

Irvine Unified School District 2021 Health Benefit Premiums

Active Employee and Dependent Monthly Rates (10 Payroll Cycles) - Effective 1/1/21				
Coverage Level	Blue Shield PPO	Blue Shield HMO	Delta Dental PPO	VSP or MES Vision
Employee Only	\$50.00	\$50.00	\$0	\$0
Employee + Spouse	\$350.00	\$350.00	\$25.00	\$9.00
Employee + Child	\$300.00	\$300.00	\$25.00	\$9.00
Employee + Children	\$330.00	\$330.00	\$55.00	\$21.00
Family	\$400.00	\$400.00	\$55.00	\$21.00

Retiree Monthly Rates - Effective 1/1/21				
Coverage Level	Blue Shield PPO	Blue Shield HMO	Delta Dental PPO	VSP or MES Vision
Retiree Only	\$41.67	\$41.67	\$0	\$0
Retiree + One Dependent	\$932.06	\$875.70	\$44.76	\$16.33
Retiree + Two Dependents	\$1,822.44	\$1,709.72	\$89.51	\$27.00
Three or More Dependents	\$2,908.70	\$2,727.25	\$144.10	\$35.78

COBRA Monthly Rates - Effective 1/1/21				
Coverage Level	Blue Shield PPO	Blue Shield HMO	Delta Dental PPO	VSP or MES Vision
Single	\$580.51	\$523.85	\$39.69	\$7.19
Two Party	\$1,161.02	\$1,047.73	\$79.41	\$15.52
Family	\$1,869.22	\$1,686.84	\$127.79	\$25.67