

2017–Summary of Monthly Premiums

Premiums are subject to change; notification of such changes is normally in the annual benefits open enrollment information. For plan details refer to the specific section in the **Faculty and Administrative Professional Privileges and Benefits Summary Plan Description** located online at www.hrs.colostate.edu/benefits/fap.html

MEDICAL PLANS			
	Green Plan or Ram Plan-HDHP	Gold Plan	POS Plan
Employee Only			
Total Premium	\$484	\$584	\$663
CSU's Contribution	\$484	\$484	\$484
You Pay	\$0	\$100	\$179
Employee + 1			
Total Premium	\$862	\$1,070	\$1,214
CSU's Contribution	\$655	\$655	\$655
You Pay	\$207	\$415	\$559
Family			
Total Premium	\$1,211	\$1,512	\$1,722
CSU's Contribution	\$920	\$920	\$920
You Pay	\$291	\$592	\$802
Family Split Both Spouses, Domestic Partners or Civil Union Partners Benefit Eligible*			
Total Premium	\$1,211	\$1,512	\$1,722
CSU's Contribution	\$1,139	\$1,139	\$1,139
You Pay	\$36/each	\$186.50/each	\$291.50/each
DENTAL PLANS			
	Delta Dental Basic	Delta Dental Plus	
Employee Only			
Total Premium	\$23	\$46	
CSU's Contribution	\$23	\$23	
You Pay	\$0	\$23	
Employee + 1			
Total Premium	\$42	\$81	
CSU's Contribution	\$32	\$32	
You Pay	\$10	\$49	
Family			
Total Premium	\$60	\$138	
CSU's Contribution	\$45	\$45	
You Pay	\$15	\$93	
Family Split Both Spouses, Domestic Partners or Civil Union Partners Benefit Eligible*			
Total Premium	\$60	\$138	
CSU's Contribution	\$55	\$55	
You Pay	\$2.50/each	\$41.50/each	

* Available only if both spouse, domestic partner or civil union partner are enrolled in Cost Share (provides a higher level of institutional support.)

VISION PLAN

Plan Name	Coverage Level		
	Employee Only	Employee + 1 Dependent	Family
Vision Service Plan	\$5.08	\$10.15	\$16.36

DISABILITY INSURANCE

Short-Term Disability (STD)	Provided at no cost to the employee
Long-Term Disability (LTD)	Provided at no cost to the employee

LIFE INSURANCE PLANS

Basic Group Term Life and AD&D	\$70,000 provided at no cost to the employee (subject to imputed income)
Voluntary Group Term Life	Cost based on coverage level and age
UNUM (PERA)	This plan is only available for active PERA members. Contact PERA at (800) 759-7372 for more information

VOLUNTARY ACCIDENTAL DEATH & DISMEMBERMENT (AD&D) INSURANCE

Accidental Death and Dismemberment Insurance (AD&D)	Single or family coverage \$0.38 - \$19.00 per month, cost varies with amount of coverage
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LONG TERM CARE (LTC) INSURANCE (Rollout April 1, 2014)

Long Term Care Insurance (LTC)	Rates are based upon the coverage level selected (Not available through payroll deduction.)
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FLEXIBLE SPENDING REIMBURSEMENT ACCOUNTS

Health and Dependent Care Flexible Spending Accounts (FSA)	University funded annual administrative fee applies to enrollment in one or both accounts
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