

2024–2025 EMPLOYEE PREMIUMS

Below are the monthly employee contribution amounts for benefits effective July 1, 2024.

MEDICAL PLANS

Monthly Rates	UHC CO Doctors HDHP 6000		UHC CO Doctors DHMO 2500		UHC Choice Plus HDHP 6000		UHC Choice Plus DHMO 2500	
	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time	Full-Time	Part-Time
Employee Only	\$104.89	\$271.29	\$0.00	\$316.13	\$242.81	\$396.71	\$188.12	\$491.75
Employee + Spouse	\$823.27	\$864.67	\$766.45	\$1,037.81	\$1,082.03	\$1,110.93	\$1,129.21	\$1,388.07
Dual Employee (Employee + CCSD Spouse)*	\$156.68	N/A	\$0.00	N/A	\$485.62	N/A	\$376.24	N/A
Employee + Child(ren)	\$773.55	\$852.89	\$757.99	\$1,052.54	\$1,039.07	\$1,105.91	\$1,130.54	\$1,412.59
Family	\$1,167.23	\$1,268.58	\$1,260.13	\$1,619.87	\$1,545.67	\$1,634.52	\$1,795.88	\$2,143.12
Dual Employee Family (EE+CCSD Spouse+Child(ren))*	\$620.55	N/A	\$670.44	N/A	\$1,069.17	N/A	\$1,219.67	N/A
Cherry Creek Health Saving Account Yearly Contribution								
Single	\$3,000.00	\$1,500.00	N/A		\$3,000.00	\$1,500.00	N/A	
+1 or Family Coverage	\$6,000.00	\$3,000.00			\$6,000.00	\$3,000.00		

*Only available when both CCSD employees are FT

DELTA DENTAL PLANS

Monthly Rates	PPO Plan	EPO Plan
Employee Only	\$33.14	\$11.32
Employee + Spouse	\$61.34	\$33.08
Dual Employee (Employee + CCSD Spouse)	\$55.65	\$22.54
Employee + Child(ren)	\$75.30	\$40.78
Family	\$104.64	\$56.59
Dual Employee Family (EE+CCSD Spouse+Child(ren))	\$88.73	\$51.25

VSP VISION PLAN

Monthly Rates	
Employee Only	\$4.08
Employee + Spouse	\$8.32
Dual Employee (Employee + CCSD Spouse)	\$7.77
Employee + Child(ren)	\$8.02
Family	\$13.23
Dual Employee Family (EE+CCSD Spouse+Child(ren))	\$12.13

VOYA CRITICAL ILLNESS INSURANCE

Employee Monthly Rates			
EE Age	\$10,000 Coverage	\$20,000 Coverage	\$30,000 Coverage
Under 25	\$2.70	\$5.40	\$8.10
25–29	\$2.90	\$5.80	\$8.70
30–34	\$3.20	\$6.40	\$9.60
35–39	\$4.00	\$8.00	\$12.00
40–44	\$5.30	\$10.60	\$15.90
45–49	\$7.80	\$15.60	\$23.40
50–54	\$11.40	\$22.80	\$34.20
55–59	\$16.60	\$33.20	\$49.80
60–64	\$22.80	\$45.60	\$68.40
65–69	\$31.90	\$63.80	\$95.70
70+	\$44.90	\$89.80	\$134.70

Spouse Monthly Rates			
Spouse Age	\$5,000 Coverage	\$10,000 Coverage	\$15,000 Coverage
Under 25	\$1.60	\$3.20	\$4.80
25–29	\$1.75	\$3.50	\$5.25
30–34	\$1.90	\$3.80	\$5.70
35–39	\$2.20	\$4.40	\$6.60
40–44	\$2.95	\$5.90	\$8.85
45–49	\$4.40	\$8.80	\$13.20
50–54	\$6.75	\$13.50	\$20.25
55–59	\$10.70	\$21.40	\$32.10
60–64	\$14.55	\$29.10	\$43.65
65–69	\$18.15	\$36.30	\$54.45
70+	\$24.00	\$48.00	\$72.00

Child(ren) Monthly Rates	
\$5,000	\$0.60
\$10,000	\$1.20
\$15,000	\$1.80

VOYA ACCIDENT INSURANCE

Monthly Rates	On/Off Job Coverage
Employee Only	\$6.93
Employee + Spouse	\$12.04
Employee + Child(ren)	\$13.37
Family	\$18.48

ID THEFT PROTECTION

Monthly Rates	
Employee Only	\$9.99
Family	\$18.98

PERMANENT LIFE WITH LTC COVERAGE

Employee & Spouse Monthly Rates
<p>The premium cost for this benefit is determined by your age, tobacco status, and the amount of coverage you elect. Call a Benefits Counselor at 1-800-960-7659 for rates and to enroll from April 29 – May 10, 2024 during Open Enrollment. You can also view rates at my.cherrycreekschools.org and review within your enrollment via the self-service access.</p>

Note: Every effort has been made to ensure the information in this document is accurate. However, if there is any inconsistency between this document and the applicable plan documents, the official plan documents will always govern.