

2014-2015
CHERRY CREEK CHOICE CAFETERIA PLAN

All plans are described in detail in your Cherry Creek Choice Workbook. These are the actual **monthly** rates and do not take into account any district contributions. To determine your out of pocket cost, subtract the district dollar contribution and the medical contribution (if applicable) and the difference will be withdrawn from your paycheck on a pre-tax basis if the premiums exceed the contributions.

MEDICAL – KAISER	<u>DHMO-Cat.</u>	<u>DHMO</u>	<u>Added Choice</u>
Employee Only	\$425.78	\$490.88	\$862.03
Employee & Spouse	\$881.41	\$1,016.07	\$1,784.31
Employee & Domestic Partner	\$881.41	\$1,016.07	\$1,784.31
Employee & Child(ren)	\$906.87	\$1,045.52	\$1,836.03
Employee, EE Child(ren) & DP	\$1,332.70	\$1,536.41	\$2,698.05
Employee, DP Child(ren) & DP	\$1,332.70	\$1,536.41	\$2,698.05
Family	\$1,332.70	\$1,536.41	\$2,698.05

DENTAL – DELTA DENTAL	<u>Premier</u>	<u>PPO</u>	<u>EPO</u>
Employee Only	\$43.27	\$32.02	\$31.57
Employee & Spouse	\$79.38	\$58.73	\$57.91
Employee & Domestic Partner	\$79.38	\$58.73	\$57.91
Employee & Child(ren)	\$98.04	\$72.55	\$71.53
Employee, EE Child(ren) & DP	\$136.10	\$100.73	\$99.31
Employee, DP Child(ren) & DP	\$136.10	\$100.73	\$99.31
Family	\$136.10	\$100.73	\$99.31

VISION - VISION SERVICE PLAN

Employee Only	\$9.30
Employee & Spouse	\$15.24
Employee & Domestic Partner	\$15.24
Employee & Child(ren)	\$14.71
Employee, EE Child(ren) & DP	\$24.25
Employee, DP Child(ren) & DP	\$24.25
Family	\$24.25