

SAN DIEGO COUNTY OFFICE OF EDUCATION

RETIREE UNDER 65 PREMIUMS

2027 Plan Year

RETIREES PRIOR TO 07/01/25

<u>Benefit Plan</u>	<u>Monthly Premium</u>	
Kaiser Permanente	Retiree Only	\$0.00
	Retiree + 1	\$995.00
	Retiree + Family	\$1,820.00
	Retiree under 65/Spouse over 65 KPSA	\$277.00
United Healthcare Performance HMO	Retiree Only	\$0.00
	Retiree + 1	\$1,117.00
	Retiree + Family	\$2,028.00
	Retiree under 65/Spouse over 65 MED PPO 0	\$652.00
	Retiree under 65/Spouse over 65 MED PPO 15	\$617.00
United Healthcare Alliance HMO	Retiree Only	\$0.00
	Retiree + 1	\$993.00
	Retiree + Family	\$1,862.00
	Retiree under 65/Spouse over 65 MED PPO 0	\$652.00
	Retiree under 65/Spouse over 65 MED PPO 15	\$617.00
United Healthcare Harmony HMO	Retiree Only	\$0.00
	Retiree + 1	\$990.00
	Retiree + Family	\$1,803.00
	Retiree under 65/Spouse over 65 MED PPO 0	\$652.00
	Retiree under 65/Spouse over 65 MED PPO 15	\$617.00
United Healthcare Journey HMO	Retiree Only	\$0.00
	Retiree + 1	\$854.00
	Retiree + Family	\$1,566.00
	Retiree under 65/Spouse over 65 MED PPO 0	\$652.00
	Retiree under 65/Spouse over 65 MED PPO 15	\$617.00

Surest PPO 500 (A United Healthcare Company)	Retiree Only	\$0.00
	Retiree + 1	\$1,186.00
	Retiree + Family	\$2,152.00
	Retiree under 65/Spouse over 65 MED PPO 0	\$652.00
	Retiree under 65/Spouse over 65 MED PPO 15	\$617.00
SIMNSA HMO	Retiree Only	\$0.00
	Retiree + 1	\$240.00
	Retiree + Family	\$502.00
Delta Dental (\$1500 annual maximum)*	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 Dental PPO - Core	Retiree Only	\$63.36
	Retiree + 1	\$120.38
	Retiree + Family	\$171.07
Vision Service Plan (VSP)	Retiree Only	\$8.20
	Retiree + 1	\$12.01
	Retiree + Family	\$21.76

**Grandfathered Retirees ONLY*