Colorado Mesa University 2025 Benefits

Employee Semi-Monthly Premiums

Health Insurance provided by Cigna

In 2024 CMU on average, covered 80% of your total annual health insurance premium.
Depending on your plan & tier election, this ranged between $6,051.12 - $17,063.17 per year, paid on your behalf by CMU.

In 2025 CMU on average, covers 81% of your total annual health insurance premium.
Depending on your plan & tier election, this ranges between $7,405.44 - $19,186.92 per year, paid on your behalf by CMU.

Plan	Tier	Employee Cost
Open Access Plus 350	Employee Only	$198.37
	Employee & Family	$520.54
Open Access Plus In-Network 1250	Employee Only	$97.06
	Employee & Family	$256.43
HSA Open Access Plus 4000 HDHP w/Cigna HSA *	Employee Only	$34.73
Cigna HSA Eligible	Employee & Family	$91.13
HSA Open Access Plus 4000 HDHP **	Employee Only	$32.98
HSA Eligible (Home Loan State Bank)	Employee & Family	$89.38
or No HSA contribution		

Health Savings Account Options

* If the OAP 4000 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 $3.50. There will not be any additional account fees.

** If the OAP 4000 HDHP is selected, you may maintain your HSA account with Home Loan. Select this option if you do not wish to make pre-tax HSA contributions.

Dental Insurance provided by Delta Dental

CMU covers approximately 60% of the annual dental premium.

PPO Dental Plan:	Employee Cost
Employee Only	$8.10
Employee & Family	$20.39

Vision Insurance provided by Vision Care Direct

	Platinum Complete	Gold Complete
Employee Only	$6.73	$4.74
Employee + 1	$11.82	$8.99
Employee & Family	$15.05	$14.45

	Platinum Materials Only	Gold Materials Only
Employee Only	$5.15	$3.16
Employee + 1	$9.15	$6.32
Employee & Family	$10.47	$9.88

	Exam Only
Employee Only	$1.57
Employee + 1	$2.68
Employee & Family	$4.57

Voluntary Short Term Disability
provided by Lincoln Financial Group

Wkly Benefit Amt = Flat Increments of $50
Maximum Weekly Benefit = lesser of
$2,000 or 60% of pre-disability eanrings

Member Age	Rate per $10 of covered weekly benefit
< = 24	$0.148
25-29	$0.197
30-34	$0.165
35-39	$0.132
40-44	$0.097
45-49	$0.101
50-54	$0.128
55-59	$0.154
60-64	$0.177
65-69	$0.207
70+	$0.227

Voluntary Life & AD&D provided by Lincoln Financial Group

Employee Policy Max:	lesser of $500,000 or 5x salary
Spouse Max:	lesser of $100,000 or 50% of employee amt.
Child(ren):	$10,000

Combined Life & Accidental Death & Dismemberment Rates		
	Employee	Spouse
Member Age	Rates per $1000	Rates per $1000
< = 24	$0.08	$0.08
25-29	$0.08	$0.08
30-34	$0.09	$0.09
35-39	$0.10	$0.10
40-44	$0.14	$0.14
45-49	$0.20	$0.20
50-54	$0.29	$0.29
55-59	$0.45	$0.45
60-64	$0.55	$0.55
65-69	$1.08	$1.08
70 +	$2.78	$2.78
Child Rate:	$0.22 / $1000 ($1.08 semi-monthly for $10,000)	

Voluntary Accidental Death & Dismemberment rate of $0.03
per thousand is included in the above rates.

Life Benefit Rate Calculation example:
Rate by Age multiplied by benefit amount divided by 1000 = Monthly Premium/2 = semi monthly rate
$100k of Vol. Life/AD&D benefit for a 37 year old
$0.10x100,000/1000= $10.00/month ($5.00 semi-monthly)