

## 2018–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](http://www.hrs.colostate.edu/benefits/fap.html)

<b>MEDICAL PLANS</b>			
	<b>Green Plan or Ram Plan-HDHP</b>	<b>Gold Plan (frozen to new enrollment)</b>	<b>POS Plan</b>
<b>Employee Only</b>			
Total Premium	\$508	\$613	\$696
CSU's Contribution	\$508	\$508	\$508
<b>You Pay</b>	<b>\$0</b>	<b>\$105</b>	<b>\$188</b>
<b>Employee + 1</b>			
Total Premium	\$905	\$1,124	\$1,275
CSU's Contribution	\$688	\$688	\$688
<b>You Pay</b>	<b>\$217</b>	<b>\$436</b>	<b>\$587</b>
<b>Family</b>			
Total Premium	\$1,272	\$1,588	\$1,808
CSU's Contribution	\$967	\$967	\$967
<b>You Pay</b>	<b>\$305</b>	<b>\$621</b>	<b>\$841</b>
<b>Family Split - Both Spouses, Domestic Partners or Civil Union Partners Benefit Eligible*</b>			
Total Premium	\$1,272	\$1,588	\$1,808
CSU's Contribution	\$1,196	\$1,196	\$1,196
<b>You Pay</b>	<b>\$38/each</b>	<b>\$196/each</b>	<b>\$306/each</b>

<b>DENTAL PLANS</b>		
	<b>Delta Dental Basic</b>	<b>Delta Dental Plus</b>
<b>Employee Only</b>		
Total Premium	\$23	\$46
CSU's Contribution	\$23	\$23
<b>You Pay</b>	<b>\$0</b>	<b>\$23</b>
<b>Employee + 1</b>		
Total Premium	\$42	\$81
CSU's Contribution	\$32	\$32
<b>You Pay</b>	<b>\$10</b>	<b>\$49</b>
<b>Family</b>		
Total Premium	\$60	\$138
CSU's Contribution	\$45	\$45
<b>You Pay</b>	<b>\$15</b>	<b>\$93</b>
<b>Family Split—Both Spouses, Domestic Partners or Civil Union Partners Benefit Eligible*</b>		
Total Premium	\$60	\$138
CSU's Contribution	\$55	\$55
<b>You Pay</b>	<b>\$2.50/each</b>	<b>\$41.50/each</b>

\* 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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