



MONTHLY RATES FOR THE 2017-18 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	\$572.50	\$533.00	\$39.50	\$606.00	\$533.00	\$73.00	\$533.00	\$533.00	\$0	\$634.00	\$533.00	\$101.00
Employee + Spouse	\$1,161.00	\$996.00	\$165.00	\$1,217.50	\$996.00	\$221.50	\$1,011.00	\$996.00	\$15.00	\$1,272.50	\$996.00	\$276.50
Employee + Child(ren)	\$1,054.00	\$954.50	\$99.50	\$1,099.50	\$954.50	\$145.00	\$968.50	\$954.50	\$14.00	\$1,129.50	\$954.50	\$175.00
Family	\$1,650.50	\$1,435.00	\$215.50	\$1,726.50	\$1,435.00	\$291.50	\$1,454.00	\$1,435.00	\$19.00	\$1,788.50	\$1,435.00	\$353.50

Dental Plans

	CU Health Plan - Essential Dental			CU Health Plan - Choice Dental		
	Total Rate	Cost CU Covers	Your Cost	Total Rate	Cost CU Covers	Your Cost
Employee Only	\$26.50	\$26.50	\$0	\$42.50	\$26.50	\$16.00
Employee + Spouse	\$53.00	\$37.00	\$16.00	\$85.00	\$37.00	\$48.00
Employee + Child(ren)	\$58.00	\$37.00	\$21.00	\$93.00	\$37.00	\$56.00
Family	\$84.50	\$37.00	\$47.50	\$135.50	\$37.00	\$98.50



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EMPLOYEE SERVICES

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

benefits@cu.edu

1-855-216-7740 (option 3)

On the Web:
www.cu.edu/benefits



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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.



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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	\$10,000 - \$250,000	\$0.28 (for every \$10,000 of coverage)
Child(ren)	\$5,000	\$0.14



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