OKLAHOMA

Insurance Premiums
Plan Year 2027

Current and Former Employee Health

Plan Name	Primary Member	Primary Member % Change	Spouse	Spouse % Change	Child	Child % Change	Children	Children % Change
CommunityCare HMO	$749.36	+8.00%	$1,010.34	+8.00%	$529.98	+18.40%	$899.40	+18.40%
GlobalHealth HMO	$1,257.14	+15.76%	$1,855.64	+15.76%	$717.90	+15.76%	$1,172.36	+15.76%
HealthChoice High and High Alternative	$818.66	+15.79%	$959.80	+15.79%	$411.80	+15.80%	$698.78	+15.80%
HealthChoice Basic and Basic Alternative	$671.52	+18.91%	$788.06	+18.91%	$346.30	+18.91%	$585.78	+18.91%
HealthChoice High Deductible Health Plan (HDHP)	$588.82	+19.48%	$691.50	+19.50%	$303.74	+19.34%	$513.82	+19.57%

Medicare Supplement

Plan Name	Per Covered Member	Per Covered Member % Change
HealthChoice SilverScript High Option Medicare Supplement	$510.44	+16.81%
HealthChoice SilverScript Low Option Medicare Supplement	$415.98	+16.83%

Medicare Advantage Prescription Drug (MAPD) Plan RFP

Plan Name	Per Covered Member	Per Covered Member % Change
CommunityCare – MAPD	$217.00	0.00%
Generations by GlobalHealth	$220.00	0.00%
Humana MAPD PPO	$281.10	+2.81%

Dental

Plan Name	Primary Member	Primary Member % Change	Spouse	Spouse % Change	Child	Child % Change	Children	Children % Change
BCBSOK-BlueCare Dental High Plan	$39.28	+5.03%	$39.28	+5.03%	$31.80	+4.95%	$81.20	+5.05%
BCBSOK-BlueCare Dental Low Plan	$24.92	+5.06%	$24.92	+5.06%	$21.52	+4.98%	$52.68	+5.02%
Cigna Prepaid (GAOV9)*	$13.94	N/A	$10.06	N/A	$7.32	N/A	$14.22	N/A
Delta Dental PPO	$41.30	+3.30%	$41.30	+3.30%	$35.92	+3.28%	$90.82	+3.30%
Delta Dental PPO-Choice	$18.60	0.00%	$42.12	0.00%	$42.44	0.00%	$102.98	0.00%
HealthChoice Dental	$51.60	+6.22%	$51.60	+6.22%	$41.72	+6.21%	$106.98	+6.19%
MetLife High Classic MAC	$57.46	+5.86%	$57.46	+5.86%	$49.24	+5.89%	$122.06	+5.95%
MetLife Low Classic MAC	$30.14	-0.20%	$30.14	-0.20%	$25.86	-0.15%	$63.70	-0.06%
Sun Life Preferred Active PPO	$40.48	+3.00%	$40.26	+2.97%	$30.24	+3.00%	$81.22	+3.04%

*New for PY 2027.

Vision

Supplier/Plan Name	Primary Member	Primary Member % Change	Spouse	Spouse % Change	Child	Child % Change	Children	Children % Change
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	0.00%	$7.34	0.00%	$6.96	0.00%	$14.30	0.00%
Vision Care Direct	$15.48	0.00%	$10.96	0.00%	$10.96	0.00%	$24.48	0.00%
Vision Service Plan (VSP)	$8.62	0.00%	$5.66	0.00%	$5.58	0.00%	$12.22	0.00%

TRICARE Supplement

Supplier/Plan Name	Primary Member	Primary Member % Change	Primary Member + Dependent	Primary Member + Dependent % Change	Primary Member + 2 or More Dependents	Primary Member + 2 or More Dependents % Change
Selman & Company LLC	$65.50	0.00%	$129.50	0.00%	$181.00	0.00%