2027 Rate Sheet

SAN DIEGO PEBA

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

MEDICAL

	SHARP Saver HMO Deductible Plan (8.3% increase)	*SHARP Select Plan* (8.3% increase)	*SHARP Classic Plan* (9.9% increase)
EE Only	$269.00	$303.50	$472.83
EE & Spouse/DP	$587.91	$663.48	$1,034.30
EE & Child(ren)	$510.19	$575.75	$897.47
Family	$815.71	$920.60	$1,435.35

DENTAL

MetLife Dental HMO (15.7% increase)

EE Only	$12.13
EE & Spouse/DP	$23.66
EE & Child(ren)	$23.66
Family	$33.75

MetLife Dental PPO (no increase)

EE Only	$36.08
EE & Spouse/DP	$70.24
EE & Child(ren)	$70.24
Family	$113.51

VISION

VSP Vision Plan
(no increase)

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

LEGAL

MetLife Legal Plan
(Increase varies by plan)

Legal Plan	$14.54
Legal Plan + Parents	$15.46

All plans include the Employee and any legal dependants.

IDENTITY PROTECTION

Aura (0% increase)

Individual Plan	$5.75
Family Plan	$9.90

To view the City's Open Enrollment page, including plan details and rates for City-sponsored plans such as Cigna and Kaiser, please visit:
sandiego.gov/riskmanagement/services/benefits/2027

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 www.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.

Aflac®