CU Medicine

MONTHLY RATES FOR THE 2026-27 PLAN YEAR

Medical Plans

	CU Health Plan - Exclusive			CU Health Plan - High Deductible			CU Health Plan - Kaiser		
	Total Rate	Cost CU Medicine Covers	Your Cost	Total Rate	Cost CU Medicine Covers	Your Cost	Total Rate	Cost CU Medicine Covers	Your Cost
Employee Only	$987.40	$853.40	$134.00	$853.40	$853.40	$0.00	$1,164.90	$853.40	$311.50
Employee + Spouse	$2,018.90	$1,707.90	$311.00	$1,734.90	$1,707.90	$27.00	$2,426.90	$1,707.90	$719.00
Employee + Child(ren)	$1,926.40	$1,653.40	$273.00	$1,677.40	$1,653.40	$24.00	$2,231.40	$1,653.40	$578.00
Family	$3,041.40	$2,602.90	$438.50	$2,641.90	$2,602.90	$39.00	$3,577.40	$2,602.90	$974.50

Dental Plans

	CU Health Plan - Essential Dental			CU Health Plan - Choice Dental		
	Total Rate	Cost CU Medicine Covers	Your Cost	Total Rate	Cost CU Medicine Covers	Your Cost
Employee Only	$33.00	$33.00	$0.00	$58.00	$39.00	$19.00
Employee + Spouse	$66.00	$47.00	$19.00	$116.00	$58.50	$57.50
Employee + Child(ren)	$71.00	$46.50	$24.50	$125.50	$58.00	$67.50
Family	$103.50	$48.00	$55.50	$183.00	$65.00	$118.00

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Vision Plans	CU Health Plan - Vision		
	Total Rate	**Cost CU Medicine Covers**	**Your Cost**
Employee Only	$7.30	$0	$7.30
Employee + Spouse	$12.80	$0	$12.80
Employee + Child(ren)	$13.80	$0	$13.80
Family	$21.10	$0	$21.10

Short-Term Disability

Employees who qualify for this benefit will receive 60% of their weekly, pre-disability earnings, to a maximum of $2,500.

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.	Monthly salary of $3,000 x 0.60 = $1,800
Divide that number by 100.	$1,800 / 100 = $18
Multiply this final amount by the option rate 0.1845. This is the amount of money that will be deducted from your pay each month for this coverage.	$18 x 0.1845 = $3.32

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Optional Term Life Insurance for Employee or Spouse

Age	Monthly rate for every $1,000 of coverage
Younger than 30	$0.037
30-34	$0.044
35-39	$0.051
40-44	$0.076
45-49	$0.121
50-54	$0.190
55-59	$0.321
60-64	$0.605
65-69	$1.020
70 and older	$1.84

Children's Optional Term Life Insurance

One rate covers all verified children.

	Coverage amount	Monthly cost
Option A	$5,000	$1.20
Option B	$10,000	$2.40

Voluntary Accidental Death and Dismemberment Coverage

	Coverage amount	Monthly cost
Employee or Spouse	$10,000 - $500,000	$0.15 (for every $10,000 of coverage per enrollee)
Child(ren) Option A	$5,000	$0.255
Child(ren) Option B	$10,000	$0.51