

University of Denver Health and Welfare Rates
Active Employees
Effective 7/1/15

Medical Plan	Coverage Type	Total Monthly Cost	DU HSA Contribution /Month*	University's Monthly Share	Employee's Monthly Share	EE Share as %
Completion of THA						
Kaiser HMO	Employee Only	\$572.30	n/a	\$486.46	\$85.84	15%
	Employee + Sp	\$1,144.60	n/a	\$785.74	\$358.86	31%
	Employee + Ch(ren)	\$1,030.14	n/a	\$707.18	\$322.96	31%
	Family	\$1,602.46	n/a	\$1,041.60	\$560.86	35%
Kaiser POS	Employee Only	\$773.90	n/a	\$486.46	\$287.44	37%
	Employee + Sp	\$1,547.92	n/a	\$785.74	\$762.18	49%
	Employee + Ch(ren)	\$1,393.04	n/a	\$707.18	\$685.86	49%
	Family	\$2,166.94	n/a	\$1,041.60	\$1,125.34	52%
Kaiser HDHP-HSA	Employee Only	\$443.92	\$42.54	\$486.46	\$0.00	0%
	Employee + Sp	\$887.84	\$42.54	\$785.74	\$144.64	16%
	Employee + Ch(ren)	\$799.08	\$42.54	\$707.18	\$134.44	17%
	Family	\$1,242.98	\$42.54	\$1,041.60	\$243.92	20%
Kaiser PPO	Employee Only	\$838.82	n/a	\$486.46	\$352.36	42%
	Employee + Sp	\$1,677.66	n/a	\$785.74	\$891.92	53%
	Employee + Ch(ren)	\$1,509.90	n/a	\$707.18	\$802.72	53%
	Family	\$2,348.74	n/a	\$1,041.60	\$1,307.14	56%
Kaiser PPO HDHP-HSA	Employee Only	\$642.74	n/a	\$486.46	\$156.28	24%
	Employee + Sp	\$1,285.50	n/a	\$785.74	\$499.76	39%
	Employee + Ch(ren)	\$1,156.92	n/a	\$707.18	\$449.74	39%
	Family	\$1,799.66	n/a	\$1,041.60	\$758.06	42%
Non-Completion of THA						
Kaiser HMO	Employee Only	\$597.30	n/a	\$486.46	\$110.84	19%
	Employee + Sp	\$1,194.62	n/a	\$785.74	\$408.88	34%
	Employee + Ch(ren)	\$1,055.14	n/a	\$707.18	\$347.96	33%
	Family	\$1,652.46	n/a	\$1,041.60	\$610.86	37%
Kaiser POS	Employee Only	\$798.92	n/a	\$486.46	\$312.46	39%
	Employee + Sp	\$1,597.94	n/a	\$785.74	\$812.20	51%
	Employee + Ch(ren)	\$1,418.04	n/a	\$707.18	\$710.86	50%
	Family	\$2,216.96	n/a	\$1,041.60	\$1,175.36	53%
Kaiser HDHP-HSA	Employee Only	\$511.46	\$42.54	\$486.46	\$25.00	5%
	Employee + Sp	\$980.40	\$42.54	\$785.74	\$194.66	20%
	Employee + Ch(ren)	\$866.62	\$42.54	\$707.18	\$159.44	18%
	Family	\$1,335.54	\$42.54	\$1,041.60	\$293.94	22%
Kaiser PPO	Employee Only	\$863.84	n/a	\$486.46	\$377.38	44%
	Employee + Sp	\$1,727.68	n/a	\$785.74	\$941.94	55%
	Employee + Ch(ren)	\$1,534.92	n/a	\$707.18	\$827.74	54%
	Family	\$2,398.74	n/a	\$1,041.60	\$1,357.14	57%
Kaiser PPO HDHP-HSA	Employee Only	\$667.74	n/a	\$486.46	\$181.28	27%
	Employee + Sp	\$1,335.50	n/a	\$785.74	\$549.76	41%
	Employee + Ch(ren)	\$1,181.94	n/a	\$707.18	\$474.76	40%
	Family	\$1,849.68	n/a	\$1,041.60	\$808.08	44%

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Dental Plan	Coverage Type	Total Monthly Cost	University's Monthly Share	Employee's Monthly Share
Delta Dental Patient Direct Discount HMO Plan	Employee	\$10.22	Employee-paid benefit	\$10.22
	Employee +	\$20.24		\$20.24
	Employee + Child(ren)	\$24.92		\$24.92
	Employee + Family	\$29.86		\$29.86
Delta Dental Base PPO Plan	Employee	\$30.02	Employee-paid benefit	\$30.02
	Employee +	\$59.18		\$59.18
	Employee + Child(ren)	\$71.20		\$71.20
	Employee + Family	\$111.13		\$111.13
Delta Dental Enhanced PPO Plan	Employee	\$45.77	Employee-paid benefit	\$45.77
	Employee +	\$90.22		\$90.22
	Employee + Child(ren)	\$108.51		\$108.51
	Employee + Family	\$169.41		\$169.41

Vision Plan	Coverage Type	Total Monthly Cost	University's Monthly Share	Employee's Monthly Share
EyeMed Base Plan	Employee	\$5.98	Employee-paid benefit	\$5.98
	Employee +	\$11.38		\$11.38
	Employee + Child(ren)	\$11.98		\$11.98
	Employee + Family	\$17.62		\$17.62
EyeMed Enhanced Plan	Employee	\$7.24	Employee-paid benefit	\$7.24
	Employee +	\$13.74		\$13.74
	Employee + Child(ren)	\$14.48		\$14.48
	Employee + Family	\$21.28		\$21.28

Hartford	Rate	Employee's Monthly Share		
Voluntary Term Life	Employee-paid benefit	Rates below are for \$10,000 of monthly coverage for employee or spouse/partner		
		Age	Tobacco	Non-Tobacco
		< 25	\$0.60	\$0.50
		25-29	\$0.70	\$0.60
		30-34	\$0.80	\$0.80
		35-39	\$1.10	\$0.90
		40-44	\$1.70	\$1.00
		45-49	\$2.80	\$1.50
		50-54	\$4.70	\$2.30
		55-59	\$7.70	\$4.30
		60-64	\$9.60	\$6.60
		65-69	\$16.60	\$12.70
		70-74	\$27.00	\$20.60
75-79	\$41.60	\$20.60		
<u>Children</u>				
\$2,500 – \$0.50	\$7,500 – \$1.50			
\$5,000 – \$1.00	\$10,000 – \$2.00			
Voluntary AD&D	Employee-paid	Employee Only: \$0.22/\$10,000/month Family: \$0.33/\$10,000/month		