

**SAN DIEGO COUNTY OFFICE OF EDUCATION
COBRA PREMIUMS
2024 PLAN YEAR**

MEDICAL PLAN

EMPLOYEE MONTHLY PREMIUM

United Healthcare Performance HMO Network 1

COBRA Participant	\$875.16
Participant + 1	\$1,729.92
Participant + Family	\$2,429.64

United Healthcare Performance HMO Network 3

COBRA Participant	\$958.80
Participant + 1	\$1,720.74
Participant + Family	\$2,416.38

United Healthcare Alliance HMO

COBRA Participant	\$932.28
Participant + 1	\$1,818.66
Participant + Family	\$2,544.90

United Healthcare Harmony HMO

COBRA Participant	\$814.98
Participant + 1	\$1,599.36
Participant + Family	\$2,245.02

United Healthcare Journey HMO

COBRA Participant	\$761.94
Participant + 1	\$1,455.54
Participant + Family	\$2,034.90

Kaiser Permanente

COBRA Participant	\$833.34
Participant + 1	\$1,643.22
Participant + Family	\$2,315.40

United Healthcare Out of Area Choice Plus PPO

COBRA Participant	\$1,739.10
Participant + 1	\$3,685.26
Participant + Family	\$4,998.00

United Health Care Out of Area Non-Differential PPO

COBRA Participant	\$1,947.18
Participant + 1	\$4,131.00
Participant + Family	\$5,610.00

DENTAL & VISION PLAN

EMPLOYEE MONTHLY PREMIUM

Delta Dental (\$2500 annual maximum)

COBRA Participant	\$71.67
Participant + 1	\$143.34
Participant + Family	\$186.35

Vision Service Plan

COBRA Participant	\$8.36
Participant + 1	\$12.25
Participant + Family	\$22.20