

SAN MATEO COUNTY OFFICE OF EDUCATION
VISION SERVICE PLAN

Monthly Premiums
Effective 1/1/25 - 12/31/25

Classification	Group Number	Single	Employee + 1	Employee +2 or more
SMCEA Plan B	12135474-0059	\$6.45	\$14.53	\$20.99
Management Plan B	12135474-0047	\$6.45	\$14.53	\$20.99
Confidential & Board Members Plan C	12135474-0046	\$8.07	\$16.95	\$25.02
CSEA 887 Plan B	12135474-0026	\$6.45	\$14.53	\$20.99
CSEA 158 Plan B	12135474-0052	\$6.45	\$14.53	\$20.99

Confidential & Board Members (Plan C):

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

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

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