



Medicine

MONTHLY RATES FOR THE 2025-26 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 | \$834.40 | \$753.90 | \$80.50 | \$753.90 | \$753.90 | \$0.00 | \$1,055.90 | \$753.90 | \$302.00 |
| Employee + Spouse | \$1,734.40 | \$1,499.90 | \$234.50 | \$1,526.90 | \$1,499.90 | \$27.00 | \$2,201.90 | \$1,499.90 | \$702.00 |
| Employee + Child(ren) | \$1,600.90 | \$1,452.40 | \$148.50 | \$1,476.40 | \$1,452.40 | \$24.00 | \$1,999.40 | \$1,452.40 | \$547.00 |
| Family | \$2,558.90 | \$2,269.90 | \$289.00 | \$2,308.90 | \$2,269.90 | \$39.00 | \$3,196.40 | \$2,269.90 | \$926.50 |

| 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 | \$32.00 | \$32.00 | \$0.00 | \$56.00 | \$37.50 | \$18.50 |
| Employee + Spouse | \$64.00 | \$45.50 | \$18.50 | \$112.00 | \$56.50 | \$55.50 |
| Employee + Child(ren) | \$69.00 | \$45.00 | \$24.00 | \$121.00 | \$56.00 | \$65.00 |
| Family | \$100.50 | \$46.50 | \$54.00 | \$176.50 | \$62.50 | \$114.00 |



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| Vision Plans | CU Health Plan - Vision | | |
|-----------------------|-------------------------|-------------------------|-----------|
| | Total Rate | Cost CU Medicine Covers | Your Cost |
| Employee Only | \$7.20 | \$0 | \$7.20 |
| Employee + Spouse | \$12.60 | \$0 | \$12.60 |
| Employee + Child(ren) | \$13.60 | \$0 | \$13.60 |
| Family | \$20.80 | \$0 | \$20.80 |

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 |



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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 |