

Monthly Premiums for Medicare Eligible Members

Plan Year Jan. 1 through Dec. 31, 2017

MEDICARE SUPPLEMENT PLANS					
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		\$287.81 per covered person			
CommunityCare Senior Health Plan		\$267.00 per covered person			
Generations State of Oklahoma Retiree Plan by Global Health		\$189.00 per covered person			
DENTAL PLANS		MEMBER	SPOUSE	CHILD	CHILDREN
Assurant Freedom Preferred		\$30.26	\$30.10	\$22.58	\$60.68
Assurant Heritage Plus with SBA (Prepaid)		\$11.74	\$ 8.86	\$ 7.60	\$15.20
Assurant Heritage Secure (Prepaid)		\$ 7.20	\$ 5.98	\$ 5.20	\$10.38
CIGNA Dental Care Plan (Prepaid)		\$ 9.16	\$ 6.00	\$ 4.08	\$ 9.18
Delta Dental PPO		\$33.64	\$33.62	\$29.26	\$74.04
Delta Dental PPO Plus Premier		\$44.52	\$44.52	\$38.78	\$98.06
Delta Dental PPO – Choice		\$15.06	\$34.18	\$34.44	\$83.60
HealthChoice Dental		\$34.30	\$34.30	\$27.40	\$72.64
MetLife Classic		\$36.98	\$36.98	\$31.68	\$78.78
MetLife Value MAC		\$27.24	\$27.24	\$23.34	\$58.02
MetLife Value PDP		\$29.48	\$29.48	\$25.24	\$62.80
VISION PLANS		MEMBER	SPOUSE	CHILD	CHILDREN
Primary Vision Care Services (PVCS)		\$ 9.36	\$ 8.00	\$ 8.00	\$11.00
Superior Vision		\$ 7.40	\$ 7.36	\$ 6.96	\$14.30
Vision Care Direct		\$15.90	\$11.26	\$11.26	\$22.74
Vision Service Plan (VSP)		\$ 9.40	\$ 6.29	\$ 6.19	\$13.58
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
45 - 49 -----	\$0.14	50 - 54 -----	\$0.26	55 - 59 -----	\$0.40
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.