

2024 Rate Sheet

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

MEDICAL

	SHARP Saver HMO Deductible Plan (6.2% increase)	KAISER** Deductible Plan (8.4% increase)	SHARP Select Plan (6.2% increase)	KAISER** Traditional Plan (8.3% increase)	CIGNA** Select Plan (9.9% increase)	SHARP Classic Plan (6.2% increase)	CIGNA** HMO Plan (9.9% increase)	CIGNA** Access Plan (9.9% increase)
EE Only	\$226.33	\$259.94	\$255.43	\$337.54	\$341.64	\$374.13	\$689.06	\$758.61
EE & Spouse/DP	\$494.46	\$569.26	\$558.19	\$739.21	\$748.09	\$818.16	\$1,509.06	\$1,661.40
EE & Child(ren)	\$429.12	\$493.88	\$484.41	\$641.32	\$649.14	\$709.95	\$1,309.18	\$1,441.34
Family	\$685.99	\$790.21	\$774.45	\$1,026.12	\$1,038.62	\$1,135.32	\$2,094.70	\$2,306.15

DENTAL

MetLife Dental HMO (0% increase)		MetLife Dental PPO (Changes vary by tier)	
EE Only	\$10.50	EE Only	\$34.72
EE & Spouse/DP	\$20.45	EE & Spouse/DP	\$67.56
EE & Child(ren)	\$20.45	EE & Child(ren)	\$67.56
Family	\$29.23	Family	\$108.93

VISION

VSP Vision Plan
(~13.5% increase)

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

LEGAL

MetLife Legal Plan
(0% increase)

Legal Plan	\$10.80
Legal Plan + Parents	\$13.57
All plans include the Employee and any legal dependants.	

IDENTITY PROTECTION

Aura

Individual Plan	\$5.75
Family Plan	\$9.90

For information and details on SDPEBA sponsored plans including: Sharp, MetLife Dental, MetLife Legal, VSP Vision, Purchasing Power, Aflac, Unum Long Term Care, Life Insurance, Nationwide Pet Insurance, and Aura visit:

Website: www.SDPEBA.org

Phone: 888-315-8027

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 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.



9620 Chesapeake Drive
Suite 104
San Diego, CA 92123



P: 888.315.8027
F: 619.431.3078
www.sdpeba.org