



# MONTHLY RATES FOR THE 2020-21 PLAN YEAR

## COBRA Rates

Medical Plans	CU Health Plan — Exclusive		CU Health Plan — Extended		CU Health Plan — High Deductible		CU Health Plan — Kaiser	
	COBRA Rate	COBRA Disability	COBRA Rate	COBRA Disability	COBRA Rate	COBRA Disability	COBRA Rate	COBRA Disability
Employee only	\$626.28	\$921.00	\$651.27	\$957.75	\$572.73	\$842.25	\$683.91	\$1,005.75
Employee + Spouse	\$1,293.36	\$1,902.00	\$1,340.28	\$1,971.00	\$1,116.39	\$1,641.75	\$1,403.52	\$2,064.00
Employee + Child(ren)	\$1,166.88	\$1,716.00	\$1,203.60	\$1,770.00	\$1,060.29	\$1,559.25	\$1,238.28	\$1,821.00
Family	\$1,847.73	\$2,717.25	\$1,911.99	\$2,811.75	\$1,617.21	\$2,378.25	\$1,983.90	\$2,917.50

Dental Plans	CU Health Plan — Essential Dental		CU Health Plan — Choice Dental		CU Health Plan — Premier Dental	
	COBRA Rate	COBRA Disability	COBRA Rate	COBRA Disability	COBRA Rate	COBRA Disability
Employee Only	\$30.09	\$44.25	\$53.04	\$78.00	\$47.43	\$69.75
Employee + Spouse	\$60.18	\$88.50	\$106.08	\$156.00	\$84.15	\$123.75
Employee + Child(ren)	\$64.77	\$95.25	\$114.75	\$168.75	\$92.31	\$135.75
Family	\$93.84	\$138.00	\$167.28	\$246.00	\$128.52	\$189.00

Vision Plan	CU Health Plan — Vision	
	COBRA Rate	COBRA Disability
Employee Only	\$6.30	\$9.27
Employee + Spouse	\$11.02	\$16.20
Employee + Child(ren)	\$11.95	\$17.58
Family	\$18.26	\$26.85



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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)