

2025 Benefits Rate Sheet



Medical*, Dental, Vision

Monthly Premiums

Kaiser HDHP

EE Only	EE+Spouse	EE+ Child(ren)	EE+Family
\$35.36	\$72.48	\$70.72	\$102.18

Kaiser DHMO

EE Only	EE+Spouse	EE+ Child(ren)	EE+Family
\$83.95	\$172.07	\$167.87	\$242.58

Cigna HDHP

EE Only	EE+Spouse	EE+ Child(ren)	EE+Family
\$88.40	\$181.21	\$176.80	\$255.44

Cigna PPO

EE Only	EE+Spouse	EE+ Child(ren)	EE+Family
\$209.87	\$430.19	\$419.67	\$606.44

Delta Dental EPO

EE Only	EE+1	EE+ Family
\$7.52	\$13.53	\$22.98

Delta Dental PPO

EE Only	EE+1	EE+ Family
\$12.58	\$23.65	\$41.28

Unum Vision through Eyemed Network

EE Only	EE+1	EE+ Family
\$3.68	\$6.59	\$10.28

**Medical opt-out option requires proof of current coverage that is not sponsored by RTD. Provides \$150 opt-out credit each month (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 Hospital Insurance

Monthly Premiums

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

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.

ID Theft Protection

Monthly Premiums

EE Only	EE+Family
\$7.90	\$13.90

MetLife Legal Services

Monthly Premiums

High Plan	Low Plan
\$17.25	\$9.00