



MONTHLY RATES FOR THE 2024-25 PLAN YEAR

GME Interns, Residents and Subspecialty Fellows

| Medical Plans | CU Health Plan — Exclusive | | | CU Health Plan — Extended | | |
|-----------------------|----------------------------------|------------------|-----------|---------------------------|------------------|-----------|
| | TOTAL RATE | COST PAID BY GME | YOUR COST | TOTAL RATE | COST PAID BY GME | YOUR COST |
| Employee only | \$803.50 | \$790.37 | \$13.13 | \$917.50 | \$790.37 | \$127.13 |
| Employee + Spouse | \$1,659.00 | \$1,619.61 | \$39.39 | \$1,924.00 | \$1,619.61 | \$304.39 |
| Employee + Child(ren) | \$1,528.50 | \$1,491.50 | \$37.00 | \$1,743.00 | \$1,491.50 | \$251.50 |
| Family | \$2,438.50 | \$2,382.41 | \$56.09 | \$2,799.50 | \$2,382.41 | \$417.09 |
| | 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 | \$723.00 | \$723.00 | \$0.00 | \$957.50 | \$790.37 | \$167.13 |
| Employee + Spouse | \$1,451.50 | \$1,451.50 | \$0.00 | \$1,983.00 | \$1,619.61 | \$363.39 |
| Employee + Child(ren) | \$1,404.00 | \$1,404.00 | \$0.00 | \$1,801.50 | \$1,491.50 | \$310.00 |
| Family | \$2,188.50 | \$2,188.50 | \$0.00 | \$2,898.50 | \$2,382.41 | \$516.09 |

| 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 | \$30.00 | \$30.00 | \$0.00 | \$53.00 | \$35.50 | \$17.50 |
| Employee + Spouse | \$60.00 | \$53.50 | \$6.50 | \$106.00 | \$64.50 | \$41.50 |
| Employee + Child(ren) | \$64.50 | \$58.00 | \$6.50 | \$114.50 | \$69.00 | \$45.50 |
| Family | \$94.00 | \$87.50 | \$6.50 | \$167.00 | \$103.00 | \$64.00 |

| Vision Plans | CU Health Plan — Vision | | |
|-----------------------|-------------------------|------------------|-----------|
| | TOTAL RATE | COST PAID BY GME | YOUR COST |
| Employee Only | \$7.00 | \$0.00 | \$7.00 |
| Employee + Spouse | \$12.25 | \$0.00 | \$12.25 |
| Employee + Child(ren) | \$13.25 | \$0.00 | \$13.25 |
| Family | \$20.25 | \$0.00 | \$20.25 |



University of Colorado

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EMPLOYEE SERVICES

Address: 1800 Grant St.,
Suite 400, Denver, CO 80203

Email: benefits@cu.edu

Phone: 1-855-216-7740 (option 3)

On the Web

www.cu.edu/benefits