

Monthly Cumulative Plan Premiums for Current Employees

Plan Year Jan. 1-Dec. 31, 2024

Monthly Benefit Allowances	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
	\$ 725.58	\$ 1,365.80	\$ 1,605.00	\$ 1,758.26	\$ 981.98	\$ 1,160.66

Monthly Plan Rates

HEALTH	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 600.78	\$ 1426.76	\$ 1983.66	\$ 2725.84	\$ 1157.68	\$ 1899.86
CommunityCare HMO	\$ 650.06	\$ 1412.22	\$ 1739.20	\$ 1967.10	\$ 977.04	\$ 1204.94
GlobalHealth HMO	\$ 979.42	\$ 2425.14	\$ 2984.44	\$ 3338.52	\$ 1538.72	\$ 1892.80
HealthChoice High and High Alternative	\$ 679.62	\$ 1476.42	\$ 1818.28	\$ 2056.52	\$ 1021.48	\$ 1259.72
HealthChoice Basic and Basic Alternative	\$ 543.08	\$ 1180.40	\$ 1460.46	\$ 1654.12	\$ 823.14	\$ 1016.80
HealthChoice High Deductible Health Plan (HDHP)	\$ 473.68	\$ 1029.92	\$ 1274.58	\$ 1442.98	\$ 718.34	\$ 886.74
TRICARE Supplement – Selman & Company	\$ 65.50	\$ 129.50	\$ 181.00	\$ 181.00	\$ 129.50	\$ 181.00

DENTAL	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
BCBSOK – BlueCare Dental High Plan	\$ 35.08	\$ 70.16	\$ 98.60	\$ 142.68	\$ 63.52	\$ 107.60
BCBSOK – BlueCare Dental Low Plan	\$ 23.84	\$ 47.68	\$ 68.28	\$ 98.08	\$ 44.44	\$ 74.24
Cigna Prepaid High (K1109)	\$ 13.56	\$ 24.54	\$ 32.94	\$ 38.98	\$ 21.96	\$ 28.00
Cigna Prepaid Low (OKIV9)	\$ 10.48	\$ 17.28	\$ 21.90	\$ 27.70	\$ 15.10	\$ 20.90
Delta Dental PPO	\$ 39.70	\$ 79.40	\$ 113.94	\$ 166.70	\$ 74.24	\$ 127.00
Delta Dental PPO – Choice	\$ 17.88	\$ 58.38	\$ 99.18	\$ 157.40	\$ 58.68	\$ 116.90
HealthChoice Dental	\$ 48.58	\$ 97.16	\$ 136.44	\$ 197.90	\$ 87.86	\$ 149.32
MetLife High Classic MAC	\$ 50.90	\$ 101.80	\$ 145.42	\$ 209.78	\$ 94.52	\$ 158.88
MetLife Low Classic MAC	\$ 28.90	\$ 57.80	\$ 82.58	\$ 118.74	\$ 53.68	\$ 89.84
Sun Life Preferred Active PPO	\$ 34.98	\$ 69.78	\$ 95.90	\$ 139.92	\$ 61.10	\$ 105.12

VISION	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Primary Vision Care Services (PVCS)	\$ 10.40	\$ 19.68	\$ 28.88	\$ 31.18	\$ 19.60	\$ 21.90
Superior Vision	\$ 7.40	\$ 14.74	\$ 21.70	\$ 29.04	\$ 14.36	\$ 21.70
Vision Care Direct	\$ 15.48	\$ 26.44	\$ 37.40	\$ 50.92	\$ 26.44	\$ 39.96
VSP (Vision Service Plan)	\$ 8.62	\$ 14.28	\$ 19.86	\$ 26.50	\$ 14.20	\$ 20.84

DISABILITY	\$10.36					
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LIFE	Basic Life (\$20,000) \$5.20			First \$20,000 of Supplemental Life \$5.20		
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SUPPLEMENTAL LIFE – Age-rated cost per additional \$20,000 unit						
<30 – \$1.20	30-34 – \$1.20	35-39 – \$1.20	40-44 – \$1.60			
45-49 – \$2.80	50-54 – \$5.20	55-59 – \$8.00	60-64 – \$9.20			
65-69 – \$14.80	70-74 – \$25.60	75+ – \$39.20				

DEPENDENT LIFE	Low Option \$2.60	Standard Option \$4.32	Premier Option \$11.26
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