

**SAN DIEGO COUNTY OFFICE OF EDUCATION
EMPLOYEE PREMIUM SHARE OF COST
2024 PLAN YEAR**

10 & 11 PAY EMPLOYEES

<u>Medical Plan</u>	<u>Employee Monthly Premium</u>
Kaiser Permanente (All tiers)	\$132.01
 United Healthcare Performance HMO	
Network 1	
Employee Only	\$132.01
Employee + 1	\$132.01
Employee + Family	\$862.75
 Network 3	
Employee Only	\$132.01
Employee + 1	\$132.01
Employee + Family	\$847.75
 United Healthcare Alliance HMO	
Employee Only	\$132.01
Employee + 1	\$144.75
Employee + Family	\$998.75
 United Healthcare Harmony HMO	
Employee Only	\$132.01
Employee + 1	\$132.01
Employee + Family	\$645.75
 United Healthcare Journey HMO	
Employee Only	\$132.01
Employee + 1	\$132.01
Employee + Family	\$398.75