

TUCSON UNIFIED SCHOOL DISTRICT

COBRA INSURANCE RATES

Effective: 07/01/2023 – 6/30/2024

HealthEquity/WageWorks 1-877-722-2667

<https://mybenefits.wageworks.com/>

2023-2024 Medical COBRA Rates			
	UMR PPO	UMR HDHP 1500	UMR HDHP 3000
	MONTHLY		MONTHLY
Individual	\$ 605.98	\$ 533.14	\$ 466.87
Individual + Spouse	\$ 1454.36	\$ 1279.56	\$ 1120.51
Individual + Children	\$ 1151.37	\$ 1012.98	\$ 887.06
Individual + Family	\$ 1817.95	\$ 1599.44	\$ 1400.63

2023-2024 Dental COBRA Rates			
	DELTA DENTAL LOW OPTION	DELTA DENTAL HIGH OPTION	EMPLOYERS DENTAL SERVICE
	MONTHLY		MONTHLY
Individual	\$ 23.79	\$ 44.25	\$ 8.72
Individual + Spouse	\$ 57.14	\$ 106.28	\$ 17.35
Individual + Children	\$ 51.84	\$ 96.43	\$ 21.11
Individual + Family	\$ 82.21	\$ 152.92	\$ 26.16

2023-2024 Vision COBRA Rates		
	VISION SERVICE PLAN DISCOUNT MONTHLY	VISION SERVICE PLAN FULL SERVICE MONTHLY
Individual	\$ 0.00	\$ 5.85
Individual + Spouse	\$ 0.00	\$ 11.71
Individual + Children	\$ 0.00	\$ 12.53
Individual + Family	\$ 0.00	\$ 18.97