



University of Colorado

Boulder | Colorado Springs | Denver | Anschutz Medical Campus

EMPLOYEE SERVICES

1800 Grant Street, Suite 400
Denver, Colorado 80203

**FACULTY, OFFICERS &
UNIVERSITY STAFF**

MONTHLY RATES FOR THE 2013–14 PLAN YEAR

UNIVERSITY MEDICAL PLANS	TOTAL RATE	UNIVERSITY CONTRIBUTION	EMPLOYEE COST
CU Health Plan—Access Network			
Employee Only	\$ 642.64	\$ 437.00	\$ 205.64
Employee + Spouse*	1,276.39	796.68	479.71
Employee + Child(ren)	1,216.63	796.68	419.95
Family	1,780.78	1,120.10	660.68
CU Health Plan—Exclusive			
Employee Only	\$ 463.17	\$ 437.00	\$ 26.17
Employee + Spouse	936.07	796.68	139.39
Employee + Child(ren)	881.56	796.68	84.88
Family	1,304.04	1,120.10	183.94
CU Health Plan—High Deductible			
Employee Only	\$ 437.00	\$ 437.00	\$ 0.00
Employee + Spouse	811.68	796.68	15.00
Employee + Child(ren)	810.68	796.68	14.00
Family	1,139.10	1,120.10	19.00
CU Health Plan—Kaiser EPO			
Employee Only	\$ 483.42	\$ 437.00	\$ 46.42
Employee + Spouse	976.93	796.68	180.25
Employee + Child(ren)	919.99	796.68	123.31
Family	1,361.29	1,120.10	241.19
UNIVERSITY DENTAL PLANS	TOTAL RATE	UNIVERSITY CONTRIBUTION	EMPLOYEE COST
Exclusive Panel Option (EPO)			
Employee Only	\$ 24.08	\$24.08	\$ 0.00
Employee + Spouse	\$ 42.83	24.08	\$18.75
Employee + Child(ren)	\$ 48.44	24.08	\$24.36
Family	\$ 70.33	24.08	\$46.25
Delta Dental PPO			
Employee Only	\$ 41.12	\$24.08	\$17.04
Employee + Spouse	72.24	24.08	48.16
Employee + Child(ren)	79.32	24.08	55.24
Family	120.05	24.08	95.97
UNIVERSITY VISION PLANS	TOTAL RATE	UNIVERSITY CONTRIBUTION	EMPLOYEE COST
CU Health Plan—Vision (voluntary)			
Employee Only	\$ 6.17	\$ 0.00	\$ 6.17
Employee + Spouse	10.80	0.00	10.80
Employee + Child(ren)	11.72	0.00	11.72
Family	17.89	0.00	17.89

* Spouse includes civil union and same gender domestic partner.

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MONTHLY RATES FOR THE 2013–14 PLAN YEAR

OPTIONAL TERM LIFE/AD&D FOR EMPLOYEE AND SPOUSE

AGE	STANDARD RATE PER \$1,000 OF COVERAGE	DISCOUNT RATE PER \$1,000 OF COVERAGE
Under age 20	.076	.057
20–24	.078	.060
25–29	.083	.063
30–34	.10	.064
35–39	.11	.071
40–44	.137	.096
45–49	.201	.141
50–54	.305	.21
55–59	.484	.341
60–64	.893	.625
65–69	1.44	1.04
70–74	2.51	1.86
75 and older	4.50	2.08

CHILDREN (ONE RATE COVERS ALL ELIGIBLE CHILDREN)

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 FOR EMPLOYEE AND SPOUSE

AMOUNT	MONTHLY COST PER PERSON ENROLLED
\$10,000–\$250,000	\$.28 per \$10,000

CHILDREN (ONE RATE COVERS ALL ELIGIBLE CHILDREN)

\$ 5,000	\$.14
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MONTHLY RATES FOR THE 2013–14 PLAN YEAR

SHORT-TERM DISABILITY FOR EMPLOYEE

ANNUAL SALARY CLASSIFICATION	MAXIMUM WEEKLY SHORT-TERM DISABILITY BENEFIT	EMPLOYEE COST
OPTION 1:		
\$ 75,000 and above	\$ 850	\$ 7.65
\$ 50,000 to \$ 74,999	\$ 575	\$ 5.18
\$ 35,000 to \$ 49,999	\$ 400	\$ 3.60
\$ 24,000 to \$ 34,999	\$ 250	\$ 2.25
\$ 21,000 to \$ 23,999	\$ 225	\$ 2.03
\$ 19,000 to \$ 20,999	\$ 200	\$ 1.80
\$ 16,300 to \$ 18,999	\$ 175	\$ 1.58
\$ 14,000 to \$ 16,299	\$ 150	\$ 1.35
\$ 10,800 to \$ 13,999	\$ 125	\$ 1.13
Less than \$10,800	\$ 100	\$.90

OPTION 2:

Monthly employee cost is calculated on percentage of gross salary:

- Employee monthly salary multiplied by .60 = percentage of monthly salary
- Percentage of monthly salary divided by 100 = amount to determine monthly cost
- Multiply this amount by the option rate .207 = monthly employee cost (deduction from pay)

Example: Employee makes \$5,000.00 per month
 $\$5,000.00 \times .60 = \$3,000.00$
 $\$3,000.00 / 100 = \30.00
 $\$30.00 \times .207 = \6.21 monthly pay deduction



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