

COBRA Contributions

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: Kaiser

| | COPAY PLAN - OPEN ACCESS PLUS | HDHP - OPEN ACCESS PLUS |
|---------------------------|-------------------------------|-------------------------|
| Employee Only | \$763.92 | \$615.89 |
| Employee & Spouse/Partner | \$1,527.83 | \$1,231.77 |
| Employee & Child(ren) | \$1,375.05 | \$1,108.60 |
| Family | \$2,138.96 | \$1,724.48 |

Dental: Delta Dental and Beta Health

| | DELTA BASE PPO PLAN | DELTA ENHANCED PPO PLAN | BETA HEALTH ALPHA PLAN |
|---------------------------|---------------------|-------------------------|------------------------|
| Employee Only | \$33.57 | \$56.03 | \$10.97 |
| Employee & Spouse/Partner | \$66.17 | \$110.46 | \$20.66 |
| Employee & Child(ren) | \$79.60 | \$132.84 | \$23.72 |
| Family | \$124.25 | \$207.06 | \$30.35 |

Vision: EyeMed

| | BASE PLAN | BETA HEALTH ALPHA PLAN |
|---------------------------|-----------|------------------------|
| Employee Only | \$6.94 | \$9.69 |
| Employee & Spouse/Partner | \$13.21 | \$18.40 |
| Employee & Child(ren) | \$13.91 | \$19.39 |
| Family | \$20.45 | \$28.49 |

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 |