

Summary Annual Report for University of Colorado Health and Welfare Trust

This is a summary of the annual report of the University of Colorado Health and Welfare Trust (“Trust”), Employer Identification Number (EIN) 27-6690619 and shall qualify as a “voluntary employees’ beneficiary association” under Section 501(c)(9) of Internal Revenue Code of 1986, as amended, for July 1, 2014 through June 30, 2015. The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

All benefits of the component plans provided under the University of Colorado Health and Welfare Plan (“Plan”) are provided on an uninsured basis. The Regents of the University of Colorado have committed to pay all medical and dental claims incurred under the terms of the Plan.

Additionally, funds are paid by the Trust for administration fees charged by the third-party Administrative Services Organization (ASO) to pay claims and to manage provider networks.

Insurance Information

The Plan has contracts with Rocky Mountain Hospital and Medical Service, Inc. dba Anthem Blue Cross and Blue Shield, Kaiser Permanente Insurance Company and Delta Dental of Colorado, as the third-party ASOs, to pay all medical and dental claims incurred under the terms of the Plan. The Plan is a self-funded plan and the claims expense is affected by the number and size of the claims. The total claims expensed for the plan year that ended June 30, 2015 were \$285,667,944.

Basic financial statements

The value of plan assets, after subtracting liabilities of the plan, was \$14,909,890 as of June 30, 2015, compared to \$13,156,938 as of June 30, 2014. During the plan year, the plan experienced an increase in its net assets of \$1,752,952. During the plan year, the plan had total revenues of \$316,908,498 including premiums of \$316,420,838, earnings from investments of \$60,618, and miscellaneous revenues of \$427,042. Plan expenses were \$315,155,546. These expenses included \$26,995,891 in administrative and claims processing expenses, \$2,491,711 in wellness initiative expenses and \$285,667,944 in benefits paid to participants and beneficiaries.

Your Rights to Additional Information

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

1. an independent auditors’ report;
2. management’s discussion and analysis (unaudited);
3. statements of net assets;
4. statements of revenues, expenses, and changes in net assets;
5. statements of cash flows;
6. notes to the financial statements;
7. required supplementary information – ten year loss development information (unaudited)

8. supplementary schedules: a) Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – June 30, 2014, and b) Schedule H, Line 4j – Schedule of Reportable Transactions – Year Ended June 30, 2014.

To obtain a copy of the full annual report, or any part thereof, write or call the office of CU Health Plan Administration, who is the plan administrator, 1800 Grant Street, Suite 225, Denver, CO 80203; 303-860-4199. The charge to cover copying costs will be \$15.00 for the full annual report, or \$0.75 per page for any part thereof.

You also have the right to receive from the plan administrator, on request and at no charge, a statement of the assets and liabilities of the plan and accompanying notes, or a statement of income and expenses of the plan and accompanying notes, or both. If you request a copy of the full annual report from the plan administrator, these two statements and accompanying notes will be included as part of that report. The charge to cover copying costs given above does not include a charge for the copying of these portions of the report because these portions are furnished without charge.

You also have the legally protected right to examine the annual report at the main office of the plan, 1800 Grant Street, Suite 225 Denver, CO 80203, and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.