

Biweekly Cumulative Plan Premiums for Current Employees

Plan Year Jan. 1-Dec. 31, 2024

| Biweekly Benefit Allowances | Employee | Employee & Spouse | Employee, Spouse & Child | Employee, Spouse & Children | Employee & Child | Employee & Children |
|-----------------------------|-----------|-------------------|--------------------------|-----------------------------|------------------|---------------------|
| | \$ 362.79 | \$ 682.90 | \$ 802.50 | \$ 879.13 | \$ 490.99 | \$ 580.33 |

Biweekly Plan Rates

| HEALTH | Employee | Employee & Spouse | Employee, Spouse & Child | Employee, Spouse & Children | Employee & Child | Employee & Children |
|--|-----------|-------------------|--------------------------|-----------------------------|------------------|---------------------|
| Blue Cross Blue Shield of Oklahoma – BlueLincs HMO | \$ 300.39 | \$ 713.38 | \$ 991.83 | \$ 1362.92 | \$ 578.84 | \$ 949.93 |
| CommunityCare HMO | \$ 325.03 | \$ 706.11 | \$ 869.60 | \$ 983.55 | \$ 488.52 | \$ 602.47 |
| GlobalHealth HMO | \$ 489.71 | \$ 1212.57 | \$ 1492.22 | \$ 1669.26 | \$ 769.36 | \$ 946.40 |
| HealthChoice High and High Alternative | \$ 339.81 | \$ 738.21 | \$ 909.14 | \$ 1028.26 | \$ 510.74 | \$ 629.86 |
| HealthChoice Basic and Basic Alternative | \$ 271.54 | \$ 590.20 | \$ 730.23 | \$ 827.06 | \$ 411.57 | \$ 508.40 |
| HealthChoice High Deductible Health Plan (HDHP) | \$ 236.84 | \$ 514.96 | \$ 637.29 | \$ 721.49 | \$ 359.17 | \$ 443.37 |
| TRICARE Supplement – Selman & Company | \$ 32.75 | \$ 64.75 | \$ 90.50 | \$ 90.50 | \$ 64.75 | \$ 90.50 |

| DENTAL | Employee | Employee & Spouse | Employee, Spouse & Child | Employee, Spouse & Children | Employee & Child | Employee & Children |
|------------------------------------|----------|-------------------|--------------------------|-----------------------------|------------------|---------------------|
| BCBSOK – BlueCare Dental High Plan | \$ 17.54 | \$ 35.08 | \$ 49.30 | \$ 71.34 | \$ 31.76 | \$ 53.80 |
| BCBSOK – BlueCare Dental Low Plan | \$ 11.92 | \$ 23.84 | \$ 34.14 | \$ 49.04 | \$ 22.22 | \$ 37.12 |
| Cigna Prepaid High (K1109) | \$ 6.78 | \$ 12.27 | \$ 16.47 | \$ 19.49 | \$ 10.98 | \$ 14.00 |
| Cigna Prepaid Low (OKIV9) | \$ 5.24 | \$ 8.64 | \$ 10.95 | \$ 13.85 | \$ 7.55 | \$ 10.45 |
| Delta Dental PPO | \$ 19.85 | \$ 39.70 | \$ 56.97 | \$ 83.35 | \$ 37.12 | \$ 63.50 |
| Delta Dental PPO – Choice | \$ 8.94 | \$ 29.19 | \$ 49.59 | \$ 78.70 | \$ 29.34 | \$ 58.45 |
| HealthChoice Dental | \$ 24.29 | \$ 48.58 | \$ 68.22 | \$ 98.95 | \$ 43.93 | \$ 74.66 |
| MetLife High Classic MAC | \$ 25.45 | \$ 50.90 | \$ 72.71 | \$ 104.89 | \$ 47.26 | \$ 79.44 |
| MetLife Low Classic MAC | \$ 14.45 | \$ 28.90 | \$ 41.29 | \$ 59.37 | \$ 26.84 | \$ 44.92 |
| Sun Life Preferred Active PPO | \$ 17.49 | \$ 34.89 | \$ 47.95 | \$ 69.96 | \$ 30.55 | \$ 52.56 |

| VISION | Employee | Employee & Spouse | Employee, Spouse & Child | Employee, Spouse & Children | Employee & Child | Employee & Children |
|-------------------------------------|----------|-------------------|--------------------------|-----------------------------|------------------|---------------------|
| Primary Vision Care Services (PVCS) | \$ 5.20 | \$ 9.84 | \$ 14.44 | \$ 15.59 | \$ 9.80 | \$ 10.95 |
| Superior Vision | \$ 3.70 | \$ 7.37 | \$ 10.85 | \$ 14.52 | \$ 7.18 | \$ 10.85 |
| Vision Care Direct | \$ 7.74 | \$ 13.22 | \$ 18.70 | \$ 25.46 | \$ 13.22 | \$ 19.98 |
| VSP (Vision Service Plan) | \$ 4.31 | \$ 7.14 | \$ 9.93 | \$ 13.25 | \$ 7.10 | \$ 10.42 |

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|-------------------|--------|--|--|--|--|--|
| DISABILITY | \$5.18 | | | | | |
|-------------------|--------|--|--|--|--|--|

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|-------------|------------------------------|--|--|--|--|--|
| LIFE | Basic Life (\$20,000) \$2.60 | | | First \$20,000 of Supplemental Life \$2.60 | | |
|-------------|------------------------------|--|--|--|--|--|

| SUPPLEMENTAL LIFE – Age-rated cost per additional \$20,000 unit | | | | | | |
|---|-----------------|--|----------------|--|----------------|--|
| <30 – \$0.60 | 30-34 – \$0.60 | | 35-39 – \$0.60 | | 40-44 – \$0.80 | |
| 45-49 – \$1.40 | 50-54 – \$2.60 | | 55-59 – \$4.00 | | 60-64 – \$4.60 | |
| 65-69 – \$7.40 | 70-74 – \$12.80 | | 75+ – \$19.60 | | | |

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|-----------------------|-------------------|--|------------------------|--|-----------------------|--|
| DEPENDENT LIFE | Low Option \$1.30 | | Standard Option \$2.16 | | Premier Option \$5.63 | |
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