Benefits & Payroll



MONTHLY RATES FOR THE 2018-19 PLAN YEAR

Surviving Spouses

| Medical Plans Non-Medicare eligible | CU Health Plan - | | CU Health Plan - | | | CU Health Plan - | | | |
|-------------------------------------|------------------|----------|------------------|----------|----------|------------------|------------|----------|----------|
| | Exclusive | | High Deductible | | | Kaiser | | | |
| | Total | Cost CU | Your | Total | Cost CU | Your | Total | Cost CU | Your |
| | Rate | Covers | Cost | Rate | Covers | Cost | Rate | Covers | Cost |
| Surviving Spouse | \$572.50 | \$508.00 | \$64.50 | \$533.00 | \$508.00 | \$25.00 | \$634.00 | \$508.00 | \$126.00 |
| Surviving Spouse + Child(ren) | \$1,054.00 | \$929.50 | \$124.50 | \$968.50 | \$929.50 | \$39.00 | \$1,129.50 | \$929.50 | \$200.00 |

| Medical Plans | CU Health Plan - | | | | |
|--------------------------------|------------------|----------|---------|--|--|
| Medicare Eligible | Medicare | | | | |
| | Total | Cost CU | Your | | |
| | Rate | Covers | Cost | | |
| Surviving Spouse | \$447.76 | \$381.45 | \$66.31 | | |
| Surviving Child on Medicare | \$447.76 | \$356.45 | \$91.31 | | |

| Medical Plans Medicare Eligible/ Non-Medicare eligible | CU Health Plan - Medicare/High Deductible | | | | |
|--|--|-------------------|--------------|--|--|
| | Total Rate | Cost CU Covers | Your Cost | | |
| 1 Surviving Spouse + Child(ren) Under 65 | \$898.26 | \$689.06 | \$209.20 | | |

Alternate Medicare Payment AMP provides a monthly check in the amount listed below Total Rate Surviving Spouse \$108.40



Benefits & Payroll



MONTHLY RATES FOR THE 2018-19 PLAN YEAR

Surviving Spouses

| Dental Plans | CU Health Plan - | | | CU Health Plan - | | | |
|-----------------------|------------------|---------|---------|------------------|---------|---------|--|
| Non-Medicare eligible | Essential Dental | | | Choice Dental | | | |
| | Total | Cost CU | Your | Total | Cost CU | Your | |
| | Rate | Covers | Cost | Rate | Covers | Cost | |
| Surviving Spouse | \$28.50 | \$0 | \$28.50 | \$45.50 | \$0 | \$45.50 | |
| Spouse + Child(ren) | \$61.50 | \$0 | \$61.50 | \$98.50 | \$0 | \$98.50 | |

| Dental Plans Medicare-Eligible | CU Health Plan - Dental Premier | | | | |
|-----------------------------------|---------------------------------|-------------------|--------------|--|--|
| | Total Rate | Cost CU Covers | Your Cost | | |
| Surviving Spouse | \$45.83 | \$0 | \$45.83 | | |
| Spouse + Child(ren) | \$89.42 | \$0 | \$89.42 | | |



