

Monthly Premiums for Current Employees Plan Year Jan. 1-Dec. 31, 2022



OKLAHOMA
Office of Management
& Enterprise Services

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 587.20	\$ 807.32	\$ 544.32	\$ 1,269.74
CommunityCare HMO	\$ 1,056.06	\$ 1,538.28	\$ 537.86	\$ 860.60
GlobalHealth HMO	\$ 855.70	\$ 1,263.10	\$ 488.66	\$ 798.00
HealthChoice High and High Alternative	\$ 615.90	\$ 722.12	\$ 309.80	\$ 525.72
HealthChoice Basic and Basic Alternative	\$ 487.36	\$ 571.96	\$ 251.34	\$ 425.14
HealthChoice High Deductible Health Plan (HDHP)	\$ 422.26	\$ 495.86	\$ 218.10	\$ 368.22

TRICARE SUPPLEMENT	MEMBER	MEMBER + ONE	MEMBER + TWO OR MORE
Selman & Company	\$ 65.50	\$ 129.50	\$ 181.00

DISABILITY	\$ 10.36 (Limited city and county participation only)
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DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	\$ 40.06	\$ 40.06	\$ 32.44	\$ 82.90
BCBSOK – BlueCare Dental Low Plan	\$ 27.26	\$ 27.26	\$ 23.46	\$ 57.50
Cigna Prepaid High (K1I09)	\$ 12.30	\$ 9.96	\$ 7.64	\$ 13.10
Cigna Prepaid Low (OKIV9)	\$ 9.50	\$ 6.18	\$ 4.20	\$ 9.46
Delta Dental PPO	\$ 38.96	\$ 38.96	\$ 33.90	\$ 85.70
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	\$ 47.32	\$ 47.32	\$ 40.56	\$ 100.38
MetLife Low Classic MAC	\$ 26.88	\$ 26.88	\$ 23.06	\$ 56.66
Sun Life Preferred Active PPO	\$ 34.98	\$ 34.80	\$ 26.12	\$ 70.14

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	\$ 10.40	\$ 9.28	\$ 9.20	\$ 11.50
Superior Vision	\$ 7.40	\$ 7.34	\$ 6.96	\$ 14.30
Vision Care Direct	\$ 15.70	\$ 11.16	\$ 11.16	\$ 22.48
VSP (Vision Service Plan)	\$ 8.62	\$ 5.66	\$ 5.58	\$ 12.22

LIFE	HealthChoice Basic Life (\$20,000) \$4.20	First \$20,000 of Supplemental Life \$4.20
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SUPPLEMENTAL LIFE – Age-Rated Cost Per \$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 \$9.42
Spouse	\$ 6,000 of coverage	\$ 10,000 of coverage	\$ 20,000 of coverage
Per covered child up to age 26	\$ 3,000 of coverage	\$ 5,000 of coverage	\$ 10,000 of coverage

Dependent Life does not include Accidental Death and Dismemberment (AD&D).

Monthly Cumulative Plan Premiums for Current Employees Plan Year Jan. 1-Dec. 31, 2022

HEALTH	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 587.20	\$ 1,394.52	\$ 1,938.84	\$ 2,664.26	\$ 1,131.52	\$ 1,856.94
CommunityCare HMO	\$ 1,056.06	\$ 2,594.34	\$ 3,132.20	\$ 3,454.94	\$ 1,593.92	\$ 1,916.66
GlobalHealth HMO	\$ 855.70	\$ 2,118.80	\$ 2,607.46	\$ 2,916.80	\$ 1,344.36	\$ 1,653.70
HealthChoice High and High Alternative	\$ 615.90	\$ 1,338.02	\$ 1,647.82	\$ 1,863.74	\$ 925.70	\$ 1,141.62
HealthChoice Basic and Basic Alternative	\$ 487.36	\$ 1,059.32	\$ 1,310.66	\$ 1,484.46	\$ 738.70	\$ 912.50
HealthChoice High Deductible Health Plan (HDHP)	\$ 422.26	\$ 918.12	\$ 1,136.22	\$ 1,286.34	\$ 640.36	\$ 790.48
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	\$ 40.06	\$ 80.12	\$ 112.56	\$ 163.02	\$ 72.50	\$ 122.96
BCBSOK – BlueCare Dental Low Plan	\$ 27.26	\$ 54.52	\$ 77.98	\$ 112.02	\$ 50.72	\$ 84.76
Cigna Prepaid High (K1109)	\$ 12.30	\$ 22.26	\$ 29.90	\$ 35.36	\$ 19.94	\$ 25.40
Cigna Prepaid Low (OKIV9)	\$ 9.50	\$ 15.68	\$ 19.88	\$ 25.14	\$ 13.70	\$ 18.96
Delta Dental PPO	\$ 38.96	\$ 77.92	\$ 111.82	\$ 163.62	\$ 72.86	\$ 124.66
Delta Dental PPO – Choice	\$ 15.68	\$ 51.24	\$ 87.06	\$ 138.20	\$ 51.50	\$ 102.64
HealthChoice Dental	\$ 41.72	\$ 83.44	\$ 117.16	\$ 169.94	\$ 75.44	\$ 128.22
MetLife High Classic MAC	\$ 47.32	\$ 94.64	\$ 135.20	\$ 195.02	\$ 87.88	\$ 147.70
MetLife Low Classic MAC	\$ 26.88	\$ 53.76	\$ 76.82	\$ 110.42	\$ 49.94	\$ 83.54
Sun Life Preferred Active PPO	\$ 34.98	\$ 69.78	\$ 95.90	\$ 139.92	\$ 61.10	\$ 105.12

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
Vision Care Direct	\$ 15.70	\$ 26.86	\$ 38.02	\$ 49.34	\$ 26.86	\$ 38.18
VSP (Vision Service Plan)	\$ 8.62	\$ 14.28	\$ 19.86	\$ 26.50	\$ 14.20	\$ 20.84