



# MONTHLY RATES FOR THE 2023-24 PLAN YEAR

## COBRA Rates

| Medical Plans         | CU Health Plan — Exclusive |                  | CU Health Plan — Extended |                  | CU Health Plan — High Deductible |                  | CU Health Plan — Kaiser |                  |
|-----------------------|----------------------------|------------------|---------------------------|------------------|----------------------------------|------------------|-------------------------|------------------|
|                       | COBRA Rate                 | COBRA Disability | COBRA Rate                | COBRA Disability | COBRA Rate                       | COBRA Disability | COBRA Rate              | COBRA Disability |
| Employee only         | \$795.60                   | \$1,170.00       | \$855.27                  | \$1,257.75       | \$713.49                         | \$1,049.25       | \$867.51                | \$1,275.75       |
| Employee + Spouse     | \$1,647.81                 | \$2,423.25       | \$1,796.22                | \$2,641.50       | \$1,436.16                       | \$2,112.00       | \$1,798.77              | \$2,645.25       |
| Employee + Child(ren) | \$1,515.72                 | \$2,229.00       | \$1,626.90                | \$2,392.50       | \$1,388.73                       | \$2,042.25       | \$1,634.04              | \$2,403.00       |
| Family                | \$2,421.99                 | \$3,561.75       | \$2,614.77                | \$3,845.25       | \$2,166.99                       | \$3,186.75       | \$2,630.07              | \$3,867.75       |

| Dental Plans          | CU Health Plan — Essential Dental |                  | CU Health Plan — Choice Dental |                  | CU Health Plan — Premier Dental |                  |
|-----------------------|-----------------------------------|------------------|--------------------------------|------------------|---------------------------------|------------------|
|                       | COBRA Rate                        | COBRA Disability | COBRA Rate                     | COBRA Disability | COBRA Rate                      | COBRA Disability |
| Employee Only         | \$30.09                           | \$44.25          | \$53.04                        | \$78.00          | \$47.43                         | \$69.75          |
| Employee + Spouse     | \$60.18                           | \$88.50          | \$106.08                       | \$156.00         | \$84.15                         | \$123.75         |
| Employee + Child(ren) | \$64.77                           | \$95.25          | \$114.75                       | \$168.75         | \$92.31                         | \$135.75         |
| Family                | \$94.35                           | \$138.75         | \$167.28                       | \$246.00         | \$128.52                        | \$189.00         |

| Vision Plan           | CU Health Plan — Vision |                  |
|-----------------------|-------------------------|------------------|
|                       | COBRA Rate              | COBRA Disability |
| Employee Only         | \$6.38                  | \$9.38           |
| Employee + Spouse     | \$11.22                 | \$16.50          |
| Employee + Child(ren) | \$11.99                 | \$17.63          |
| Family                | \$18.36                 | \$27.00          |



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EMPLOYEE SERVICES

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