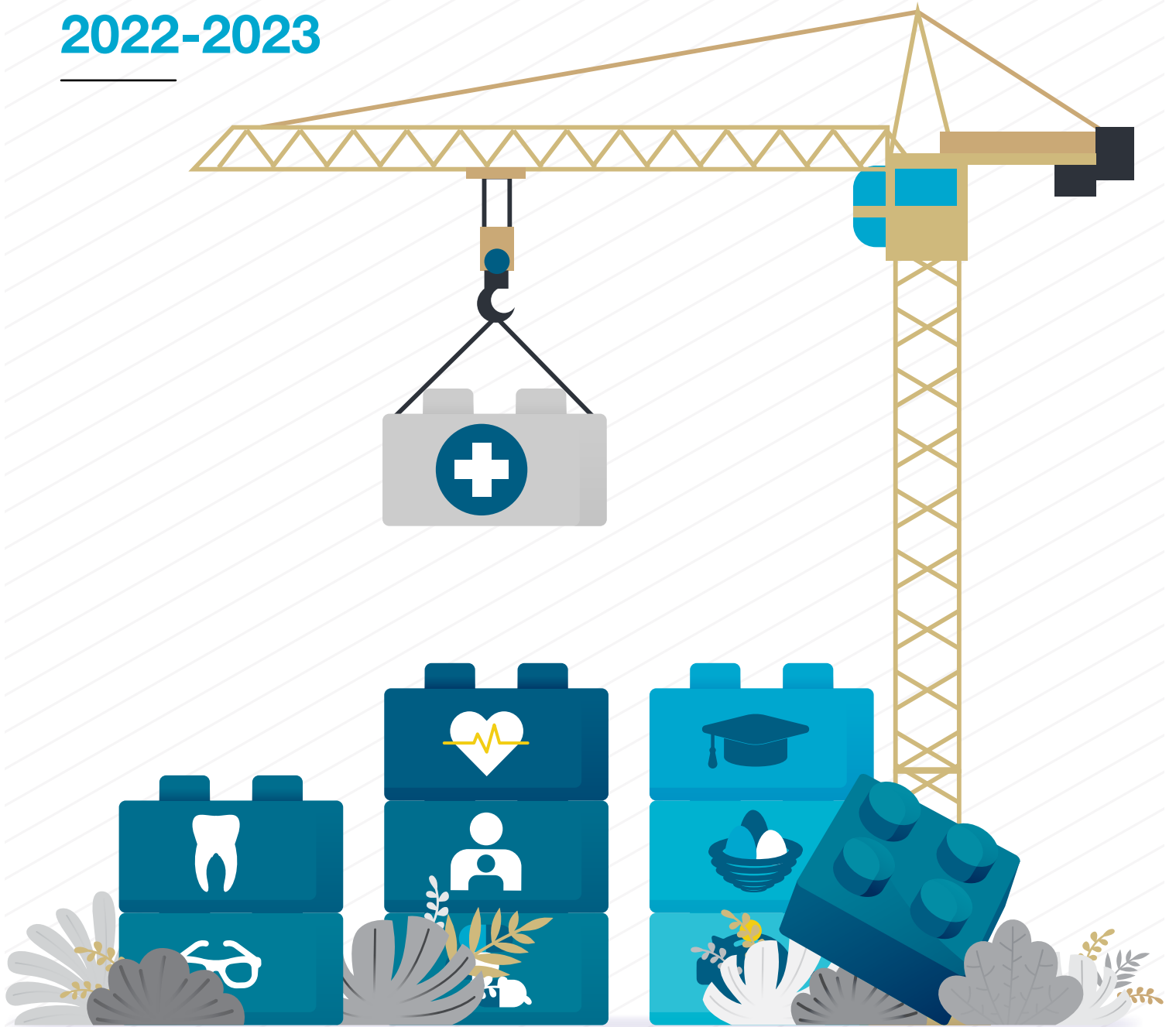




Comprehensive Benefit Package Guide

GME Medical Interns, Residents
and Subspecialty Fellows

2022-2023



University of Colorado

Boulder | Colorado Springs | Denver | Anschutz Medical Campus

EMPLOYEE SERVICES

GME Medical Resident Benefit Guide

2022-2023 Plan Year

This guide is for Graduate Medical Education (GME) Medical Residents* for the plan year July 1, 2022 to June 30, 2023. Benefit plan options offered through Employee Services are detailed in this booklet. Plans are subject to change each plan year.

*In this document “Resident” refers to Interns, Residents and subspecialty Fellows (job codes 3101-3109).

