Monthly Cumulative Plan Premiums for Current Employees
Plan Year Jan. 1-Dec. 31, 2026

Monthly Benefit Allowances	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
	$ 754.30	$ 1,375.96	$ 1,642.68	$ 1,828.56	$ 1,021.02	$ 1,206.90

Monthly Plan Rates

HEALTH	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Blue Cross Blue Shield of Oklahoma - BlueLincs HMO	$ 703.92	$ 1,671.68	$ 2,324.18	$ 3,193.76	$ 1,356.42	$ 2,226.00
CommunityCare HMO	$ 693.84	$ 1,629.34	$ 2,076.96	$ 2,388.96	$ 1,141.46	$ 1,453.46
GlobalHealth HMO	$ 1,086.02	$ 2,689.06	$ 3,309.24	$ 3,701.84	$ 1,706.20	$ 2,098.80
HealthChoice High and High Alternative	$ 707.00	$ 1,535.88	$ 1,891.50	$ 2,139.34	$ 1,062.62	$ 1,310.46
HealthChoice Basic and Basic Alternative	$ 564.72	$ 1,227.44	$ 1,518.66	$ 1,720.06	$ 855.94	$ 1,057.34
HealthChoice High Deductible Health Plan (HDHP)	$ 492.80	$ 1,071.48	$ 1,326.00	$ 1,501.20	$ 747.32	$ 922.52
TRICARE Supplement – Selman & Company	$ 65.50	$ 129.50	$ 181.00	$ 181.00	$ 129.50	$ 181.00

DENTAL	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
BCBSOK - BlueCare Dental High Plan	$ 37.40	$ 74.80	$ 105.10	$ 152.10	$ 67.70	$ 114.70
BCBSOK - BlueCare Dental Low Plan	$ 23.72	$ 47.44	$ 67.94	$ 97.60	$ 44.22	$ 73.88
Cigna Prepaid High (K1I09)	$ 14.24	$ 25.78	$ 34.60	$ 40.94	$ 23.06	$ 29.40
Cigna Prepaid Low (OKIV9)	$ 11.00	$ 18.14	$ 23.00	$ 29.08	$ 15.86	$ 21.94
Delta Dental PPO	$ 39.98	$ 79.96	$ 114.74	$ 167.88	$ 74.76	$ 127.90
Delta Dental PPO - Choice	$ 18.60	$ 60.72	$ 103.16	$ 163.70	$ 61.04	$ 121.58
HealthChoice Dental	$ 48.58	$ 97.16	$ 136.44	$ 197.90	$ 87.86	$ 149.32
MetLife High Classic MAC	$ 54.28	$ 108.56	$ 155.06	$ 223.76	$ 100.78	$ 169.48
MetLife Low Classic MAC	$ 30.20	$ 60.40	$ 86.30	$ 124.14	$ 56.10	$ 93.94
Sun Life Preferred Active PPO	$ 39.30	$ 78.40	$ 107.76	$ 157.22	$ 68.66	$ 118.12

VISION	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Primary Vision Care Services (PVCS)	$ 10.40	$ 19.68	$ 28.88	$ 31.18	$ 19.60	$ 21.90
Superior Vision	$ 7.40	$ 14.74	$ 21.70	$ 29.04	$ 14.36	$ 21.70
Vision Care Direct	$ 15.48	$ 26.44	$ 37.40	$ 50.92	$ 26.44	$ 39.96
VSP (Vision Service Plan)	$ 8.62	$ 14.28	$ 19.86	$ 26.50	$ 14.20	$ 20.84

DISABILITY	$10.36	
LIFE	Basic Life ($20,000) $5.20	First $20,000 of Supplemental Life $5.20

SUPPLEMENTAL LIFE – Age-rated cost per additional $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 $11.26