

# 2023 Rate Sheet

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

## MEDICAL

	SHARP Saver Deductible Plan (5.1% increase)	KAISER** Deductible Plan (7.4% increase)	SHARP Select Plan (5.1% increase)	CIGNA** Select Plan (7.3% increase)	KAISER** Traditional Plan (7.4% increase)	SHARP Classic Plan (5.1% increase)	CIGNA** HMO Plan (7.3% increase)	CIGNA** Access Plan (7.3% increase)
EE Only	\$212.98	\$239.89	\$240.39	\$310.91	\$311.58	\$352.19	\$627.03	\$690.32
EE & Spouse/DP	\$465.54	\$525.35	\$525.56	\$680.79	\$682.36	\$770.41	\$1,373.22	\$1,511.83
EE & Child(ren)	\$403.99	\$455.79	\$456.07	\$590.76	\$592.01	\$668.49	\$1,191.34	\$1,311.60
Family	\$645.93	\$729.26	\$729.26	\$945.21	\$947.21	\$1,069.14	\$1,906.15	\$2,098.56

## DENTAL

### MetLife Dental HMO (0% increase)

EE Only	\$10.50
EE & Spouse/DP	\$20.45
EE & Child(ren)	\$20.45
Family	\$29.23

### MetLife Dental PPO (4.0% increase)

EE Only	\$34.55
EE & Spouse/DP	\$64.71
EE & Child(ren)	\$74.33
Family	\$108.39

## VISION

### VSP Vision Plan (0% increase)

EE Only	\$9.25
EE & Spouse/DP	\$16.25
EE & Child(ren)	\$16.25
Family	\$26.75

## LEGAL

### MetLife Legal Plan (0% increase)

Legal Plan	\$10.80
Legal Plan + Parents	\$13.57

*All plans include the Employee  
and any legal dependants.*

## IDENTITY PROTECTION

### Aura Identity Guard

Individual Plan	\$5.75
Family Plan	\$9.90

For information and details on SDPEBA sponsored plans including: Sharp, MetLife Dental, MetLife Legal, VSP Vision, Purchasing Power, Aflac, Unum Long Term Care, Life Insurance, Nationwide Pet Insurance, Identity Guard, and Liberty Mutual Auto & Home Insurance, visit:

Website: [www.SDPEBA.org](http://www.SDPEBA.org)

Phone: 888-315-8027

# 2023 Rate Sheet

(Rates listed below are 26 cycle)

## AFLAC

### ACCIDENT PLAN

	Low	High
EE Only	\$5.70	\$9.95
EE & Spouse	\$8.83	\$15.43
1 Parent Family	\$9.89	\$17.83
2 Parent Family	\$13.02	\$23.30

### HOSPITAL INDEMNITY

	Low	High
EE Only	\$15.23	\$28.33
EE & Spouse	\$29.38	\$55.25
1 Parent Family	\$25.26	\$47.12
2 Parent Family	\$39.41	\$74.04

### CRITICAL ILLNESS PLAN

Age	Non-Tobacco			Tobacco		
	<u>\$10,000</u>	<u>\$20,000</u>	<u>\$30,000</u>	<u>\$10,000</u>	<u>\$20,000</u>	<u>\$30,000</u>
18-29	\$5.70	\$7.75	\$9.79	\$6.49	\$9.31	\$12.14
30-39	\$6.91	\$10.16	\$13.40	\$8.67	\$13.68	\$18.68
40-49	\$9.86	\$16.06	\$22.26	\$13.37	\$23.07	\$32.78
50-59	\$15.57	\$27.49	\$39.40	\$22.91	\$42.16	\$61.41
60+	\$26.38	\$49.10	\$71.81	\$39.20	\$74.75	\$110.29

Prices shown are for each enrollee. All dependent children up to age 26 are covered at no additional charge. Coverage is available up to \$50,000.

### LIFE INSURANCE

Age	<u>\$10,000</u>	<u>\$25,000</u>	<u>\$50,000</u>	<u>\$100,000</u>
30	\$5.35	\$11.30	\$21.23	\$41.08
40	\$7.90	\$17.60	\$33.96	\$66.54
50	\$13.66	\$32.07	\$62.75	\$124.12
60	\$22.14	\$53.27	\$105.15	\$208.92

Only a sample of rates are displayed. Rates shown are for employee or spouse non-tobacco. For a list of all rates, please visit SDPEBA's Aflac site [HERE](#).

\*Due to ongoing negotiations, our rates for the City's plans might differ, if you notice a difference, the City's rate sheet supersedes the rates as listed in this guide.

\*\* Questions regarding City-sponsored plans (Kaiser and CIGNA) should be directed to RISK Management at 619-236-5924.