

SAN DIEGO COUNTY OFFICE OF EDUCATION

RETIREE UNDER 65 PREMIUMS

2027 Plan Year

RETIREES EFFECTIVE 07/01/25 FORWARD

<u>Benefit Plan</u>	<u>Monthly Premium</u>	
Kaiser Permanente	Retiree Only	\$216.30
	Retiree + 1	\$216.30
	Retiree + Family	\$1,041.30
	Retiree under 65/Spouse over 65 KPSA	\$216.30
	Retiree under 65/Spouse over 65/Child(ren)	\$216.30
United Healthcare Performance HMO	Retiree Only	\$216.30
	Retiree + 1	\$259.55
	Retiree + Family	\$1,170.55
	Retiree under 65/Spouse over 65 MED PPO 0	\$259.55
	Retiree under 65/Spouse over 65 MED PPO 15	\$259.55
	Retiree under 65/Spouse over 65 MED PPO 0/Child(ren)	\$911.55
United Healthcare Alliance HMO	Retiree Only	\$216.30
	Retiree + 1	\$216.30
	Retiree + Family	\$1,085.30
	Retiree under 65/Spouse over 65 MED PPO 0	\$216.30
	Retiree under 65/Spouse over 65 MED PPO 15	\$216.30
	Retiree under 65/Spouse over 65 MED PPO 0/Child(ren)	\$868.30
United Healthcare Harmony HMO	Retiree Only	\$216.30
	Retiree + 1	\$216.30
	Retiree + Family	\$1,029.30
	Retiree under 65/Spouse over 65 MED PPO 0	\$216.30
	Retiree under 65/Spouse over 65 MED PPO 15	\$216.30
	Retiree under 65/Spouse over 65 MED PPO 0/Child(ren)	\$868.30
	Retiree under 65/Spouse over 65 MED PPO 15/Child(ren)	\$833.30

United Healthcare Journey HMO	Retiree Only	\$216.30
	Retiree + 1	\$216.30
	Retiree + Family	\$928.30
	Retiree under 65/Spouse over 65 MED PPO 0	\$216.30
	Retiree under 65/Spouse over 65 MED PPO 15	\$216.30
	Retiree under 65/Spouse over 65 MED PPO 0/Child(ren)	\$868.30
	Retiree under 65/Spouse over 65 MED PPO 15/Child(ren)	\$833.30
Surest PPO 500 (A United Healthcare Company)	Retiree Only	\$216.30
	Retiree + 1	\$433.55
	Retiree + Family	\$1,399.55
	Retiree under 65/Spouse over 65 MED PPO 0	\$433.55
	Retiree under 65/Spouse over 65 MED PPO 15	\$433.55
	Retiree under 65/Spouse over 65 MED PPO 0/Child(ren)	\$1,085.55
	Retiree under 65/Spouse over 65 MED PPO 15/Child(ren)	\$1,050.55
SIMNSA HMO	Retiree Only	\$216.30
	Retiree + 1	\$216.30
	Retiree + Family	\$478.30
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*