

Monthly Premiums for Medicare Eligible Members Plan Year Jan. 1-Dec. 31, 2026



MEDICARE SUPPLEMENT PLANS

BCBSOK – BlueSecureSM	\$ 568.78 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	\$ 268.10 per covered person
CommunityCare Senior Health Plan	\$ 217.00 per covered person
Generations by GlobalHealth	\$ 220.00 per covered person
Humana MAPD PPO	\$ 273.42 per covered person

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

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

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