



MONTHLY RATES FOR THE 2023-24 PLAN YEAR

Medical Plans	CU Health Plan - Exclusive			CU Health Plan - High Deductible			CU Health Plan - Kaiser		
	Total Rate	Cost CU Medicine Covers	Your Cost	Total Rate	Cost CU Medicine Covers	Your Cost	Total Rate	Cost CU Medicine Covers	Your Cost
Employee Only	\$771.90	\$691.40	\$80.50	\$691.40	\$691.40	\$0.00	\$842.40	\$691.40	\$151.00
Employee + Spouse	\$1,607.40	\$1,372.90	\$234.50	\$1,399.90	\$1,372.90	\$27.00	\$1,755.40	\$1,372.90	\$382.50
Employee + Child(ren)	\$1,477.90	\$1,329.40	\$148.50	\$1,353.40	\$1,329.40	\$24.00	\$1,593.90	\$1,329.40	\$264.50
Family	\$2,366.40	\$2,077.40	\$289.00	\$2,116.40	\$2,077.40	\$39.00	\$2,570.40	\$2,077.40	\$493.00

Dental Plans	CU Health Plan - Essential Dental			CU Health Plan - Choice Dental		
	Total Rate	Cost CU Medicine Covers	Your Cost	Total Rate	Cost CU Medicine Covers	Your Cost
Employee Only	\$29.50	\$29.50	\$0.00	\$52.00	\$35.00	\$17.00
Employee + Spouse	\$59.00	\$42.00	\$17.00	\$104.00	\$52.50	\$51.50
Employee + Child(ren)	\$63.50	\$41.50	\$22.00	\$112.50	\$52.00	\$60.50
Family	\$92.50	\$43.00	\$49.50	\$164.00	\$58.00	\$106.00



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Vision Plans	CU Health Plan - Vision		
	Total Rate	Cost CU Medicine Covers	Your Cost
Employee Only	\$6.25	\$0	\$6.25
Employee + Spouse	\$11.00	\$0	\$11.00
Employee + Child(ren)	\$11.75	\$0	\$11.75
Family	\$18.00	\$0	\$18.00

Short-Term Disability

Employees who qualify for this benefit will receive 60% of their weekly, pre-disability earnings, to a maximum of \$1,500.

To calculate your monthly coverage cost:

Steps	Example
Multiply your monthly salary by 0.60. This is the percentage of your monthly salary you'll receive while on short-term disability.	Monthly salary of \$3,000 x 0.60 = \$1,800
Divide that number by 100.	\$1,800 / 100 = \$18
Multiply this final amount by the option rate 0.1845. This is the amount of money that will be deducted from your pay each month for this coverage.	\$18 x 0.1845 = \$3.32



Medicine

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Optional Term Life Insurance for Employee or Spouse

Age	Monthly rate for every \$1,000 of coverage
Younger than 30	\$0.037
30-34	\$0.044
35-39	\$0.051
40-44	\$0.076
45-49	\$0.121
50-54	\$0.190
55-59	\$0.321
60-64	\$0.605
65-69	\$1.020
70 and older	\$1.84

Children's Optional Term Life Insurance *One rate covers all verified children.*

	Coverage amount	Monthly cost
Option A	\$5,000	\$1.20
Option B	\$10,000	\$2.40

Voluntary Accidental Death and Dismemberment Coverage

	Coverage amount	Monthly cost
Employee or Spouse	\$10,000 - \$500,000	\$0.15 (for every \$10,000 of coverage per enrollee)
Child(ren) Option A	\$5,000	\$0.255
Child(ren) Option B	\$10,000	\$0.51