



Monthly Medical, Dental, Vision, and Life Insurance Rates

Effective August 1, 2019- July 31, 2020

Plan Coverage Level	Total Premium	District Paid	Employee Deduction
Kaiser Health Plan (DHMO)			
Employee Only	\$525.64	\$476.17	\$49.47
Employee + One Dependent	\$1,051.27	\$514.07	\$37.20
Employee + Family	\$1,682.04	\$559.57	\$1,122.47
Kaiser Health Plan (HMO)			
Employee Only	\$573.72	\$477.96	\$95.76
Employee + One Dependent	\$1,147.43	\$517.64	\$629.79
Employee + Family	\$1,835.89	\$565.28	\$1,270.61
Delta Dental of Colorado			
Employee Only	\$28.05	\$28.05	\$0.00
Employee + One Dependent	\$64.35	\$28.69	\$35.66
Employee + Family	\$117.26	\$29.63	\$87.63
VSP - Vision Service Plan			
Employee Only	\$6.57	\$6.57	\$0.00
Employee + One Dependent	\$16.57	\$7.40	\$9.17
Employee + Family	\$26.43	\$8.21	\$18.22

Insurance coverage begins the first of the month following the first day worked in a benefitted job position.

Monthly premiums are due at the end of the month prior to the month of coverage.