

## Irvine Unified School District 2026 Health Benefit Premiums

Active Employee and Dependent Monthly Rates (10 Payroll Cycles) - Effective 1/1/26				
Coverage Level	UHC PPO	UHC HMO	Delta Dental PPO	VSP or EyeMed
Employee Only	\$80.00	\$80.00	\$20	\$5
Employee + Spouse	\$415.00	\$415.00	\$45.00	\$14.00
Employee + Child	\$365.00	\$365.00	\$45.00	\$14.00
Employee + Children	\$395.00	\$395.00	\$75.00	\$26.00
Family	\$470.00	\$470.00	\$75.00	\$26.00

Retiree Monthly Rates - Effective 1/1/26				
Coverage Level	UHC PPO	UHC HMO	Delta Dental PPO	VSP or EyeMed
Retiree Only	\$66.67	\$66.67	\$16.67	\$4.17
Retiree + One Dependent	\$1,404.89	\$1,370.52	\$60.45	\$18.36
Retiree + Two Dependents	\$2,743.07	\$2,674.37	\$104.21	\$27.62
Three or More Dependents	\$4,375.68	\$4,265.10	\$157.61	\$35.26

COBRA Monthly Rates - Effective 1/1/26				
Coverage Level	UHC PPO	UHC HMO	Delta Dental PPO	VSP or EyeMed
Single	\$872.50	\$818.95	\$38.83	\$6.24
Two Party	\$1,744.97	\$1,637.90	\$77.68	\$13.47
Family	\$2,809.37	\$2,637.02	\$125.03	\$22.30