



FY 2018-19 State of Colorado COBRA Medical/Dental Premiums
July 1, 2018 - June 30, 2019

Plan	Tier	Total Premium	Total Premium*	Premium with Disability Extension**
HDHP with HSA-qualified option (UnitedHealthcare)	Employee Only	\$545.18	\$556.08	\$817.77
	Employee + Spouse	\$1,127.18	\$1,149.72	\$1,690.77
	Employee + Child(ren)	\$1,026.24	\$1,046.76	\$1,539.36
	Ee + Sp + Child(ren)	\$1,606.08	\$1,638.20	\$2,409.12
Co-Pay Choice Plus (UnitedHealthcare)	Employee Only	\$671.04	\$684.46	\$1,006.56
	Employee + Spouse	\$1,391.46	\$1,419.29	\$2,087.19
	Employee + Child(ren)	\$1,265.36	\$1,290.67	\$1,898.04
	Ee + Sp + Child(ren)	\$1,983.64	\$2,023.31	\$2,975.46
HDHP with HSA-qualified option (Kaiser Permanente) (Den/Bou, SoCo, NorCo & MtCo)	Employee Only	\$503.94	\$514.02	\$755.91
	Employee + Spouse	\$1,045.00	\$1,065.90	\$1,567.50
	Employee + Child(ren)	\$945.16	\$964.06	\$1,417.74
	Ee + Sp + Child(ren)	\$1,487.54	\$1,517.29	\$2,231.31
DHMO Co-Pay (Kaiser Permanente) (Den/Bou, SoCo, NorCo & MtCo)	Employee Only	\$620.26	\$632.67	\$930.39
	Employee + Spouse	\$1,288.20	\$1,313.96	\$1,932.30
	Employee + Child(ren)	\$1,164.52	\$1,187.81	\$1,746.78
	Ee + Sp + Child(ren)	\$1,834.98	\$1,871.68	\$2,752.47

Plan	Tier	Total Premium	Total Premium*	Premium with Disability Extension**
Dental Basic	Employee Only	\$30.20	\$30.80	\$45.30
	Employee + Spouse	\$58.38	\$59.55	\$87.57
	Employee + Child(ren)	\$61.20	\$62.42	\$91.80
	Ee + Sp + Child(ren)	\$89.36	\$91.15	\$134.04
Dental Basic Plus	Employee Only	\$44.30	\$45.19	\$66.45
	Employee + Spouse	\$86.54	\$88.27	\$129.81
	Employee + Child(ren)	\$90.76	\$92.58	\$136.14
	Ee + Sp + Child(ren)	\$133.02	\$135.68	\$199.53

*Includes 2% COBRA administrative fee permitted by federal COBRA regulations

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