

University of Denver Health and Welfare Rates

Effective 7/1/16

		2016 -2017 Plan Year				
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	\$590.28	n/a	\$501.74	\$88.54	15%
	Employee + Sp	\$1,180.49	n/a	\$814.54	\$365.96	31%
	Employee + Ch(ren)	\$1,062.44	n/a	\$733.08	\$329.36	31%
	Family	\$1,652.72	n/a	\$1,074.28	\$578.46	35%
Kaiser POS	Employee Only	\$841.83	n/a	\$501.74	\$340.08	40%
	Employee + Sp	\$1,683.74	n/a	\$814.54	\$869.22	52%
	Employee + Ch(ren)	\$1,515.29	n/a	\$733.08	\$782.22	52%
	Family	\$2,357.12	n/a	\$1,074.28	\$1,282.86	54%
Kaiser HDHP-HSA	Employee Only	\$475.32	\$26.42	\$501.74	\$0.00	0%
	Employee + Sp	\$950.59	\$26.42	\$814.54	\$162.46	17%
	Employee + Ch(ren)	\$855.58	\$26.42	\$733.08	\$148.92	17%
	Family	\$1,330.87	\$26.42	\$1,074.28	\$283.00	21%
Kaiser PPO	Employee Only	\$939.78	n/a	\$501.74	\$438.02	47%
	Employee + Sp	\$1,879.56	n/a	\$814.54	\$1,065.02	57%
	Employee + Ch(ren)	\$1,691.60	n/a	\$733.08	\$958.52	57%
	Family	\$2,631.38	n/a	\$1,074.28	\$1,557.12	59%
Kaiser PPO HDHP-HSA	Employee Only	\$711.71	n/a	\$501.74	\$209.96	30%
	Employee + Sp	\$1,423.41	n/a	\$814.54	\$608.88	473%
	Employee + Ch(ren)	\$1,281.06	n/a	\$733.08	\$547.96	43%
	Family	\$1,992.84	n/a	\$1,074.28	\$918.58	46%
Non-Completion of THA						
Kaiser HMO	Employee Only	\$590.28	n/a	\$501.74	\$115.62	20%
	Employee + Sp	\$1,180.49	n/a	\$814.54	\$420.12	36%
	Employee + Ch(ren)	\$1,062.44	n/a	\$733.08	\$356.44	34%
	Family	\$1,652.72	n/a	\$1,074.28	\$632.62	38%
Kaiser POS	Employee Only	\$841.83	n/a	\$501.74	\$367.16	44%
	Employee + Sp	\$1,683.74	n/a	\$814.54	\$923.38	55%
	Employee + Ch(ren)	\$1,515.29	n/a	\$733.08	\$809.30	53%
	Family	\$2,357.12	n/a	\$1,074.28	\$1,337.02	57%
Kaiser HDHP-HSA	Employee Only	\$475.32	\$26.42	\$501.74	\$27.08	5%
	Employee + Sp	\$950.59	\$26.42	\$814.54	\$216.64	23%
	Employee + Ch(ren)	\$855.58	\$26.42	\$733.08	\$176.00	20%
	Family	\$1,330.87	\$26.42	\$1,074.28	\$337.18	25%
Kaiser PPO	Employee Only	\$939.78	n/a	\$501.74	\$465.12	49%
	Employee + Sp	\$1,879.56	n/a	\$814.54	\$1,119.18	60%
	Employee + Ch(ren)	\$1,691.60	n/a	\$733.08	\$985.60	58%
	Family	\$2,631.38	n/a	\$1,074.28	\$1,611.28	61%
Kaiser PPO HDHP-HSA	Employee Only	\$711.71	n/a	\$501.74	\$237.04	33%
	Employee + Sp	\$1,423.41	n/a	\$814.54	\$663.04	47%
	Employee + Ch(ren)	\$1,281.06	n/a	\$733.08	\$575.06	45%
	Family	\$1,992.84	n/a	\$1,074.28	\$972.76	49%

* HSA Contributions are also included in the University's monthly share Wellness incentive of \$325 single/\$650 spouse/family.

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Dental Plan	Coverage Type	Total Monthly	University's Monthly Share	Employee's Monthly Share
Delta Dental Patient Direct Discount HMO Plan	Employee	\$10.22	Employee-paid benefit	\$10.22
	Employee + Spouse/Partner	\$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 + Spouse/Partner	\$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 + Spouse/Partner	\$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	\$6.22	Employee-paid benefit	\$6.22
	Employee +	\$11.83		\$11.83
	Employee + Child(ren)	\$12.46		\$12.46
	Employee + Family	\$18.32		\$18.32
EyeMed Enhanced Plan	Employee	\$8.68	Employee-paid benefit	\$8.68
	Employee +	\$16.48		\$16.48
	Employee + Child(ren)	\$17.37		\$17.37
	Employee + Family	\$25.52		\$25.52

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Hartford	Rate - DU Paid	Employee's Monthly Share	
Basic Life and AD&D	Life Rate: \$0.136/\$1,000 AD&D Rate: \$0.19/\$1000	No cost to employee	
Voluntary Term Life	Employee-paid benefit	Rates below are for employee or spouse/partner	
		Age	Rate per \$10,000
		< 25	\$0.60
		25-29	\$0.70
		30-34	\$0.80
		35-39	\$1.10
		40-44	\$1.70
		45-49	\$2.80
		50-54	\$4.70
		55-59	\$7.70
60-64	\$9.60		
65-69	\$16.60		
70-74	\$27.00		
75-79	\$41.60		
<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	

Hartford	Rate - DU Paid
STD	\$0.21/\$10 of benefit
LTD	\$0.234/\$100 of covered salary