

**University of Denver
COBRA Rates 7/1/2019 - 6/30/2020**

| HMO | Medical Active rate | COBRA w/2% | Base Plan | Vision Active Rate | COBRA w/2% |
|---------------------------|--------------------------------|-------------------|----------------------|-------------------------------|-------------------|
| Employee Only | \$627.03 | \$639.57 | Employee Only | \$6.22 | \$6.34 |
| Employee + Sp | \$1,253.99 | \$1,279.07 | Employee + Sp | \$11.83 | \$12.07 |
| Employee + Ch(ren) | \$1,128.59 | \$1,151.16 | Employee + Ch(ren) | \$12.46 | \$12.71 |
| Family | \$1,755.62 | \$1,790.73 | Family | \$18.32 | \$18.69 |
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| POS | Active rate | COBRA w/2% | Enhanced Plan | Active rate | COBRA w/2% |
| Employee Only | \$888.22 | \$905.98 | Employee Only | \$8.68 | \$8.85 |
| Employee + Sp | \$1,776.53 | \$1,812.06 | Employee + Sp | \$16.48 | \$16.81 |
| Employee + Ch(ren) | \$1,598.80 | \$1,630.78 | Employee + Ch(ren) | \$17.37 | \$17.72 |
| Family | \$2,487.02 | \$2,536.76 | Family | \$25.52 | \$26.03 |
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| HMO - HDHP | Active rate | COBRA w/2% | | | |
| Employee Only | \$504.49 | \$514.58 | | | |
| Employee + Sp | \$1,008.87 | \$1,029.05 | | | |
| Employee + Ch(ren) | \$908.08 | \$926.24 | | | |
| Family | \$1,412.46 | \$1,440.71 | | | |
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| PPO | Active rate | COBRA w/2% | | | |
| Employee Only | \$992.56 | \$1,012.41 | | | |
| Employee + Sp | \$1,985.11 | \$2,024.81 | | | |
| Employee + Ch(ren) | \$1,786.60 | \$1,822.33 | | | |
| Family | \$2,779.16 | \$2,834.74 | | | |
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| PPO - HDHP | Active rate | COBRA w/2% | | | |
| Employee Only | \$751.67 | \$766.70 | | | |
| Employee + Sp | \$1,503.34 | \$1,533.41 | | | |
| Employee + Ch(ren) | \$1,353.01 | \$1,380.07 | | | |
| Family | \$2,104.76 | \$2,146.86 | | | |
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| PPO - Out-of-Area | Active rate | COBRA w/2% | | | |
| Employee Only | \$1,294.36 | \$1,320.25 | | | |
| Employee + Sp | \$2,588.72 | \$2,640.49 | | | |
| Employee + Ch(ren) | \$2,329.84 | \$2,376.44 | | | |
| Family | \$3,624.20 | \$3,696.68 | | | |
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| Patient Direct HMO | Dental Active Rate | COBRA w/2% | | | |
| Employee Only | \$10.22 | \$10.42 | | | |
| Employee + Sp | \$20.24 | \$20.64 | | | |
| Employee + Ch(ren) | \$24.92 | \$25.42 | | | |
| Family | \$29.86 | \$30.46 | | | |
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| Base Plan | Active Rate | COBRA w/2% | | | |
| Employee Only | \$28.95 | \$29.53 | | | |
| Employee + Sp | \$57.05 | \$58.19 | | | |
| Employee + Ch(ren) | \$68.64 | \$70.01 | | | |
| Family | \$107.14 | \$109.28 | | | |
| | | | | | |
| Enhanced Plan | Active Rate | COBRA w/2% | | | |
| Employee Only | \$48.32 | \$49.29 | | | |
| Employee + Sp | \$95.25 | \$97.16 | | | |
| Employee + Ch(ren) | \$114.55 | \$116.84 | | | |
| Family | \$178.85 | \$182.43 | | | |