



			FY 2018-19 State of Colorado July 1, 2018 - June 30, 2019			FY 2019-20 State of Colorado July 1, 2019 - June 30, 2020		
	MEDICAL PLANS	Tier	Total Premium	State Contribution	Employee Contribution	Total Premium	State Contribution	Employee Contribution
UnitedHealthcare	HDHP with HSA - Qualified Option	Employee Only	\$545.18	\$526.26	\$18.92	\$618.94	\$593.76	\$25.18
		Employee + Spouse	\$1,127.18	\$989.74	\$137.44	\$1,259.84	\$1,103.58	\$156.26
		Employee + Child(ren)	\$1,026.24	\$980.00	\$46.24	\$1,148.68	\$1,092.88	\$55.80
		Ee + Sp + Child(ren)	\$1,606.08	\$1,395.74	\$210.34	\$1,787.20	\$1,550.18	\$237.02
	Co-Pay Choice Plus	Employee Only	\$671.04	\$530.48	\$140.56	\$757.54	\$598.40	\$159.14
		Employee + Spouse	\$1,391.46	\$998.60	\$392.86	\$1,550.86	\$1,113.34	\$437.52
		Employee + Child(ren)	\$1,265.36	\$988.02	\$277.34	\$1,412.00	\$1,101.70	\$310.30
		Ee + Sp + Child(ren)	\$1,983.64	\$1,408.40	\$575.24	\$2,202.98	\$1,564.12	\$638.86
Kaiser Permanente	HDHP with HSA - Qualified Option (Den/Bou, SoCo, NorCo & Mtco)	Employee Only	\$503.94	\$469.06	\$34.88	\$548.86	\$512.08	\$36.78
		Employee + Spouse	\$1,045.00	\$879.68	\$165.32	\$1,125.34	\$947.34	\$178.00
		Employee + Child(ren)	\$945.16	\$871.40	\$73.76	\$1,020.92	\$938.56	\$82.36
		Ee + Sp + Child(ren)	\$1,487.54	\$1,239.64	\$247.90	\$1,597.34	\$1,328.88	\$268.46
	DHMO Co-Pay (Den/Bou, SoCo, NorCo & Mtco)	Employee Only	\$620.26	\$531.06	\$89.20	\$671.52	\$577.80	\$93.72
		Employee + Spouse	\$1,288.20	\$1,007.98	\$280.22	\$1,381.34	\$1,083.32	\$298.02
		Employee + Child(ren)	\$1,164.52	\$987.50	\$177.02	\$1,251.96	\$1,061.62	\$190.34
		Ee + Sp + Child(ren)	\$1,834.98	\$1,422.24	\$412.74	\$1,962.92	\$1,522.44	\$440.48
	DENTAL PLANS	Tier	Total Premium	State Contribution	Employee Contribution	Total Premium	State Contribution	Employee Contribution
Delta Dental	Dental Basic	Employee Only	\$30.20	\$25.92	\$4.28	\$32.50	\$27.88	\$4.62
		Employee + Spouse	\$58.38	\$42.62	\$15.76	\$62.82	\$45.84	\$16.98
		Employee + Child(ren)	\$61.20	\$46.44	\$14.76	\$65.86	\$49.96	\$15.90
		Ee + Sp + Child(ren)	\$89.36	\$62.22	\$27.14	\$96.16	\$66.94	\$29.22
	Dental Basic Plus	Employee Only	\$44.30	\$25.92	\$18.38	\$47.66	\$27.88	\$19.78
		Employee + Spouse	\$86.54	\$42.62	\$43.92	\$93.12	\$45.84	\$47.28
		Employee + Child(ren)	\$90.76	\$46.44	\$44.32	\$97.66	\$49.96	\$47.70
		Ee + Sp + Child(ren)	\$133.02	\$62.22	\$70.80	\$143.12	\$66.94	\$76.18

