

# Monthly Premiums for COBRA Participants

## Plan Year Jan. 1 – Dec. 31, 2021



**OKLAHOMA**  
Office of Management  
& Enterprise Services

| HEALTH PLANS                                       | MEMBER      | SPOUSE      | CHILD     | CHILDREN  |
|--|-------------|-------------|-----------|-----------|
| Blue Cross Blue Shield of Oklahoma - BlueLincs HMO | \$ 605.37   | \$ 893.62   | \$ 327.07 | \$ 534.07 |
| CommunityCare HMO                                  | \$ 1,088.63 | \$ 1,585.71 | \$ 554.45 | \$ 887.13 |
| GlobalHealth HMO                                   | \$ 815.92   | \$ 1,204.40 | \$ 465.94 | \$ 760.90 |
| 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 | \$ 375.58 |

| DENTAL PLANS                       | MEMBER   | SPOUSE   | CHILD    | CHILDREN  |
|------------------------------------|----------|----------|----------|-----------|
| BCBSOK - BlueCare Dental High Plan | \$ 38.80 | \$ 38.80 | \$ 31.42 | \$ 80.29  |
| BCBSOK - BlueCare Dental Low Plan  | \$ 26.81 | \$ 26.81 | \$ 23.07 | \$ 56.55  |
| Cigna Prepaid High (K1109)         | \$ 12.55 | \$ 10.16 | \$ 7.79  | \$ 13.36  |
| Cigna Prepaid Low (OKIV9)          | \$ 9.69  | \$ 6.30  | \$ 4.28  | \$ 9.65   |
| Delta Dental PPO                   | \$ 38.80 | \$ 38.80 | \$ 33.76 | \$ 85.35  |
| 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           | \$ 49.57 | \$ 49.57 | \$ 42.47 | \$ 105.16 |
| MetLife Low Classic MAC            | \$ 28.56 | \$ 28.56 | \$ 24.48 | \$ 60.18  |
| Sun Life Preferred Active PPO      | \$ 36.90 | \$ 36.72 | \$ 27.54 | \$ 74.01  |

| VISION PLANS                        | MEMBER   | SPOUSE   | CHILD    | CHILDREN |
|-------------------------------------|----------|----------|----------|----------|
| Primary Vision Care Services (PVCS) | \$ 10.61 | \$ 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.