

Monthly Premiums for Medicare Eligible Members Plan Year Jan. 1-Dec. 31, 2024



OKLAHOMA
Office of Management
& Enterprise Services

MEDICARE SUPPLEMENT PLANS

BCBSOK – BlueSecure SM	\$ 466.02 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	\$ 238.40 per covered person
CommunityCare Senior Health Plan	\$ 215.64 per covered person
Generations by GlobalHealth	\$ 199.00 per covered person
Humana MAPD PPO	\$ 192.92 per covered person

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	\$ 35.08	\$ 35.08	\$ 28.44	\$ 72.52
BCBSOK – BlueCare Dental Low 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
MetLife 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	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
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These rates do not reflect any contribution from your retirement system.