



2026 HMO Medical Plans

January 1 – December 31, 2026



	UHC CS VEBA Performance HMO	UHC SignatureValue CS VEBA Alliance HMO	Kaiser Permanente (HMO)	Kaiser Permanente Everyday Care (HMO)	SIMNSA Mexico HMO
	HMO Network PCP Referred (within HMO medical group)	UHC Network PCP Referred (within HMO medical group)	HMO Network PCP Referred (within Kaiser network)	HMO Network PCP Referred (within Kaiser network)	SIMNSA Network PCP Referred (within SIMNSA network)
Provider Networks	Sharp, Rady	Scripps, Rady, UCSD	Kaiser	Kaiser	Mexico Only
Annual Deductible*					
• Individual	None	None	None	\$2,000	None
• Maximum Per Family	None	None	None	\$4,000	None
Annual Out-of-Pocket Maximum (Includes Deductible)					
• Individual	\$2,000	\$2,000	\$1,500	\$2,000	\$6,350
• Family	\$6,000	\$6,000	\$3,000	\$4,000	\$12,700
Out-of-Hospital Services					
• Office Visits	You pay \$25 copay	You pay \$25 copay	You pay \$25 copay	You pay \$10 copay	You pay \$7 copay
• Specialist Visits	You pay \$25 copay	You pay \$40 copay	You pay \$25 copay	You pay \$10 copay	You pay \$7 copay
• Urgent Care Facility	You pay \$25 copay	You pay \$25 copay	You pay \$25 copay	You pay \$10 copay	If care received in Mexico: \$25 copay; If care received in U.S.: \$50 copay
Preventive Care					
• Well-Baby/Well-Child	No copay	No copay	No copay	No copay	No copay
• Adult Physical Exam	No copay	No copay	No copay	No copay	No copay
• Well-Woman Care	No copay	No copay	No copay	No copay	No copay
• Prostate Cancer Screening	No copay	No copay	No copay	No copay	No copay
• Colorectal Cancer Screenings	No copay	No copay	No copay	No copay	No copay
Lab/X-Rays/ Diagnostics					
• Preventive Diagnostic X-Ray/ Lab	100% covered	100% covered	No copay	Preventive: No copay Lab: \$10 copay X-Ray: \$50 copay	No copay
• Outpatient CT, PET, MRI, MRA, and Nuclear Medicine	No copay	No copay	No copay	MRI, CT, PET: \$500 copay	No copay
In-Hospital Services					
• Semiprivate Room and Board (Precertification required)	You pay \$200 per admission	You pay \$200 per admission	You pay \$100 per admission	\$0 after deductible	No copay
• Emergency Room	You pay \$125 (waived if admitted)	You pay \$125 (waived if admitted)	You pay \$125 (waived if admitted)	You pay \$500 copay	You pay \$250 copay (waived if admitted)
Other Services					
• Outpatient Surgery	No copay	You pay \$100 copay	You pay \$25 per procedure	\$0 after deductible	No copay
• Durable Medical Equipment	No copay	No copay	No copay	50% coinsurance (deductible doesn't apply)	No copay

	UHC CS VEBA Performance HMO	UHC SignatureValue CS VEBA Alliance HMO	Kaiser Permanente (HMO)	Kaiser Permanente Everyday Care (HMO)	SIMNSA Mexico HMO
	HMO Network PCP Referred (within HMO medical group)	UHC Network PCP Referred (within HMO medical group)	HMO Network PCP Referred (within Kaiser network)	HMO Network PCP Referred (within Kaiser network)	SIMNSA Network PCP Referred (within SIMNSA network)
• Skilled Nursing Facility	No copay; maximum 100 days a year	No copay; maximum 100 days a year	No copay; maximum 100 days a year	\$0 after deductible	You pay \$10 copay; available on the SIMNSA campus only; no maximum days limit
• Physical/ Occupational/ Speech Therapy	You pay \$25 copay	You pay \$25 copay	You pay \$25 copay	You pay \$10 copay	You pay \$10 copay
• Chiropractic Care/ Acupuncture	You pay \$20 copay; unlimited visits	You pay \$20; unlimited visits	Not covered; discounts available through https://healthy.kaiserpermanente.org/health-wellness/fitness-offerings	Not covered; discounts available through https://healthy.kaiserpermanente.org/health-wellness/fitness-offerings	Chiropractic care not covered; Acupuncture: You pay \$10 copay; unlimited visits
Mental Health & Substance Abuse					
• Outpatient Physician Visits	You pay \$25 copay for physician No charge for SA	You pay \$25 per visit No charge for SA	\$25 copay per individual visit \$12 copay per group visit for MH \$5 copay per group visit for SA	You pay \$10 copay	You pay \$7 copay for physician
• Inpatient Physician Visits	You pay \$200 per admission	You pay \$200 per admission	You pay \$100 per admission	\$0 after deductible	No copay
Prescription Drug Benefits: Retail (up to 30-day supply)					
• Tier 1/Generics	You pay \$10 copay		You pay \$10 copay	You pay \$10 for a 30-day supply	You pay \$10 copay
• Tier 2/Brand	You pay \$20 copay		You pay \$25 copay	You pay \$50 for a 30-day supply	You pay \$10 copay
• Tier 3/Brand Non- Formulary	You pay \$35 copay		If prescribed by KP physician, covered at the brand copay	If prescribed by KP physician, covered at the brand copay	You pay \$10 copay
• Tier 4/Specialty	Above applicable copays apply		You pay \$25 copay	You pay \$250 copay	You pay \$10 copay
Prescription Drug Benefits: Mail-Order					
• Tier 1/Generics	You pay \$20 copay for up to 90-day supply		You pay \$20 copay for up to 100-day supply	You pay \$20 for a 100-day supply	Not covered
• Tier 2/Brand	You pay \$40 copay for up to 90-day supply		You pay \$50 copay for up to 100 day supply	You pay \$100 for a 100-day supply	
• Tier 3/Brand Non- Formulary	You pay \$60 copay for up to 90-day supply		You pay if prescribed by KP physician, covered at the brand copay for up to a 30-day supply	Not covered	
• Tier 4/Specialty	Above applicable copays apply		You pay \$25 copay for up to 30 days	You pay \$250 copay for up to 30 days	
Cost For Coverage (Per Pay Period)**					
• Employee Only	\$460.83	\$442.13	\$424.72	\$389.72	\$144.31
• Employee +1 Dependent	\$921.30	\$883.90	\$849.44	\$779.44	\$253.48
• Employee +2 or more Dependents	\$1,303.45	\$1,250.53	\$1,201.96	\$1,102.91	\$372.59

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

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

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, than 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.