

**SAN DIEGO COUNTY OFFICE OF EDUCATION
COBRA PREMIUMS
2026 PLAN YEAR**

MEDICAL PLAN

EMPLOYEE MONTHLY PREMIUM

United Healthcare Performance HMO

COBRA Participant	\$1036.32
Participant + 1	\$2047.14
Participant + Family	\$2872.32

United Healthcare Alliance HMO

COBRA Participant	\$1068.96
Participant + 1	\$1971.66
Participant + Family	\$2761.14

United Healthcare Harmony HMO

COBRA Participant	\$936.36
Participant + 1	\$1834.98
Participant + Family	\$2573.46

United Healthcare Journey HMO

COBRA Participant	\$861.90
Participant + 1	\$1648.32
Participant + Family	\$2303.16

Surest PPO 5000 (A United Healthcare Company)

COBRA Participant	\$1208.70
Participant + 1	\$2355.18
Participant + Family	\$3289.50

Kaiser Permanente

COBRA Participant	\$994.50
Participant + 1	\$1961.46
Participant + Family	\$2764.20

Surest Out of Area Choice Plus PPO

COBRA Participant	\$1927.80
Participant + 1	\$4085.10
Participant + Family	\$5539.62

United Health Care Out of Area Non-Differential PPO

COBRA Participant	\$1947.18
Participant + 1	\$4131.00
Participant + Family	\$5610.00

SIMNSA HMO

COBRA Participant	\$309.06
Participant + 1	\$538.56
Participant + Family	\$789.48

DENTAL & VISION PLAN**EMPLOYEE MONTHLY PREMIUM****Delta Dental (\$2500 annual maximum)**

COBRA Participant	\$72.38
Participant + 1	\$144.78
Participant + Family	\$188.22

UHC Core Dental Plan

COBRA Participant	\$61.84
Participant + 1	\$117.50
Participant + Family	\$166.97

Vision Service Plan

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