

**University of Denver Health and Welfare Rates
Effective Plan Year - 7/1/2019 - 6/30/2020**

Plan	Level of Coverage	Employee Monthly Premium with Completion of Wellness	Employee Monthly Premium Non-completion of Wellness	The University Contributes
Kaiser HMO	Employee Only	\$91.26	\$118.34	\$517
	Employee + Spouse/Partner	\$377.19	\$431.36	\$840
	Employee + Child(ren)	\$339.47	\$366.56	\$756
	Family	\$596.22	\$650.38	\$1,107
Kaiser HDHP-HSA ⁽¹⁾	Employee Only	\$0.00	\$27.08	\$517
	Employee + Spouse/Partner	\$166.99	\$221.16	\$840
	Employee + Child(ren)	\$153.15	\$180.23	\$756
	Family	\$290.89	\$345.06	\$1,107
Kaiser Triple Option POS	Employee Only	\$344.69	\$371.78	\$517
	Employee + Spouse/Partner	\$884.21	\$938.38	\$840
	Employee + Child(ren)	\$795.72	\$822.80	\$756
	Family	\$1,305.89	\$1,360.06	\$1,107

⁽¹⁾ If you enroll in the HDHP - HSA Plan and open an HSA account with Optum Bank, DU will contribute \$27.64 to your account monthly.

Voluntary Dental Plan	Coverage Level	Employee Monthly Premium	The University Contributes
Delta Dental Patient Direct Discount HMO Plan	Employee	\$10.22	\$0.00
	Employee + Spouse/Partner	\$20.24	\$0.00
	Employee + Child(ren)	\$24.92	\$0.00
	Employee + Family	\$29.86	\$0.00
Delta Dental Base PPO Plan	Employee	\$28.95	\$0.00
	Employee + Spouse/Partner	\$57.05	\$0.00
	Employee + Child(ren)	\$68.64	\$0.00
	Employee + Family	\$107.14	\$0.00
Delta Dental Enhanced PPO Plan	Employee	\$48.32	\$0.00
	Employee + Spouse/Partner	\$95.25	\$0.00
	Employee + Child(ren)	\$114.55	\$0.00
	Employee + Family	\$178.85	\$0.00

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Voluntary Vision Plan	Coverage Level	Employee Monthly Premium	The University Contributes
EyeMed Base Plan	Employee	\$6.22	\$0.00
	Employee + Spouse/Partner	\$11.83	\$0.00
	Employee + Child(ren)	\$12.46	\$0.00
	Employee + Family	\$18.32	\$0.00
EyeMed Enhanced Plan	Employee	\$8.68	\$0.00
	Employee + Spouse/Partner	\$16.48	\$0.00
	Employee + Child(ren)	\$17.37	\$0.00
	Employee + Family	\$25.52	\$0.00

Hartford	Employee's Monthly Share		The University Contributes
Voluntary Term Life	Rates below are for employee or spouse/partner		
	Age	Rate per \$10,000	
	< 25	\$0.50	\$0.00
	25-29	\$0.60	\$0.00
	30-34	\$0.80	\$0.00
	35-39	\$0.90	\$0.00
	40-44	\$1.00	\$0.00
	45-49	\$1.50	\$0.00
	50-54	\$2.30	\$0.00
	55-59	\$4.30	\$0.00
	60-64	\$6.60	\$0.00
	65-69	\$12.70	\$0.00
	70-74	\$20.60	\$0.00
	75-79	\$20.60	\$0.00
<u>Children</u>			
\$2,500 – \$0.50	\$7,500 – \$1.50	\$0.00	
\$5,000 – \$1.00	\$10,000 – \$2.00	\$0.00	
Voluntary AD&D	Employee Only: \$0.22/\$10,000/month		\$0.00
	Family: \$0.33/\$10,000/month		\$0.00