

Monthly Premiums for COBRA Participants Plan Year Jan. 1-Dec. 31, 2025



OKLAHOMA
Office of Management
& Enterprise Services

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma – BlueLincs HMO	\$ 655.70	\$ 901.48	\$ 607.80	\$ 1,417.82
CommunityCare HMO	\$ 716.77	\$ 840.38	\$ 394.23	\$ 669.00
GlobalHealth HMO	\$ 1,056.41	\$ 1,559.36	\$ 603.27	\$ 985.18
HealthChoice High and High Alternative	\$ 721.14	\$ 845.46	\$ 362.73	\$ 615.53
HealthChoice Basic and Basic Alternative	\$ 576.01	\$ 675.97	\$ 297.04	\$ 502.47
HealthChoice High Deductible Health Plan (HDHP)	\$ 502.66	\$ 590.25	\$ 259.61	\$ 438.31

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
BCBSOK – BlueCare Dental High Plan	\$ 38.33	\$ 38.33	\$ 31.07	\$ 79.23
BCBSOK – BlueCare Dental Low Plan	\$ 24.32	\$ 24.32	\$ 21.01	\$ 51.41
Cigna Prepaid High (K1I09)	\$ 13.83	\$ 11.20	\$ 8.57	\$ 14.73
Cigna Prepaid Low (OKIV9)	\$ 10.69	\$ 6.94	\$ 4.71	\$ 10.63
Delta Dental PPO	\$ 38.47	\$ 38.47	\$ 33.48	\$ 84.60
Delta Dental PPO – Choice	\$ 18.24	\$ 41.31	\$ 41.62	\$ 101.00
HealthChoice Dental	\$ 49.55	\$ 49.55	\$ 40.07	\$ 102.75
MetLife High Classic MAC	\$ 54.28	\$ 54.28	\$ 46.51	\$ 115.20
MetLife Low Classic MAC	\$ 30.80	\$ 30.80	\$ 26.42	\$ 65.01
Sun Life Preferred Active PPO	\$ 37.82	\$ 37.64	\$ 28.25	\$ 75.85

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	\$ 10.61	\$ 9.47	\$ 9.38	\$ 11.73
Superior Vision	\$ 7.55	\$ 7.49	\$ 7.10	\$ 14.59
Vision Care Direct	\$ 15.79	\$ 11.18	\$ 11.18	\$ 24.97
VSP (Vision Service Plan)	\$ 8.79	\$ 5.77	\$ 5.69	\$ 12.46

EGID policy states that one person must always pay the primary member premium. When a spouse, child or children are insured under a particular benefit but the primary member did not keep that benefit, one person is always billed the primary member rate.