



2026

PPO and HDHP Medical Plans

January 1 – December 31, 2026



	UHC/UMR Select Plus Plan PPO		UnitedHealthcare (UHC) Harmony HDHP with Health Savings Account (HSA) Option	Kaiser Permanente HDHP with Health Savings Account (HSA) Option
	PPO Network Self-referred (within UHC PPO network)	Out-of-Network Self-referred (outside PPO network)	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)	\$300	\$600	\$2,700	\$1,700
• Employee + Family Coverage (Annual Deductible includes Medical Care and copay Drug Benefits)	\$600	\$1,200	\$3,400 per individual \$3,400 per family**	\$3,400 per individual \$3,400 per family**
Annual Out-of-Pocket Maximum (Includes Deductible)				
• Individual	\$2,300	\$4,600	\$3,400	\$3,400
• Family	\$4,600	\$9,200	\$6,000	\$6,800
Out-of-Hospital Services				
• Office Visits	You pay \$20 per visit (deductible waived)	You pay 40% after deductible	You pay 10% after deductible	You pay 10% after deductible
• Specialist Visits	You pay \$40 per visit (deductible waived)	You pay 40% after deductible	You pay 10% after deductible	You pay 10% after deductible
• Urgent Care Facility	\$75 copay (deductible waived)	You pay 40% after deductible	You pay 10% after deductible	You pay 10% after deductible
Preventive Care				
• Well-Baby/Well-Child	No copay	You pay 40% after deductible	No copay or deductible	No copay or deductible
• Adult Physical Exam	No copay		No copay or deductible	No copay or deductible
• Well-Woman Care	No copay		No copay or deductible	No copay or deductible
• Prostate Cancer Screening	No copay		No copay or deductible	No copay or deductible
• Colorectal Cancer Screenings	No copay		No copay or deductible	No copay or deductible
• Diagnostic X-Rays and Lab Tests	100% covered		No copay or deductible	No copay or deductible
In-Hospital Services				
• Semiprivate Room and Board (Precertification required)	You pay \$150 copay per admission; then you pay 20% after deductible	You pay \$300 copay per admission; then you pay 40% after deductible	You pay 10% after deductible	You pay 10% after deductible
• Emergency Room	You pay \$125 (waived if admitted); then 20% after deductible	You pay \$125 (waived if admitted); then 20% after deductible	You pay 10% after deductible	You pay 10% after deductible

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Other Services				
• Outpatient Surgery	You pay 20% after deductible	You pay 40% after deductible	You pay 10% after deductible	You pay 10% after deductible
• Durable Medical Equipment	You pay 20% after deductible	You pay 40% after deductible	You pay 10% after deductible	You pay 10% after deductible; benefit limited to \$2,500 per plan year
• Prosthetic Devices	You pay 20% after deductible	You pay 40% after deductible	You pay 10% after deductible	No charge after deductible
• Skilled Nursing Facility (Maximum 100 days per year)	You pay 20% after deductible; precertification required; maximum 100 days a year	You pay 50% after deductible; precertification required; maximum 100 days a year	You pay 10% after deductible	You pay 10% after deductible
• Physical/ Occupational/ Speech Therapy	You pay \$20 copay	You pay 40% after deductible	You pay 10% after deductible	You pay 10% after deductible
• Chiropractic Care	You pay \$20 copay for chiropractic care; you pay 20% after the deductible for acupuncture	You pay 40% after deductible	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 \$20 per visit	You pay 40% after deductible	You pay 10% after deductible	You pay 10% after deductible
• Inpatient Physician Visits	You pay 20% after deductible	You pay 40% after deductible	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		You pay \$10 copay	\$10 copay after deductible
• Brand (Tier 2)	You pay \$20 copay		You pay \$20 copay	\$30 copay after deductible
• Non-Formulary (Tier 3)	You pay \$35 copay		You pay \$35 copay	If prescribed by KP physician, covered at the brand copay
• Specialty Rx (Tier 4)	Above applicable copays apply		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 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 \$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		You pay \$60 copay for up to 90-day supply	Not covered
• Specialty Rx (Tier 4)	Above applicable copays apply		Above applicable copays apply	Not covered
Cost For Coverage Per Pay Period***				
• Employee Only	\$845.53		\$280.74	\$331.54
• Employee +1 Dependent	\$1,691.07		\$558.25	\$663.08
• Employee +2 or more Dependents	\$2,392.92		\$787.26	\$938.26
Health Savings Account Option				
• Individual Contribution Maximum for 2026	N/A		\$4,400	\$4,400
• Family Contribution Maximum for 2026 (Family includes employee plus one or more dependents)	N/A		\$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.

THIS COMPARISON CHART IS NOT A CONTRACT

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.