



RETIREMENT READY

Retirement Benefit Guide

CU 401(a) Retirement Plan Participants

2023-2024



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University of Colorado

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This document is a guide. It only briefly describes the benefits available at retirement through the University of Colorado for University of Colorado 401(a) Retirement Plan participants. Complete information on benefits eligibility, costs and coverage may be obtained from Employee Services or online at www.cu.edu/benefits. If there are any discrepancies between the information contained in this guide and the master plan documents (i.e., insurance carrier contracts), then the master plan documents will govern. Any applicable Employee Services policies and procedures or federal and state laws will also govern. The benefits described in this guide may be changed, modified or eliminated at any time.

CU Retiree Benefit Guide

2023-2024 Plan Year

University of Colorado 401(a) Retirement Plan participants

CU helps make retirement more secure with benefits coverage for eligible retirees, their spouses and their dependent children. This guide is for retirees who qualified for CU retiree benefits as 401(a) participants. Retiree medical plans, dental plans and life insurance for the plan year 2023-2024 are detailed in this booklet. Plans are subject to change each plan year.

If you are an active employee, interested in learning about your eligibility for CU retiree benefits, please refer to the [CU Retirement Ready Benefit Eligibility Guide for 401\(a\) participants](#).

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Retiree benefit basics

Before we consider CU retiree benefit plans, here are a few reminders about your CU retiree benefits.

The impact of Medicare eligibility

As a reminder, your CU retiree benefit options are affected by your **Medicare eligibility**. Please refer to the table below for an overview of retiree medical and dental plans based on you and your dependent's Medicare eligibility. Then, reference the section applicable to your Medicare eligibility status.

	Medical plans	Dental plans
Non-Medicare eligible retiree and dependents	CU Health Plan – Exclusive CU Health Plan – High Deductible CU Health Plan – Kaiser	CU Health Plan – Essential Dental OR CU Health Plan – Choice Dental
Over/under* - Retiree or dependent is/or becomes Medicare eligible	CU Health Plan Medicare/High Deductible OR Alternate Medicare Payment (AMP) (if the retiree is Medicare eligible)	CU Health Plan – Premier Dental
Medicare eligible retiree and dependent(s)	CU Health Plan – Medicare OR Alternate Medicare Payment (AMP)	CU Health Plan – Premier Dental

*Over/under is an option when at least one member is eligible for Medicare and at least one other member is non-Medicare eligible. The Medicare eligible member will be covered under [CU Health Plan – Medicare](#), and the non-Medicare eligible member will be covered under [CU Health Plan – High Deductible](#). Since these are separate plans, please see details/summary for each plan.

What happens when one of my family members becomes Medicare eligible during the plan year?

When you become Medicare eligible (typically when turning 65), your retiree medical and dental coverage for all covered persons will end the last day of the month before you turn 65. You may then enroll in CU Health Plan - Medicare. If you have dependents who are not Medicare-eligible, you and your dependents may enroll in an over/under combination plan where you will have CU Health Plan – Medicare and your dependent(s) will have CU Health Plan – High Deductible or the Alternate Medicare Payment. Call Employee Services' Benefits Administration within 31 days of this [qualifying life event](#) to enroll.

If your dependent becomes Medicare eligible (typically when turning 65), before you, the retiree, the dependent's coverage will end the last day of the month before they turn 65. You, the retiree, may elect to continue in your current plan or enroll in the over/under combination plan, where your dependent has CU Health Plan – Medicare and you have CU Health Plan – High Deductible. Call Employee Services' Benefits Administration within 31 days of this qualifying life event. The Alternate Medicare Payment is not available until you become Medicare eligible.

What happens when the retiree or a dependent becomes Medicare eligible in the middle of a plan year?

If you or your dependent are already enrolled in the over/under plan, the one turning 65 will be automatically enrolled in CU Health Plan – Medicare. Employee Services must receive documentation of enrollment in Medicare Parts A&B.

Paying for your university retiree benefits

You may choose to have the university deduct benefit premiums from your checking or savings account each month. Funds will be debited from your account between the 15th and 20th of each month for the total amount due. This option also pays in arrears – the debit taken in February pays for your January coverage and so on. Sign up for automatic withdrawal by submitting the [Banking Authorization Form](#)

You may choose to have the university bill you each month for your retiree benefits. Retiree benefit billing is one month in arrears. You will receive your benefits bill around the second week of the month to pay for the coverage received the prior month. For example, you will receive a bill in February to pay for your January coverage. Payment is due by the end of the month in which you receive your bill.

