

Biweekly Cumulative Plan Premiums for Current Employees

Plan Year Jan. 1-Dec. 31, 2025

Biweekly Benefit Allowances	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
	\$ 376.79	\$ 687.62	\$ 820.98	\$ 913.92	\$ 510.15	\$ 603.09

Biweekly Plan Rates

HEALTH	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Blue Cross Blue Shield of Oklahoma - BlueLincs HMO	\$ 321.42	\$ 763.32	\$ 1,061.26	\$ 1,458.33	\$ 619.36	\$ 1,016.43
CommunityCare HMO	\$ 351.36	\$ 763.31	\$ 956.56	\$ 1,091.25	\$ 544.61	\$ 679.30
GlobalHealth HMO	\$ 517.85	\$ 1,282.24	\$ 1,577.96	\$ 1,765.17	\$ 813.57	\$ 1,000.78
HealthChoice High and High Alternative	\$ 353.50	\$ 767.94	\$ 945.75	\$ 1,069.67	\$ 531.31	\$ 655.23
HealthChoice Basic and Basic Alternative	\$ 282.36	\$ 613.72	\$ 759.33	\$ 860.03	\$ 427.97	\$ 528.67
HealthChoice High Deductible Health Plan (HDHP)	\$ 246.40	\$ 535.74	\$ 663.00	\$ 750.60	\$ 373.66	\$ 461.26
TRICARE Supplement – Selman & Company	\$ 32.75	\$ 64.75	\$ 90.50	\$ 90.50	\$ 64.75	\$ 90.50

DENTAL	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
BCBSOK - BlueCare Dental High Plan	\$ 18.79	\$ 37.58	\$ 52.81	\$ 76.42	\$ 34.02	\$ 57.63
BCBSOK - BlueCare Dental Low Plan	\$ 11.92	\$ 23.84	\$ 34.14	\$ 49.04	\$ 22.22	\$ 37.12
Cigna Prepaid High (K1109)	\$ 6.78	\$ 12.27	\$ 16.47	\$ 19.49	\$ 10.98	\$ 14.00
Cigna Prepaid Low (OKIV9)	\$ 5.24	\$ 8.64	\$ 10.95	\$ 13.85	\$ 7.55	\$ 10.45
Delta Dental PPO	\$ 18.86	\$ 37.72	\$ 54.13	\$ 79.19	\$ 35.27	\$ 60.33
Delta Dental PPO - Choice	\$ 8.94	\$ 29.19	\$ 49.59	\$ 78.70	\$ 29.34	\$ 58.45
HealthChoice Dental	\$ 24.29	\$ 48.58	\$ 68.22	\$ 98.95	\$ 43.93	\$ 74.66
MetLife High Classic MAC	\$ 26.61	\$ 53.22	\$ 76.02	\$ 109.69	\$ 49.41	\$ 83.08
MetLife Low Classic MAC	\$ 15.10	\$ 30.20	\$ 43.15	\$ 62.07	\$ 28.05	\$ 46.97
Sun Life Preferred Active PPO	\$ 18.54	\$ 36.99	\$ 50.84	\$ 74.17	\$ 32.39	\$ 55.72

VISION	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Primary Vision Care Services (PVCS)	\$ 5.20	\$ 9.84	\$ 14.44	\$ 15.59	\$ 9.80	\$ 10.95
Superior Vision	\$ 3.70	\$ 7.37	\$ 10.85	\$ 14.52	\$ 7.18	\$ 10.85
Vision Care Direct	\$ 7.74	\$ 13.22	\$ 18.70	\$ 25.46	\$ 13.22	\$ 19.98
VSP (Vision Service Plan)	\$ 4.31	\$ 7.14	\$ 9.93	\$ 13.25	\$ 7.10	\$ 10.42

DISABILITY	\$5.18					
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LIFE	Basic Life (\$20,000) \$2.60			First \$20,000 of Supplemental Life \$2.60		
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SUPPLEMENTAL LIFE – Age-rated cost per additional \$20,000 unit						
<30 – \$0.60	30-34 – \$0.60	35-39 – \$0.60	40-44 – \$0.80	45-49 – \$1.40	50-54 – \$2.60	55-59 – \$4.00
60-64 – \$4.60	65-69 – \$7.40	70-74 – \$12.80	75+ – \$19.60			

DEPENDENT LIFE	Low Option \$1.30	Standard Option \$2.16	Premier Option \$5.63
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