

2020 Rates



Health Insurance

Anthem Blue Cross and Blue Shield

TOTAL COST

YOUR MONTHLY COST

BlueAdvantage Point of Service Plan (HMO/POS) and Prime Blue Priority PPO Plan

Plan Type	TOTAL COST	YOUR MONTHLY COST
Employee Only	\$697.00	\$0.00
Employee + Spouse	\$1,671.00	\$0.00
Employee + Child(ren)	\$1,533.00	\$0.00
Employee + Family	\$1,922.00	\$0.00

Blue Priority HMO Plan

Plan Type	TOTAL COST	YOUR MONTHLY COST
Employee Only	\$641.00	\$0.00
Employee + Spouse	\$1,538.00	\$0.00
Employee + Child(ren)	\$1,411.00	\$0.00
Employee + Family	\$1,770.00	\$0.00

2500 HDHP Plan

Plan Type	TOTAL COST	YOUR MONTHLY COST
Employee Only	\$537.00	\$0.00
Employee + Spouse	\$1,286.00	\$0.00
Employee + Child(ren)	\$1,180.00	\$0.00
Employee + Family	\$1,480.00	\$0.00



Dental Insurance

Anthem Blue Cross and Blue Shield

Anthem Dental Essential Choice PPO

Plan Type	TOTAL COST	YOUR MONTHLY COST
Employee Only	\$38.95	\$0.00
Employee + Spouse	\$88.09	\$0.00
Employee + Child(ren)	\$84.39	\$0.00
Employee + Family	\$101.08	\$0.00



Vision Insurance

Anthem Blue Cross and Blue Shield

Blue View Voluntary Vision Plan

Plan Type	TOTAL COST	YOUR MONTHLY COST
Employee Only	\$8.68	\$8.68
Employee + Spouse	\$16.26	\$16.26
Employee + Child(ren)	\$16.26	\$16.26
Employee + Family	\$23.62	\$23.62



Basic Term Life Insurance (Life and AD&D)

Anthem Life (premiums per \$10,000 of coverage)

Active Employees

\$0.28/\$1,000

\$0.00



Group Long Term Disability

Sun Life

Active Employees

\$0.240/\$100

\$0.00

Paid to a maximum salary of \$10,500 per month



Flexible Benefit Plan Administrative Fee

24HourFlex

One or Both Spending Accounts

\$3.75

\$0.00



Voluntary Term Life Insurance (Employee and/or Spouse)

Sun Life (per \$1,000 of coverage)



Voluntary Critical Illness Insurance (Employee and/or Spouse)

Sun Life (per \$1,000 of coverage)

Attained Age	Uni- Smoker
<25	\$0.039
25-29	\$0.042
30-34	\$0.053
35-39	\$0.063
40-44	\$0.076
45-49	\$0.135
50-54	\$0.213
55-59	\$0.388
60-64	\$0.524
65-69	\$0.912
70-74	\$1.463
75-79	\$2.888
80-84	\$4.168
85-99	\$7.325

Attained Age	Uni- Smoker
<25	\$0.034
25-29	\$0.039
30-34	\$0.510
35-39	\$0.710
40-44	\$1.090
45-49	\$1.610
50-54	\$2.310
55-59	\$3.230
60-64	\$4.000
65-69	\$4.630
70-74	\$5.940
75+	\$8.110
Child Benefit	\$0.200

Child Term Life (per \$5,000 up to \$25,000 per child) **\$0.90 per \$5,000 per month**



Accidental Death & Dismemberment

Sun Life (per \$1,000 of coverage)

Employee Only	\$0.20
Employee & Family	\$0.29



Accident Insurance

Sun Life

Employee Only	\$5.60
Employee + Spouse	\$9.29
Employee + Child(ren)	\$10.20
Employee + Family	\$13.89



UNIVERSITY OF NORTHERN COLORADO