

Colorado

2022 Medical Plan Rates

Kaiser Plans are available in the Denver/Boulder/Southern (Cañon City, Colorado Springs, Falcon, Monument, Pueblo, Woodland Park, and surrounding areas) and Northern (Fort Collins, Greeley, Loveland) areas.

The following charts show your per-pay-period contributions for medical coverage based on your annual eligible compensation. Contributions are per pay period, deducted 26 times per year.

Regular and fixed term full-time employees	You	You + spouse ¹	You + children	You + spouse ¹ + children
Based on annual eligible compensation of less than \$45,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$52.62	\$135.30	\$98.10	\$169.14
Lower Use Plan with Health Savings Account (HSA) ²	\$26.34	\$80.04	\$50.58	\$92.76
Higher Use Plan with HSA ²	\$50.46	\$130.92	\$94.20	\$163.08
Health Maintenance Organization (HMO) — Kaiser CO	\$33.24	\$94.62	\$63.18	\$112.98
High Deductible Health Plan (HDHP) — Kaiser CO	\$26.34	\$80.04	\$50.58	\$92.76
Based on annual eligible compensation of \$45,000 – \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$73.80	\$187.50	\$137.22	\$235.68
Lower Use Plan with Health Savings Account (HSA) ²	\$38.64	\$113.76	\$73.74	\$133.62
Higher Use Plan with HSA ²	\$70.92	\$181.62	\$132.06	\$227.58
Health Maintenance Organization (HMO) — Kaiser CO	\$47.88	\$133.26	\$90.54	\$160.68
High Deductible Health Plan (HDHP) — Kaiser CO	\$38.64	\$113.76	\$73.74	\$133.62
Based on annual eligible compensation of more than \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$92.22	\$231.36	\$171.00	\$292.56
Lower Use Plan with Health Savings Account (HSA) ²	\$50.58	\$144.06	\$95.94	\$171.66
Higher Use Plan with HSA ²	\$88.74	\$224.40	\$164.88	\$282.84
Health Maintenance Organization (HMO) — Kaiser CO	\$61.56	\$167.10	\$115.74	\$203.76
High Deductible Health Plan (HDHP) — Kaiser CO	\$50.58	\$144.06	\$95.94	\$171.66

¹ Includes domestic partner. ² Includes Out of Area coverage.

Regular and fixed term part-time employees

	You	You + spouse ¹	You + children	You + spouse ¹ + children
Based on annual eligible compensation of less than \$45,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$69.24	\$167.64	\$127.56	\$215.52
Lower Use Plan with Health Savings Account (HSA) ²	\$37.32	\$112.38	\$80.04	\$139.14
Higher Use Plan with HSA ²	\$66.96	\$163.20	\$123.66	\$209.46
Health Maintenance Organization (HMO) — Kaiser CO	\$49.80	\$126.96	\$92.64	\$159.36
High Deductible Health Plan (HDHP) — Kaiser CO	\$42.84	\$112.38	\$80.04	\$139.08
Based on annual eligible compensation of \$45,000 – \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$95.64	\$229.98	\$175.92	\$296.64
Lower Use Plan with Health Savings Account (HSA) ²	\$60.42	\$156.18	\$112.50	\$194.52
Higher Use Plan with HSA ²	\$92.58	\$224.10	\$170.88	\$288.54
Health Maintenance Organization (HMO) — Kaiser CO	\$69.66	\$175.68	\$129.36	\$221.64
High Deductible Health Plan (HDHP) — Kaiser CO	\$60.42	\$156.12	\$112.50	\$194.52
Based on annual eligible compensation of more than \$100,000				
Copay Plan with Health Reimbursement Account (HRA) ²	\$117.42	\$280.62	\$216.00	\$363.24
Lower Use Plan with Health Savings Account (HSA) ²	\$75.84	\$193.26	\$140.94	\$242.46
Higher Use Plan with HSA ²	\$113.94	\$273.66	\$209.82	\$353.64
Health Maintenance Organization (HMO) — Kaiser CO	\$86.82	\$216.54	\$160.74	\$274.44
High Deductible Health Plan (HDHP) — Kaiser CO	\$75.84	\$193.26	\$140.94	\$242.46

¹ Includes domestic partner. ² Includes Out of Area coverage.

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If you have an outstanding balance that is past due, an additional contribution of up to the same per-pay-period amount as your current coverage will be deducted from your pay until your outstanding past-due balance is zero. If you are no longer enrolled in coverage, a flat amount of up to \$125 per pay period will be deducted from your pay until your outstanding past-due balance is zero. If you are on a leave of absence, you may be billed directly. For more information, see Chapter 1 and Appendix D of the *Benefits Book*.