



2025 MEDICARE HEALTH CARE PREMIUMS

Aetna Medicare SM Plan (PPO)			
PREMIUMS IF YOU HAVE MEDICARE PART A AND PART B			
Service Years	Retirement Aug. 1, 1989 through July 1, 2008	Retirement on or after Aug. 1, 2008*	Disability Recipients
5 to 9.999	Not Eligible	Not Eligible	\$117
10 to 14.999	\$198	\$198	\$ 89
15 to 19.999	\$117	\$198	\$ 89
20 to 24.999	\$ 76	\$117	\$ 89
25 to 29.999	\$ 64	\$ 84	\$ 64
30 to 34.999	\$ 64	\$ 68	\$ 64
*If you retired on or after Aug. 1, 2008 with 35 or more years of service credit, call SERS for your premium.			
Spouse premium			Child(ren) premium
24.999 or less	\$198	Spouse premium is based on the service retiree, disability recipient, or member's service credit	\$149
25 to 29.999	\$182		
30 or more years	\$166		

PREMIUMS IF YOU HAVE MEDICARE PART B ONLY			
Service Years	Retirement Aug. 1, 1989 through July 1, 2008	Retirement on or after Aug. 1, 2008*	Disability Recipients
5 to 9.999	Not Eligible	Not Eligible	\$297
10 to 14.999	\$558	\$558	\$208
15 to 19.999	\$297	\$558	\$208
20 to 24.999	\$166	\$297	\$208
25 to 29.999	\$ 64	\$ 84	\$ 64
30 to 34.999	\$ 64	\$ 68	\$ 64
*If you retired on or after Aug. 1, 2008 with 35 or more years of service credit, call SERS for your premium.			
Spouse premium			
24.999 or less	\$558	Spouse premium is based on the service retiree, disability recipient, or member's service credit	
25 to 29.999	\$182		
30 or more years	\$166		

The premium charts above reflect premium subsidies. If you do not qualify for a subsidy, you pay the full premium regardless of your years of service.

To receive a premium subsidy, you must have at least 20 years of qualified service credit or be receiving a disability benefit. In addition, at the time of retirement or separation from service, you must:

- Be eligible to participate in the health care plan of your last school employer, or
- Have been eligible to participate in the health care plan of your last school employer at least three of the last five years of service.





2024/2025 DENTAL & VISION PREMIUMS

SERS offers dental and vision coverage through Delta Dental and VSP Vision Care. The 2024-2025 enrollment period ends December 31, 2025, regardless of your effective date of coverage. Once enrolled, you must remain enrolled through December 31, 2025, and pay the monthly premiums.

Delta Dental	
2024/2025 Monthly Premiums:	
Benefit recipient	\$30.37
Benefit recipient and one dependent*	\$60.74
Benefit recipient, and two or more dependents*	\$91.35

VSP Vision	
2024/2025 Monthly Premiums:	
Benefit recipient	\$6.17
Benefit recipient and one dependent*	\$12.34
Benefit recipient, and two or more dependents*	\$14.49

* A dependent can be a spouse or a child