

# Monthly Premiums for COBRA Participants Plan Year Jan. 1-Dec. 31, 2024



**OKLAHOMA**  
Office of Management  
& Enterprise Services

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 612.80	\$ 842.50	\$ 568.04	\$ 1,325.06
CommunityCare HMO	\$ 663.06	\$ 777.40	\$ 333.52	\$ 565.98
GlobalHealth HMO	\$ 999.01	\$ 1,474.63	\$ 570.49	\$ 931.65
HealthChoice High and High Alternative	\$ 693.21	\$ 812.74	\$ 348.70	\$ 591.70
HealthChoice Basic and Basic Alternative	\$ 553.94	\$ 650.07	\$ 285.66	\$ 483.19
HealthChoice High Deductible Health Plan (HDHP)	\$ 483.15	\$ 567.36	\$ 249.55	\$ 421.32

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	\$ 35.78	\$ 35.78	\$ 29.01	\$ 73.97
BCBSOK – BlueCare Dental Low Plan	\$ 24.32	\$ 24.32	\$ 21.01	\$ 51.41
Cigna Prepaid High (K1I09)	\$ 13.83	\$ 11.20	\$ 8.57	\$ 14.73
Cigna Prepaid Low (OKIV9)	\$ 10.69	\$ 6.94	\$ 4.71	\$ 10.63
Delta Dental PPO	\$ 40.49	\$ 40.49	\$ 35.23	\$ 89.05
Delta Dental PPO – Choice	\$ 18.24	\$ 41.31	\$ 41.62	\$ 101.00
HealthChoice Dental	\$ 49.55	\$ 49.55	\$ 40.07	\$ 102.75
MetLife High Classic MAC	\$ 51.92	\$ 51.92	\$ 44.49	\$ 110.14
MetLife Low Classic MAC	\$ 29.48	\$ 29.48	\$ 25.28	\$ 62.16
Sun Life Preferred Active PPO	\$ 35.68	\$ 35.50	\$ 26.64	\$ 71.54

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	\$ 10.61	\$ 9.47	\$ 9.38	\$ 11.73
Superior Vision	\$ 7.55	\$ 7.49	\$ 7.10	\$ 14.59
Vision Care Direct	\$ 15.79	\$ 11.18	\$ 11.18	\$ 24.97
VSP (Vision Service Plan)	\$ 8.79	\$ 5.77	\$ 5.69	\$ 12.46

EGID policy states that one person must always pay the primary member premium. When a spouse, child or children are insured under a particular benefit but the primary member did not keep that benefit, one person is always billed the primary member rate..