# CU Medicine

## MONTHLY RATES FOR THE 2026-27 PLAN YEAR

### COBRA Rates

| Medical Plans | CU Health Plan - Exclusive | | CU Health Plan - High Deductible | | CU Health Plan - Kaiser | |
|---|---|---|---|---|---|---|
| | COBRA Rate | COBRA Disability | COBRA Rate | COBRA Disability | COBRA Rate | COBRA Disability |
| Employee Only | $1,007.15 | $1,481.10 | $870.47 | $1,280.10 | $1,188.20 | $1,747.35 |
| Employee + Spouse | $2,059.28 | $3,028.35 | $1,769.60 | $2,602.35 | $2,475.44 | $3,640.35 |
| Employee + Child(ren) | $1,964.93 | $2,889.60 | $1,710.95 | $2,516.10 | $2,276.03 | $3,347.10 |
| Family | $3,102.23 | $4,562.10 | $2,694.74 | $3,962.85 | $3,648.95 | $5,366.10 |

| Dental Plans | CU Health Plan - Essential Dental | | CU Health Plan - Choice Dental | |
|---|---|---|---|---|
| | COBRA Rate | COBRA Disability | COBRA Rate | COBRA Disability |
| Employee Only | $33.66 | $49.50 | $59.16 | $87.00 |
| Employee + Spouse | $67.32 | $99.00 | $118.32 | $174.00 |
| Employee + Child(ren) | $72.42 | $106.50 | $128.01 | $188.25 |
| Family | $105.57 | $155.25 | $186.66 | $274.50 |

Medicine

# MONTHLY RATES FOR THE 2026-27 PLAN YEAR

## COBRA Rates

| Vision Plans | CU Health Plan - Vision | |
|---|---|---|
| | **COBRA Rate** | **COBRA Disability** |
| **Employee Only** | $7.45 | $10.95 |
| **Employee + Spouse** | $13.06 | $19.20 |
| **Employee + Child(ren)** | $14.08 | $20.70 |
| **Family** | $21.52 | $31.65 |