



# 2026 COBRA Monthly Rates

Medical	Employee Only	Employee + 1	Employee + 2
Kaiser Permanente HMO	\$866.43	\$1,732.86	\$2,452.00
Kaiser Permanente Everyday Care HMO	\$795.03	\$1,590.06	\$2,249.94
Kaiser Permanente HDHP	\$676.34	\$1,352.68	\$1,914.05
UnitedHealthcare CS VEBA Performance HMO	\$940.09	\$1,879.45	\$2,659.04
UnitedHealthcare CS VEBA Alliance HMO	\$901.95	\$1,803.16	\$2,551.08
UnitedHealthcare Harmony HDHP	\$572.71	\$1,138.83	\$1,606.01
UnitedHealthcare/UMR Select Plus PPO	\$1,724.88	\$3,449.78	\$4,881.56
SIMNSA Mexico HMO	\$294.39	\$517.10	\$760.08
Dental	Employee Only	Employee + 1	Employee + 2
Delta Dental – PPO/Premier	\$48.72	\$97.39	\$139.05
Delta Dental – DeltaCare USA DHMO	\$18.50	\$33.44	\$42.84
Vision	Employee Only	Employee + 1	Employee + 2
VSP	\$8.30	\$19.20	\$26.03
Employee Assistance Program (EAP)	Employee + Household Members		
Anthem	\$2.31		

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

