

Active Employee Contributions

The table below shows the monthly 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 with HSA*	
	University Contributes	Employee	University 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 PLUS PLAN		HDHP PLUS with HSA*	
	University Contributes	Employee	University 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 Dental and Beta Health

	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: EyeMed

	BASE PLAN	BETA HEALTH ALPHA 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



Voluntary Life Insurance

MONTHLY RATES PER \$1,000 BASED ON ATTAINED AGE AS OF JAN 1	EMPLOYEE	SPOUSE	CHILD(REN)
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	\$0.20
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	

How to calculate your monthly Voluntary Life rate:

Note: Premium is determined by the employee's age. As you age and change groups your premium will increase.

To determine how much Voluntary Life will cost you per month, take the amount you want to purchase, divide it by 1,000 and multiply by the amount beside your age.

$$\frac{\text{Amount of Coverage}}{1,000} = \text{Rate} \times \text{Rate} = \text{Amount Per Month}$$

For example, an employee who is 47, and wants to purchase \$120,000 for himself and \$70,000 for his spouse who is age 42:

Employee: \$120,000 ÷ 1,000 = 120 x \$0.15 = \$18.00 per month

Spouse*: \$70,000 ÷ 1,000 = 70 x \$0.10 = \$7.00 per month

In this example the employee would have \$28.50 taken out of his paycheck per month.

*Spouse rate is determined by spouse age, coverage terminates at age 70.

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 EMPLOYEES 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