

**SAN DIEGO COUNTY OFFICE OF EDUCATION  
EMPLOYEE PREMIUM SHARE OF COST  
2026 PLAN YEAR**

**12 PAY EMPLOYEES**

| <b><u>Medical Plan</u></b>                           | <b><u>Employee Monthly Premium</u></b> |
|------------------------------------------------------|----------------------------------------|
| <b>Kaiser Permanente</b><br>(All tiers)              | \$216.30                               |
| <b>United Healthcare Performance HMO</b>             |                                        |
| Employee Only                                        | \$216.30                               |
| Employee + 1                                         | \$216.30                               |
| Employee + Family                                    | \$907.64                               |
| <b>United Healthcare Alliance HMO</b>                |                                        |
| Employee Only                                        | \$216.30                               |
| Employee + 1                                         | \$216.30                               |
| Employee + Family                                    | \$798.64                               |
| <b>United Healthcare Harmony HMO</b>                 |                                        |
| Employee Only                                        | \$216.30                               |
| Employee + 1                                         | \$216.30                               |
| Employee + Family                                    | \$614.64                               |
| <b>United Healthcare Journey HMO</b>                 |                                        |
| Employee Only                                        | \$216.30                               |
| Employee + 1                                         | \$216.30                               |
| Employee + Family                                    | \$349.64                               |
| <b>Surest PPO 5000 (A United Healthcare Company)</b> |                                        |
| Employee Only                                        | \$216.30                               |
| Employee + 1                                         | \$400.64                               |
| Employee + Family                                    | \$1,316.64                             |
| <b>SIMNSA HMO</b>                                    |                                        |
| Employee Only                                        | \$216.30                               |
| Employee + 1                                         | \$216.30                               |
| Employee + Family                                    | \$216.30                               |