

# Biweekly Cumulative Plan Premiums for Current Employees

## Plan Year Jan. 1 - Dec. 31, 2020

### Biweekly Benefit Allowances

	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
	\$ 330.36	\$ 656.38	\$ 771.33	\$ 838.98	\$ 446.53	\$ 527.50

### 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	\$ 279.95	\$ 693.20	\$ 844.45	\$ 940.18	\$ 431.20	\$ 526.93
CommunityCare HMO	\$ 485.17	\$ 1,191.88	\$ 1,438.98	\$ 1,587.25	\$ 732.27	\$ 880.54
GlobalHealth HMO	\$ 355.37	\$ 879.94	\$ 1,082.88	\$ 1,211.35	\$ 558.31	\$ 686.78
HealthChoice High and High Alternative	\$ 307.95	\$ 669.01	\$ 823.91	\$ 931.87	\$ 462.85	\$ 570.81
HealthChoice Basic and Basic Alternative	\$ 243.68	\$ 529.66	\$ 655.33	\$ 742.23	\$ 369.35	\$ 456.25
HealthChoice High Deductible Health Plan (HDHP)	\$ 211.13	\$ 459.06	\$ 568.11	\$ 643.17	\$ 320.18	\$ 395.24
TRICARE Supplement	\$ 30.25	\$ 59.75	\$ 80.25	\$ 80.25	\$ 59.75	\$ 80.25

DENTAL	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Cigna Dental Care Plan (Prepaid)	\$ 4.72	\$ 7.81	\$ 9.91	\$ 12.54	\$ 6.82	\$ 9.45
Delta Dental PPO	\$ 18.46	\$ 36.92	\$ 52.98	\$ 77.54	\$ 34.52	\$ 59.08
Delta Dental PPO – Choice	\$ 7.84	\$ 25.62	\$ 43.53	\$ 69.10	\$ 25.75	\$ 51.32
HealthChoice Dental	\$ 20.86	\$ 41.72	\$ 58.58	\$ 84.97	\$ 37.72	\$ 64.11
MetLife High Classic MAC	\$ 24.27	\$ 48.54	\$ 69.33	\$ 100.06	\$ 45.06	\$ 75.79
MetLife Low Classic MAC	\$ 13.98	\$ 27.96	\$ 39.93	\$ 57.43	\$ 25.95	\$ 43.45
Sun Life Preferred Active PPO	\$ 15.73	\$ 31.38	\$ 43.12	\$ 62.93	\$ 27.47	\$ 47.28

VISION	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Primary Vision Care Services (PVCS)	\$ 4.99	\$ 9.63	\$ 14.23	\$ 15.38	\$ 9.59	\$ 10.74
Superior Vision	\$ 3.81	\$ 7.60	\$ 11.19	\$ 14.97	\$ 7.40	\$ 11.18
Vision Care Direct	\$ 7.95	\$ 13.58	\$ 19.21	\$ 24.95	\$ 13.58	\$ 19.32
VSP (Vision Service Plan)	\$ 4.36	\$ 7.25	\$ 10.10	\$ 13.49	\$ 7.21	\$ 10.60

<b>DISABILITY</b>	\$ 5.18 (Limited city and county participation only)					
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<b>LIFE</b>	HealthChoice Basic Life (\$20,000) \$ 2.10		First \$20,000 of Supplemental Life \$ 2.10			
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SUPPLEMENTAL LIFE — Age Rated Cost Per \$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		

<b>DEPENDENT LIFE</b>	Low Option \$ 1.30	Standard Option \$ 2.16	Premier Option \$ 4.71
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