

Monthly Premiums for Current Employees
Plan Year Jan. 1-Dec. 31, 2026



HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 703.92	\$ 967.76	\$ 652.50	\$ 1,522.08
CommunityCare HMO	\$ 693.84	\$ 935.50	\$ 447.62	\$ 759.62
GlobalHealth HMO	\$ 1,086.02	\$ 1,603.04	\$ 620.18	\$ 1,012.78
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	\$ 37.40	\$ 37.40	\$ 30.30	\$ 77.30
BCBSOK – BlueCare Dental Low Plan	\$ 23.72	\$ 23.72	\$ 20.50	\$ 50.16
Cigna Prepaid High (K1I09)	\$ 14.24	\$ 11.54	\$ 8.82	\$ 15.16
Cigna Prepaid Low (OKIV9)	\$ 11.00	\$ 7.14	\$ 4.86	\$ 10.94
Delta Dental PPO	\$ 39.98	\$ 39.98	\$ 34.78	\$ 87.92
Delta Dental PPO – Choice	\$ 18.60	\$ 42.12	\$ 42.44	\$ 102.98
HealthChoice Dental	\$ 48.58	\$ 48.58	\$ 39.28	\$ 100.74
MetLife High Classic MAC	\$ 54.28	\$ 54.28	\$ 46.50	\$ 115.20
MetLife Low Classic MAC	\$ 30.20	\$ 30.20	\$ 25.90	\$ 63.74
Sun Life Preferred Active PPO	\$ 39.30	\$ 39.10	\$ 29.36	\$ 78.82

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).			

2026 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	\$ 703.92	\$ 1,671.68	\$ 2,324.18	\$ 3,193.76	\$ 1,356.42	\$ 2,226.00
CommunityCare HMO	\$ 693.84	\$ 1,629.34	\$ 2,076.96	\$ 2,388.96	\$ 1,141.46	\$ 1,453.46
GlobalHealth HMO	\$ 1,086.02	\$ 2,689.06	\$ 3,309.24	\$ 3,701.84	\$ 1,706.20	\$ 2,098.80
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	\$ 37.40	\$ 74.80	\$ 105.10	\$ 152.10	\$ 67.70	\$ 114.70
BCBSOK – BlueCare Dental Low Plan	\$ 23.72	\$ 47.44	\$ 67.94	\$ 97.60	\$ 44.22	\$ 73.88
Cigna Prepaid High (K1I09)	\$ 14.24	\$ 25.78	\$ 34.60	\$ 40.94	\$ 23.06	\$ 29.40
Cigna Prepaid Low (OKIV9)	\$ 11.00	\$ 18.14	\$ 23.00	\$ 29.08	\$ 15.86	\$ 21.94
Delta Dental PPO	\$ 39.98	\$ 79.96	\$ 114.74	\$ 167.88	\$ 74.76	\$ 127.90
Delta Dental PPO – Choice	\$ 18.60	\$ 60.72	\$ 103.16	\$ 163.70	\$ 61.04	\$ 121.58
HealthChoice Dental	\$ 48.58	\$ 97.16	\$ 136.44	\$ 197.90	\$ 87.86	\$ 149.32
MetLife High Classic MAC	\$ 54.28	\$ 108.56	\$ 155.06	\$ 223.76	\$ 100.78	\$ 169.48
MetLife Low Classic MAC	\$ 30.20	\$ 60.40	\$ 86.30	\$ 124.14	\$ 56.10	\$ 93.94
Sun Life Preferred Active PPO	\$ 39.30	\$ 78.40	\$ 107.76	\$ 157.22	\$ 68.66	\$ 118.12

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