

**SAN MATEO COUNTY OFFICE OF EDUCATION**  
**VISION SERVICE PLAN**

**Monthly Premiums**  
**Effective 1/1/24 - 12/31/24**

Classification	Group Number	Single	Employee + 1	Employee +2 or more
SMCEA Plan B	12135474-0059	\$7.60	\$17.10	\$24.70
Management Plan B	12135474-0047	\$7.60	\$17.10	\$24.70
Confidential & Board Members Plan C	12135474-0046	\$9.50	\$19.95	\$29.45
CSEA 887 Plan B	12135474-0026	\$7.60	\$17.10	\$24.70
CSEA 158 Plan B	12135474-0052	\$7.60	\$17.10	\$24.70
CSEA 789 Plan B	12135474-0051	\$7.60	\$17.10	\$24.70

**Confidential & Board Members (Plan C):**

\$10 Copay for exams & glasses. Exams, frames, & lenses every 12 months

**Management, CSEA 158, 789, & 887 and SMCEA (Plan B):**

\$10 Copay for exams & glasses. Exams every 12 months, frames every 24 months & lenses every 12 months