

TUCSON UNIFIED SCHOOL DISTRICT

COBRA INSURANCE RATES

Effective: 07/01/2026 – 6/30/2027

HealthEquity/WageWorks 1-877-722-2667

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

2026-2027 Medical COBRA Rates			
	UHC PPO	UHC HDHP 1700	UHC HDHP 3400
	MONTHLY		MONTHLY
Individual	\$ 741.73	\$ 652.59	\$ 571.47
Individual + Spouse	\$ 1780.16	\$ 1566.20	\$ 1371.52
Individual + Children	\$ 1409.28	\$ 1239.90	\$ 1085.78
Individual + Family	\$ 2225.19	\$ 1957.75	\$ 1714.40

2026-2027 Dental COBRA Rates			
	DELTA DENTAL LOW - LEVEL I	DELTA DENTAL HIGH – Level III	CIGNA DENTAL
	MONTHLY	MONTHLY	MONTHLY
Individual	\$ 23.79	\$ 44.25	\$ 11.04
Individual + Spouse	\$ 53.26	\$ 91.83	\$ 21.82
Individual + Children	\$ 51.84	\$ 96.42	\$ 24.47
Individual + Family	\$ 79.89	\$ 137.74	\$ 26.85

2026-2027 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