

# 2017

## COLORADO STATE UNIVERSITY-PUEBLO



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### Health Insurance

*Anthem Blue Cross and Blue Shield*

TOTAL COST\*

YOUR MONTHLY COST

#### BlueAdvantage Point of Service Plan (HMO/POS) & Blue Prime PPO Plan and Custom Plus Health Plan

Employee Only	\$637.52	\$204.01
Employee + Spouse	\$1,528.84	\$489.23
Employee + Child(ren)	\$1,401.84	\$448.59
Employee and Family	\$1,759.13	\$562.92

#### Blue Priority HMO Plan

Employee Only	\$586.52	\$187.69
Employee + Spouse	\$1,406.84	\$450.19
Employee + Child(ren)	\$1,289.84	\$412.75
Employee and Family	\$1,619.13	\$518.12

#### Lumenos 2500 HDHP Plan

Employee Only	\$573.52	\$183.53
Employee + Spouse	\$1,376.84	\$440.59
Employee + Child(ren)	\$1,261.84	\$403.79
Employee and Family	\$1,584.13	\$506.92

Health rates include Blue View Vision Exam Only plan.

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### Dental Insurance (same rates for all choices)

*Anthem Blue Cross and Blue Shield*

#### Anthem Blue Dental PPO Plus or Anthem Blue Dental PPO

Employee Only	\$41.00	\$20.50
Employee + Spouse	\$94.00	\$47.00
Employee + Child(ren)	\$90.00	\$45.00
Employee and Family	\$107.00	\$53.50

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### Basic Term Life Insurance (Life and AD&D)

*Anthem Life (premiums per \$10,000 death benefit)*

	<b>Employer pays 50% &amp; Employee pays 50%</b>	
	<b>Life</b>	<b>AD&amp;D</b>
Active Employees	\$0.25/\$1,000	\$0.03/\$1,000

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### Group Long Term Disability

*Standard Insurance*

\$0.355/\$100	<b>\$0.00</b>
Paid to a maximum salary of \$10,500 per month	

\*Health rates do not include \$1.80 Colorado's Connect for Health Assessment (fee).

# 2017

The following plans are voluntary:

## Vision Insurance

*Anthem Blue Cross and Blue Shield*

### Blue View Vision Materials Only Voluntary Vision Plan

Employee Only	\$6.36	\$6.36
Employee + Spouse	\$11.92	\$11.92
Employee + Child(ren)	\$11.92	\$11.92
Employee and Family	\$17.31	\$17.31

### Blue View Vision Exam & Materials Voluntary Vision Plan

Employee Only	\$8.80	\$8.80
Employee + Spouse	\$16.49	\$16.49
Employee + Child(ren)	\$16.49	\$16.49
Employee and Family	\$23.95	\$23.95

## Flexible Benefit Plan Administrative Fee

*24HourFlex*

One or Both Spending Accounts	\$3.75
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## Voluntary Term Life Insurance (Employee and/or Spouse)

*Anthem Life* (premium per \$10,000 death benefit)

Attained Age	Smoker	Non-Smoker
less than 35	\$ 1.40	\$ .90
35-39	\$ 2.00	\$ 1.20
40-44	\$ 3.10	\$ 1.70
45-49	\$ 5.70	\$ 3.00
50-54	\$ 9.20	\$ 4.70
55-59	\$ 16.40	\$ 8.60
60-64	\$ 20.00	\$ 11.20
65-69	\$ 32.20	\$ 19.40
70-74	\$ 51.00	\$ 33.70
75-79	\$ 94.40	\$ 68.90
80-84	\$126.40	\$101.20
85-99	\$201.40	\$181.50

<b>Voluntary Dependent Child Term Life (\$5,000 per child)</b>	<b>\$1.50 total per month</b>
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## Voluntary Accidental Death & Dismemberment

*Mutual of Omaha*

Employee Principal Sum	Employee Only	Employee and Family
\$ 10,000	\$ .36	\$ .52
\$ 30,000	\$ 1.08	\$ 1.56
\$ 50,000	\$ 1.80	\$ 2.60
\$ 80,000	\$ 2.88	\$ 4.16
\$100,000	\$ 3.60	\$ 5.20
\$150,000	\$ 5.40	\$ 7.80
\$200,000	\$ 7.20	\$10.40
\$250,000	\$ 9.00	\$13.00
\$300,000	\$10.80	\$15.60
\$500,000	\$18.00	\$26.00

The amount of insurance you select is called the "Principal Sum". You may select a Principal Sum between a minimum of \$10,000 and a maximum of \$500,000 in increments of \$10,000. Amounts over \$250,000 are subject to ten (10) times your annual salary. Employee and Family includes coverage for you, your Spouse/Domestic Partner and eligible children. If you elect a Family Plan, your spouse's benefit will be 50% of your Principal Sum and the benefit for each child (no matter how many), will be 10% of your Principal Sum.