2027 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 Disability: $1,785	Service: Not Eligible Disability: $1,785
10 to 14.999	$1,785	$1,785
15 to 19.999	$910	$1,785
20 to 24.999	$473	$910
25 to 29.999	$341	$560
30 to 34.999	$341	$385
*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	$1,610	
25 to 29.999	$1,453	$403
30 or more	$1,295	
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 Disability: $1,575	Service: Not Eligible Disability: $1,575
10 to 14.999	$1,575	$1,575
15 to 19.999	$805	$1,575
20 to 24.999	$420	$805
25 to 29.999	$304	$497
30 to 34.999	$304	$343
*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	$1,265	
25 to 29.999	$1,142	$225
30 or more	$1,019	
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.

OVER for Dental and Vision

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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

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