

Monthly Premiums for Current Employees Plan Year Jan. 1-Dec. 31, 2025



HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 642.84	\$ 883.80	\$ 595.88	\$ 1,390.02
CommunityCare HMO	\$ 702.72	\$ 823.90	\$ 386.50	\$ 655.88
GlobalHealth HMO	\$ 1,035.70	\$ 1,528.78	\$ 591.44	\$ 965.86
HealthChoice High and High Alternative	\$ 707.00	\$ 828.88	\$ 355.62	\$ 603.46
HealthChoice Basic and Basic Alternative	\$ 564.72	\$ 662.72	\$ 291.22	\$ 492.62
HealthChoice High Deductible Health Plan (HDHP)	\$ 492.80	\$ 578.68	\$ 254.52	\$ 429.72

TRICARE SUPPLEMENT	MEMBER	MEMBER + ONE	MEMBER + TWO OR MORE
Selman & Company	\$ 65.50	\$ 129.50	\$ 181.00

DISABILITY (Employee only)	\$ 10.36 (Limited city and county participation only)
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DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	\$ 37.58	\$ 37.58	\$ 30.46	\$ 77.68
BCBSOK – BlueCare Dental Low Plan	\$ 23.84	\$ 23.84	\$ 20.60	\$ 50.40
Cigna Prepaid High (K1I09)	\$ 13.56	\$ 10.98	\$ 8.40	\$ 14.44
Cigna Prepaid Low (OKIV9)	\$ 10.48	\$ 6.80	\$ 4.62	\$ 10.42
Delta Dental PPO	\$ 37.72	\$ 37.72	\$ 32.82	\$ 82.94
Delta Dental PPO – Choice	\$ 17.88	\$ 40.50	\$ 40.80	\$ 99.02
HealthChoice Dental	\$ 48.58	\$ 48.58	\$ 39.28	\$ 100.74
MetLife High Classic MAC	\$ 53.22	\$ 53.22	\$ 45.60	\$ 112.94
MetLife Low Classic MAC	\$ 30.20	\$ 30.20	\$ 25.90	\$ 63.74
Sun Life Preferred Active PPO	\$ 37.08	\$ 36.90	\$ 27.70	\$ 74.36

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	\$ 10.40	\$ 9.28	\$ 9.20	\$ 11.50
Superior Vision	\$ 7.40	\$ 7.34	\$ 6.96	\$ 14.30
Vision Care Direct	\$ 15.48	\$ 10.96	\$ 10.96	\$ 24.48
VSP (Vision Service Plan)	\$ 8.62	\$ 5.66	\$ 5.58	\$ 12.22

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
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).

2025 Current Employee Monthly Cumulative Premiums

HEALTH	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 642.84	\$ 1,526.64	\$ 2,122.52	\$ 2,916.66	\$ 1,238.72	\$ 2,032.86
CommunityCare HMO	\$ 702.72	\$ 1,526.62	\$ 1,913.12	\$ 2,182.50	\$ 1,089.22	\$ 1,358.60
GlobalHealth HMO	\$ 1,035.70	\$ 2,564.48	\$ 3,155.92	\$ 3,530.34	\$ 1,627.14	\$ 2,001.56
HealthChoice High and High Alternative	\$ 707.00	\$ 1,535.88	\$ 1,891.50	\$ 2,139.34	\$ 1,062.62	\$ 1,310.46
HealthChoice Basic and Basic Alternative	\$ 564.72	\$ 1,227.44	\$ 1,518.66	\$ 1,720.06	\$ 855.94	\$ 1,057.34
HealthChoice High Deductible Plan (HDHP)	\$ 492.80	\$ 1,071.48	\$ 1,326.00	\$ 1,501.20	\$ 747.32	\$ 922.52
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	\$ 37.58	\$ 75.16	\$ 105.62	\$ 152.84	\$ 68.04	\$ 115.26
BCBSOK – BlueCare Dental Low Plan	\$ 23.84	\$ 47.68	\$ 68.28	\$ 98.08	\$ 44.44	\$ 74.24
Cigna Prepaid High (K1I09)	\$ 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	\$ 37.72	\$ 75.44	\$ 108.26	\$ 158.38	\$ 70.54	\$ 120.66
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	\$ 53.22	\$ 106.44	\$ 152.04	\$ 219.38	\$ 98.82	\$ 166.16
MetLife Low Classic MAC	\$ 30.20	\$ 60.40	\$ 86.30	\$ 124.14	\$ 56.10	\$ 93.94
Sun Life Preferred Active PPO	\$ 37.08	\$ 73.98	\$ 101.68	\$ 148.34	\$ 64.78	\$ 111.44

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