Imputed income

The University of Colorado's contribution toward medical and/or dental coverage for your nonqualified civil union partner, domestic partner or your partner's dependent(s) is considered imputed income unless you are married or claim them as your tax dependent(s) for health care purposes. These benefits are subject to Social Security and Medicare taxes. If you are subject to imputed income for your benefits, you will be billed by Employee Services for taxes and sent a W-2 each year. Imputed income does not apply to domestic partners who have provided a marriage certificate to Employee Services and updated their dependent eligibility status.

Making changes to your retiree benefits enrollment

You may make eligible changes to your retiree benefits only at designated times.

Open Enrollment: Open Enrollment is generally held each spring. Employee Services will inform you about the Open Enrollment period and where to find detailed information on the Employee Services website. This may change from year to year, so it is essential to keep your contact information up to date and recheck your retiree options each year.

Life changes or family status changes: Certain life changes may be considered qualifying life events, allowing limited changes to your benefits elections. Internal Revenue Code (IRC) regulations require that these changes be made within 31 days of the qualifying life event. If you are expecting or experiencing a qualifying life event, contact an Employee Services benefits professional immediately to discuss the process, required forms and deadlines.

Medicare eligibility: You must take action when you or your covered dependent turns 65 or becomes Medicare eligible.

- If a dependent turns 65 before the retiree, the dependent's non-Medicare eligible coverage will end the last day of the month before they turn 65. The retiree may elect to continue in their current plan or enroll in an over/under combination plan.
- When a retiree turns 65, medical and dental coverage for all covered persons will end the last day of the month before the retiree turns 65. Call a benefits professional to discuss your benefits options within 31 days of the qualifying event.

Moving out of the plan service area: If you move out of the medical plan service area for certain plans, you must enroll in another plan that provides service in your new location within 31 days of your move. Contact a benefits professional for instructions.

If you move, please update your information in the [employee portal](#), or send a completed [Address Change Form](#) to Employee Services.

Survivor benefits

The university provides medical and dental benefits for [surviving spouses](#) and eligible dependents covered by CU's medical and/or dental plans at the time of the retiree's death. Surviving dependent children can only be enrolled with a surviving spouse. There is no surviving dependent coverage if the surviving parent is not enrolled. The surviving spouse and/or dependents must contact an Employee Services benefits professional within 60 days of the retiree's death and submit a completed Surviving Spouse Benefits Enrollment/Change form. If a surviving spouse or dependent waives medical and/or dental coverage at any time, they forfeit rights to future coverage. Find detailed information here.

Rate sheets

[CU 401\(a\) Non-Medicare Eligible Rate Sheet](#)

[CU 401\(a\) Medicare Eligible Rate Sheet](#)

Non-Medicare eligible retiree

If you and your dependent(s) are not eligible for Medicare, you have the option of enrolling/continuing in one of three CU Health Plans that are available to CU active employees: CU Health Plan – Exclusive, CU Health Plan – High Deductible and CU Health Plan – Kaiser.

For dental coverage, you may enroll/continue in one of the two plans that are available to CU active employees: CU Health Plan – Essential Dental Plan or CU Health Plan – Choice.

Medical option 1: CU Health Plan – Exclusive (non-Medicare only)

Under this Anthem administered plan, you will choose any primary care physician within one single statewide network, giving you access to a great number of doctors and specialists within three hospital systems across the Front Range of Colorado: Poudre Valley, Anschutz Medical Campus, and Memorial Hospital System. As a member, your physician will manage your health care, referrals are required for most specialists. There is no out-of-network coverage, except for [urgent](#) and/or all [emergency care](#). If you plan to retire outside the state of Colorado, this plan's network may not be suitable.

