

2025 Rate Sheet

(Medical, Dental, and Vision rates are 24 cycle. Legal and Identity Protection are 26 cycle.)

MEDICAL

	<i>SHARP Saver HMO Deductible Plan (3% increase)</i>	<i>KAISER* Deductible Plan (9.7% increase)</i>	<i>SHARP Select Plan (3% increase)</i>	<i>KAISER* Traditional Plan (9.7% increase)</i>	<i>CIGNA* Select Plan (9.5% increase)</i>	<i>SHARP Classic Plan (7.9% increase)</i>	<i>CIGNA* HMO Plan (9.5% increase)</i>	<i>CIGNA* Access Plan (9.5% increase)</i>
EE Only	\$233.10	\$285.23	\$263.03	\$370.30	\$374.05	\$403.60	\$754.47	\$830.63
EE & Spouse/DP	\$509.29	\$624.65	\$574.84	\$810.95	\$819.06	\$882.69	\$1,652.32	\$1,819.13
EE & Child(ren)	\$441.98	\$541.93	\$498.85	\$703.57	\$710.70	\$765.93	\$1,433.45	\$1,578.17
Family	\$706.57	\$867.09	\$797.56	\$1,125.72	\$1,137.13	\$1,224.89	\$2,293.53	\$2,525.08

DENTAL

MetLife Dental HMO (no increase)		MetLife Dental PPO (4% increase)	
EE Only	\$10.50	EE Only	\$36.08
EE & Spouse/DP	\$20.45	EE & Spouse/DP	\$70.24
EE & Child(ren)	\$20.45	EE & Child(ren)	\$70.24
Family	\$29.23	Family	\$113.51

VISION

VSP Vision Plan
(no increase)

EE Only	\$10.44
EE & Spouse/DP	\$18.49
EE & Child(ren)	\$18.49
Family	\$30.50

LEGAL

MetLife Legal Plan
(9.4% increase)

Legal Plan	\$11.82
Legal Plan + Parents	\$14.86
All plans include the Employee and any legal dependants.	

IDENTITY PROTECTION

Aura

Individual Plan	\$5.75
Family Plan	\$9.90

* Questions regarding City-sponsored plans (Kaiser and CIGNA) should be directed to RISK Management at 619-236-5924.

Aflac for SDPEBA

Group Premiums (Bi-Weekly)

1 Accident Plan

	Employee Only	EE & Spouse	1 Parent Family	2 Parent Family
Low option	\$5.70	\$8.83	\$9.89	\$13.02
High option	\$9.95	\$15.43	\$17.83	\$23.30

2 Critical Illness Plan Non-Tobacco

	\$10,000	\$20,000	\$30,000	\$40,000	\$50,000
18-29	\$5.70	\$7.75	\$9.79	\$11.83	\$13.88
30-39	\$6.61	\$10.16	\$13.40	\$16.65	\$19.90
40-49	\$9.86	\$16.06	\$22.26	\$28.46	\$34.65
50-59	\$15.57	\$27.49	\$39.40	\$51.31	\$63.22
60+	\$26.38	\$49.10	\$71.81	\$94.53	\$117.25

Prices shown are for each enrollee. All dependent children up to age 26 are covered at no additional charge. If you have used tobacco products in the last 12 months, please call SDPEBA for Tobacco Rates.

3 Hospital Indemnity

	Employee Only	EE & Spouse	1 Parent Family	2 Parent Family
Low option	\$15.23	\$29.38	\$25.26	\$39.41
High option	\$28.33	\$55.25	\$47.12	\$74.04

4 Life Insurance

Only a sample of rates displayed. Rates shown are for employee or spouse non-tobacco. Coverage is available up to \$300,000 in increments of \$5,000. For list of all rates, including plans for children, please visit SDPEBA.org/Aflac.

	\$5,000	\$10,000	\$25,000	\$50,000	\$100,000
30	\$4.06	\$5.35	\$11.30	\$21.23	\$41.08
40	\$5.33	\$7.90	\$17.60	\$33.96	\$66.54
50	\$8.22	\$13.66	\$32.07	\$62.75	\$124.12
60	\$12.45	\$22.14	\$53.27	\$105.15	\$208.92

How To Enroll in Aflac

1. By phone: call SDPEBA at 888-315-8027
2. In person: Attend a scheduled SDPEBA work-site visit or SDPEBA Benefits meeting.
3. Online: Go to www.SDPEBA.org to learn how to enroll online.

A \$0.70 administrative fee is added per policy per pay period to cover the cost of administering this program by your association, no member dues dollars are used to cover the costs of enrollment, reconciling, and general policy support related to this program.

