Monthly Premiums for COBRA Participants
Plan Year Jan. 1-Dec. 31, 2026

OKLAHOMA
Employees Group
Insurance Division

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	$ 718.00	$ 987.12	$ 665.55	$ 1,552.52
CommunityCare HMO	$ 707.72	$ 954.21	$ 456.57	$ 774.81
GlobalHealth HMO	$ 1,107.74	$ 1,635.10	$ 632.58	$ 1,033.04
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	$ 38.15	$ 38.15	$ 30.91	$ 78.85
BCBSOK – BlueCare Dental Low Plan	$ 24.19	$ 24.19	$ 20.91	$ 51.16
Cigna Prepaid High (K1I09)	$ 14.52	$ 11.77	$ 9.00	$ 15.46
Cigna Prepaid Low (OKIV9)	$ 11.22	$ 7.28	$ 4.96	$ 11.16
Delta Dental PPO	$ 40.78	$ 40.78	$ 35.48	$ 89.68
Delta Dental PPO – Choice	$ 18.97	$ 42.96	$ 43.29	$ 105.04
HealthChoice Dental	$ 49.55	$ 49.55	$ 40.07	$ 102.75
MetLife High Classic MAC	$ 55.37	$ 55.37	$ 47.43	$ 117.50
MetLife Low Classic MAC	$ 30.80	$ 30.80	$ 26.42	$ 65.01
Sun Life Preferred Active PPO	$ 40.09	$ 39.88	$ 29.95	$ 80.40

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.