

Monthly Premiums for COBRA Participants Plan Year Jan. 1 - Dec. 31, 2020

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma - BlueLincs HMO	\$ 571.10	\$ 843.03	\$ 308.55	\$ 503.84
CommunityCare HMO	\$ 989.75	\$ 1,441.69	\$ 504.08	\$ 806.55
GlobalHealth HMO	\$ 724.95	\$ 1,070.12	\$ 414.00	\$ 676.08
HealthChoice High and High Alternative	\$ 628.22	\$ 736.56	\$ 316.00	\$ 536.23
HealthChoice Basic and Basic Alternative	\$ 497.11	\$ 583.40	\$ 256.37	\$ 433.64
HealthChoice High Deductible Health Plan (HDHP)	\$ 430.71	\$ 505.78	\$ 222.46	\$ 375.88

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Cigna Dental Care Plan (Prepaid)	\$ 9.63	\$ 6.30	\$ 4.28	\$ 9.65
Delta Dental PPO	\$ 37.66	\$ 37.66	\$ 32.76	\$ 82.86
Delta Dental PPO – Choice	\$ 15.99	\$ 36.27	\$ 36.54	\$ 88.70
HealthChoice Dental	\$ 42.55	\$ 42.55	\$ 34.39	\$ 88.23
MetLife High Classic MAC	\$ 49.51	\$ 49.51	\$ 42.41	\$ 105.10
MetLife Low Classic MAC	\$ 28.52	\$ 28.52	\$ 24.42	\$ 60.12
Sun Life Preferred Active PPO	\$ 32.09	\$ 31.93	\$ 23.95	\$ 64.36

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	\$ 10.18	\$ 9.47	\$ 9.38	\$ 11.73
Superior Vision	\$ 7.77	\$ 7.73	\$ 7.32	\$ 15.03
Vision Care Direct	\$ 16.22	\$ 11.49	\$ 11.49	\$ 23.19
VSP (Vision Service Plan)	\$ 8.89	\$ 5.90	\$ 5.81	\$ 12.73

EGID policy states that one person must always pay the primary member premium. When a spouse, child or children are insured under a particular benefit but the primary member did not keep that benefit, one person is always billed the primary member rate.

