

Monthly Premiums for Current Employees Plan Year Jan. 1-Dec. 31, 2021



OKLAHOMA
Office of Management
& Enterprise Services

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 593.50	\$ 876.10	\$ 320.66	\$ 523.60
CommunityCare HMO	\$ 1,067.28	\$ 1,554.62	\$ 543.58	\$ 869.74
GlobalHealth HMO	\$ 799.92	\$ 1,180.78	\$ 456.80	\$ 745.98
HealthChoice High and High Alternative	\$ 615.90	\$ 722.12	\$ 309.80	\$ 525.72
HealthChoice Basic and Basic Alternative	\$ 487.36	\$ 571.96	\$ 251.34	\$ 425.14
HealthChoice High Deductible Health Plan (HDHP)	\$ 422.26	\$ 495.86	\$ 218.10	\$ 368.22

TRICARE SUPPLEMENT	MEMBER	MEMBER + ONE	MEMBER + TWO OR MORE
Selman & Company	\$ 60.50	\$ 119.50	\$ 160.50

DISABILITY	\$ 10.36 (Limited city and county participation only)
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DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	\$ 38.04	\$ 38.04	\$ 30.80	\$ 78.72
BCBSOK – BlueCare Dental Low Plan	\$ 26.28	\$ 26.28	\$ 22.62	\$ 55.44
Cigna Prepaid High (K1109)	\$ 12.30	\$ 9.96	\$ 7.64	\$ 13.10
Cigna Prepaid Low (OKIV9)	\$ 9.50	\$ 6.18	\$ 4.20	\$ 9.46
Delta Dental PPO	\$ 38.04	\$ 38.04	\$ 33.10	\$ 83.68
Delta Dental PPO – Choice	\$ 15.68	\$ 35.56	\$ 35.82	\$ 86.96
HealthChoice Dental	\$ 41.72	\$ 41.72	\$ 33.72	\$ 86.50
MetLife High Classic MAC	\$ 48.60	\$ 48.60	\$ 41.64	\$ 103.10
MetLife Low Classic MAC	\$ 28.00	\$ 28.00	\$ 24.00	\$ 59.00
Sun Life Preferred Active PPO	\$ 36.18	\$ 36.00	\$ 27.00	\$ 72.56

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	\$ 10.40	\$ 9.28	\$ 9.20	\$ 11.50
Superior Vision	\$ 7.62	\$ 7.58	\$ 7.18	\$ 14.74
Vision Care Direct	\$ 15.90	\$ 11.26	\$ 11.26	\$ 22.74
VSP (Vision Service Plan)	\$ 8.72	\$ 5.78	\$ 5.70	\$ 12.48

LIFE	HealthChoice Basic Life (\$20,000) \$4.20	First \$20,000 of Supplemental Life \$4.20
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SUPPLEMENTAL LIFE – Age-Rated Cost Per \$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 \$9.42
Spouse	\$ 6,000 of coverage	\$ 10,000 of coverage	\$ 20,000 of coverage
Child (live birth to age 26)	\$ 3,000 of coverage	\$ 5,000 of coverage	\$ 10,000 of coverage

Dependent Life does not include Accidental Death and Dismemberment (AD&D).
For TRICARE Supplement Plan information for military only, refer to Page 5.

Monthly Cumulative Plan Premiums for Current Employees Plan Year Jan. 1-Dec. 31, 2021

HEALTH	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 593.50	\$ 1,469.60	\$ 1,790.26	\$ 1,993.20	\$ 914.16	\$ 1,117.10
CommunityCare HMO	\$ 1,067.28	\$ 2,621.90	\$ 3,165.48	\$ 3,491.64	\$ 1,610.86	\$ 1,937.02
GlobalHealth HMO	\$ 799.92	\$ 1,980.70	\$ 2,437.50	\$ 2,726.68	\$ 1,256.72	\$ 1,545.90
HealthChoice High and High Alternative	\$ 615.90	\$ 1,338.02	\$ 1,647.82	\$ 1,863.74	\$ 925.70	\$ 1,141.62
HealthChoice Basic and Basic Alternative	\$ 487.36	\$ 1,059.32	\$ 1,310.66	\$ 1,484.46	\$ 738.70	\$ 912.50
HealthChoice High Deductible Health Plan (HDHP)	\$ 422.26	\$ 918.12	\$ 1,136.22	\$ 1,286.34	\$ 640.36	\$ 790.48
TRICARE Supplement–Selman & Company	\$ 60.50	\$ 119.50	\$ 160.50	\$ 160.50	\$ 119.50	\$ 160.50

DENTAL	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
BCBSOK – BlueCare Dental High Plan	\$ 38.04	\$ 76.08	\$ 106.88	\$ 154.80	\$ 68.84	\$ 116.76
BCBSOK – BlueCare Dental Low Plan	\$ 26.28	\$ 52.56	\$ 75.18	\$ 108.00	\$ 48.90	\$ 81.72
Cigna Prepaid High (K1109)	\$ 12.30	\$ 22.26	\$ 29.90	\$ 35.36	\$ 19.94	\$ 25.40
Cigna Prepaid Low (OKIV9)	\$ 9.50	\$ 15.68	\$ 19.88	\$ 25.14	\$ 13.70	\$ 18.96
Delta Dental PPO	\$ 38.04	\$ 76.08	\$ 109.18	\$ 159.76	\$ 71.14	\$ 121.72
Delta Dental PPO – Choice	\$ 15.68	\$ 51.24	\$ 87.06	\$ 138.20	\$ 51.50	\$ 102.64
HealthChoice Dental	\$ 41.72	\$ 83.44	\$ 117.16	\$ 169.94	\$ 75.44	\$ 128.22
MetLife High Classic MAC	\$ 48.60	\$ 97.20	\$ 138.84	\$ 200.30	\$ 90.24	\$ 151.70
MetLife Low Classic MAC	\$ 28.00	\$ 56.00	\$ 80.00	\$ 115.00	\$ 52.00	\$ 87.00
Sun Life Preferred Active PPO	\$ 36.18	\$ 72.18	\$ 99.18	\$ 144.74	\$ 63.18	\$ 108.74

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	\$ 7.62	\$ 15.20	\$ 22.38	\$ 29.94	\$ 14.80	\$ 22.36
Vision Care Direct	\$ 15.90	\$ 27.16	\$ 38.42	\$ 49.90	\$ 27.16	\$ 38.64
VSP (Vision Service Plan)	\$ 8.72	\$ 14.50	\$ 20.20	\$ 26.98	\$ 14.42	\$ 21.20