



COLORADO

Division of Human Resources

Department of Personnel & Administration

FY 2020-21 State of Colorado Medical Premiums July 1, 2020 - June 30, 2021

NOTICE: Employee Contributions will be subject to a \$75 tobacco surcharge if an employee is currently using tobacco product(s) *and* does not wish to participate in a cessation program.

| Plan | Tier | Total Premium | State Contribution | Employee Contribution |
|---|-----------------------|---------------|--------------------|-----------------------|
| HDHP HSA qualified plan (Cigna) | Employee Only | \$654.88 | \$630.64 | \$24.24 |
| | Employee + Spouse | \$1,267.98 | \$1,122.26 | \$145.72 |
| | Employee + Child(ren) | \$1,162.76 | \$1,107.76 | \$55.00 |
| | Ee + Sp + Child(ren) | \$1,774.62 | \$1,542.40 | \$232.22 |
| Co-Pay Basic (Cigna) | Employee Only | \$669.60 | \$633.64 | \$35.96 |
| | Employee + Spouse | \$1,350.90 | \$1,172.26 | \$178.64 |
| | Employee + Child(ren) | \$1,233.86 | \$1,167.76 | \$66.10 |
| | Ee + Sp + Child(ren) | \$1,913.68 | \$1,662.40 | \$251.28 |
| Co-Pay Plus (Cigna) | Employee Only | \$700.70 | \$615.64 | \$85.06 |
| | Employee + Spouse | \$1,414.20 | \$1,145.26 | \$268.94 |
| | Employee + Child(ren) | \$1,291.58 | \$1,143.76 | \$147.82 |
| | Ee + Sp + Child(ren) | \$2,003.48 | \$1,595.40 | \$408.08 |
| HDHP HSA qualified plan (Kaiser Permanente) | Employee Only | \$594.42 | \$568.64 | \$25.78 |
| | Employee + Spouse | \$1,178.80 | \$1,022.26 | \$156.54 |
| | Employee + Child(ren) | \$1,074.08 | \$1,022.76 | \$51.32 |
| | Ee + Sp + Child(ren) | \$1,659.42 | \$1,462.40 | \$197.02 |
| Co-Pay Basic (Kaiser Permanente) | Employee Only | \$623.44 | \$588.64 | \$34.80 |
| | Employee + Spouse | \$1,294.50 | \$1,122.26 | \$172.24 |
| | Employee + Child(ren) | \$1,173.34 | \$1,107.76 | \$65.58 |
| | Ee + Sp + Child(ren) | \$1,846.52 | \$1,562.40 | \$284.12 |
| Co-Pay Plus (Kaiser Permanente) | Employee Only | \$658.06 | \$603.64 | \$54.42 |
| | Employee + Spouse | \$1,367.08 | \$1,122.26 | \$244.82 |
| | Employee + Child(ren) | \$1,239.00 | \$1,122.76 | \$116.24 |
| | Ee + Sp + Child(ren) | \$1,950.20 | \$1,562.40 | \$387.80 |

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 2020





FY 2020-21 State of Colorado Vision Premiums
July 1, 2020 - June 30, 2021

| Plan | Tier | Total Premium | State Contribution | Employee Contribution |
|-----------------|-----------------------|---------------------|---------------------|-----------------------|
| Vision Basic | Employee Only | included w/ medical | included w/ medical | included w/ medical |
| | Employee + Spouse | included w/ medical | included w/ medical | included w/ medical |
| | Employee + Child(ren) | included w/ medical | included w/ medical | included w/ medical |
| | Ee + Sp + Child(ren) | included w/ medical | included w/ medical | included w/ medical |
| Vision Enhanced | Employee Only | \$4.40 | \$0.00 | \$4.40 |
| | Employee + Spouse | \$8.36 | \$0.00 | \$8.36 |
| | Employee + Child(ren) | \$8.80 | \$0.00 | \$8.80 |
| | Ee + Sp + Child(ren) | \$12.94 | \$0.00 | \$12.94 |

FY 2020-21 State of Colorado Dental Premiums
July 1, 2020 - June 30, 2021

| Plan | Tier | Total Premium | State Contribution | Employee Contribution |
|-------------------|-----------------------|---------------|--------------------|-----------------------|
| Dental Basic | Employee Only | \$31.12 | \$26.68 | \$4.44 |
| | Employee + Spouse | \$60.16 | \$43.88 | \$16.28 |
| | Employee + Child(ren) | \$63.06 | \$47.82 | \$15.24 |
| | Ee + Sp + Child(ren) | \$92.06 | \$64.08 | \$27.98 |
| Dental Basic Plus | Employee Only | \$45.64 | \$26.68 | \$18.96 |
| | Employee + Spouse | \$89.16 | \$43.88 | \$45.28 |
| | Employee + Child(ren) | \$93.52 | \$47.82 | \$45.70 |
| | Ee + Sp + Child(ren) | \$137.04 | \$64.08 | \$72.96 |

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