

Irvine Unified School District 2025 Health Benefit Premiums

| Active Employee and Dependent Monthly Rates (10 Payroll Cycles) - Effective 1/1/25 | | | | |
|--|----------|----------|------------------|---------------|
| 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 1/1/25 | | | | |
|--|------------|------------|------------------|---------------|
| Coverage Level | UHC PPO | UHC HMO | Delta Dental PPO | VSP or EyeMed |
| Retiree Only | \$41.67 | \$41.67 | \$0 | \$0 |
| Retiree + One Dependent | \$1,207.80 | \$1,204.01 | \$41.26 | \$15.15 |
| Retiree + Two Dependents | \$2,373.90 | \$2,366.35 | \$82.51 | \$25.04 |
| Three or More Dependents | \$3,796.57 | \$3,784.43 | \$132.84 | \$33.20 |

| COBRA Monthly Rates - Effective 1/1/25 | | | | |
|--|------------|------------|------------------|---------------|
| Coverage Level | UHC PPO | UHC HMO | Delta Dental PPO | VSP or EyeMed |
| Single | \$760.30 | \$730.07 | \$36.59 | \$6.67 |
| Two Party | \$1,520.57 | \$1,460.13 | \$73.20 | \$14.40 |
| Family | \$2,448.09 | \$2,350.81 | \$117.80 | \$23.83 |