

# Biweekly Cumulative Plan Premiums for Current Employees

## Plan Year Jan. 1-Dec. 31, 2021

### Biweekly Benefit Allowances

	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
	\$ 329.95	\$ 656.38	\$ 771.33	\$ 838.98	\$ 446.12	\$ 527.09

### Biweekly Plan Rates

HEALTH	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
<b>Blue Cross Blue Shield of Oklahoma – BlueLincs HMO</b>	\$ 296.75	\$ 734.80	\$ 895.13	\$ 996.60	\$ 457.08	\$ 558.55
<b>CommunityCare HMO</b>	\$ 533.64	\$ 1,310.95	\$ 1,582.74	\$ 1,745.82	\$ 805.43	\$ 968.51
<b>GlobalHealth HMO</b>	\$ 399.96	\$ 990.35	\$ 1,218.75	\$ 1,363.34	\$ 628.36	\$ 772.95
<b>HealthChoice High and High Alternative</b>	\$ 307.95	\$ 669.01	\$ 823.91	\$ 931.87	\$ 462.85	\$ 570.81
<b>HealthChoice Basic and Basic Alternative</b>	\$ 243.68	\$ 529.66	\$ 655.33	\$ 742.23	\$ 369.35	\$ 456.25
<b>HealthChoice High Deductible Health Plan (HDHP)</b>	\$ 211.13	\$ 459.06	\$ 568.11	\$ 643.17	\$ 320.18	\$ 395.24
<b>TRICARE Supplement – Selman&amp;Company</b>	\$ 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
<b>BCBSOK – BlueCare Dental High Plan</b>	\$ 19.02	\$ 38.04	\$ 53.44	\$ 77.40	\$ 34.42	\$ 58.38
<b>BCBSOK – BlueCare Dental Low Plan</b>	\$ 13.14	\$ 26.28	\$ 37.59	\$ 54.00	\$ 24.45	\$ 40.86
<b>Cigna Prepaid High (K1109)</b>	\$ 6.15	\$ 11.13	\$ 14.95	\$ 17.68	\$ 9.97	\$ 12.70
<b>Cigna Prepaid Low (OKIV9)</b>	\$ 4.75	\$ 7.84	\$ 9.94	\$ 12.57	\$ 6.85	\$ 9.48
<b>Delta Dental PPO</b>	\$ 19.02	\$ 38.04	\$ 54.59	\$ 79.88	\$ 35.57	\$ 60.86
<b>Delta Dental PPO – Choice</b>	\$ 7.84	\$ 25.62	\$ 43.53	\$ 69.10	\$ 25.75	\$ 51.32
<b>HealthChoice Dental</b>	\$ 20.86	\$ 41.72	\$ 58.58	\$ 84.97	\$ 37.72	\$ 64.11
<b>MetLife High Classic MAC</b>	\$ 24.30	\$ 48.60	\$ 69.42	\$ 100.15	\$ 45.12	\$ 75.85
<b>MetLife Low Classic MAC</b>	\$ 14.00	\$ 28.00	\$ 40.00	\$ 57.50	\$ 26.00	\$ 43.50
<b>Sun Life Preferred Active PPO</b>	\$ 18.09	\$ 36.09	\$ 49.59	\$ 72.37	\$ 31.59	\$ 54.37

VISION	Employee	Employee & Spouse	Employee, Spouse & Child	Employee, Spouse & Children	Employee & Child	Employee & Children
<b>Primary Vision Care Services (PVCS)</b>	\$ 5.20	\$ 9.84	\$ 14.44	\$ 15.59	\$ 9.80	\$ 10.95
<b>Superior Vision</b>	\$ 3.81	\$ 7.60	\$ 11.19	\$ 14.97	\$ 7.40	\$ 11.18
<b>Vision Care Direct</b>	\$ 7.95	\$ 13.58	\$ 19.21	\$ 24.95	\$ 13.58	\$ 19.32
<b>VSP (Vision Service Plan)</b>	\$ 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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Dependent Life does not include Accidental Death and Dismemberment (AD&D).  
For TRICARE Supplement Plan information for military only, refer to Page 5.