

2026 MONTHLY PREMIUMS

Premiums are subject to change; notification of such changes will typically be during the annual open enrollment period.

Employees contribute a portion of the premium and the university covers the majority of the premium cost on behalf of employees.

The university contributes a percentage of the total monthly medical premiums on behalf of employees, in order to keep premium costs as low as possible for participants. Below you will find details regarding the medical premium cost share between CSU and employees for 2026. More information on the breakdown of what contributions the University makes on your behalf can be found on the [HR website](#).

MEDICAL PLANS

	Ram Plan-HDHP	Green	Colorado Pathways	Aggie Orange
Employee Only	\$0	\$40	\$126	\$174
Employee + Spouse/Partner	\$323	\$323	\$498	\$598
Employee + Child(ren)	\$299	\$299	\$461	\$554
Family	\$464	\$464	\$717	\$860
Family Split	\$115	\$133	\$249	\$315

One employee will pay the entire family premium, but does receive the higher employer contribution.

DENTAL PLANS

	Delta Dental Basic	Delta Dental Plus
Employee Only	\$0	\$26
Employee + Spouse/Partner	\$11	\$62
Employee + Child(ren)	\$12	\$65
Family	\$16	\$93
Family Split*	\$6	\$41

*One employee will pay the entire family premium, but does receive the higher employer contribution.

VISION PLANS

	VS SM VT SM
Employee Only	\$5.79
Employee + Spouse/Partner	\$11.56
Employee + Child(ren)	\$12.70
Family	\$20.30

ACCIDENT INSURANCE

Detailed plan information can be found in the Accident section.

Employee	Employee & Spouse/Partner	Employee & Child(ren)	Family
\$3.72	\$5.87	\$6.29	\$9.86

*Available if both spouse/partners are benefits-eligible faculty/admin pro and have at least one child covered on the plan

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CRITICAL ILLNESS INSURANCE

Detailed plan information can be found in the Critical Illness section. Coverage is available in \$10,000 or \$20,000 options. Premiums are after-tax and based upon age as of January 1st of each calendar year.

Age	Monthly Premium for \$10,000 of coverage	
	Employee or Employee + Child(ren)	Employee + Spouse/Partner or Family
<25	\$1.50	\$2.50
25-29	\$1.90	\$3.40
30-34	\$2.50	\$4.50
35-39	\$3.20	\$5.90
40-44	\$4.30	\$8.20
45-49	\$6.60	\$12.70
50-54	\$8.90	\$17.40
55-59	\$11.60	\$22.80
60-64	\$15.90	\$31.30
65-69	\$21.50	\$42.60
70-74	\$28.20	\$56.00
75-79	\$35.90	\$71.30
80+	\$43.40	\$86.40

HOSPITAL INDEMNITY INSURANCE

Detailed plan information can be found in the Hospital Indemnity section.

Tier	Plan 1
Employee	\$8.05
Employee & Spouse/Partner	\$16.63
Employee & Child(ren)	\$14.94
Family	\$24.55

COBRA PREMIUMS

Detailed plan information can be found in the COBRA section.

Coverage Level	Ram HDHP	Green	CO Pathways	Aggie Orange	Dental Basic	Dental Plus	Vision
Single	\$759.90	\$759.90	\$847.62	\$896.58	\$25.50	\$52.02	\$5.91
Single + Spouse/Partner	\$1,558.56	\$1,558.56	\$1,737.06	\$1,839.06	\$52.02	\$104.04	\$11.79
Single + Child(ren)	\$1,444.32	\$1,444.32	\$1,609.56	\$1,704.42	\$54.06	\$108.12	\$12.95
Family	\$2,241.96	\$2,241.96	\$2,500.02	\$2,645.88	\$77.52	\$156.06	\$20.71
EAP				\$1.53			

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VOLUNTARY LIFE INSURANCE

Voluntary Employee Life coverage may be purchased in \$10,000 increments up to \$500,000. Voluntary Spouse, Domestic Partner or Civil Union Partner Life coverage may be purchased in \$10,000 increments up to \$300,000. Premiums are after-tax and based upon age as of January 1st of each calendar year. The child rate is a flat rate of \$1.50 regardless of the number of children you have.

Age	Monthly Premium per \$10,000 of coverage
<29	\$0.35
30-34	\$0.50
35-39	\$0.60
40-44	\$0.79
45-49	\$1.23
50-54	\$1.85
55-59	\$3.43
60-64	\$5.00
65-70	\$8.70
70+	\$15.50

VOLUNTARY AD&D PREMIUMS

Detailed plan information can be found in the Voluntary AD&D section.

Coverage and Benefit Amounts					Monthly Premiums	
Employee	Spouse, Domestic Partner, or Civil Union Partner			Each Child if no Spouse, Domestic Partner or Civil Union Partner (25% of the Employee coverage level)	Employee Only Coverage	Family Coverage
	If no Children (60% of the Employee coverage level)	With Children (50% of the Employee coverage level)	Each Child (15% of the Employee coverage level)			
\$25,000	\$15,000	\$12,500	\$3,750	\$6,250	\$0.38	\$0.95
\$50,000	\$30,000	\$25,000	\$7,500	\$12,500	\$0.75	\$1.90
\$75,000	\$45,000	\$37,500	\$11,250	\$18,750	\$1.13	\$2.85
\$100,000	\$60,000	\$50,000	\$15,000	\$25,000	\$1.50	\$3.80
\$125,000	\$75,000	\$62,500	\$18,750	\$31,250	\$1.88	\$4.75
\$150,000	\$90,000	\$75,000	\$22,500	\$37,500	\$2.25	\$5.70
\$175,000	\$105,000	\$87,500	\$26,250	\$43,750	\$2.63	\$6.65
\$200,000	\$120,000	\$100,000	\$30,000	\$50,000	\$3.00	\$7.60
\$225,000	\$135,000	\$112,500	\$33,750	\$56,250	\$3.38	\$8.55
\$250,000	\$150,000	\$125,000	\$37,500	\$62,500	\$3.75	\$9.50
\$275,000	\$165,000	\$137,500	\$41,250	\$68,750	\$4.13	\$10.45
\$300,000	\$180,000	\$150,000	\$45,000	\$75,000	\$4.50	\$11.40
\$325,000	\$195,000	\$162,500	\$48,750	\$81,250	\$4.88	\$12.35
\$350,000	\$210,000	\$175,000	\$52,500	\$87,500	\$5.25	\$13.30
\$375,000	\$225,000	\$187,500	\$56,250	\$93,750	\$5.63	\$14.25
\$400,000	\$240,000	\$200,000	\$60,000	\$100,000	\$6.00	\$15.20
\$425,000	\$255,000	\$212,500	\$63,750	\$106,250	\$6.38	\$16.15
\$450,000	\$270,000	\$225,000	\$67,500	\$112,500	\$6.75	\$17.10
\$475,000	\$285,000	\$237,500	\$71,250	\$118,750	\$7.13	\$18.05
\$500,000	\$300,000	\$250,000	\$75,000	\$125,000	\$7.50	\$19.00