

**SAN DIEGO COUNTY OFFICE OF EDUCATION
RETIREE UNDER 65 PREMIUMS
2024 PLAN YEAR**

MEDICAL PLAN

EMPLOYEE MONTHLY PREMIUM

United Healthcare Performance HMO Network 1

Retiree Only	\$ 0.00
Retiree + 1	\$ 838.00
Retiree + Family	\$1524.00

United Healthcare Performance HMO Network 3

Retiree Only	\$ 0.00
Retiree + 1	\$ 747.00
Retiree + Family	\$1429.00

United Healthcare Alliance HMO

Retiree Only	\$ 0.00
Retiree + 1	\$ 869.00
Retiree + Family	\$1581.00

United Healthcare Harmony HMO

Retiree Only	\$ 0.00
Retiree + 1	\$ 769.00
Retiree + Family	\$1402.00

United Healthcare Journey HMO

Retiree Only	\$ 0.00
Retiree + 1	\$ 680.00
Retiree + Family	\$1248.00

United Healthcare Out of Area PPO

Retiree Only	\$ 42.29
Retiree + 1	\$1908.00
Retiree + Family	\$3195.00

Kaiser Permanente

Retiree Only	\$ 0.00
Retiree + 1	\$ 794.00
Retiree + Family	\$1453.00

Delta Dental (\$2500 annual maximum)

Retiree Only	\$ 70.26
Retiree + 1	\$140.53
Retiree + Family	\$182.70

Vision Service Plan

Retiree Only	\$ 8.20
Retiree + 1	\$12.01
Retiree + Family	\$21.76