



FY 2019-20 State of Colorado COBRA Medical Premiums
July 1, 2019 - June 30, 2020

| Plan | Tier | Total Premium | Total Premium Plus COBRA Admin. Fee* | Disability Extension** |
|---|-----------------------|---------------|--------------------------------------|------------------------|
| HDHP with HSA - qualified option (UnitedHealthcare) | Employee Only | \$618.94 | \$631.32 | \$928.41 |
| | Employee + Spouse | \$1,259.84 | \$1,285.04 | \$1,889.76 |
| | Employee + Child(ren) | \$1,148.68 | \$1,171.65 | \$1,723.02 |
| | Ee + Sp + Child(ren) | \$1,787.20 | \$1,822.94 | \$2,680.80 |
| Co-Pay Choice Plus (UnitedHealthcare) | Employee Only | \$757.54 | \$772.69 | \$1,136.31 |
| | Employee + Spouse | \$1,550.86 | \$1,581.88 | \$2,326.29 |
| | Employee + Child(ren) | \$1,412.00 | \$1,440.24 | \$2,118.00 |
| | Ee + Sp + Child(ren) | \$2,202.98 | \$2,247.04 | \$3,304.47 |
| HDHP with HSA - qualified option (Kaiser Permanente) (Den/Bou, SoCo, NorCo & Mtco) | Employee Only | \$548.86 | \$559.84 | \$823.29 |
| | Employee + Spouse | \$1,125.34 | \$1,147.85 | \$1,688.01 |
| | Employee + Child(ren) | \$1,020.92 | \$1,041.34 | \$1,531.38 |
| | Ee + Sp + Child(ren) | \$1,597.34 | \$1,629.29 | \$2,396.01 |
| DHMO Co-Pay (Kaiser Permanente) (Den/Bou, SoCo, NorCo & Mtco) | Employee Only | \$671.52 | \$684.95 | \$1,007.28 |
| | Employee + Spouse | \$1,381.34 | \$1,408.97 | \$2,072.01 |
| | Employee + Child(ren) | \$1,251.96 | \$1,277.00 | \$1,877.94 |
| | Ee + Sp + Child(ren) | \$1,962.92 | \$2,002.18 | \$2,944.38 |

FY 2019-20 State of Colorado COBRA Dental Premiums

| Plan | Tier | Total Premium | Total Premium Plus COBRA Admin. Fee* | Disability Extension** |
|--------------------------|-----------------------|---------------|--------------------------------------|------------------------|
| Dental Basic | Employee Only | \$32.50 | \$33.15 | \$48.75 |
| | Employee + Spouse | \$62.82 | \$64.08 | \$94.23 |
| | Employee + Child(ren) | \$65.86 | \$67.18 | \$98.79 |
| | Ee + Sp + Child(ren) | \$96.16 | \$98.08 | \$144.24 |
| Dental Basic Plus | Employee Only | \$47.66 | \$48.61 | \$71.49 |
| | Employee + Spouse | \$93.12 | \$94.98 | \$139.68 |
| | Employee + Child(ren) | \$97.66 | \$99.61 | \$146.49 |
| | Ee + Sp + Child(ren) | \$143.12 | \$145.98 | \$214.68 |

This premium information reflects the State funding level as currently reflected in the Long Bill, which is in the final stages of the legislative process. Should these employer contribution amounts change, the State and employee contributions will be adjusted accordingly among the four coverage levels. If adjusted contributions become necessary, a revised chart will be made available on our website www.colorado.gov/dhr/benefits and sent to your department's benefits, payroll and HR staff. Watch for communication from EBU or from your department for any updates. However, do not delay your open enrollment until the last minute.

Revised March 2019

