

2020–2021 Benefits Plan Premiums



Dedicated to Excellence
Cherry Creek Schools

Below are the monthly employee contribution amounts for benefits effective July 1, 2020. See your benefits guide or the Backyard benefits portal for plan details and enrollment instructions.

Kaiser Medical Plans

Monthly Rates	DHMO 2500		HDHP 6000	
	Full-Time	Part-Time	Full-Time	Part-Time
Employee Only	\$30.00	\$298.19	\$80.00	\$238.15
Employee + Spouse	\$650.00	\$911.37	\$740.00	\$780.20
Dual Employee (Employee + CCSD Spouse)*	\$60.00	N/A	\$160.00	N/A
Employee + Child(ren)	\$600.00	\$903.37	\$700.00	\$772.05
Family	\$1,200.00	\$1,486.65	\$1,200.00	\$1,240.39
Dual Employee Family (EE+CCSD Spouse+Child(ren))*	\$650.00	N/A	\$800.00	N/A
Cherry Creek Health Saving Account Yearly Contribution				
Single	N/A	N/A	\$3,000.00	\$1,500.00
+1 or Family Coverage	N/A	N/A	\$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	\$27.68	\$10.00
Employee + Spouse	\$50.91	\$29.76
Dual Employee (Employee + CCSD Spouse)	\$50.91	\$20.00
Employee + Child(ren)	\$62.90	\$36.68
Family	\$87.40	\$50.90
Dual Employee Family (EE+CCSD Spouse+Child(ren))	\$87.40	\$46.68

VSP Vision Plan

Monthly Rates	
Employee Only	\$3.00
Employee + Spouse	\$6.55
Dual Employee (Employee + CCSD Spouse)	\$6.00
Employee + Child(ren)	\$6.32
Family	\$10.42
Dual Employee Family (EE+CCSD Spouse+Child(ren))	\$9.32

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	\$50,000 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

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.