

MONTHLY RATES FOR THE 2024-25 PLAN YEAR

Non-Medicare eligible Surviving Spouses (Rates based on a 100% CU Contribution)

Medical	CU Health Plan —			CU Health Plan —			CU Health Plan —		
Plans	Exclusive			Kaiser			High Deductible		
Under age 65	TOTAL	CU	YOUR	TOTAL	CU	YOUR	TOTAL	CU	YOUR
	RATE	COST	COST	RATE	COST	COST	RATE	COST	COST
Surviving Spouse	\$803.50	\$698.00	\$105.50	\$957.50	\$698.00	\$259.50	\$723.00	\$698.00	\$25.00
Surviving Spouse + Child(ren)	\$1,528.50	\$1,355.00	\$173.50	\$1,801.50	\$1,355.00	\$446.50	\$1,404.00	\$1,355.00	\$49.00

Medical	CU Health Plan —				
Plans	Medicare/High Deductible				
Over/Under age 65	TOTAL	CU	YOUR		
	RATE	COST	COST		
Surviving Spouse + Child(ren) Under 65	\$1,132.76	\$693.06	\$439.70		
Surviving Spouse + 1 Child on Medicare + 1 Under 65	\$1,626.67	\$1,033.79	\$592.88		

Dental Plans	CU Health Plan — Essential Dental			CU Health Plan — Choice Dental			
Under age 65	TOTAL RATE	CU COST	YOUR COST	TOTAL RATE	CU COST	YOUR COST	
Surviving Spouse	\$30.00	\$0.00	\$30.00	\$53.00	\$0.00	\$53.00	
Surviving Spouse + Child(ren)	\$64.50	\$0.00	\$64.50	\$114.50	\$0.00	\$114.50	

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