



MONTHLY RATES FOR THE 2026-27 PLAN YEAR

GME Interns, Residents and Subspecialty Fellows

Medical Plans	CU Health Plan — Exclusive			CU Health Plan — Pathway		
	TOTAL RATE	COST PAID BY GME	YOUR COST	TOTAL RATE	COST PAID BY GME	YOUR COST
Employee only	\$999.50	\$983.90	\$15.60	\$949.50	\$949.50	\$0.00
Employee + Spouse	\$2,031.00	\$1,984.24	\$46.76	\$1,939.00	\$1,939.00	\$0.00
Employee + Child(ren)	\$1,938.50	\$1,894.58	\$43.92	\$1,882.50	\$1,882.50	\$0.00
Family	\$3,053.50	\$2,986.90	\$66.60	\$2,961.00	\$2,961.00	\$0.00
	CU Health Plan — High Deductible			CU Health Plan — Kaiser		
	TOTAL RATE	COST PAID BY GME	YOUR COST	TOTAL RATE	COST PAID BY GME	YOUR COST
Employee only	\$865.50	\$865.50	\$0.00	\$1,177.00	\$983.90	\$193.10
Employee + Spouse	\$1,747.00	\$1,747.00	\$0.00	\$2,439.00	\$1,984.24	\$454.76
Employee + Child(ren)	\$1,689.50	\$1,689.50	\$0.00	\$2,243.50	\$1,894.58	\$348.92
Family	\$2,654.00	\$2,654.00	\$0.00	\$3,589.50	\$2,986.90	\$602.60

Dental Plans	CU Health Plan — Essential Dental			CU Health Plan — Choice Dental		
	TOTAL RATE	COST PAID BY GME	YOUR COST	TOTAL RATE	COST PAID BY GME	YOUR COST
Employee Only	\$33.00	\$33.00	\$0.00	\$58.00	\$39.00	\$19.00
Employee + Spouse	\$66.00	\$59.50	\$6.50	\$116.00	\$71.00	\$45.00
Employee + Child(ren)	\$71.00	\$64.50	\$6.50	\$125.50	\$76.00	\$49.50
Family	\$103.50	\$97.00	\$6.50	\$183.00	\$114.00	\$69.00

Vision Plans	CU Health Plan — Vision		
	TOTAL RATE	COST PAID BY GME	YOUR COST
Employee Only	\$7.30	\$0.00	\$7.30
Employee + Spouse	\$12.80	\$0.00	\$12.80
Employee + Child(ren)	\$13.80	\$0.00	\$13.80
Family	\$21.10	\$0.00	\$21.10

