



Active Employee Contributions

The table below shows the employee contributions for the medical, dental and vision plans. Your portion of the cost(s) will be deducted from your paycheck on a pre-tax basis. The portion of the premiums paid by employees for civil union or domestic partner coverage will be withheld on a post-tax basis. The University portion of the premium paid for a civil union or domestic partner will be added to your earnings as taxable income.

Medical	Cigna			
	Copay Plan		HDHP-HSA Plan*	
	University of Denver Contributes	Employee	University of Denver Contributes	Employee
Employee Only	\$691.82	\$97.76	\$610.83	\$0.00
Employee & Spouse/Partner	\$1,166.30	\$407.24	\$1,042.05	\$174.52
Employee & Child(ren)	\$1,051.39	\$365.32	\$935.70	\$159.68
Family	\$1,560.41	\$640.40	\$1,393.62	\$307.40

Medical	Kaiser			
	DHMO Plan		HDHP-HSA Plan*	
	University of Denver Contributes	Employee	University of Denver Contributes	Employee
Employee Only	\$651.18	\$97.76	\$603.81	\$0.00
Employee & Spouse/Partner	\$1,090.63	\$407.24	\$1,033.10	\$174.52
Employee & Child(ren)	\$982.77	\$365.32	\$927.18	\$159.68
Family	\$1,456.62	\$640.40	\$1,383.27	\$307.40

*If you enroll in the HDHP and open a health savings account (HSA) through Rocky Mountain Reserve the University will contribute \$27.64 per month to your HSA.

Dental	Delta Base PPO Plan	Delta Enhanced PPO Plan	Beta Health Alpha Plan
Employee Only	\$32.91	\$54.93	\$10.75
Employee & Spouse/Partner	\$64.87	\$108.29	\$20.25
Employee & Child(ren)	\$78.04	\$130.24	\$23.25
Family	\$121.81	\$203.00	\$29.75

Vision	Base Plan	Enhanced Plan
Employee Only	\$6.80	\$9.50
Employee & Spouse/Partner	\$12.95	\$18.04
Employee & Child(ren)	\$13.64	\$19.01
Family	\$20.05	\$27.93

Premium Contributions (Cont'd)

Voluntary Life

Monthly Rates Per \$1,000 & Based on Attained Age as of July 1	Employee	Spouse
Under 20	\$0.05	\$0.05
20-24	\$0.05	\$0.05
25-29	\$0.06	\$0.06
30-34	\$0.08	\$0.08
35-39	\$0.09	\$0.09
40-44	\$0.10	\$0.10
45-49	\$0.15	\$0.15
50-54	\$0.23	\$0.23
55-59	\$0.43	\$0.43
60-64	\$0.66	\$0.66
65-69	\$1.27	\$1.27
70-74	\$2.06	\$2.06
75+	\$2.06	\$2.06

Voluntary AD&D

Monthly Rates Per \$1,000	
Employee Only	\$0.02
Employee + Family	\$0.03

Voluntary Accident

Monthly Rates	
Employee Only	\$9.92
Employee & Spouse/Partner	\$17.96
Employee & Child(ren)	\$22.90
Family	\$30.95

Voluntary Critical Illness

Monthly Rates Per \$10,000 & Based on Employee's Age	Employee Only	Employee & Spouse/Partner	Employee & Child(ren)	Family
0-29	\$2.49	\$3.98	\$3.71	\$5.22
30-39	\$4.42	\$6.84	\$5.65	\$8.07
40-49	\$8.16	\$12.75	\$9.39	\$13.98
50-59	\$16.19	\$25.77	\$17.42	\$27.01
60-69	\$25.85	\$41.31	\$27.08	\$42.53
70-79	\$45.53	\$70.56	\$46.76	\$71.78
80+	\$72.33	\$109.99	\$73.57	\$111.23