



## 2021 Monthly Employee Contributions

The tables below shows the employee contributions for the medical, dental, vision, voluntary life and AD&D, accident, and critical illness plans. Your portion of the medical, dental, and vision cost(s) will be deducted from your paycheck on a pre-tax basis; all other deductions will be taken on a post-tax basis. The portion of the premiums paid by employees for civil union or domestic partner coverage will be withheld on a post-tax basis. The University portion of the premium paid for a civil union or domestic partner will be added to your earnings as taxable income.

### Medical

	Copoly Plan		HDHP-HSA Plan*	
	University of Denver Contributes	Employee	University of Denver Contributes	Employee
Employee Only	\$526.54	\$89.03	\$522.39	\$0.00
Employee & Spouse	\$855.85	\$370.87	\$881.52	\$158.94
Employee & Child(ren)	\$771.85	\$332.70	\$791.46	\$145.42
Family	\$1,132.57	\$583.23	\$1,174.91	\$279.96

\*If you enroll in the HDHP and open a health savings account (HSA) through Rocky Mountain Reserve the University will contribute \$27.64 per month to your HSA.

### Dental

	Delta Base PPO Plan	Delta Enhanced PPO Plan	Beta Health Alpha Plan
Employee Only	\$28.95	\$48.32	\$10.22
Employee & Spouse	\$57.05	\$95.25	\$20.24
Employee & Child(ren)	\$68.64	\$114.55	\$24.92
Family	\$107.14	\$178.85	\$29.86

### Vision

	Base Plan	Enhanced Plan
Employee Only	\$6.34	\$8.85
Employee & Spouse	\$12.07	\$16.81
Employee & Child(ren)	\$12.71	\$17.72
Family	\$18.69	\$26.03

## Voluntary Life Insurance

Monthly Rates Per \$1,000 & Based on Attained Age as of July 1	Employee	Spouse
Under 20	\$0.05	\$0.05
20-24	\$0.05	\$0.05
25-29	\$0.06	\$0.06
30-34	\$0.08	\$0.08
35-39	\$0.09	\$0.09
40-44	\$0.10	\$0.10
45-49	\$0.15	\$0.15
50-54	\$0.23	\$0.23
55-59	\$0.43	\$0.43
60-64	\$0.66	\$0.66
65-69	\$1.27	\$1.27
70-74	\$2.06	\$2.06
75+	\$2.06	\$2.06

## Voluntary AD&D

Monthly Rates Per \$1,000	
Employee Only	\$0.022
Employee + Family	\$0.033

## Voluntary Accident

Monthly Rates	
Employee Only	\$9.92
Employee & Spouse	\$17.96
Employee & Child(ren)	\$22.90
Family	\$30.95

## Voluntary Critical Illness

Monthly Rates Per \$10,000 & Based on Employee's Age	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
0-29	\$2.49	\$3.98	\$3.71	\$5.22
30-39	\$4.42	\$6.94	\$5.65	\$8.07
40-49	\$8.16	\$12.75	\$9.39	\$13.98
50-59	\$16.19	\$25.77	\$17.42	\$27.01
60-69	\$25.85	\$41.31	\$27.08	\$42.53
70-79	\$45.53	\$70.56	\$46.76	\$71.78
80+	\$72.33	\$109.99	\$73.57	\$111.23