



2025 COBRA Monthly Rates

Medical	Employee Only	Employee + 1	Employee + 2
Kaiser Permanente HMO	\$760.02	\$1,520.04	\$2,150.87
Kaiser Permanente HDHP	\$593.27	\$1,186.54	\$1,678.96
UnitedHealthcare SignatureValue Performance HMO – Network 1	\$850.37	\$1,700.09	\$2,405.28
UnitedHealthcare SignatureValue CS VEBA Alliance HMO	\$815.87	\$1,631.08	\$2,307.62
UnitedHealthcare Harmony HDHP	\$518.03	\$1,030.13	\$1,452.74
UnitedHealthcare/UMR Select Plus PPO	\$1,507.76	\$3,015.54	\$4,267.08
SIMNSA Mexico HMO	\$284.00	\$498.86	\$733.27

Dental	Employee Only	Employee + 1	Employee + 2
Delta Dental – PPO/Premier	\$48.71	\$97.38	\$139.04
Delta Dental – DeltaCare USA DHMO	\$18.50	\$33.43	\$42.84

Vision	Employee Only	Employee + 1	Employee + 2
VSP	\$9.22	\$21.33	\$28.90

Employee Assistance Program (EAP)	Employee + Household Members		
Anthem	\$2.20		

For more information, contact the Department of Human Resources - Employee Benefits Division
Phone: 888-550-2203 Email: DHRBenefits.FGG@sdcounty.ca.gov

