

# 2026 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

|                       |            |          |
|-----------------------|------------|----------|
| Employee Only         | \$943.00   | \$283.00 |
| Employee + Spouse     | \$2,265.00 | \$679.00 |
| Employee + Child(ren) | \$2,077.00 | \$623.00 |
| Employee + Family     | \$2,602.00 | \$781.00 |

#### 2500 HDHP Plan

|                       |            |          |
|-----------------------|------------|----------|
| Employee Only         | \$788.00   | \$229.00 |
| Employee + Spouse     | \$1,893.00 | \$549.00 |
| Employee + Child(ren) | \$1,735.00 | \$503.00 |
| Employee + Family     | \$2,176.00 | \$631.00 |



## Health Savings Account

*WEX*

#### Savings Account

\$1.35

\$1.35



## Dental Insurance

*Anthem Blue Cross and Blue Shield*

#### Anthem Dental Essential Choice PPO

|                       |          |         |
|-----------------------|----------|---------|
| Employee Only         | \$44.40  | \$22.00 |
| Employee + Spouse     | \$100.41 | \$50.50 |
| Employee + Child(ren) | \$96.19  | \$48.50 |
| Employee + Family     | \$115.22 | \$58.00 |



## Vision Insurance

*Anthem Blue Cross and Blue Shield*

#### Blue View Voluntary Vision Plan

|                       |         |         |
|-----------------------|---------|---------|
| 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)

*The Standard (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**

### Issue 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

*User ID: cheiba*

*Password: uncolorado*