



# MONTHLY RATES FOR THE 2025-26 PLAN YEAR

GME Interns, Residents and Subspecialty Fellows

Medical Plans	CU Health Plan — Exclusive			CU Health Plan — Pathway		
	TOTAL RATE	COST PAID BY GME	YOUR COST	TOTAL RATE	COST PAID BY GME	YOUR COST
Employee only	\$846.50	\$832.58	\$13.92	\$943.50	\$832.58	\$110.92
Employee + Spouse	\$1,746.50	\$1,704.75	\$41.75	\$1,979.00	\$1,704.75	\$274.25
Employee + Child(ren)	\$1,613.00	\$1,573.78	\$39.22	\$1,793.00	\$1,573.78	\$219.22
Family	\$2,571.00	\$2,511.54	\$59.46	\$2,880.00	\$2,511.54	\$368.46

  

	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	\$766.00	\$766.00	\$0.00	\$1,068.00	\$832.58	\$235.42
Employee + Spouse	\$1,539.00	\$1,539.00	\$0.00	\$2,214.00	\$1,704.75	\$509.25
Employee + Child(ren)	\$1,488.50	\$1,488.50	\$0.00	\$2,011.50	\$1,573.78	\$437.72
Family	\$2,321.00	\$2,321.00	\$0.00	\$3,208.50	\$2,511.54	\$696.96

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	\$32.00	\$32.00	\$0.00	\$56.00	\$37.50	\$18.50
Employee + Spouse	\$64.00	\$57.50	\$6.50	\$112.00	\$68.50	\$43.50
Employee + Child(ren)	\$69.00	\$62.50	\$6.50	\$121.00	\$73.50	\$47.50
Family	\$100.50	\$94.00	\$6.50	\$176.50	\$110.00	\$66.50

Vision Plans	CU Health Plan — Vision		
	TOTAL RATE	COST PAID BY GME	YOUR COST
Employee Only	\$7.20	\$0.00	\$7.20
Employee + Spouse	\$12.60	\$0.00	\$12.60
Employee + Child(ren)	\$13.60	\$0.00	\$13.60
Family	\$20.80	\$0.00	\$20.80



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EMPLOYEE SERVICES

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