

Monthly Premiums for Former Employees and Surviving Dependents 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

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 K1109	\$ 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 PLAN FOR PRE-MEDICARE RETIREES/VESTED MEMBERS

From \$5,000 to \$40,000 \$3.12 Per \$1,000 unit

AGE-RATED SUPPLEMENTAL LIFE – Cost per \$1,000 unit for \$41,000 and up

<30 – \$0.06	30-34 – \$0.06	35-39 – \$0.06	40-44 – \$0.08
45-49 – \$0.14	50-54 – \$0.26	55-59 – \$0.40	60-64 – \$0.46
65-69 – \$0.74	70-74 – \$1.28	75+ – \$1.96	

DEPENDENT LIFE \$1.56 per \$500 unit, per dependent

MONTHLY LIFE INSURANCE PREMIUMS FOR SURVIVING DEPENDENTS

Surviving Dependents of Current Employees	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
Surviving Dependents of Former Employees	\$1.56 per \$500 unit, per dependent		

These rates do not reflect any retirement system contribution.