



2026 Plan Rates (Per Pay Period)

Medical	Employee Only	Employee + 1	Employee + 2
Kaiser Permanente HMO	\$424.72	\$849.44	\$1,201.96
Kaiser Permanente Everyday Care HMO	\$389.72	\$779.44	\$1,102.91
Kaiser Permanente HDHP	\$331.54	\$663.08	\$938.26
UnitedHealthcare CS VEBA Performance HMO	\$460.83	\$921.30	\$1,303.45
UnitedHealthcare CS VEBA Alliance HMO	\$442.13	\$883.90	\$1,250.53
UnitedHealthcare Harmony HDHP	\$280.74	\$558.25	\$787.26
UnitedHealthcare/UMR Select Plus PPO	\$845.53	\$1,691.07	\$2,392.92
SIMNSA Mexico HMO	\$144.31	\$253.48	\$372.59
Dental	Employee Only	Employee + 1	Employee + 2
Delta Dental – PPO/Premier	\$23.88	\$47.74	\$68.16
Delta Dental – DeltaCare USA DHMO	\$9.07	\$16.39	\$21.00
Vision	Employee Only	Employee + 1	Employee + 2
VSP	\$4.07	\$9.41	\$12.76

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

