

2024 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

	TOTAL COST	YOUR MONTHLY COST
Employee Only	\$811.00	\$270.00
Employee + Spouse	\$1,948.00	\$648.00
Employee + Child(ren)	\$1,786.00	\$595.00
Employee + Family	\$2,238.00	\$746.00

2500 HDHP Plan

	TOTAL COST	YOUR MONTHLY COST
Employee Only	\$678.00	\$208.00
Employee + Spouse	\$1,629.00	\$499.00
Employee + Child(ren)	\$1,493.00	\$458.00
Employee + Family	\$1,872.00	\$574.00



Health Savings Account

WEX

	TOTAL COST	YOUR MONTHLY COST
Savings Account	\$1.35	\$1.35



Dental Insurance

Anthem Blue Cross and Blue Shield

Anthem Dental Essential Choice PPO

	TOTAL COST	YOUR MONTHLY COST
Employee Only	\$42.21	\$21.00
Employee + Spouse	\$95.45	\$48.00
Employee + Child(ren)	\$91.44	\$46.00
Employee + Family	\$109.52	\$55.00



Vision Insurance

Anthem Blue Cross and Blue Shield

Blue View Voluntary Vision Plan

	TOTAL COST	YOUR MONTHLY COST
Employee Only	\$7.89	\$7.89
Employee + Spouse	\$14.79	\$14.79
Employee + Child(ren)	\$14.79	\$14.79
Employee + Family	\$21.48	\$21.48



Basic Term Life Insurance (Life and AD&D)

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

Active Employees

\$0.28/\$1,000

\$0.14



Group Long Term Disability

Sun Life (Paid to a maximum salary of \$10,500 per month)

Active Employees

\$0.240/\$100

\$0.084



Flexible Benefit Plan Administrative Fee

Alerus

One or Both Spending Accounts

\$2.95

\$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

\$2.880

80-84

\$4.168

85-99

\$7.325

Child Term Life

\$0.90 per \$5,000 per month

Attained Age

Uni- Smoker

<25

\$0.340

25-29

\$0.390

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



Accident Insurance

Sun Life

Employee Only

\$5.60

Employee + Spouse

\$9.29

Employee + Child(ren)

\$10.20

Employee + Family

\$13.89



Accidental Death & Dismemberment

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

Employee

\$0.014

Spouse

\$0.018

Child

\$0.024



Hospital Insurance

Sun Life

Employee Only

\$14.75

Employee + Spouse

\$31.11

Employee + Child(ren)

\$24.96

Employee + Family

\$41.32



BeneCenter Login

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