

Monthly Cumulative Plan Premiums for Current Employees

Plan Year Jan. 1 - Dec. 31, 2020

Monthly Benefit Allowances

	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
	\$ 660.71	\$ 1,312.75	\$ 1,542.66	\$ 1,677.96	\$ 893.06	\$ 1,055.00

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	\$ 559.90	\$ 1,386.40	\$ 1,688.90	\$ 1,880.36	\$ 862.40	\$ 1,053.86
CommunityCare HMO	\$ 970.34	\$ 2,383.76	\$ 2,877.96	\$ 3,174.50	\$ 1,464.54	\$ 1,761.08
GlobalHealth HMO	\$ 710.74	\$ 1,759.88	\$ 2,165.76	\$ 2,422.70	\$ 1,116.62	\$ 1,373.56
HealthChoice High and High Alternative	\$ 615.90	\$ 1,338.02	\$ 1,647.82	\$ 1,863.74	\$ 925.70	\$ 1,141.62
HealthChoice Basic and Basic Alternative	\$ 487.36	\$ 1,059.32	\$ 1,310.66	\$ 1,484.46	\$ 738.70	\$ 912.50
HealthChoice High Deductible Health Plan (HDHP)	\$ 422.26	\$ 918.12	\$ 1,136.22	\$ 1,286.34	\$ 640.36	\$ 790.48
TRICARE Supplement	\$ 60.50	\$ 119.50	\$ 160.50	\$ 160.50	\$ 119.50	\$ 160.50

DENTAL	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Cigna Dental Care Plan (Prepaid)	\$ 9.44	\$ 15.62	\$ 19.82	\$ 25.08	\$ 13.64	\$ 18.90
Delta Dental PPO	\$ 36.92	\$ 73.84	\$ 105.96	\$ 155.08	\$ 69.04	\$ 118.16
Delta Dental PPO – Choice	\$ 15.68	\$ 51.24	\$ 87.06	\$ 138.20	\$ 51.50	\$ 102.64
HealthChoice Dental	\$ 41.72	\$ 83.44	\$ 117.16	\$ 169.94	\$ 75.44	\$ 128.22
MetLife High Classic MAC	\$ 48.54	\$ 97.08	\$ 138.66	\$ 200.12	\$ 90.12	\$ 151.58
MetLife Low Classic MAC	\$ 27.96	\$ 55.92	\$ 79.86	\$ 114.86	\$ 51.90	\$ 86.90
Sun Life Preferred Active PPO	\$ 31.46	\$ 62.76	\$ 86.24	\$ 125.86	\$ 54.94	\$ 94.56

VISION	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
Primary Vision Care Services (PVCS)	\$ 9.98	\$ 19.26	\$ 28.46	\$ 30.76	\$ 19.18	\$ 21.48
Superior Vision	\$ 7.62	\$ 15.20	\$ 22.38	\$ 29.94	\$ 14.80	\$ 22.36
Vision Care Direct	\$ 15.90	\$ 27.16	\$ 38.42	\$ 49.90	\$ 27.16	\$ 38.64
VSP (Vision Service Plan)	\$ 8.72	\$ 14.50	\$ 20.20	\$ 26.98	\$ 14.42	\$ 21.20

DISABILITY	\$ 10.36 (Limited city and county participation only)					
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LIFE	HealthChoice Basic Life (\$20,000) \$ 4.20		First \$20,000 of Supplemental Life \$ 4.20			
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SUPPLEMENTAL LIFE — Age Rated Cost Per \$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 \$ 9.42
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