



MONTHLY RATES FOR THE 2026-27 PLAN YEAR

Non-Medicare Eligible Surviving Spouses (Rates based on a 100% CU Contribution)

Medical Plans	CU Health Plan — Exclusive			CU Health Plan — Pathway		
	TOTAL RATE	CU CONTRIBUTION	YOUR COST	TOTAL RATE	CU CONTRIBUTION	YOUR COST
Under age 65						
Surviving Spouse	\$999.50	\$840.50	\$159.00	\$949.50	\$840.50	\$109.00
Surviving Spouse + Child(ren)	\$1,938.50	\$1,640.50	\$298.00	\$1,882.50	\$1,640.50	\$242.00
	CU Health Plan — High Deductible			CU Health Plan — Kaiser		
Under age 65	TOTAL RATE	CU CONTRIBUTION	YOUR COST	TOTAL RATE	CU CONTRIBUTION	YOUR COST
Surviving Spouse	\$865.50	\$840.50	\$25.00	\$1,177.00	\$840.50	\$336.50
Surviving Spouse + Child(ren)	\$1,689.50	\$1,640.50	\$49.00	\$2,243.50	\$1,640.50	\$603.00

Dental Plans	CU Health Plan — Essential Dental			CU Health Plan — Choice Dental		
	TOTAL RATE	CU CONTRIBUTION	YOUR COST	TOTAL RATE	CU CONTRIBUTION	YOUR COST
Under age 65						
Surviving Spouse	\$33.00	\$0.00	\$33.00	\$58.00	\$0.00	\$58.00
Surviving Spouse + Child(ren)	\$71.00	\$0.00	\$71.00	\$125.50	\$0.00	\$125.50

