



# MONTHLY RATES FOR THE 2019-20 PLAN YEAR

## Faculty, Officers, University Staff and Classified Staff

Medical Plans	CU Health Plan — Exclusive			CU Health Plan — Extended		
	TOTAL RATE	CU COST	YOUR COST	TOTAL RATE	CU COST	YOUR COST
Employee only	\$611.00	\$560.50	\$50.50	\$633.50	\$560.50	\$73.00
Employee + Spouse	\$1,235.50	\$1,051.00	\$184.50	\$1,276.00	\$1,051.00	\$225.00
Employee + Child(ren)	\$1,119.50	\$1,005.00	\$114.50	\$1,150.00	\$1,005.00	\$145.00
Family	\$1,751.00	\$1,511.50	\$239.50	\$1,806.00	\$1,511.50	\$294.50
	CU Health Plan — High Deductible			CU Health Plan — Kaiser		
	TOTAL RATE	CU COST	YOUR COST	TOTAL RATE	CU COST	YOUR COST
Employee only	\$560.50	\$560.50	\$0.00	\$669.50	\$560.50	\$109.00
Employee + Spouse	\$1,066.00	\$1,051.00	\$15.00	\$1,347.50	\$1,051.00	\$296.50
Employee + Child(ren)	\$1,019.00	\$1,005.00	\$14.00	\$1,193.50	\$1,005.00	\$188.50
Family	\$1,530.50	\$1,511.50	\$19.00	\$1,890.00	\$1,511.50	\$378.50

Dental Plans	CU Health Plan — Essential Dental			CU Health Plan — Choice Dental		
	TOTAL RATE	CU COST	YOUR COST	TOTAL RATE	CU COST	YOUR COST
Employee Only	\$29.00	\$29.00	\$0.00	\$52.00	\$35.00	\$17.00
Employee + Spouse	\$58.00	\$41.50	\$16.50	\$104.00	\$52.50	\$51.50
Employee + Child(ren)	\$62.50	\$41.00	\$21.50	\$112.50	\$52.00	\$60.50
Family	\$91.00	\$42.50	\$48.50	\$164.00	\$58.00	\$106.00

Vision Plan	CU Health Plan — Vision		
	TOTAL RATE	CU COST	YOUR COST
Employee Only	\$6.18	\$0.00	\$6.18
Employee + Spouse	\$10.80	\$0.00	\$10.80
Employee + Child(ren)	\$11.72	\$0.00	\$11.72
Family	\$17.90	\$0.00	\$17.90



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EMPLOYEE SERVICES

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

Email: [benefits@cu.edu](mailto:benefits@cu.edu)

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On the Web  
[www.cu.edu/benefits](http://www.cu.edu/benefits)



# MONTHLY RATES FOR THE 2019-20 PLAN YEAR

## Faculty, Officers, University Staff and Classified Staff

### Short-term Disability

#### Faculty and University Staff

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.	$\$5,000 \times .60 = \$3,000$
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.	$\$30 \times .207 = \$6.21$

### Optional Term Life

This coverage includes Accidental Death and Dismemberment coverage for employee or spouse

Age	Standard rate per \$1,000 of coverage	Discount rate per \$1,000 of coverage*
Under age 20	\$0.076	\$0.057
20-24	\$0.078	\$0.060
25-29	\$0.083	\$0.063
30-34	\$0.100	\$0.064
35-39	\$0.110	\$0.071
40-44	\$0.137	\$0.096
45-49	\$0.201	\$0.141
50-54	\$0.305	\$0.210
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+	\$4.50	\$2.08

\*No tobacco use in the last 12 months.

### Long-term Disability

#### Classified Staff

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

Age	Vested*	Non-vested
Under age 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.

### Optional Term Life

This coverage includes Accidental Death and Dismemberment coverage for children. One rate covers all 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 AD&D

	Coverage amount	Monthly cost per enrollee
Employee or Spouse	\$10,000 to \$250,000	\$0.28 for every \$10,000 in coverage
Child(ren)	\$5,000	\$0.14



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