

PLAN YEAR 2024



OKLAHOMA

Current and Former Employee

Plan Name	Primary Member	Primary Member	Spouse	Spouse	Child	Child	Children	Children
Blue Cross Blue Shield of Oklahoma - BlueLincs HMO	\$600.78	+3.50%	\$825.98	+3.50%	\$556.90	+3.50%	\$1,299.08	+3.50%
CommunityCare HMO	\$650.06	+4.50%	\$762.16	+4.50%	\$326.98	+4.50%	\$554.88	+4.50%
GlobalHealth HMO	\$979.42	+5.01%	\$1,445.72	+5.01%	\$559.30	+5.01%	\$913.38	+5.01%
HealthChoice High and High Alternative	\$679.62	+6.10%	\$796.80	+6.10%	\$341.86	+6.10%	\$580.10	+6.10%
HealthChoice Basic and Basic Alternative	\$543.08	+6.10%	\$637.32	+6.10%	\$280.06	+6.10%	\$473.72	+6.10%
HealthChoice High Deductible Health Plan (HDHP)	\$473.68	+6.10%	\$556.24	+6.10%	\$244.66	+6.10%	\$413.06	+6.10%

Medicare Supplement

Plan Name	Per Covered Member	Per Covered Member
BSBSOK - BlueSecure	\$466.02	+9.63%
HealthChoice SilverScript High Option Medicare Supplement	\$437.00	+6.20%
HealthChoice SilverScript Low Option Medicare Supplement	\$356.06	+5.00%

Medicare Advantage Prescription Drug Plan

Plan Name	Per Covered Member	Per Covered Member
BCBSOK - MAPD	\$238.40	0.00%
CommunityCare – MAPD	\$215.64	-1.22%
Generations by GlobalHealth	\$199.00	-4.78%
Humana MAPD PPO	\$192.92	+3.98%

Dental

Plan Name	Primary Member	Primary Member	Spouse	Spouse	Child	Child	Children	Children
BCBSOK-BlueCare Dental High Plan	\$35.08	0.00%	\$35.08	0.00%	\$28.44	0.00%	\$72.52	0.00%
BCBSOK-BlueCare Dental Low Plan	\$23.84	0.00%	\$23.84	0.00%	\$20.60	0.00%	\$50.40	0.00%
Cigna Prepaid High (K1I09)	\$13.56	+7.96%	\$10.98	+8.07%	\$8.40	+7.97%	\$14.44	+8.08%
Cigna Prepaid Low (OKIV9)	\$10.48	+8.04%	\$6.80	+7.94%	\$4.62	+7.94%	\$10.42	+8.09%
Delta Dental PPO	\$39.70	-2.98%	\$39.70	-2.98%	\$34.54	-2.98%	\$87.30	-3.00%
Delta Dental PPO-Choice	\$17.88	+3.59%	\$40.50	+3.53%	\$40.80	+3.50%	\$99.02	+3.51%
HealthChoice Dental	\$48.58	+2.30%	\$48.58	+2.30%	\$39.28	+2.30%	\$100.74	+2.30%
MetLife High Classic MAC	\$50.90	+7.57%	\$50.90	+7.57%	\$43.62	+7.54%	\$107.98	+7.57%
MetLife Low Classic MAC	\$28.90	+7.51%	\$28.90	+7.51%	\$24.78	+7.46%	\$60.94	+7.55%
Sun Life Preferred Active PPO	\$34.98	0.00%	\$34.80	0.00%	\$26.12	0.00%	\$70.14	0.00%

Vision

Supplier/Plan Name	Primary Member	Primary Member	Spouse	Spouse	Child	Child	Children	Children
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	-1.40%	\$10.96	-2.14%	\$10.96	-2.14%	\$24.48	+11.27%
VSP (Vision Service Plan)	\$8.62	0.00%	\$5.66	0.00%	\$5.58	0.00%	\$12.22	0.00%

TRICARE supplement RFP

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