



# 2025 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: \$ 1,630	Service: Not Eligible Disability: \$ 1,630
10 to 14.999	\$ 1,630	\$ 1,630
15 to 19.999	\$ 833	\$ 1,630
20 to 24.999	\$ 434	\$ 833
25 to 29.999	\$ 314	\$ 514
30 to 34.999	\$ 314	\$ 354
*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	\$ 1,470	\$ 370
25 to 29.999	\$ 1,327	
30 or more	\$ 1,183	
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: \$ 1,183	Service: Not Eligible Disability: \$ 1,183
10 to 14.999	\$ 1,183	\$ 1,183
15 to 19.999	\$ 609	\$ 1,183
20 to 24.999	\$ 322	\$ 609
25 to 29.999	\$ 236	\$ 379
30 to 34.999	\$ 236	\$ 265
*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	\$ 952	\$ 177
25 to 29.999	\$ 860	
30 or more	\$ 768	
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.





# 2024/2025 DENTAL & VISION PREMIUMS

SERS offers dental and vision coverage through Delta Dental and VSP Vision Care. The 2024-2025 enrollment period ends December 31, 2025, regardless of your effective date of coverage. Once enrolled, you must remain enrolled through December 31, 2025, and pay the monthly premiums.

Delta Dental	
2024/2025 Monthly Premiums:	
Benefit recipient	\$30.37
Benefit recipient and one dependent*	\$60.74
Benefit recipient, and two or more dependents*	\$91.35

VSP Vision	
2024/2025 Monthly Premiums:	
Benefit recipient	\$6.17
Benefit recipient and one dependent*	\$12.34
Benefit recipient, and two or more dependents*	\$14.49

\* A dependent can be a spouse or a child