

TUCSON UNIFIED SCHOOL DISTRICT

COBRA INSURANCE RATES

Effective: 07/01/2025 – 6/30/2026

HealthEquity/WageWorks 1-877-722-2667

[HealthEquity/WageWorks](https://mybenefits.wageworks.com) (https://mybenefits.wageworks.com)

2025-2026 Medical COBRA Rates			
	UHC PPO	UHC HDHP 1650	UHC HDHP 3300
	MONTHLY		MONTHLY
Individual	\$ 655.80	\$ 576.98	\$ 505.26
Individual + Spouse	\$ 1573.93	\$ 1384.75	\$ 1212.64
Individual + Children	\$ 1246.02	\$ 1096.26	\$ 959.99
Individual + Family	\$ 1967.40	\$ 1730.94	\$ 1515.78

2025-2026 Dental COBRA Rates			
	DELTA DENTAL LOW OPTION	DELTA DENTAL HIGH OPTION	CIGNA DENTAL
	MONTHLY	MONTHLY	MONTHLY
Individual	\$ 23.79	\$ 44.25	\$ 10.51
Individual + Spouse	\$ 57.14	\$ 106.28	\$ 21.29
Individual + Children	\$ 51.84	\$ 96.43	\$ 23.30
Individual + Family	\$ 82.21	\$ 152.92	\$ 25.56

2025-2026 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