## Monthly Premiums for Former Employees and Surviving Dependents Plan Year Jan. 1-Dec. 31, 2024



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HEALTH PLANS		MEMBER	R SPOUSE	CHILD	CHILDREN	
Blue Cross Blue Shield of Oklah	noma – BlueLincs HMO	\$ 600.78	\$ 825.98	\$ 556.90	\$ 1299.08	
CommunityCare HMO		\$ 650.06	\$ 762.16	\$ 326.98	\$ 554.88	
GlobalHealth HMO		\$ 979.42	\$ 1445.72	\$ 559.30	\$ 913.38	
HealthChoice High and High Alt	ernative	\$ 679.62	\$ 796.80	\$ 341.86	\$ 580.10	
HealthChoice Basic and Basic A	Alternative	\$ 543.08	\$ 637.32	\$ 280.06	\$ 473.72	
HealthChoice High Deductibl	e Health Plan (HDHP)	\$ 473.68	\$ 556.24	\$ 244.66	\$ 413.06	
DENTAL PLANS		MEMBER	R SPOUSE	CHILD	CHILDRE	
BCBSOK – BlueCare Dental Hig	ıh Plan	\$ 35.08	\$ 35.08	\$ 28.44	\$ 72.52	
BCBSOK - BlueCare Dental Lo	w Plan	\$ 23.84	\$ 23.84	\$ 20.60	\$ 50.40	
Cigna Prepaid High (K1I09)		\$ 13.56	\$ 10.98	\$ 8.40	\$ 14.44	
Cigna Prepaid Low (OKIV9)		\$ 10.48	\$ 6.80	\$ 4.62	\$ 10.42	
Delta Dental PPO		\$ 39.70	\$ 39.70	\$ 34.54	\$ 87.30	
Delta Dental PPO - Choice		\$ 17.88	\$ 40.50	\$ 40.80	\$ 99.02	
HealthChoice Dental		\$ 48.58	\$ 48.58	\$ 39.28	\$ 100.74	
WetLife High Classic MAC		\$ 50.90	\$ 50.90	\$ 43.62	\$ 107.98	
MetLife Low Classic MAC		\$ 28.90	\$ 28.90	\$ 24.78	\$ 60.94	
Sun Life Preferred Active PPO		\$ 34.98	\$ 34.80	\$ 26.12	\$ 70.14	
VISION PLANS		MEMBER	R SPOUSE	CHILD	CHILDRE	
Primary Vision Care Services (P	VCS)	\$ 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-MED	DICARE RETIREES/VE	STED MEMBER	S			
From \$5,000 to \$40,000			\$3.12 Per \$1,000 unit			
AGE-RATED SUPPLEMENTAL	LIFE - Cost per \$1,000 uni	it for \$41,000 and up	)			
<30 - \$0.06	30-34 - \$0.06	3	5-39 - \$0.06		40-44 – \$0.08	
45-49 - \$0.14	50-54 - \$0.26	5	5-59 - \$0.40	60-64 - \$0.46		
65-69 - \$0.74	70-74 – \$1.28	7	5+ - \$1.96			
DEPENDENT LIFE		\$1.56	6 per \$500 unit, per dep	pendent		
MONTHLY LIFE INSURAN	CE PREMIUMS FOR S	URVIVING DEPI	ENDENTS			
		ow Option \$2.60	Standard Option \$4		Premier Option \$11.26	
Spouse	\$ 6,	000 of coverage	\$ 10,000 of coverage	ge \$ 20,0	000 of coverage	

\$3,000 of coverage

These rates do not reflect any retirement system contribution.

Child (live birth to age 26)

**Surviving Dependents of Former Employees** 

\$10,000 of coverage

\$ 5,000 of coverage \$1.56 per \$500 unit, per dependent