

Monthly Premiums for Former Employees and Surviving Dependents 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

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 K1109	\$ 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 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.