2027 MEDICARE
HEALTH CARE PREMIUMS

Aetna Medicare℠ 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	$97
10 to 14.999	$178	$178	$69
15 to 19.999	$97	$178	$69
20 to 24.999	$56	$97	$69
25 to 29.999	$44	$64	$44
30 to 34.999	$44	$48	$44
*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	$178	Spouse premium is based on the service retiree, disability recipient, or member's service credit	
25 to 29.999	$162		$129
30 or more years	$146		

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	$277
10 to 14.999	$538	$538	$188
15 to 19.999	$277	$538	$188
20 to 24.999	$146	$277	$188
25 to 29.999	$44	$64	$44
30 to 34.999	$44	$48	$44
*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	$538	Spouse premium is based on the service retiree, disability recipient, or member's service credit	
25 to 29.999	$162		
30 or more years	$146		

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.

OVER for Dental and Vision

HCS-7007 Rev. 6/2026

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

HCS-7007 Rev. 6/2026