

Colorado Mesa University 2019 Benefits

Employee Semi-Monthly Premium Rates



Health Insurance provided by Rocky Mountain Health Plans

In 2019 CMU on average, covers 75% of your total annual health insurance premium.
Depending on your plan & tier election, this ranges between \$4,721 - \$13,497 per year, paid on your behalf by CMU.

Plan	Tier	Employee Cost *Wellness Qualify	Employee Cost *Wellness Non-Qualify or Non-Participant
Good Health PPO 350	Employee Only	\$148.99	\$173.99
	Employee & Family	\$388.89	\$413.90
Good Health HMO 1250	Employee Only	\$72.34	\$97.34
	Employee & Family	\$188.79	\$213.79
Good Health PPO HSA 3500 (HDHP) HSA Eligible	Employee Only	\$35.99	\$60.99
	Employee & Family	\$92.76	\$117.76
Good Health HMO 5000 Not HSA Eligible	Employee Only	\$24.88	\$49.88
	Employee & Family	\$63.58	\$88.58

Notes:

* Please see separate handouts for more information on Rally Health, Inc., CMU's voluntary wellness program, to learn how you can participate and become eligible for the monthly premium discounts.

** If you are pairing any plan with a membership-based medical practice, you will have additional fees payable directly to them. Contact your provider directly for more information.

Dental Insurance provided by Delta Dental

CMU covers approximately 60% of the annual dental premium.

PPO Dental Plan:		Employee Cost
Employee Only		\$7.99
Employee & Family		\$19.78

Vision Insurance provided by Vision Care Direct

	Platinum Complete	Gold Complete
Employee Only	\$5.85	\$4.12
Employee + 1	\$10.28	\$7.82
Employee & Family	\$13.09	\$12.57
	Platinum Materials Only	Gold Materials Only
Employee Only	\$4.48	\$2.75
Employee + 1	\$7.96	\$5.50
Employee & Family	\$9.11	\$8.59
	Exam Only	
Employee Only	\$1.37	
Employee + 1	\$2.33	
Employee & Family	\$3.98	

Voluntary Short Term Disability provided by OneAmerica

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	\$0.148
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 OneAmerica

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		
Member Age	Employee Rates per \$1000	Spouse 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)		