[CU Health Plan Exclusive – Plan Summary](#)

[CU Health Plan Exclusive – Full Plan Booklet](#)

Plan Feature		What Participant Will Pay
Preventative care		no-cost preventative Preventative Care Guidelines
Deductible		\$350 per individual (each member must meet their \$350) \$750 family maximum
Out-of-pocket (per plan year)	limit	\$9,100 individual; \$18,200 family
Office visit		primary care physician - \$30 per visit specialist - \$40 per visit urgent care - \$30 per visit office visit copays do not apply toward the deductible
Emergency care		\$250 copay (waived if admitted)
Prescription	drugs	CVS Caremark is the claims manager for all CU Health Plans administered by Anthem. Please refer to the CVS Caremark website or plan documents on the CU Exclusive website for detailed information.
Maintenance medications		Per fill, a maximum of up to 30 days of maintenance medication may be purchased at a retail pharmacy. After 3 fills, CVS retail pharmacies or CVS mail order pharmacy must be used for maintenance medications, for up to 90-day supply to be covered.
Diabetic supplies		CU Health Plan enrollees with diabetes may qualify to receive insulin and generic diabetic supplies (such as test strips, lancets, needles, etc.) from in-network pharmacies with no copay.
Out-of-state dependent children		If you have dependent children living out-of-state and covered by the Exclusive plan, you may enroll them in CU Health Plan - Exclusive Guest Membership .
Eye exam		Exclusive covers a routine eye exam with a \$20 copay in-network along with discounts for hardware and other services.

Medical option 2: CU Health Plan - High Deductible (non-Medicare only)

This plan offers you the widest access to care with Anthem's Nationwide Network of providers and facilities as well as out-of-network coverage for covered services. You will pay more if you use out-of-network care. There are no copays on this plan. Once you satisfy the [deductible](#), you'll be responsible for paying the [coinsurance](#) until you reach your [out-of-pocket maximum](#). Once this amount is reached, all covered services and prescriptions will be covered at 100%. A primary care physician is not required, and members can refer themselves to doctors of their choice including specialists.

[CU Health Plan High Deductible – Plan Summary](#)

[CU Health Plan High Deductible – Plan Booklet](#)

Plan Feature	In-Network	Out-Of-Network
Preventative care	no cost preventative care Preventative Care Guidelines	35% coinsurance after deductible
Deductible	\$1,500 single coverage \$3,000 family coverage (2+members) Any member may contribute to overall deductible.	\$3,000 single coverage \$6,000 family coverage (2+ members) Any member may contribute to overall deductible.
Out-of-pocket limit (per plan year)	\$3,000 single coverage \$6,000 family coverage (2+ members)	\$6,000 single coverage \$12,000 family coverage (2+ members)
Preventative care visit	\$0 coinsurance and no deductible	\$0 coinsurance and no deductible
Office visit	15% coinsurance after deductible	35% coinsurance after deductible
Emergency care	15% coinsurance after deductible	35% coinsurance after deductible

Prescription coinsurance: CVS Caremark is the claims manager for all CU Health Plans administered by Anthem. Please refer to the [CVS Caremark website](#) or plan documents on the [CU High Deductible website](#) for detailed information.

Maintenance medications: Per fill, a maximum of up to 30 days of maintenance medication may be purchased at a retail pharmacy. After 3 fills, CVS retail pharmacies or CVS mail order pharmacy must be used for maintenance medications, for up to 90-day supply to be covered.

Specialty medications: Per fill, a maximum of up to 30 days of specialty medication may be purchased at a retail network pharmacy. After 3 fills, CVS specialty pharmacy must be used for specialty medication to be covered.

Diabetic supplies: CU Health Plan enrollees with diabetes may qualify to receive insulin and generic diabetic supplies (such as test strips, lancets, needles, etc.) from in-network pharmacies with no copay.

Medical option 3: CU Health Plan – Kaiser (non-Medicare only)

Under this Kaiser administered plan, you can choose any primary care physician within one statewide network. There are certain zip codes in Colorado that are not within the Kaiser network. You will use a primary care physician to direct your care. In most cases, referrals are required. However, you do not need a referral to receive care from internal medicine generalists, pediatrics, optometry, psychiatry, OB/GYN, chiropractic and acupuncture services. Out-of-network care is not covered except for [emergency](#) and/or some [urgent care](#). Although this plan does not have a [deductible](#), many services will have a copay. Copays are detailed on the plan summary. Research covered areas before enrolling, there are certain zip codes in Colorado that are not within the Kaiser network.

