



MONTHLY RATES FOR THE 2024-25 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	\$791.40	\$710.90	\$80.50	\$710.90	\$710.90	\$0.00	\$945.40	\$710.90	\$234.50
Employee + Spouse	\$1,646.90	\$1,412.40	\$234.50	\$1,439.40	\$1,412.40	\$27.00	\$1,970.90	\$1,412.40	\$558.50
Employee + Child(ren)	\$1,516.40	\$1,367.90	\$148.50	\$1,391.90	\$1,367.90	\$24.00	\$1,789.40	\$1,367.90	\$421.50
Family	\$2,426.40	\$2,137.40	\$289.00	\$2,176.40	\$2,137.40	\$39.00	\$2,886.40	\$2,137.40	\$749.00

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	\$30.00	\$30.00	\$0.00	\$53.00	\$35.50	\$17.50
Employee + Spouse	\$60.00	\$42.50	\$17.50	\$106.00	\$53.50	\$52.50
Employee + Child(ren)	\$64.50	\$42.00	\$22.50	\$114.50	\$53.00	\$61.50
Family	\$94.00	\$43.50	\$50.50	\$167.00	\$59.00	\$108.00



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Vision Plans	CU Health Plan - Vision		
	Total Rate	Cost CU Medicine Covers	Your Cost
Employee Only	\$7.00	\$0	\$7.00
Employee + Spouse	\$12.25	\$0	\$12.25
Employee + Child(ren)	\$13.25	\$0	\$13.25
Family	\$20.25	\$0	\$20.25

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 $\$3,000 \times 0.60 = \$1,800$
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 \times 0.1845 = \3.32



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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