

# Monthly Premiums for COBRA Participants

## Plan Year Jan. 1-Dec. 31, 2025



| HEALTH PLANS                                       | MEMBER      | SPOUSE      | CHILD     | CHILDREN    |
|--|-------------|-------------|-----------|-------------|
| Blue Cross Blue Shield of Oklahoma – BlueLincs HMO | \$ 655.70   | \$ 901.48   | \$ 607.80 | \$ 1,417.82 |
| CommunityCare HMO                                  | \$ 716.77   | \$ 840.38   | \$ 394.23 | \$ 669.00   |
| GlobalHealth HMO                                   | \$ 1,056.41 | \$ 1,559.36 | \$ 603.27 | \$ 985.18   |
| HealthChoice High and High Alternative             | \$ 721.14   | \$ 845.46   | \$ 362.73 | \$ 615.53   |
| HealthChoice Basic and Basic Alternative           | \$ 576.01   | \$ 675.97   | \$ 297.04 | \$ 502.47   |
| HealthChoice High Deductible Health Plan (HDHP)    | \$ 502.66   | \$ 590.25   | \$ 259.61 | \$ 438.31   |

| DENTAL PLANS                       | MEMBER   | SPOUSE   | CHILD    | CHILDREN  |
|------------------------------------|----------|----------|----------|-----------|
| BCBSOK – BlueCare Dental High Plan | \$ 38.33 | \$ 38.33 | \$ 31.07 | \$ 79.23  |
| 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                   | \$ 38.47 | \$ 38.47 | \$ 33.48 | \$ 84.60  |
| 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           | \$ 54.28 | \$ 54.28 | \$ 46.51 | \$ 115.20 |
| MetLife Low Classic MAC            | \$ 30.80 | \$ 30.80 | \$ 26.42 | \$ 65.01  |
| Sun Life Preferred Active PPO      | \$ 37.82 | \$ 37.64 | \$ 28.25 | \$ 75.85  |

| 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.