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Payroll

CU Employee Services administers payroll for the GME Medical Residents. You will find all your payroll activities and paystubs in the [employee portal](#) in the My Info and Pay section in the Paychecks tile. You can personalize your homepage with the tiles you use the most. Learn how to complete your payroll activities and how to understand your pay stub on the [Payroll Self-Service](#) page on the Employee Services website. If you need assistance or guidance regarding your paycheck, please contact the HCM / Payroll Support team by calling 303-860-4200, option 2 during regular business hours, or send an email to payroll at HCM_Community@cu.edu.

International GME Medical Residents



All new international CU employees are required to meet with an international tax specialist to identify their tax status, complete proper tax forms, facilitate any available tax treaty benefits and clarify any tax filing responsibilities. For more information, visit the [International Tax website](#), complete the [International Tax New Hire Orientation](#), download the [International Tax New Hire guide](#) and [book your appointment](#).

Benefit Eligibility

CU Employee Services offers eligible GME Medical Residents medical, dental and vision plans, Flexible Spending Accounts (FSA) for health and dependent care and voluntary retirement plans. In addition to this guide, resources for all your plan needs are located on the [Employee Services](#) website. The information in this booklet is housed there, in addition to all you will need to enroll and use these benefits. If you need additional help or guidance, you can speak to a benefits professional by calling 303-860-4200, option 3, during regular business hours, or by emailing benefits@cu.edu. Life Insurance and Long-term Disability benefits are provided to CU GME Medical Residents through the University of Colorado Graduate Medical Education (CUGME). For more information, please contact the GME Benefits Office at 303-724-6024 or use the [CU GME Benefits link](#).

Eligibility: As a GME Medical Resident, the university will review your job classification and appointment to determine your eligibility. You must be in a regular, benefits eligible position of 50% or greater appointment to be eligible for employee benefits. Your eligibility will also be described in your Training Agreement.

Dependent eligibility: As an eligible GME Medical Resident, you can add the following dependents to your plans:

- Spouse, Common-Law Spouse, Civil Union Partner, Domestic Partner*
- Dependent children up to age 27
- Qualifying disabled children over age 27

When you add dependents to CU's plans, you will be asked to provide [Dependent Verification documentation](#) as part of the enrollment process. A dependent only needs to be verified once unless additional documentation is requested by Employee Services.

Your [Dependent Verification documentation](#) must be submitted to Employee Services within 31 days of your enrollment.

If you have dependents who do not qualify as federal tax dependents, such as a domestic or civil partner, you may still be able to enroll them in our plans however, you may incur imputed income, as per IRS rules.

Dual coverage: When two members of a household are employed with the university and/or university affiliates, you and your dependents cannot be covered as both an employee and a dependent for any CU medical, dental or vision plan.

***Imputed income:** The IRS uses the term [imputed income](#) to describe the value of any benefit or service that is considered income when calculating your federal taxes. Know your taxation. Some benefits for Civil Union Spouses, Domestic Partners and their children may be subject to taxation.

Enrollment

Plan year: The benefit plan year runs from July 1 through June 30. As a new hire or newly eligible employee, your elections will run from your effective date until June 30.

Open Enrollment: Open Enrollment occurs in the spring of each year for an effective date of July 1. You will [enroll](#) in your benefits in the secure environment of your employee portal, my.cu.edu.

Effective date: Your official hire date determines when your coverage will begin. If your hire date is the first of the month, your coverage will begin immediately, otherwise it will be the first of the following month.

*For example: If your hire date is June 1, your benefits will be effective June 1.
If your hire date is June 2 (or later), your benefits will be effective July 1.*

Deadlines and defaults: You have 31 days from your official hire date to enroll or waive coverage. If you fail to enroll or waive your coverage within the deadline, you (employee only) will be enrolled automatically in the following default plan:

Medical default: CU Health Plan – Exclusive (after tax deduction)

Once you enroll, or are defaulted, your elections will remain for the plan year. You may not make any changes to your elections until next Open Enrollment, unless you experience a [Qualifying Life Change](#).

Payroll deductions: Insurance premiums are deducted from the same month that they occur.

For example: The deductions from your paycheck in July covers your July premiums.

As a new hire, your first deduction depends on the time of month you enroll. Enrollments received after payroll begins to process (around the 17th of the month) may not be reflected in that month's paycheck, resulting in a double deduction the following month.

