

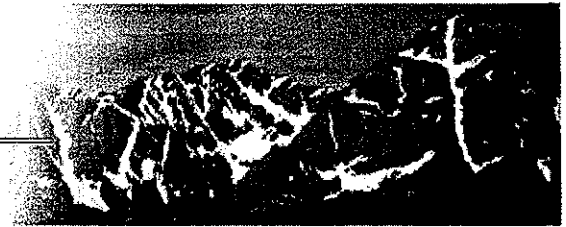
## State of Colorado FY08 Medical and Dental Premiums

REVISED MEDICAL PREMIUMS FOR FY08						
Plan	Tier	Total Premium	State Contribution	Original Employee Contribution	Tobacco Settlement Money	Adjusted Employee Contribution
<b>PPO-1500</b>	Employee	\$318.96	\$283.58	\$35.38	\$2.26	<b>\$33.12</b>
	Employee + Spouse	\$695.86	\$488.92	\$206.94	\$2.26	<b>\$204.68</b>
	Employee + Child(ren)	\$570.22	\$440.58	\$129.64	\$2.26	<b>\$127.38</b>
	Ee + Sp + Child(ren)	\$915.70	\$661.70	\$254.00	\$2.26	<b>\$251.74</b>
<b>PPO-3000</b>	Employee	\$290.08	\$283.58	\$6.50	\$2.26	<b>\$4.24</b>
	Employee + Spouse	\$632.32	\$488.92	\$143.40	\$2.26	<b>\$141.14</b>
	Employee + Child(ren)	\$518.24	\$440.58	\$77.66	\$2.26	<b>\$75.40</b>
	Ee + Sp + Child(ren)	\$831.96	\$661.70	\$170.26	\$2.26	<b>\$168.00</b>
<b>PPO-H</b>	Employee	\$301.00	\$283.58	\$17.42	\$2.26	<b>\$15.16</b>
	Employee + Spouse	\$656.34	\$488.92	\$167.42	\$2.26	<b>\$165.16</b>
	Employee + Child(ren)	\$537.90	\$440.58	\$97.32	\$2.26	<b>\$95.06</b>
	Ee + Sp + Child(ren)	\$863.64	\$661.70	\$201.94	\$2.26	<b>\$199.68</b>
<b>INO-30</b>	Employee	\$539.76	\$283.58	\$256.18	\$2.26	<b>\$253.92</b>
	Employee + Spouse	\$1,181.64	\$488.92	\$692.72	\$2.26	<b>\$690.46</b>
	Employee + Child(ren)	\$967.68	\$440.58	\$527.10	\$2.26	<b>\$524.84</b>
	Ee + Sp + Child(ren)	\$1,556.04	\$661.70	\$894.34	\$2.26	<b>\$892.08</b>
<b>Kaiser HMO</b>	Employee	\$386.74	\$283.58	\$103.16	\$2.26	<b>\$100.90</b>
	Employee + Spouse	\$844.96	\$488.92	\$356.04	\$2.26	<b>\$353.78</b>
	Employee + Child(ren)	\$692.22	\$440.58	\$251.64	\$2.26	<b>\$249.38</b>
	Ee + Sp + Child(ren)	\$1,112.26	\$661.70	\$450.56	\$2.26	<b>\$448.30</b>
<b>SLVHMO</b>	Employee	\$344.84	\$283.58	\$61.26	\$2.26	<b>\$59.00</b>
	Employee + Spouse	\$752.80	\$488.92	\$263.88	\$2.26	<b>\$261.62</b>
	Employee + Child(ren)	\$616.80	\$440.58	\$176.22	\$2.26	<b>\$173.96</b>
	Ee + Sp + Child(ren)	\$990.76	\$661.70	\$329.06	\$2.26	<b>\$326.80</b>

DENTAL PLANS				
Plan	Tier	Total Premium	State Contribution	Employee Contribution
<b>Delta BASIC</b>	Employee	\$22.88	\$18.88	\$4.00
	Employee + Spouse	\$48.16	\$27.96	\$20.20
	Employee + Child(ren)	\$50.44	\$31.72	\$18.72
	Ee + Sp + Child(ren)	\$84.94	\$41.40	\$43.54
<b>Delta Basic PLUS</b>	Employee	\$31.14	\$18.88	\$12.26
	Employee + Spouse	\$68.58	\$27.96	\$40.62
	Employee + Child(ren)	\$68.58	\$31.72	\$36.86
	Ee + Sp + Child(ren)	\$121.60	\$41.40	\$80.20
<b>Dental DR</b>	Employee	\$27.72	\$18.88	\$8.84
	Employee + Spouse	\$58.32	\$27.96	\$30.36
	Employee + Child(ren)	\$58.32	\$31.72	\$26.60
	Ee + Sp + Child(ren)	\$105.60	\$41.40	\$64.20



**Colorado Department of  
Personnel & Administration**



**DPA**

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**Medical Insurance**

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**Important Information about Selecting Your Plan**

- OA (Open Access) options comprise the State's Self-Funded plan which is administered by Great-West Healthcare. "Open Access" refers to Great-West's Open Access network of providers.
- **PREVENTIVE CARE:** For deductible plans, primary preventive services are covered at the appropriate percentage for the plan, **even before the plan's deductible has been met.**
- The Kaiser and San Luis Valley HMO plans are available only in certain regions of the State.

