

Monthly Premiums for Medicare Eligible Members

Plan Year Jan. 1 through Dec. 31, 2019

MEDICARE SUPPLEMENT PLANS					
Blue Cross Blue Shield of Oklahoma		\$384.02 per covered person			
HealthChoice SilverScript High Option Medicare Supplement		\$375.58 per covered person			
HealthChoice SilverScript Low Option Medicare Supplement		\$300.60 per covered person			
MEDICARE ADVANTAGE PRESCRIPTION DRUG (MA-PD) PLANS					
Aetna Medicare		\$306.24 per covered person			
CommunityCare Senior Health Plan		\$259.00 per covered person			
Generations by GlobalHealth		\$192.00 per covered person			
DENTAL PLANS		MEMBER	SPOUSE	CHILD	CHILDREN
Cigna Dental Care Plan (Prepaid)		\$ 9.44	\$ 6.18	\$ 4.20	\$ 9.46
Delta Dental PPO		\$35.84	\$35.82	\$31.18	\$78.86
Delta Dental PPO – Choice		\$15.68	\$35.56	\$35.82	\$86.96
HealthChoice Dental		\$39.12	\$39.12	\$31.58	\$81.10
MetLife High Classic MAC		\$46.24	\$46.24	\$39.62	\$98.16
MetLife Low Classic MAC		\$26.64	\$26.64	\$22.82	\$56.16
Sun Life Preferred Active PPO		\$30.26	\$30.10	\$22.58	\$60.68
VISION PLANS		MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)		\$ 9.98	\$ 8.90	\$ 8.70	\$11.50
Superior Vision		\$ 7.62	\$ 7.58	\$ 7.18	\$14.74
Vision Care Direct		\$15.90	\$11.26	\$11.26	\$22.74
VSP (Vision Service Plan)		\$ 8.72	\$ 5.78	\$ 5.70	\$12.48
LIFE PLAN		From \$5,000 to \$40,000		\$1.88 per \$1,000 unit	
Age-Rated Life – Cost per \$1,000 from \$41,000 and up					
< 30 -----	\$0.06	30 - 34 -----	\$0.06	35 - 39 -----	\$0.06
40 - 44 -----	\$0.08	45 - 49 -----	\$0.14	50 - 54 -----	\$0.26
55 - 59 -----	\$0.40	60 - 64 -----	\$0.46	65 - 69 -----	\$0.74
70 - 74 -----	\$1.28	75+ -----	\$1.96		
DEPENDENT LIFE		\$0.94 per \$500 unit, per dependent			

These rates do not reflect any contribution from your retirement system.