Premium Contributions

The table below shows the monthly employee contributions for the medical, dental, and vision plans. Your portion of the cost(s) will be deducted from your paycheck on a pre-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: Cigna

	COPAY PLAN		HDHP with HSA*	
	University Contributes	Employee	University Contributes	Employee
Employee Only	$995.02	$97.76	$894.38	$0.00
Employee & Spouse/Partner	$1,770.53	$407.24	$1,606.80	$174.52
Employee & Child(ren)	$1,595.40	$365.32	$1,444.19	$159.68
Family	$2,405.51	$640.40	$2,183.26	$307.40

Medical: Kaiser

	DHMO PLUS PLAN		HDHP PLUS with HSA*	
	University Contributes	Employee	University Contributes	Employee
Employee Only	$759.02	$97.76	$662.78	$0.00
Employee & Spouse/Partner	$1,306.32	$407.24	$1,151.05	$174.52
Employee & Child(ren)	$1,176.89	$365.32	$1,033.33	$159.68
Family	$1,758.59	$640.40	$1,548.39	$307.40

*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 Dental and Beta Health

	DELTA BASE PPO PLAN	DELTA ENHANCED PPO PLAN	PATIENT DIRECT PLAN
Employee Only	$34.33	$57.30	$11.25
Employee & Spouse/Partner	$67.66	$112.95	$20.25
Employee & Child(ren)	$81.40	$135.85	$23.25
Family	$127.06	$211.74	$29.75

Vision: EyeMed

	BASE PLAN	ENHANCED PLAN
Employee Only	$6.80	$9.50
Employee & Spouse/Partner	$12.95	$18.04
Employee & Child(ren)	$13.64	$19.01
Family	$20.05	$27.93