



# COBRA Premiums

The University medical, dental, vision and Healthcare FSA reimbursement plans may be continued in accordance with COBRA, which generally allows for coverage continuation for 18 months beyond the separation date at the expense of the employee. The table below shows the total cost of coverage for medical, dental, and vision. Should you elect to continue your benefits under COBRA, you will be responsible for the entire monthly premium of your benefit, including the DU portion plus the employee portion plus a 2% administrative fee. Your monthly premiums will be sent directly to Rocky Mountain Reserve.

Medical	Copay Plan - Local Plus	HDHP - Local Plus
	Employee	Employee
Employee Only	\$767.01	\$593.36
Employee & Spouse/Partner	\$1,528.56	\$1,181.80
Employee & Child(ren)	\$1,376.21	\$1,064.07
Family	\$2,137.91	\$1,652.40

Dental	Delta Base PPO Plan	Delta Enhanced PPO Plan	Beta Health Alpha Plan
Employee Only	\$30.52	\$50.94	10.97
Employee & Spouse/Partner	\$60.15	\$100.42	\$20.66
Employee & Child(ren)	\$72.37	\$120.77	\$23.72
Family	\$112.95	\$188.24	\$30.35

Vision	Base Plan	Enhanced Plan
Employee Only	\$6.47	\$9.03
Employee & Spouse/Partner	\$12.31	\$17.15
Employee & Child(ren)	\$12.96	\$18.07
Family	\$19.06	\$26.55