

# Monthly Premiums for Former Employees and Surviving Dependents 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

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 (K1109)	\$ 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 PLAN FOR PRE-MEDICARE RETIREES/VESTED MEMBERS			
From \$5,000 to \$40,000	2.56 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	

<b>DEPENDENT LIFE</b>	\$ 1.28 Per \$500 Unit, Per Dependent
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MONTHLY LIFE INSURANCE PREMIUMS FOR SURVIVING DEPENDENTS			
Surviving Dependents of Current Employees	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
Surviving Dependents of Former Employees	\$1.28 Per \$500 Unit, Per Dependent		

These rates do not reflect any retirement system contribution.