



# MONTHLY RATES FOR THE 2021-22 PLAN YEAR

## Faculty, Officers, University Staff and Classified Staff

Medical Plans	CU Health Plan — Exclusive			CU Health Plan — Extended		
	TOTAL RATE	CU COST	YOUR COST	TOTAL RATE	CU COST	YOUR COST
Employee only	\$664.50	\$610.50	\$54.00	\$715.50	\$610.50	\$105.00
Employee + Spouse	\$1,378.00	\$1,184.50	\$193.50	\$1,504.00	\$1,184.50	\$319.50
Employee + Child(ren)	\$1,249.00	\$1,127.50	\$121.50	\$1,338.00	\$1,127.50	\$210.50
Family	\$1,987.00	\$1,735.50	\$251.50	\$2,155.50	\$1,735.50	\$420.00
	CU Health Plan — High Deductible			CU Health Plan — Kaiser		
	TOTAL RATE	CU COST	YOUR COST	TOTAL RATE	CU COST	YOUR COST
Employee only	\$610.50	\$610.50	\$0.00	\$726.50	\$610.50	\$116.00
Employee + Spouse	\$1,204.50	\$1,184.50	\$20.00	\$1,500.00	\$1,184.50	\$315.50
Employee + Child(ren)	\$1,146.50	\$1,127.50	\$19.00	\$1,328.00	\$1,127.50	\$200.50
Family	\$1,764.50	\$1,735.50	\$29.00	\$2,138.50	\$1,735.50	\$403.00

Dental Plans	CU Health Plan — Essential Dental			CU Health Plan — Choice Dental		
	TOTAL RATE	CU COST	YOUR COST	TOTAL RATE	CU COST	YOUR COST
Employee Only	\$29.50	\$29.50	\$0.00	\$52.00	\$35.00	\$17.00
Employee + Spouse	\$59.00	\$42.00	\$17.00	\$104.00	\$52.50	\$51.50
Employee + Child(ren)	\$63.50	\$41.50	\$22.00	\$112.50	\$52.00	\$60.50
Family	\$92.50	\$43.00	\$49.50	\$164.00	\$58.00	\$106.00

Vision Plan	CU Health Plan — Vision		
	TOTAL RATE	CU COST	YOUR COST
Employee Only	\$6.18	\$0.00	\$6.18
Employee + Spouse	\$10.80	\$0.00	\$10.80
Employee + Child(ren)	\$11.72	\$0.00	\$11.72
Family	\$17.90	\$0.00	\$17.90



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EMPLOYEE SERVICES

Address: 1800 Grant St.,  
Suite 400, Denver, CO 80203

Email: [benefits@cu.edu](mailto:benefits@cu.edu)

Phone: 1-855-216-7740 (option 3)

On the Web  
[www.cu.edu/benefits](http://www.cu.edu/benefits)



# MONTHLY RATES FOR THE 2021-22 PLAN YEAR

## Faculty, Officers, University Staff and Classified Staff

### Short-term Disability

#### Faculty and University Staff

Employees who qualify for this benefit will receive 60 percent 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.	\$5,000 x .60 = \$3,000
Divide that number by 100.	\$3,000/100 = \$30
Multiply this final amount by the option rate 0.1846. This is the amount of money that will be deducted from your pay each month for this coverage.	\$30 x .1846 = \$5.54

### Optional Term Life

This coverage includes Accidental Death and Dismemberment coverage for employee or spouse.

Age	Standard rate per \$1,000 of coverage	Discount rate per \$1,000 of coverage*
Under age 20	\$0.076	\$0.057
20-24	\$0.078	\$0.060
25-29	\$0.083	\$0.063
30-34	\$0.100	\$0.064
35-39	\$0.110	\$0.071
40-44	\$0.137	\$0.096
45-49	\$0.201	\$0.141
50-54	\$0.305	\$0.210
55-59	\$0.484	\$0.341
60-64	\$0.893	\$0.625
65-69	\$1.44	\$1.04
70-74	\$2.51	\$1.86
75+	\$4.50	\$2.08

\*No tobacco use in the last 12 months.

### Long-term Disability

#### Classified Staff

Multiply your monthly salary by the rate shown for your age to get your monthly premium amount.

Age	Vested*	Non-vested
Under age 30	\$0.0010	\$0.0028
30-34	\$0.0011	\$0.0034
35-39	\$0.0014	\$0.0042
40-44	\$0.0019	\$0.0058
45-49	\$0.0030	\$0.0089
50-54	\$0.0044	\$0.0132
55-59	\$0.0061	\$0.0194
60-64	\$0.0066	\$0.0199
65+	\$0.0081	\$0.0242

\*You need five years of PERA service to be vested.

### Optional Term Life

This coverage includes Accidental Death and Dismemberment coverage for children, with one enrollment covering all eligible children in your family.

	Coverage amount	Monthly cost
Option A	\$5,000 group term + \$5,000 AD&D	\$1.10
Option B	\$10,000 group term + \$10,000 AD&D	\$2.20

### Voluntary AD&D

	Coverage amount	Monthly cost
Employee or Spouse	\$10,000 to \$250,000	\$0.28 for every \$10,000 in coverage
Child(ren)	\$5,000	\$0.14



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