

Plan Year 2025



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	\$642.84	+7.00%	\$883.80	+7.00%	\$595.88	+7.00%	\$1,390.02	+7.00%
CommunityCare HMO	\$702.72	+8.10%	\$823.90	+8.10%	\$386.50	+18.20%	\$655.88	+18.20%
GlobalHealth HMO	\$1,035.70	+5.75%	\$1,528.78	+5.75%	\$591.44	+5.75%	\$965.86	+5.75%
HealthChoice High and High Alternative	\$707.00	+4.03%	\$828.88	+4.03%	\$355.62	+4.03%	\$603.46	+4.03%
HealthChoice Basic and Basic Alternative	\$564.72	+3.98%	\$662.72	+3.99%	\$291.22	+3.98%	\$492.62	+3.99%
HealthChoice High Deductible Health Plan (HDHP)	\$492.80	+4.04%	\$578.68	+4.03%	\$254.52	+4.03%	\$429.72	+4.03%

Medicare Supplement

Plan Name	Per Covered Member	Per Covered Member
BSBSOK – BlueSecure	\$507.84	+8.97%
HealthChoice SilverScript High Option Medicare Supplement	\$437.00	0.00%
HealthChoice SilverScript Low Option Medicare Supplement	\$356.06	0.00%

Medicare Advantage Prescription Drug Plan

Plan Name	Per Covered Member	Per Covered Member
BCBSOK – MAPD	\$252.72	+6.01%
CommunityCare – MAPD	\$220.00	+2.02%
Generations by GlobalHealth	\$195.00	-2.01%
Humana MAPD PPO	\$250.38	+29.78%

Dental

Plan Name	Primary Member	Primary Member	Spouse	Spouse	Child	Child	Children	Children
BCBSOK – BlueCare Dental High Plan	\$37.58	+7.13%	\$37.58	+7.13%	\$30.46	+7.10%	\$77.68	+7.12%
BCBSOK – BlueCare Dental Low Plan	\$23.84	0.00%	\$23.84	0.00%	\$20.60	0.00%	\$50.40	0.00%
Cigna Prepaid High (K1109)	\$13.56	0.00%	\$10.98	0.00%	\$8.40	0.00%	\$14.44	0.00%
Cigna Prepaid Low (OKIV9)	\$10.48	0.00%	\$6.80	0.00%	\$4.62	0.00%	\$10.42	0.00%
Delta Dental PPO	\$37.72	-4.99%	\$37.72	-4.99%	\$32.82	-4.98%	\$82.94	-4.99%
Delta Dental PPO-Choice	\$17.88	0.00%	\$40.50	0.00%	\$40.80	0.00%	\$99.02	0.00%
HealthChoice Dental	\$48.58	0.00%	\$48.58	0.00%	\$39.28	0.00%	\$100.74	0.00%
MetLife High Classic MAC	\$53.22	+4.56%	\$53.22	+4.56%	\$45.60	+4.54%	\$112.94	+4.59%
MetLife Low Classic MAC	\$30.20	+4.50%	\$30.20	+4.50%	\$25.90	+4.52%	\$63.74	+4.59%
Sun Life Preferred Active PPO	\$37.08	+6.00%	\$36.90	+6.03%	\$27.70	+6.05%	\$74.36	+6.02%

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	0.00%	\$10.96	0.00%	\$10.96	0.00%	\$24.48	0.00%
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%