

**SAN DIEGO COUNTY OFFICE OF EDUCATION  
RETIREE UNDER 65 PREMIUMS  
2025 PLAN YEAR**

**MEDICAL PLAN**

**EMPLOYEE MONTHLY PREMIUM**

**United Healthcare Performance HMO**

Retiree Only	\$ 0.00
Retiree + 1	\$ 893.00
Retiree + Family	\$1,624.00
Retiree under 65/spouse over 65 MED PPO	\$ 555.00
Retiree under 65/spouse over 65 MED HMO	\$ 674.00

**United Healthcare Alliance HMO**

Retiree Only	\$ 0.00
Retiree + 1	\$ 828.00
Retiree + Family	\$1,543.00
Retiree under 65/spouse over 65 MED PPO	\$ 555.00
Retiree under 65/spouse over 65 MED HMO	\$ 674.00

**United Healthcare Harmony HMO**

Retiree Only	\$ 0.00
Retiree + 1	\$ 812.00
Retiree + Family	\$1,481.00
Retiree under 65/spouse over 65 MED PPO	\$ 555.00
Retiree under 65/spouse over 65 MED HMO	\$ 674.00

**United Healthcare Journey HMO**

Retiree Only	\$ 0.00
Retiree + 1	\$ 714.00
Retiree + Family	\$1,310.00
Retiree under 65/spouse over 65 MED PPO	\$ 555.00
Retiree under 65/spouse over 65 MED HMO	\$ 674.00

**Surest PPO 5000 (A United Healthcare Company)**

Retiree Only	\$ 0.00
Retiree + 1	\$1,000.00
Retiree + Family	\$1,815.00
Retiree under 65/spouse over 65 MED PPO	\$ 555.00
Retiree under 65/spouse over 65 MED HMO	\$ 674.00

**United Healthcare Out of Area PPO**

Retiree Only	\$ 42.29
Retiree + 1	\$1,908.00
Retiree + Family	\$3,195.00

**Kaiser Permanente**

Retiree Only	\$ 0.00
Retiree + 1	\$ 848.00
Retiree + Family	\$1,552.00

**Delta Dental (\$1500 annual maximum)  
(Grandfathered retirees only)**

Retiree Only	\$ 58.93
Retiree + 1	\$117.89
Retiree + Family	\$153.28

**Delta Dental (\$2500 annual maximum)**

Retiree Only	\$ 70.96
Retiree + 1	\$141.94
Retiree + Family	\$184.53

**UHC Surest Core Dental**

Retiree Only	\$ 60.63
Retiree + 1	\$115.20
Retiree + Family	\$163.70

**Vision Service Plan**

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