

## Monthly Premiums for Former Employees and Surviving Dependents Plan Year Jan. 1 - Dec. 31, 2020

HEALTH PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Blue Cross Blue Shield of Oklahoma - BlueLincs HMO	\$ 559.90	\$ 826.50	\$ 302.50	\$ 493.96
CommunityCare HMO	\$ 970.34	\$ 1,413.42	\$ 494.20	\$ 790.74
GlobalHealth HMO	\$ 710.74	\$ 1,049.14	\$ 405.88	\$ 662.82
HealthChoice High and High Alternative	\$ 615.90	\$ 722.12	\$ 309.80	\$ 525.72
HealthChoice Basic and Basic Alternative	\$ 487.36	\$ 571.96	\$ 251.34	\$ 425.14
HealthChoice High Deductible Health Plan (HDHP)	\$ 422.26	\$ 495.86	\$ 218.10	\$ 368.22

DENTAL PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Cigna Dental Care Plan (Prepaid)	\$ 9.44	\$ 6.18	\$ 4.20	\$ 9.46
Delta Dental PPO	\$ 36.92	\$ 36.92	\$ 32.12	\$ 81.24
Delta Dental PPO – Choice	\$ 15.68	\$ 35.56	\$ 35.82	\$ 86.96
HealthChoice Dental	\$ 41.72	\$ 41.72	\$ 33.72	\$ 86.50
MetLife High Classic MAC	\$ 48.54	\$ 48.54	\$ 41.58	\$ 103.04
MetLife Low Classic MAC	\$ 27.96	\$ 27.96	\$ 23.94	\$ 58.94
Sun Life Preferred Active PPO	\$ 31.46	\$ 31.30	\$ 23.48	\$ 63.10

VISION PLANS	MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)	\$ 9.98	\$ 9.28	\$ 9.20	\$ 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

These rates do not reflect any retirement system contribution.

By law, the premiums for current employees and pre-Medicare former employees must be the same.



# Monthly Premiums for Former Employees and Surviving Dependents

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

### LIFE PLAN FOR PRE-MEDICARE RETIREES/VESTS

**From \$5,000 to \$40,000** \$ 2.16 Per \$1,000

#### AGE RATED SUPPLEMENTAL LIFE — Cost Per \$1,000 for \$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

\$ 1.08 Per \$500 Unit, Per Dependent

### MONTHLY LIFE INSURANCE PREMIUMS FOR SURVIVING DEPENDENTS

Surviving Dependents of Current Employees	Low Option \$2.60	Standard Option \$4.32	Premier Option \$9.42
<b>Spouse</b>	\$ 6,000 of coverage	\$ 10,000 of coverage	\$ 20,000 of coverage
<b>Child (live birth to age 26)</b>	\$ 3,000 of coverage	\$ 5,000 of coverage	\$ 10,000 of coverage
<b>Surviving Dependents of Former Employees</b>	<b>\$1.08 Per \$500 Unit, Per Dependent</b>		

