



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



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