

## **MONTHLY RATES FOR THE 2023-24 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	\$780.00	\$674.50	\$105.50	\$850.50	\$674.50	\$176.00	\$699.50	\$674.50	\$25.00
Surviving Spouse + Child(ren)	\$1,486.00	\$1,312.50	\$173.50	\$1,602.00	\$1,312.50	\$289.50	\$1,361.50	\$1,312.50	\$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	\$1,109.76	\$689.06	\$420.70		
Surviving Spouse + 1 Child on Medicare + 1 Under 65	\$1,602.67	\$1,029.79	\$572.88		

Dental Plans		Health Plai sential Den		CU Health Plan — Choice Dental			
Under age 65	TOTAL RATE	CU COST	YOUR COST	TOTAL RATE	CU COST	YOUR COST	
Surviving Spouse	\$29.50	\$0.00	\$29.50	\$52.00	\$0.00	\$52.00	
Surviving Spouse + Child(ren)	\$63.50	\$0.00	\$63.50	\$112.50	\$0.00	\$112.50	



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