

Colorado Mesa University 2026 Plan Rates
Semi-Monthly Premiums



MEDICAL PLANS				
Local Plus 1500	Employee	Employer	ER % Cont	TOTAL
Employee	\$105.50	\$338.34	76	\$443.84
Family	\$278.77	\$878.32	76	\$1,157.09
Open Access Plus 1500	Employee	Employer	ER % Cont	TOTAL
Employee	\$138.61	\$338.34	71	\$476.95
Family	\$365.09	\$878.32	71	\$1,243.41
Local Plus 5000 HDHP - CIGNA HSA	Employee	Employer	ER % Cont	TOTAL
Employee	\$65.76	\$336.60	84	\$402.36
Family	\$170.11	\$876.57	84	\$1,046.68
Open Access Plus 5000 HDHP - CIGNA HSA	Employee	Employer	ER % Cont	TOTAL
Employee	\$97.31	\$336.60	78	\$433.91
Family	\$252.37	\$876.57	78	\$1,128.94
Local Plus 5000 HDHP - Home Loan HSA/Other	Employee	Employer	ER % Cont	TOTAL
Employee	\$64.36	\$336.60	84	\$400.96
Family	\$168.71	\$876.57	84	\$1,045.28
Open Access Plus 5000 HDHP - Home Loan HSA/Other	Employee	Employer	ER % Cont	TOTAL
Employee	\$95.91	\$336.60	78	\$432.51
Family	\$250.97	\$876.57	78	\$1,127.54
Health Savings Account Options				
* If the OAP/LP 5000 HDHP with Cigna HSA is selected, an HSA account with Cigna's HSA bank will automatically be opened on your behalf. You will be able to manage this account through your myCigna.com login. Premiums listed includes the monthly fee of \$2.80. There will not be any additional account fees.				
** If the OAP/LP 5000 HDHP is selected, you may maintain your HSA account with Home Loan or select this option if you do not wish to make pre-tax HSA contributions.				

DENTAL PLAN				
PPO	Employee	Employer	ER % Cont	TOTAL
Employee	\$8.55	\$13.38	61	\$21.93
Family	\$21.54	\$33.68	61	\$55.22

VISION PLANS				
Platinum Complete	Employee	Employer	ER % Cont	TOTAL
Employee	\$6.73	\$0.00	0	\$6.73
Employee + 1	\$11.82	\$0.00	0	\$11.82
Family	\$15.05	\$0.00	0	\$15.05
Gold Complete	Employee	Employer	ER % Cont	TOTAL
Employee	\$4.74	\$0.00	0	\$4.74
Employee + 1	\$8.99	\$0.00	0	\$8.99
Family	\$14.45	\$0.00	0	\$14.45
Platinum Materials Only	Employee	Employer	ER % Cont	TOTAL
Employee	\$5.15	\$0.00	0	\$5.15
Employee + 1	\$9.15	\$0.00	0	\$9.15
Family	\$10.47	\$0.00	0	\$10.47
Gold Materials Only	Employee	Employer	ER % Cont	TOTAL
Employee	\$3.16	\$0.00	0	\$3.16
Employee + 1	\$6.32	\$0.00	0	\$6.32
Family	\$9.88	\$0.00	0	\$9.88
Exam Only	Employee	Employer	ER % Cont	TOTAL
Employee	\$1.57	\$0.00	0	\$1.57
Employee + 1	\$2.68	\$0.00	0	\$2.68
Family	\$4.57	\$0.00	0	\$4.57

Voluntary Life & AD&D - Lincoln Financial Group

	Employee Max:	lesser of \$500,000 or 5x salary	
	Spouse Max:	50% of employee amt.	
	Child(ren):	\$10,000	
Voluntary Accidental and Dismemberment rate of \$0.03 per thousand	Combined Life & Accidental Death & Dismemberment Rates		
		Employee	Spouse
		Rates per	
	Member Age	\$1000	Rates per \$1000
	< = 24	\$0.04	\$0.04
	25-29	\$0.04	\$0.04
	30-34	\$0.05	\$0.05
	35-39	\$0.05	\$0.05
	40-44	\$0.07	\$0.07
	45-49	\$0.10	\$0.10
	50-54	\$0.15	\$0.15
	55-59	\$0.23	\$0.23
	60-64	\$0.28	\$0.28
	65-69	\$0.54	\$0.54
	70 +	\$1.39	\$1.39
	Child Rate:	\$0.095 / \$1000 (\$0.95 semi-monthly for \$10,000)	
\$100k of Vol. Life/AD&D benefit for a 37 year old			
\$0.05x100,000/1000= \$5.00/semi-month			

Personal Accident Insurance - New York Life

Coverage Amount	Employee (\$0.03 per thousand)	Spouse (\$0.03 per thousand)	Child(ren) (\$0.04 per thousand)
\$10,000.00	\$0.15	Spouse's benefit amount will be 40% of employee or 50% if you have no dependent children. Spouse cannot exceed \$150,000.	Children's benefit amount will be 10% of employee or 15% if you have no spouse. Child cannot exceed \$45,000.
\$25,000.00	\$0.38		
\$50,000.00	\$0.75		
\$100,000.00	\$1.50		
\$150,000.00	\$2.25		
\$200,000.00	\$3.00		
\$250,000.00	\$3.75		
\$300,000.00	\$4.50		

Critical Illness Insurance - Lincoln Financial Group

Member Age	Employee Rates per \$1000	Spouse Rates per \$1000
< = 24	\$0.06	\$0.06
25-29	\$0.11	\$0.11
30-34	\$0.17	\$0.17
35-39	\$0.27	\$0.27
40-44	\$0.43	\$0.43
45-49	\$0.66	\$0.66
50-54	\$0.96	\$0.96
55-59	\$1.30	\$1.30
60-64	\$1.86	\$1.86
65-69	\$2.67	\$2.67
70+	\$4.59	\$4.59
Child(ren)		\$0.11

Hospital Indemnity Insurance - Lincoln

Employee Only	\$8.45
Employee + Spouse	\$18.04
Employee + Child(ren)	\$12.83
Family	\$23.35

Accident Insurance - Lincoln

Employee Only	\$4.63
Employee + Spouse	\$7.73
Employee + Child(ren)	\$8.49
Family	\$11.53

Voluntary Short Term Disability - Lincoln Financial Group

Wkly Benefit Amt = Flat Increments of \$50; Maximum Weekly Benefit = lesser of \$2,000 or 60% of pre-disability earnings		
Member Age	Rate per \$10 of covered weekly benefit	
< = 24	\$0.07	
25-29	\$0.10	
30-34	\$0.08	
35-39	\$0.07	
40-44	\$0.05	
45-49	\$0.05	
50-54	\$0.06	
55-59	\$0.08	
60-64	\$0.09	
65-69	\$0.10	
70+	\$0.11	