[CU Health Plan Kaiser – Plan Summary](#)

[CU Health Plan Kaiser – Plan Booklet](#)

Plan Feature		What Participant Will Pay
Preventative care		no cost preventative care Preventative Care Guidelines
Deductible		no deductible (\$0)
Out-of-pocket (per plan year)	limit	\$9,100 individual; \$18,200 family
Office visit		primary care physician - \$30 per visit specialist - \$40 per visit urgent care - \$30 per visit
Emergency care		\$250 copay (waived if admitted)
Prescription	drugs	Please refer to the Kaiser website or plan documents on the CU Kaiser website for detailed information on prescription drugs.
Specialty medication		Specialty medications include self-administered injectables up to a maximum of \$100 per Rx. 20% coinsurance up to a 30-day supply at Kaiser retail network pharmacy locations. 20% coinsurance up to a 30-day supply at the Kaiser mail order pharmacy.
Diabetic supplies		CU Health Plan enrollees with diabetes may qualify to receive insulin and generic diabetic supplies (such as test strips, lancets, needles, etc.) from in-network pharmacies with no copay.
Eye exam		Kaiser covers routine eye exams (eye refractions provided by Kaiser network optometrists (\$30 copay) or ophthalmologist (\$40 copay) to determine the need for vision correction.

Dental option 1: CU Health Plan – Essential Dental (non-Medicare only)

This Delta Dental plan grants access to providers only within the Delta Nationwide Preferred Provider Option (PPO) Network. You are required to use a Delta PPO provider, or there is no coverage. Once you meet the \$25 per person plan [deductible](#), you'll be responsible for a percentage of your covered care costs, known as [coinsurance](#). This plan offers additional [orthodontic coverage](#) for children, age 19 and under.

CU Health Plan Essential – Delta Dental	
Plan type	PPO Provider Network Delta Website Find a Dentist
Plan year benefit	\$2,000 per person
Deductible (children under 13 excluded)	\$25 per person
Preventative & diagnostic services	0% coinsurance and no deductible
Basic services	30% coinsurance payment
Major services	50% coinsurance payment
Orthodontics	50% coinsurance payment – \$2,000 lifetime limit
Orthodontics for adults (19 and older)	Not covered
Plan documents	CU Health Plan Essential – Plan Summary CU Health Plan Essential – Plan Booklet

Dental option 2: CU Health Plan – Choice Dental (non-Medicare only)

Under this Delta Dental Plan, you may see any dentist in or out of Delta's network. However, your out-of-pocket costs are lower when you use a dentist on Delta's Preferred Provider Option (PPO) list. Once you meet the [deductible](#), you will be responsible for a percentage of your covered costs, known as coinsurance. This plan offers additional [orthodontic coverage](#) for all plan participants.

CU Health Plan Choice – Delta Dental			
Plan type – in and out of network coverage	PPO Provider Network Delta Website Find a Dentist	Premier Provider Network Delta Website Find a Dentist	Non-Participating (balance billing may apply)
Plan year benefit	\$2,500	\$2,500	\$2,500
Deductible (children under 13 excluded)	\$25 per person	\$75 per person	\$75 per person
Preventative & diagnostic services	0% coinsurance no deductible	0% coinsurance no deductible	0% coinsurance no deductible
Basic services	20-25% coinsurance	40-50% coinsurance	40-50% coinsurance
Major services	25% coinsurance	60% coinsurance	60% coinsurance
Orthodontics (all ages)	40% coinsurance after deductible	60% coinsurance after deductible	60% coinsurance after deductible
Plan documents	CU Health Plan Choice – Plan Summary CU Health Plan Choice – Full Plan Booklet		

Medicare eligible retiree

CU Health Plan – Medicare, provided by Anthem Blue Cross Blue Shield, is available to Medicare-eligible retirees and their spouses/dependents who are enrolled in original Medicare Parts A and B. You cannot participate in this plan if you are not enrolled in original Medicare Parts A and B. This is a secondary plan to Medicare, not a Medicare supplement or MediGap plan.

Original Medicare Parts A and B is your primary coverage for any claim. CU Health Plan – Medicare pays secondary for services covered by Medicare. The plan will not cover services that Medicare does not cover. CU Health Plan – Medicare will pay up to the allowable amount set by Medicare Parts A and B for that specific service. Most medical services or supplies not covered under Medicare are not covered benefits under this plan.

