

# 2027 Rate Sheet

(Rates listed are 26 cycle)

## 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 | $33.30 |
| EE & Spouse/DP | $64.84 |
| EE & Child(ren) | $64.84 |
| Family | $104.78 |

## VISION

### VSP Vision Plan

(no increase)

| | |
|---|---|
| EE Only | $9.64 |
| EE & Spouse/DP | $17.07 |
| EE & Child(ren) | $17.07 |
| Family | $28.15 |

## 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

(no increase)

| | |
|---|---|
| Individual Plan | $5.75 |
| Family Plan | $9.90 |

**For information and details on SDPEBA sponsored plans including: MetLife Dental, MetLife Legal, VSP Vision, Purchasing Power, Aflac, Life Insurance, Pet Insurance, and Aura visit:**

**Website: www.SDPEBA.org** **Phone: 888-315-8027**

# 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 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™