

Colorado Mesa University 2024 Benefits

Employee Semi-Monthly Premiums



Health Insurance provided by Cigna

In 2023 CMU on average, covers 80% of your total annual health insurance premium.
Depending on your plan & tier election, this ranges between \$5,508 - \$15,671 per year, paid on your behalf by CMU.

Plan	Tier	Employee Cost	Employee Cost
		*Wellness <u>Qualify</u> (see below)	*Wellness Non-Qualify or Non-Participant
Open Access Plus 350	Employee Only	\$176.80	\$201.80
	Employee & Family	\$457.46	\$482.46
Open Access Plus In-Network 1250	Employee Only	\$85.26	\$110.26
	Employee & Family	\$221.77	\$246.77
HSA Open Access Plus 3500 HDHP w/Cigna HSA * Cigna HSA Eligible	Employee Only	\$44.75	\$69.75
	Employee & Family	\$110.40	\$135.40
HSA Open Access Plus 3500 HDHP ** HSA Eligible (Home Loan State Bank / other)	Employee Only	\$41.82	\$66.82
	Employee & Family	\$107.44	\$132.44
Good Health HMO 5000 Not HSA Eligible	Employee Only	\$25.97	\$50.97
	Employee & Family	\$79.32	\$104.32

Health Savings Account Options

* If the OAP 3500 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 3500 HDHP is selected, you may maintain your HSA account with Home Loan or other financial institution. Select this option if you do not wish to make pre-tax HSA contributions.

NOTE: Employees that earned 100 wellness points by 12/31/23 will receive the Wellness Qualify rates through February 2024. The 2024 wellness program will begin in March. Please see separate handouts for more information on CMU's voluntary wellness program to learn how you can participate & become eligible for the monthly premium discounts.

Dental Insurance provided by Delta Dental

CMU covers approximately 60% of the annual dental premium.

	Employee Cost
PPO Dental Plan: 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

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

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

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)		