly Premiums for Medicare Eligible Members Plan Year Jan. 1 - Dec. 31, 2020

MEDICARE SUPPLEMENT PLANS

BCBSOK – BlueSecure SM	\$364.02 per covered person
HealthChoice SilverScript High Option Medicare Supplement	\$395.30 per covered person
HealthChoice SilverScript Low Option Medicare Supplement	\$320.44 per covered person

MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) PLANS

BCBSOK – MAPD	\$282.62 per covered person
CommunityCare Senior Health Plan	\$228.70 per covered person
Generations by GlobalHealth	\$216.00 per covered person
Humana National MAPD	\$224.72 per covered person

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Cigna Dental Care Plan (Prepaid)	\$ 9.44	\$ 6.18	\$ 4.20	\$ 9.46
Delta Dental PPO	\$ 36.92	\$ 36.92	\$ 32.12	\$ 81.24
Delta Dental PPO – Choice	\$ 15.68	\$ 35.56	\$ 35.82	\$ 86.96
HealthChoice Dental	\$ 41.72	\$ 41.72	\$ 33.72	\$ 86.50
MetLife High Classic MAC	\$ 48.54	\$ 48.54	\$ 41.58	\$ 103.04
MetLife Low Classic MAC	\$ 27.96	\$ 27.96	\$ 23.94	\$ 58.94
Sun Life Preferred Active PPO	\$ 31.46	\$ 31.30	\$ 23.48	\$ 63.10

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	\$ 9.98	\$ 9.28	\$ 9.20	\$ 11.50
Superior Vision	\$ 7.62	\$ 7.58	\$ 7.18	\$ 14.74
Vision Care Direct	\$ 15.90	\$ 11.26	\$ 11.26	\$ 22.74
VSP (Vision Service Plan)	\$ 8.72	\$ 5.78	\$ 5.70	\$ 12.48

LIFE PLAN

From \$5,000 to \$40,000 \$ 2.16 Per \$1,000

AGE RATED SUPPLEMENTAL LIFE — Cost Per \$1,000 for \$41,000 and Up

< 30 ---- \$ 0.06	30 - 34 ---- \$ 0.06	35 - 39 ---- \$ 0.06	40 - 44 ---- \$ 0.08
45 - 49 ---- \$ 0.14	50 - 54 ---- \$ 0.26	55 - 59 ---- \$ 0.40	60 - 64 ---- \$ 0.46
65 - 69 ---- \$ 0.74	70 - 74 ---- \$ 1.28	75+ ---- \$ 1.96	

DEPENDENT LIFE

\$ 1.08 Per \$500 Unit, Per Dependent

These rates do not reflect any retirement system contribution.

