## Monthly Premiums for Medicare Eligible Members Plan Year Jan. 1-Dec. 31, 2025



MEDICARE SUPPLEMENT PLANS			
BCBSOK – BlueSecure <sup>SM</sup>	\$ 507.84 per covered person		
HealthChoice SilverScript High Option Medicare Supplement	\$ 437.00 per covered person		
HealthChoice SilverScript Low Option Medicare Supplement	\$ 356.06 per covered person		

MEDICARE ADVANTAGE PRESCRIPTION DRUG (MAPD) PLANS			
BCBSOK - MAPD	\$ 252.72 per covered person		
CommunityCare Senior Health Plan	\$ 220.00 per covered person		
Generations by GlobalHealth	\$ 195.00 per covered person		
Humana MAPD PPO	\$ 250.38 per covered person		

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

\$1.56 per \$500 unit, per dependent

These rates do not reflect any contribution from your retirement system.

**DEPENDENT LIFE**