



2026 NON-MEDICARE HEALTH CARE PREMIUMS

Aetna Choice POS II			
NON-MEDICARE			
Service Years	Benefits effective date Aug. 1, 1989 through July 1, 2008		Benefit effective date on or after Aug. 1, 2008*
5 to 9.999	Service:	Not Eligible	Service: Not Eligible
	Disability:	\$1,671	Disability: \$1,671
10 to 14.999	\$1,671		\$1,671
15 to 19.999	\$853		\$1,671
20 to 24.999	\$444		\$853
25 to 29.999	\$321		\$526
30 to 34.999	\$321		\$362
*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	\$1,508		
25 to 29.999	\$1,361		
30 or more	\$1,213		
Spouse premium is based on the service retiree, disability recipient, or member's service credit.			

AultCare PPO			
NON-MEDICARE			
Service Years	Benefits effective date Aug. 1, 1989 through July 1, 2008		Benefit effective date on or after Aug. 1, 2008*
5 to 9.999	Service:	Not Eligible	Service: Not Eligible
	Disability:	\$1,228	Disability: \$1,228
10 to 14.999		\$1,228	\$1,228
15 to 19.999		\$632	\$1,228
20 to 24.999		\$333	\$632
25 to 29.999		\$244	\$393
30 to 34.999		\$244	\$274
*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	\$988		
25 to 29.999	\$893		
30 or more	\$798		
Spouse premium is based on the service retiree, disability recipient, or member's service credit.			

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.





2026/2027 DENTAL AND VISION PREMIUMS

SERS offers dental and vision coverage through Delta Dental and VSP Vision Care. The 2026/2027 enrollment period ends December 31, 2027, regardless of your effective date of coverage. Once enrolled, you must remain enrolled through December 31, 2027, and pay the monthly premiums.

Delta Dental	
2026/2027 Monthly Premiums:	
Benefit recipient	\$33.56
Benefit recipient and one dependent*	\$67.12
Benefit recipient, and two or more dependents*	\$100.94

VSP Vision	
2026/2027 Monthly Premiums:	
Benefit recipient	\$6.81
Benefit recipient and one dependent*	\$13.62
Benefit recipient, and two or more dependents*	\$16.00

* A dependent can be a spouse or a child