

## Irvine Unified School District 2024 Health Benefit Premiums

Active Employee and Dependent Monthly Rates (10 Payroll Cycles) - Effective 1/1/24				
Coverage Level	UHC PPO	UHC HMO	Delta Dental PPO	VSP or EyeMed
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 1/1/24				
Coverage Level	UHC PPO	UHC HMO	Delta Dental PPO	VSP or EyeMed
Retiree Only	\$41.67	\$41.67	\$0	\$0
Retiree + One Dependent	\$1,115.49	\$1,126.92	\$40.37	\$16.65
Retiree + Two Dependents	\$2,189.28	\$2,212.17	\$80.73	\$27.52
Three or More Dependents	\$3,499.32	\$3,536.20	\$129.98	\$36.48

COBRA Monthly Rates - Effective 1/1/24				
Coverage Level	UHC PPO	UHC HMO	Delta Dental PPO	VSP or EyeMed
Single	\$700.11	\$681.65	\$35.80	\$7.33
Two Party	\$1,400.19	\$1,363.29	\$71.62	\$15.83
Family	\$2,254.29	\$2,194.91	\$115.26	\$26.18