



Irvine Unified School District

2020

Active Dependent Monthly Rates (tenthsly) - Effective 1/1/20				
Coverage Level	Blue Shield PPO	Blue Shield HMO	Delta Dental PPO	VSP or MES Vision
One Dependent	\$250.00	\$250.00	\$25.00	\$9.00
Two or more Dependents	\$300.00	\$300.00	\$55.00	\$21.00

Retiree Monthly Rates - Effective 1/1/20				
Coverage Level	Blue Shield PPO	Blue Shield HMO	Delta Dental PPO	VSP or MES Vision
One Dependent	\$945.21	\$834.28	\$44.89	\$16.03
Two Dependents	\$1,890.41	\$1,668.55	\$89.78	\$26.50
Three or More Dependents	\$3,043.56	\$2,686.39	\$144.53	\$35.11

COBRA Monthly Rates - Effective 1/1/20				
Coverage Level	Blue Shield PPO	Blue Shield HMO	Delta Dental PPO	VSP or MES Vision
Single	\$616.25	\$524.00	\$39.81	\$7.06
Two Party	\$1,232.50	\$1,048.05	\$79.64	\$15.24
Family	\$1,984.31	\$1,687.35	\$128.17	\$25.19

Posted: October 1, 2019