Benefits & Payroll



MONTHLY RATES FOR THE 2016-17 PLAN YEAR

Faculty, Officers, University Staff and Classified Staff

Medical Plans	CU Health Plan - Exclusive		CU Health Plan - Extended		CU Health Plan - High Deductible		CU Health Plan - Kaiser					
	Total Rate	Cost CU Covers	Your Cost	Total Rate	Cost CU Covers	Your Cost	Total Rate	Cost CU Covers	Your Cost	Total Rate	Cost CU Covers	Your Cost
Employee Only	\$550.70	\$511.92	\$38.78	\$564.44	\$511.92	\$52.52	\$511.92	\$511.92	\$0	\$577.32	\$511.92	\$65.40
Employee + Spouse	\$1,108.38	\$948.60	\$159.78	\$1,136.40	\$948.60	\$187.80	\$963.60	\$948.60	\$15.00	\$1,162.16	\$948.60	\$213.56
Employee + Child(ren)	\$1,044.10	\$944.64	\$99.46	\$1,070.48	\$944.64	\$125.84	\$958.64	\$944.64	\$14.00	\$1,094.70	\$944.64	\$150.06
Family	\$1,542.32	\$1,330.72	\$211.60	\$1,581.46	\$1,330.72	\$250.74	\$1,349.72	\$1,330.72	\$19.00	\$1,617.66	\$1,330.72	\$286.94

Dental Plans	CU H	ealth Plan - Denta	II EPO	CU Health Plan - Dental PPO			
	Total Rate	Cost CU Covers	Your Cost	Total Rate	Cost CU Covers	Your Cost	
Employee Only	\$28.40	\$28.40	\$0	\$46.00	\$28.40	\$17.60	
Employee + Spouse	\$47.76	\$28.40	\$19.36	\$78.10	\$28.40	\$49.70	
Employee + Child(ren)	\$53.54	\$28.40	\$25.14	\$85.42	\$28.40	\$57.02	
Family	\$76.14	\$28.40	\$47.74	\$127.44	\$28.40	\$99.04	



Benefits & Payroll



MONTHLY RATES FOR THE 2016-17 PLAN YEAR

Faculty, Officers, University Staff and Classified Staff

Vision Plans	CU Health Plan - Vision				
	Total Rate	Cost CU Covers	Your Cost		
Employee Only	\$6.18	\$0	\$6.18		
Employee + Spouse	\$10.80	\$0	\$10.80		
Employee + Child(ren)	\$11.72	\$0	\$11.72		
Family	\$17.90	\$0	\$17.90		

Short-term disability for faculty and university staff only

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.	Monthly salary of \$5,000 x 0.60 = \$3,000
Divide that number by 100.	\$3,000 / 100 = \$30
Multiply this final amount by the option rate 0.207. This is the amount of money that will be deducted from your pay each month for this coverage.	\$30 x 0.207 = \$6.21

Long-term disability for classified staff only

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

Age	Vested*	Non-vested		
Younger than 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.



Benefits & Payroll



MONTHLY RATES FOR THE 2016-17 PLAN YEAR

Faculty, Officers, University Staff and Classified Staff

Optional Term Life Insurance + Accidental Death and Dismemberment Coverage for Employee or Spouse

Age	Standard monthly rate for every \$1,000 of coverage	Discount monthly rate for every \$1,000 of coverage*
Younger than 20	\$0.076	\$0.057
20-24	\$0.078	\$0.060
25-29	\$0.083	\$0.063
30-34	\$0.10	\$0.064
35-39	\$0.11	\$0.071
40-44	\$0.137	\$0.096
45-49	\$0.201	\$0.141
50-54	\$0.305	\$0.21
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 and older	\$4.50	\$2.08

^{*} Discount rate (no tobacco use in the last 12 months)

Children's Optional Term Life Insurance + Accidental Death and Dismemberment Coverage One rate covers all verified children.

	Coverage amount	Monthly cost per enrollee
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 Accidental Death and Dismemberment Coverage

	Coverage amount	Monthly cost per enrollee
Employee or Spouse		\$0.28 (for every \$10,000 of coverage)
Child(ren)	\$5,000	\$0.14

