



2026 HDHP Medical Plans

January 1 – December 31, 2026



	UnitedHealthcare (UHC) Harmony HDHP with Health Savings Account (HSA) Option	Kaiser Permanente HDHP with Health Savings Account (HSA) Option
Benefit Features	UHC Harmony HDHP Network PCP Referred (within the UHC Harmony HDHP network)	Kaiser Permanente Network PCP Referred (within the Kaiser network)
Choice of Provider	Must receive services from your Primary Care Physician (PCP) or be referred by your PCP to specialist within the same medical group. PCP must be a member of the UHC Harmony HDHP Network: Sharp, UCSD	Your choice of Kaiser Permanente physicians and providers. Must receive services from your Primary Care Physician (PCP) or be referred by your PCP to specialist within the same medical group.
Annual* Deductible		
• Employee Only Coverage (Annual Deductible includes Medical Care and copay Drug Benefits)	\$2,700	\$1,700
• Employee + Family Coverage (Annual Deductible includes Medical Care and copay Drug Benefits)	\$3,400 per individual \$3,400 per family**	\$3,400 per individual \$3,400 per family**
Annual Out-of-Pocket Maximum (Includes Deductible)		
• Individual	\$3,400	\$3,400
• Family	\$6,000	\$6,800
Out-of-Hospital Services		
• Office Visits	You pay 10% after deductible	You pay 10% after deductible
• Specialist Visits	You pay 10% after deductible	You pay 10% after deductible
• Urgent Care Facility	You pay 10% after deductible	You pay 10% after deductible
Preventive Care		
• Well-Baby/Well-Child	No copay or deductible	No copay or deductible
• Adult Physical Exam	No copay or deductible	No copay or deductible
• Well-Woman Care	No copay or deductible	No copay or deductible
• Prostate Cancer Screening	No copay or deductible	No copay or deductible
• Colorectal Cancer Screenings	No copay or deductible	No copay or deductible
• Diagnostic X-Rays & Lab Tests	No copay or deductible	No copay or deductible
In-Hospital Services		
• Semiprivate Room and Board (Precertification required)	You pay 10% after deductible	You pay 10% after deductible
• Emergency Room	You pay 10% after deductible	You pay 10% after deductible
Other Services		
• Outpatient Surgery	You pay 10% after deductible	You pay 10% after deductible
• Durable Medical Equipment	You pay 10% after deductible	You pay 10% after deductible; benefit limited to \$2,500 per plan year
• Outpatient CT, PET, MRI, MRA, and Nuclear Medicine	You pay 10% after deductible	You pay 10% after deductible

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	UHC Harmony HDHP Network PCP Referred (within the UHC Harmony HDHP network)	Kaiser Permanente Network PCP Referred (within the Kaiser network)
Benefit Features		
Other Services (continued)		
• Prosthetic Devices	You pay 10% after deductible	No charge after deductible
• Skilled Nursing Facility (Maximum 100 days per year)	You pay 10% after deductible	You pay 10% after deductible
• Physical/ Occupational/ Speech Therapy	You pay 10% after deductible	You pay 10% after deductible
• Chiropractic Care	You pay 10% after deductible	Not covered. Discounts available through https://healthy.kaiserpermanente.org/health-wellness/fitness-offerings
Mental Health & Substance Abuse		
• Outpatient Physician Visits	You pay 10% after deductible	You pay 10% after deductible
• Inpatient Physician Visits	You pay 10% after deductible	You pay 10% after deductible
Prescription Drug Benefits	All prescription drug benefits are subject to the plan deductible.	
Retail (up to 30-day supply)		
• Generic (Tier 1)	You pay \$10 copay	\$10 copay after deductible
• Brand (Tier 2)	You pay \$20 copay	\$30 copay after deductible
• Non-Formulary (Tier 3)	You pay \$35 copay	If prescribed by KP physician, covered at the brand copay
• Specialty Rx (Tier 4)	Above applicable copays apply	\$30 copay
Mail-Order****		
• Generic (Tier 1)	You pay \$20 copay for up to 90-day supply	You pay \$20 copay for a 31- to 100-day supply
• Brand (Tier 2)	You pay \$40 copay for up to 90-day supply	You pay \$60 copay for a 31- to 100-day supply
• Non-Formulary (Tier 3)	You pay \$60 copay for up to 90-day supply	Not covered
• Specialty Rx (Tier 4)	Above applicable copays apply	Not covered
Cost For Coverage Per Pay Period***		
• Employee Only	\$280.74	\$331.54
• Employee + 1 Dependent	\$558.25	\$663.08
• Employee + 2 or more Dependents	\$787.26	\$938.26
Health Savings Account Option		
• Individual Contribution Maximum for 2026	\$4,400	\$4,400
• Family Contribution Maximum for 2026 (Family includes employee plus one or more dependents)	\$8,750	\$8,750

* All references to "annual" and "per year" on this chart refer to policy year of January 1 through December 31, 2026.

** The individual deductible included in family coverage will not exceed \$3,400 for 2026. If one member of the family reaches \$3,400, co-insurance goes into effect for all family members.

*** Based on 24 pay periods in the year/twice a month deductions.

****UHC 90-day prescriptions for maintenance medications can be picked up at Rite Aid, Costco and Sharp Rees-Stealy at the same copay as using the ESI mail order service. 90-day prescriptions will not be allowed for pick up at any other pharmacy.

The Comparison Chart is a summary of general benefits available to County of San Diego eligible employees. Wherever conflicts occur between the contents of this Comparison Chart and the Plan terms, then the Evidence of Coverage (EOC) plan document shall prevail. Space does not permit listing all limitations and exclusions that apply to each plan. Before using your benefits, call the insurance carrier for more information.