

# Monthly Premiums for Current Employees Plan Year Jan. 1-Dec. 31, 2021



**OKLAHOMA**  
Office of Management  
& Enterprise Services

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma–BlueLincs HMO	\$593.50	\$876.10	\$320.66	\$523.60
CommunityCare HMO	\$1,067.28	\$1,554.62	\$543.58	\$869.74
GlobalHealth HMO	\$799.92	\$1,180.78	\$456.80	\$745.98
HealthChoice High and High Alternative	\$615.90	\$722.12	\$309.80	\$525.72
HealthChoice Basic and Basic Alternative	\$487.36	\$571.96	\$251.34	\$425.14
HealthChoice High Deductible Health Plan (HDHP)	\$422.26	\$495.86	\$218.10	\$368.22

TRICARE SUPPLEMENT	MEMBER	MEMBER + ONE	MEMBER + TWO OR MORE
Selman & Company	\$60.50	\$119.50	\$160.50

DISABILITY	\$10.36 (Limited city and county participation only)

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK–BlueCare Dental High Plan	\$38.04	\$38.04	\$30.80	\$78.72
BCBSOK–BlueCare Dental Low Plan	\$26.28	\$26.28	\$22.62	\$55.44
Cigna Prepaid High (K1109)	\$12.30	\$9.96	\$7.64	\$13.10
Cigna Prepaid Low (OKIV9)	\$9.50	\$6.18	\$4.20	\$9.46
Delta Dental PPO	\$38.04	\$38.04	\$33.10	\$83.68
Delta Dental PPO – Choice	\$15.68	\$35.56	\$35.82	\$86.96
HealthChoice Dental	\$41.72	\$41.72	\$33.72	\$86.50
MetLife High Classic MAC	\$48.60	\$48.60	\$41.64	\$103.10
MetLife Low Classic MAC	\$28.00	\$28.00	\$24.00	\$59.00
Sun Life Preferred Active PPO	\$36.18	\$36.00	\$27.00	\$72.56

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	\$10.40	\$9.28	\$9.20	\$11.50
Superior Vision	\$7.62	\$7.58	\$7.18	\$14.74
Vision Care Direct	\$15.90	\$11.26	\$11.26	\$22.74
VSP (Vision Service Plan)	\$8.72	\$5.78	\$5.70	\$12.48

LIFE	HealthChoice Basic Life (\$20,000) \$4.20	First \$20,000 of Supplemental Life \$4.20

SUPPLEMENTAL LIFE–Age-Rated Cost Per \$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 \$9.42
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).  
For TRICARE Supplement Plan information for military only, refer to Page 5.