COBRA Contributions

The University medical, dental, vision and Healthcare FSA reimbursement plans may be continued in accordance with COBRA, which generally allows for coverage continuation for 18 months beyond the separation date at the expense of the employee. The table below shows the total cost of coverage for medical, dental, and vision. Should you elect to continue your benefits under COBRA, you will be responsible for the entire monthly premium of your benefit, including the DU portion, plus the employee portion, plus the 2% administrative fee, as shown below. Your monthly premiums will be sent directly to Rocky Mountain Reserve.

Medical: Cigna Open Access Plus

	COPAY PLAN - OPEN ACCESS PLUS	HDHP - OPEN ACCESS PLUS
Employee Only	$1,195.70	$988.64
Employee & Spouse/Partner	$2,392.55	$1,978.63
Employee & Child(ren)	$2,153.67	$1,780.79
Family	$3,350.59	$2,770.70

Dental: Delta Dental and Patient Direct

	DELTA BASE PPO PLAN	DELTA ENHANCED PPO PLAN	PATIENT DIRECT PLAN
Employee Only	$35.02	$58.45	$11.48
Employee & Spouse/Partner	$69.01	$115.21	$20.66
Employee & Child(ren)	$83.03	$138.57	$23.72
Family	$129.60	$215.97	$30.35

Vision: EyeMed

	BASE PLAN	ENHANCED PLAN
Employee Only	$6.94	$9.69
Employee & Spouse/Partner	$13.21	$18.40
Employee & Child(ren)	$13.91	$19.39
Family	$20.45	$28.49

UNIVERSITY OF DENVER

Voluntary Life Insurance

MONTHLY RATES PER $1,000 BASED ON ATTAINED AGE AS OF JAN 1	EMPLOYEE	SPOUSE	CHILD(REN)
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	$0.14	$0.14	$0.20
50-54	$0.22	$0.22	
55-59	$0.41	$0.41	
60-64	$0.63	$0.63	
65-69	$1.21	$1.21	
70-74	$1.96	$1.96	
75+	$1.96	$1.96	

How to calculate your monthly Voluntary Life rate:

Note: *Premium is determined by the employee's age. As you age and change groups your premium will increase.*

To determine how much Voluntary Life will cost you per month, take the amount you want to purchase, divide it by 1,000 and multiply by the amount beside your age.

	÷ 1,000 =		x		=	
Amount of Coverage				Rate		Amount Per Month

For example, an employee who is 47, and wants to purchase $120,000 for himself and $70,000 for his spouse who is age 42:

Employee: **$120,000 ÷ 1,000 = 120 x $0.15 = $18.00 per month**

Spouse*: **$70,000 ÷ 1,000 = 70 x $0.10 = $7.00 per month**

In this example the employee would have $28.50 taken out of his paycheck per month.

*Spouse rate is determined by spouse age, coverage terminates at age 70.

Voluntary AD&D

MONTHLY RATES PER $1,000	
Employee Only	$0.02
Employee & Family	$0.03

Voluntary Accident

MONTHLY RATES	
Employee Only	$9.92
Employee & Spouse/Partner	$17.96
Employee & Child(ren)	$22.90
Family	$30.95

Voluntary Critical Illness

MONTHLY RATES PER $10,000 & BASED ON EMPLOYEES AGE	EMPLOYEE ONLY	EMPLOYEE & SPOUSE/ PARTNER	EMPLOYEE & CHILD(REN)	FAMILY
0-29	$2.49	$3.98	$3.71	$5.22
30-39	$4.42	$6.84	$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

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