

UNIVERSITY OF DENVER
COBRA RATES 7/1/2021 – 6/30/2022

Medical

Local Plus Network

Copay Plan	Active Rate	COBRA w/2%
Employee Only	\$615.57	\$627.88
Employee + Spouse	\$1,226.72	\$1,251.25
Employee + Children	\$1,104.55	\$1,126.64
Family	\$1,715.80	\$1,750.12

HDHP/HAS Plan	Active Rate	COBRA w/2%
Employee Only	\$522.39	\$532.84
Employee + Spouse	\$1,040.46	\$1,061.27
Employee + Children	\$936.88	\$955.62
Family	\$1,454.87	\$1,483.97

Open Access Plan Network

Copay Plan	Active Rate	COBRA w/2%
Employee Only	\$735.42	\$750.13
Employee + Spouse	\$1,471.54	\$1,500.97
Employee + Children	\$1,324.50	\$1,350.99
Family	\$2,060.63	\$2,101.84

HDHP/HSA Plan	Active Rate	COBRA w/2%
Employee Only	\$623.17	\$635.63
Employee + Spouse	\$1,247.19	\$1,272.13
Employee + Children	\$1,122.49	\$1,144.94
Family	\$1,746.35	\$1,781.28

Dental

Delta Dental Base Plan	Active Rate	COBRA w/2%
Employee Only	\$28.95	\$29.53
Employee + Spouse	\$57.05	\$58.19
Employee + Children	\$68.64	\$70.01
Family	\$107.14	\$109.28

Delta Dental Enhanced Plan	Active Rate	COBRA w/2%
Employee Only	\$48.32	\$49.29
Employee + Spouse	\$95.25	\$97.16
Employee + Children	\$114.55	\$116.84
Family	\$178.85	\$182.43

Beta Health Alpha Plan	Active Rate	COBRA w/2%
Employee Only	\$10.22	\$10.42
Employee + Spouse	\$20.24	\$20.64
Employee + Children	\$24.92	\$25.42
Family	\$29.86	\$30.46

Vision

EyeMed Base Plan	Active Rate	COBRA w/2%
Employee Only	\$6.34	\$6.47
Employee + Spouse	\$12.07	\$12.31
Employee + Children	\$12.71	\$12.96
Family	\$18.69	\$19.06

EyeMed Enhanced Plan	Active Rate	COBRA w/2%
Employee Only	\$8.85	\$9.03
Employee + Spouse	\$16.81	\$17.15
Employee + Children	\$17.72	\$18.07
Family	\$26.03	\$26.55