

UNIVERSITY OF DENVER

COBRA RATES 7/1/2020 – 6/30/2021

Medical

HMO	Active Rate	COBRA w/2%
Employee Only	\$645.13	\$658.03
Employee + Spouse	\$1,290.19	\$1,315.99
Employee + Children	\$1,161.16	\$1,184.38
Family	\$1,806.29	\$1,842.42

HDHP/HSA Plan	Active Rate	COBRA w/2%
Employee Only	\$519.23	\$529.61
Employee + Spouse	\$1,038.35	\$1,059.12
Employee + Children	\$934.61	\$953.30
Family	\$1,453.73	\$1,482.80

Triple Option POS Plan	Active Rate	COBRA w/2%
Employee Only	\$910.92	\$929.14
Employee + Spouse	\$1,821.94	\$1,858.38
Employee + Children	\$1,639.66	\$1,672.45
Family	\$2,550.58	\$2,601.59

Grandfathered PPO 500 Plan	Active Rate	COBRA w/2%
Employee Only	\$1,018.65	\$1,039.02
Employee + Spouse	\$2,037.31	\$2,078.06
Employee + Children	\$1,833.58	\$1,870.25
Family	\$2,852.23	\$2,909.27

Grandfathered HDHP/HSA Plan	Active Rate	COBRA w/2%
Employee Only	\$771.44	\$786.87
Employee + Spouse	\$1,542.87	\$1,573.73
Employee + Children	\$1,388.58	\$1,416.35
Family	\$2,160.09	\$2,203.29

Out of Area HMO Plan	Active Rate	COBRA w/2%
Employee Only	\$794.42	\$810.31
Employee + Spouse	\$1,747.69	\$1,782.64
Employee + Children	\$1,429.96	\$1,458.56
Family	\$2,467.67	\$2,517.02

Out of Area HDHP/HSA Plan	Active Rate	COBRA w/2%
Employee Only	\$638.07	\$650.83
Employee + Spouse	\$1,403.75	\$1,431.83
Employee + Children	\$1,148.51	\$1,171.48
Family	\$1,978.00	\$2,017.56

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

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

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

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