**Your Medical Insurance Choices**

Plan Name	Availability	Employee's Cost (monthly)	Deductible, In-Network (individual/family)	Office Visits (In-Network)	Prescriptions (30-day supply)
<b>OA-1500</b>	Statewide	<i>Employee only</i> \$33.12 <i>Employee + Spouse</i> \$204.68 <i>Employee + Child (ren)</i> \$127.38 <i>Employee + Family</i> \$251.74	\$1500 / \$3000	Plan pays 80% after deductible has been met	<i>Generic - \$10 co-pay</i> <i>Preferred Brand Name - \$25 co-pay</i> <i>Non-preferred Brand Name - \$50 co-pay</i>  <i>All subject to \$100 per member prescription deductible before co-pay applies</i>

- Medical/  
Dental
- Flexible Spending/  
Health Savings Accounts
- Life  
Insurance
- Retirement  
Plans
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<p><b>OA-3000</b></p>	<p>Statewide</p>	<p>Employee only \$4.24 Employee + Spouse \$141.14 Employee + Child (ren) \$75.40 Employee + Family \$168.00</p>	<p>\$3000 / \$6000</p>	<p>Plan pays 70% after deductible has been met</p>	<p>Generic - \$10 co-pay Preferred Brand Name - \$25 co-pay Non-preferred Brand Name - \$50 co-pay  All subject to \$100 per member prescription deductible before co-pay applies</p>
<p><b>OA-H</b></p>	<p>Statewide</p>	<p>Employee only \$15.16 Employee + Spouse \$165.16 Employee + Child (ren) \$95.06 Employee + Family \$199.68</p>	<p>\$1400 / \$2800<sup>(1)</sup></p>	<p>Plan pays 85% after deductible has been met</p>	<p>Plan pays 85% of costs after deductible is met.  Entire plan deductible must be met before prescription coverage begins.</p>
<p><b>OA-30</b></p>	<p>Statewide</p>	<p>Employee only \$253.92 Employee + Spouse \$690.46 Employee + Child (ren) \$524.84 Employee + Family \$892.08</p>	<p>none, co-pay for services</p>	<p>PCP<sup>(2)</sup> - \$30 co-pay  Specialist - \$50 co-pay  Preventive - \$30 co-pay</p>	<p>Generic - \$10 co-pay Preferred Brand Name - \$25 co-pay Non-preferred Brand Name - \$50 co-pay  All subject to \$100 per member prescription deductible before co-pay applies</p>
<p><b>Kaiser HMO</b></p>	<p>Denver, Boulder, parts of Colo. Springs - see Denver/Boulder zip code list or Colo. Springs zip code list</p>	<p>Employee only \$100.90 Employee + Spouse \$353.78 Employee + Child (ren) \$249.38 Employee + Family \$448.30</p>	<p>none, co-pay for services</p>	<p>PCP<sup>(2)</sup> - \$30 co-pay  Specialist - \$50 co-pay  Preventive - \$15 co-pay</p>	<p>Generic - \$10 co-pay Brand Name - \$30 co-pay</p>
					<p>Formulary</p>

<b>San Luis Valley HMO</b>	By county - Alamosa, Conejos, Costilla, Mineral, Rio Grande and Saguache	<i>Employee only</i> \$59.00	none, co-pay for services	PCP <sup>(2)</sup> - \$30 co-pay	Generic - \$10 co-pay <sup>(3)</sup> Formulary Brand Name - \$25 co-pay <sup>(3)</sup> Non-formulary Brand Name or Generic - \$50 co-pay <sup>(3)</sup> All subject to \$100 per member prescription deductible before co-pay applies
		<i>Employee + Spouse</i> \$261.62		Specialist - \$50 co-pay	
		<i>Employee + Child (ren)</i> \$173.96		Preventive - with PCP, \$30 co-pay	
		<i>Employee+ Family</i> \$326.80		- with Specialist \$50 co-pay	

(1) The \$1400 deductible only applies to the Employee Only level of the OA-H option. The \$2800 deductible applies to all other levels of this option and there are no individual deductibles for these levels. For the OA-H, the family deductible must be satisfied before benefits are paid for any individual family member.

(2) Primary Care Physician

(3) For the lesser of a 30-day supply or a 100-unit dose.

Note: This is only a summary, not a contract. Consult the "Plan Details & Exclusions" (Summary Plan Description) for each plan to determine the exact terms and conditions of coverage.

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Email comments to: [DPA Benefits](#)

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