Medical option 1: CU Health Plan – Medicare

CU Health Medicare – Anthem Plan	
Network (PPO)	Medicare has a nationwide network. CU Health Plan – Medicare pays secondary for services covered by Medicare. Anthem Website Find a Doctor
Preventative care	0\$ coinsurance and no deductible
Deductible (per plan year)	\$240 per individual, per plan year
Out-of-pocket limit (per plan year)	\$2,400 individual; \$7,200 family
Office visit	20% coinsurance after deductible – coverage for Medicare-approved charges not reimbursed by Medicare
Diagnostic tests/imaging	20% coinsurance after deductible – coverage for Medicare-approved charges not reimbursed by Medicare
Emergency care	20% coinsurance after deductible – coverage for Medicare-approved charges not reimbursed by Medicare
Prescription drugs	20% coinsurance after deductible – up to 90-day supply for generic, preferred brand and non-preferred brand drugs at retail or mail order outlets
Plan documents	CU Health Plan - Medicare – Plan Summary CU Health Plan - Medicare - Full Plan Booklet

Medical option 2: Alternate Medicare Payment (AMP) – not a medical plan

The Alternate Medical Payment (AMP) is not a medical insurance plan, but it is an option that helps with health care costs. If you are Medicare eligible and you and your spouse/partner choose to not participate in a CU-offered medical plan, you can elect the AMP. The AMP is a monthly payment from CU, in lieu of a medical plan, to help cover healthcare costs, however you may use the funds at your discretion. You can still participate in the CU Health Plan – Premier Dental, but your 20% dental premiums will be deducted from your AMP. You may change between the CU Health Plan Medicare and AMP only during the CU open enrollment.

How does the AMP work?

- You receive a monthly payment from CU for healthcare-related costs.
- It is available for Medicare-eligible retirees and their spouse/partner.
- Dependent children do not receive the payment.
- The payment is taxable, and a W-2 will be issued.

What are the AMP amounts for the 2023-2024 plan year?

Retiree only:	\$153.73
Retiree + spouse/partner:	\$262.13

Dental option: CU Health Plan - Premier

CU Health Plan – Dental Premier is only available to Medicare-eligible CU retirees and their dependents. It gives members access to the Delta Preferred Provider Option (PPO), Premier Network, and out-of-network dentists. You can still choose any dentist you like, however your out-of-pocket costs are typically lower with the PPO Network Providers. Once you meet your \$25 [deductible](#), you will only be responsible for a percentage of your covered care costs up to your plan year maximum benefit of \$1,250.

CU Health Plan Premier – Delta Dental	
Plan type	PPO Provider Network
Plan year benefit	\$1,250 per person
Deductible (children under 13 excluded)	\$25 per person
Preventative & diagnostic services	0% coinsurance and no deductible
Basic services	50% coinsurance payment
Major services	50% coinsurance payment
Plan documents	CU Health Plan Premier – Plan Summary CU Health Plan Premier – Plan Booklet

401(a) retiree life insurance options

CU's life insurance policies can help provide coverage for your family.

Retiree Basic Term Life Insurance

All eligible retirees who were enrolled at the time of their retirement are eligible to continue enrollment in the Retiree Basic Term Life Insurance administered by [The Standard Insurance Company](#). **This plan must be elected at the time of retirement. If you waive this plan, or fail to enroll within 31 days, the decision is permanent. You cannot re-enroll later.**

- **Coverage:** This plan provides \$3,000 of coverage. The plan does not include an accidental death and dismemberment (AD&D) benefit. See the [Group Life Insurance policy](#).
- **Rates:** The premium is paid by the university if you are eligible for [regular retirement](#). It will be pro-rated if you are eligible for [early retirement](#).
- **Beneficiaries:** At the time of enrollment, you will be asked to designate your [beneficiary\(ies\)](#).
- **Claim assistance:** To file a claim, please call Employee Services at 303-860-4200, option 3, and speak to a benefits professional.

