

Irvine Unified School District 2022 Health Benefit Premiums

Active Employee and Dependent Monthly Rates (10 Payroll Cycles) - Effective 1/1/22				
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 1/1/22				
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	\$948.98	\$941.06	\$42.79	\$16.85
Retiree + Two Dependents	\$1,856.27	\$1,840.45	\$85.57	\$27.86
Three or More Dependents	\$2,963.17	\$2,937.72	\$137.76	\$36.92

COBRA Monthly Rates - Effective 1/1/22				
Coverage Level	Blue Shield PPO	Blue Shield HMO	Delta Dental PPO	VSP or MES Vision
Single	\$591.54	\$564.91	\$37.94	\$7.43
Two Party	\$1,183.08	\$1,129.80	\$75.91	\$16.02
Family	\$1,904.74	\$1,818.99	\$122.17	\$26.50