

Medicare Eligible Retiree

Rates & Contributions

Medical

	KAISER SENIOR ADVANTAGE MEDICARE PLAN & HMO Medicare Parts A & B Required			KAISER SENIOR ADVANTAGE MEDICARE PLAN & HDHP Medicare Parts A & B Required	
	University of Denver's Contribution	Retiree's Contribution	Total Cost	Retiree's Contribution	Total Cost
Retiree Only	\$60.00	\$150.16	\$210.16	\$150.16	\$210.16
Retiree + Spouse - Both on Medicare	\$60.00	\$360.32	\$420.32	\$360.32	\$420.32
Spouse Only -Medicare	N/A	\$210.16	\$210.16	\$210.16	\$210.16
Retiree & Spouse -	\$60.00	\$1,150.83	\$1,210.83	\$932.98	\$992.98
Retiree & Child(ren) - One on Medicare	\$60.00	\$1,150.83	\$1,210.83	\$932.98	\$992.98
Retiree & Family - One on Medicare	\$60.00	\$2,148.10	\$2,208.10	\$1,713.15	\$1,773.15
Retiree & Family - Both on Medicare	\$60.00	\$1,360.99	\$1,420.99	\$1,143.14	\$1,203.14

Dental and Vision

	Dental			Vision	
	Delta Dental Base PPO Plan	Delta Dental Enhanced PPO Plan	Beta Health Alpha Plan	EyeMed Base Plan	EyeMed Enhanced Plan
Retiree Only	\$ 32.91	\$54.93	\$10.75	\$6.80	\$9.50
Retiree & Spouse/Partner	\$64.87	\$108.29	\$20.25	\$12.95	\$18.04
Retiree & Child(ren)	\$78.04	\$130.24	\$23.25	\$13.64	\$19.01
Family	\$121.81	\$203.00	\$29.75	\$20.05	\$27.93

*Costs outlined above are shown monthly.



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