Retiree Optional Life Insurance

All eligible retirees who were enrolled in the Optional Term Life plan at the time of their retirement may elect up to 25% of their optional life insurance, not to exceed \$9,500. **This plan must be elected at the time of retirement. If you waive this plan, or fail to enroll within 31 days, the decision is permanent. You cannot re-enroll later.**

- **Coverage:** You may not add or increase coverage after the date of your retirement. You may reduce or terminate coverage at any time. This plan does not include an accidental death and dismemberment (AD&D) benefit. See the [Group Life Insurance Policy](#).
- **Rates:** The premium is paid by you, the retiree, and it is based on age and tobacco usage. A rate discount is based on non-tobacco use in the last 12 months and can be updated at every Open Enrollment. See the [rate sheet for non-Medicare eligible retirees](#), or view the [rate sheet for Medicare-eligible retirees](#).
- **Beneficiaries:** At the time of enrollment, you will be asked to designate your [beneficiary\(ies\)](#).
- **Claim assistance:** To file a claim, please call Employee Services at 303-860-4200, option 3, and speak to a benefits professional.

Glossary

Balance Billing: When a provider, mainly out-of-network, bills you for the balance remaining on the bill that your plan does not cover. This amount is the difference between the actual billed amount and the allowed insurance coverage amount.

For example, if your out-of-network dentist charges \$100 for a filling and the allowed amount by our insurance is \$80, the provider will bill you for the remaining \$20.

Basic Dental Services: Includes fillings, endodontics (root canal), periodontics (gum disease) and oral surgery (extractions). Refer to each plan's summary for further details.

Beneficiary (ies): A person or an organization you name to receive death benefits. A beneficiary does not need to be a legal dependent.

Coinsurance: The portion of expenses that you have to pay for certain covered services, calculated as a percentage. For example, if the coinsurance rate is 20%, then you are responsible for paying 20% of the bill, and the insurance company will pay 80%.

Deductible: An amount that you are required to pay before the plan will begin to reimburse for covered services.

- In some plans, the deductible does not apply to certain services that have a copay such as office visits or prescription drugs like in the CU Exclusive Medical Plan.
- A deductible may be an *individual deductible* meaning each member must meet a specific amount, (e.g., the CU Exclusive has a \$250 deductible per individual) or it can be an *aggregate deductible* where one or all members may contribute to the family deductible (e.g., the CU High Deductible has a \$3,000 deductible for 2+members).

Early Retirement: Faculty, officer or university staff members enrolled in the 401(a) retirement plan who do not meet the combined age and years of CU service for regular retirement, but are eligible to receive a pro-rated amount of the University of Colorado contribution towards retiree insurance benefits upon retirement.

Emergency Care: A medical or behavioral health condition that must be treated at the emergency department of a hospital due to an illness, injury, symptom or condition severe enough to risk serious danger to your health (or, with respect to a pregnant woman, the health of her unborn child) if you didn't get medical attention. Such conditions may include but are not limited to chest pain, stroke, poisoning, serious breathing problems, unconsciousness, severe burns or cuts, uncontrolled bleeding, seizures and other acute conditions.

Major Dental Services: Includes crowns, bridges, partials, dentures, implants. Refer to each plan's summary for further details.

Medicare Parts A and B: Medicare is the federal health insurance program, typically for people age 65 or older. These programs, known as Original Medicare, cover certain medical expenses. While Medicare Part A helps cover hospital expenses and inpatient care, Part B help covers medical expenses such as doctor visits and outpatient care. Please refer to www.medicare.gov for detailed information.

Medigap plan: A Medicare Supplement Insurance that helps fill gaps in Original Medicare and is sold by private companies.

Regular Retirement: Faculty, officer or university staff members enrolled in the 401(a) retirement plan who meet the combined age and years of CU service to receive 100% of the University of Colorado contribution towards retiree insurance benefits upon retirement.

Orthodontic Coverage: A treatment that aligns a person's teeth, which includes the use of braces.

Out-of-Pocket Limit/Maximum (OPM): The maximum amount of money you will pay for covered medical services during the plan year. These costs include deductibles, copays and coinsurance. This maximum is designed to protect you from catastrophic health care costs. After you reach this amount, the plan will pay 100% of the allowed amount.

Urgent Care: An unexpected episode of illness or injury requiring treatment. The condition is not life threatening and does not require the use of an emergency room at a hospital.

Resources

The Standard Insurance Company

The Standard Insurance Company

1-800-628-8600

[The Standard Insurance Company website](#)

Delta Dental

1-800-610-0201

[Delta CU Microsite](#)

Anthem Blue Cross Blue Shield

Member Services: 1-800-735-6072

First Impressions: 1-855-646-4752

[Anthem Website](#)

Kaiser Permanente

1-877-883-6698

[Kaiser Website](#)