



MONTHLY RATES FOR THE 2026-27 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	\$987.40	\$853.40	\$134.00	\$853.40	\$853.40	\$0.00	\$1,164.90	\$853.40	\$311.50
Employee + Spouse	\$2,018.90	\$1,707.90	\$311.00	\$1,734.90	\$1,707.90	\$27.00	\$2,426.90	\$1,707.90	\$719.00
Employee + Child(ren)	\$1,926.40	\$1,653.40	\$273.00	\$1,677.40	\$1,653.40	\$24.00	\$2,231.40	\$1,653.40	\$578.00
Family	\$3,041.40	\$2,602.90	\$438.50	\$2,641.90	\$2,602.90	\$39.00	\$3,577.40	\$2,602.90	\$974.50

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	\$33.00	\$33.00	\$0.00	\$58.00	\$39.00	\$19.00
Employee + Spouse	\$66.00	\$47.00	\$19.00	\$116.00	\$58.50	\$57.50
Employee + Child(ren)	\$71.00	\$46.50	\$24.50	\$125.50	\$58.00	\$67.50
Family	\$103.50	\$48.00	\$55.50	\$183.00	\$65.00	\$118.00



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Vision Plans	CU Health Plan - Vision		
	Total Rate	Cost CU Medicine Covers	Your Cost
Employee Only	\$7.30	\$0	\$7.30
Employee + Spouse	\$12.80	\$0	\$12.80
Employee + Child(ren)	\$13.80	\$0	\$13.80
Family	\$21.10	\$0	\$21.10

Short-Term Disability

Employees who qualify for this benefit will receive 60% of their weekly, pre-disability earnings, to a maximum of \$2,500.

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