

2024 Benefits Rate Sheet



Medical*, Dental, Vision

Premiums are shown per paycheck, pre-taxed, taken out 24 pay periods (1st & 2nd check of each month)

Kaiser HDHP

EE Only	EE+Spouse	EE+ Child(ren)	EE+Family
\$15.35	\$31.45	\$30.69	\$44.34

Kaiser DHMO

EE Only	EE+Spouse	EE+ Child(ren)	EE+Family
\$36.59	\$74.99	\$73.16	\$105.72

Cigna HDHP

EE Only	EE+Spouse	EE+ Child(ren)	EE+Family
\$38.36	\$78.64	\$76.72	\$110.85

Cigna PPO

EE Only	EE+Spouse	EE+ Child(ren)	EE+Family
\$91.46	\$187.48	\$182.89	\$264.29

Delta Dental EPO

EE Only	EE+1	EE+ Family
\$3.76	\$6.77	\$11.64

Delta Dental PPO

EE Only	EE+1	EE+ Family
\$6.29	\$11.83	\$20.64

Unum Vision through Eyemed Network

EE Only	EE+1	EE+ Family
\$1.84	\$3.30	\$5.14

*Medical opt-out option requires proof of current coverage that is not sponsored by RTD. Provides \$75 opt-out credit each pay period (1st & 2nd paycheck of each month).

Voluntary Life/AD&D

Employee & Spouse Coverage
Monthly Rate per \$10,000

	Employee	Spouse
< 29	\$0.70	\$0.70
30-34	\$0.8	\$0.80
35-39	\$1.20	\$1.20
40-44	\$1.60	\$1.60
45-49	\$2.90	\$2.90
50-54	\$4.40	\$4.40
55-59	\$6.50	\$6.50
60-64	\$9.00	\$9.00
65-69	\$13.60	\$13.60
70 +	\$25.80	\$25.80

Benefit Reduction Schedule – benefits will reduce to 65% at age 70 and 45% at age 75

Employee and Spouse premiums calculated separately based on employee's age. Spouse coverage cannot exceed 50% of employee coverage.

Child Life/AD&D

\$1.80 per month
Covers all dependent children

Coverage:
\$250 - birth to six months
\$10,000 – six months to age 26

Voluntary Accident Insurance

Monthly Premiums			
EE Only	EE+Spouse	EE+ Child(ren)	EE+Family
\$4.46	\$7.98	\$9.31	\$12.83

Voluntary Critical Illness Insurance

Employee & Spouse Coverage
Monthly Rate per \$1,000
Coverage: \$10,000, \$20,000, \$30,000

	Employee	Spouse
< 25	\$0.24	\$0.40
25-29	\$0.28	\$0.44
30-34	\$0.33	\$0.49
35-39	\$0.41	\$0.57
40-44	\$0.53	\$0.69
45-49	\$0.73	\$0.89
50-54	\$1.03	\$1.19
55-59	\$1.41	\$1.57
60-64	\$2.01	\$2.17
65-69	\$2.92	\$3.08
70-74	\$4.37	\$4.53
75-79	\$6.13	\$6.29
80-84	\$8.49	\$8.65
85 +	\$13.34	\$13.50

Employee coverage includes child(ren) coverage at no additional cost

Employee and Spouse premiums calculated separately based on employee's age. Spouse coverage is 50% of employee's.

Voluntary Hospital Insurance

Monthly Premiums			
EE Only	EE+Spouse	EE+ Child(ren)	EE+Family
\$17.44	\$36.92	\$24.74	\$44.22