Resources

[Employee Services Benefits Website](#)

[Qualifying Life Change](#)

[How to Enroll](#)

[Benefits Eligibility Matrix](#)

[Dependent Eligibility Verification](#)

[Imputed Income](#)

[GME Medical Resident Benefit Rates](#)

CU Health Plans – Medical, Dental & Vision

CU is dedicated to providing quality, affordable health care to its employees and their dependents. As a GME Medical Resident, you have access to quality, personalized medical care with CU Health Plan – Exclusive Medical Plan, Essential Dental Plan and Blue View Vision.

Medical: CU Health Plan – Exclusive



Under this plan, you will choose a PCP (primary care physician) within the HMO (Health Maintenance Organization) network. Your PCP will direct your health care and referrals are required for most specialists. Exclusive is a limited network plan with quality care throughout Colorado. There is no out-of-network coverage, except for urgent and/or all emergency care. This is an [Anthem](#) administered plan. [Find a doctor.](#)



Wellness programs: Enrollment in the CU Health Plan – Exclusive Medical Plan gives you access to [wellness programs](#), which include gym discounts, weight loss programs, nutritional and meal planning apps, Be Colorado *Move* App and Sleepio.

CU Health Plan Exclusive (HMO) – Anthem Plan	
Preventative care	No-cost preventative Preventative Care Guidelines
Deductible (per plan year)	\$250 per individual (Each member must meet their \$250) \$750 family maximum (3+ members)
Out-of-pocket limit (per plan year)	\$8,700 individual; \$17,400 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	Tier 1 \$15 Tier 2 \$35 Tier 3 \$50 Tier 4 \$75 - specialty
Mail order RX 90-day supply	Must be used for maintenance and specialty medications. Plan will allow three fills at retail pharmacy. After three fills, mail order is required, with a cost savings.
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 (PDF)
Eye exam	Exclusive covers a routine eye exam with a \$20 copay in-network along with discounts for hardware and other services.
Plan documents	CU Health Plan Exclusive – Plan Summary (PDF) CU Health Plan Exclusive - Full Plan Booklet (PDF)

[GME Medical Resident Health Plan Rates \(PDF\)](#)

Dental: CU Health Plan – Essential



CU Health Plan – Essential Dental offers extensive coverage with no-cost preventative care, affordable deductibles, and coinsurance payments to keep you and your family smiling bright. Preventative care includes four yearly cleanings (regular and/or periodontal), two yearly oral exams/x-rays, fluoride treatments for age 17 and under, and the Delta Dental’s *Right Start for Kids* (children 0-12), which covers basic services at 100%. With this Delta Dental Plan, you will have 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.

Delta Dental

1-800-610-0201

[Delta CU Microsite](#)

CU Health Plan Essential – Delta Dental	
Plan type	PPO Provider Network
Plan-year benefit	\$2,000 per person
Deductible (children under 13 excluded)	\$25 per person
Preventative & diagnostic services	0% coinsurance & no deductible
Basic services	30% coinsurance payment
Major services	50% coinsurance payment
Orthodontics (for children under age 19)	50% coinsurance payment \$2000 Lifetime Limit
Orthodontics for adults (19 and older)	Not covered
Plan Documents	CU Health Plan Essential - Plan Summary (PDF) CU Health Plan Essential - Plan Booklet (PDF)

Vision: CU Health Plan -Blue View Vision



The optional CU Health Plan - Blue View Vision covers annual eye exams with a \$20 copay, as well as \$155 toward the yearly purchase of frames and contact lenses, for each participant. Lenses have low copays. Your choice of providers is extensive. In-network providers across the U.S. include retail locations such as LensCrafters, Pearle Vision and Target Optical. You may also use out-of-network providers but will pay more. Find detailed information by referring to the [CU Health Plan – Blue View Vision Coverage Summary \(PDF\)](#).

Plan Documents:

[CU Health Plan – Blue View Vision Plan Summary \(PDF\)](#)

[CU Health Plan – Blue View Vision Plan Booklet \(PDF\)](#)

Anthem Blue View Vision

Plan Number: 0QCD-0716

Member Services: 1-866-723-0515

[Anthem CU Health Plan Website](#)

[GME Medical Resident Health Plan Rates \(PDF\)](#)

Premium Only Plan



The Premium-Only Plan (POP), a part of the IRS Code Section 125, allows you to elect to pay your medical, dental and vision insurance premiums before or after taxes are deducted.

If you choose the before-tax option, your premiums will be deducted from your pay before taxes are calculated, reducing your taxable income, and saving you money by withholding fewer dollars for federal, state and Social Security taxes. **If you choose the after-tax option**, your premiums will be deducted after your pay has been taxed.

- You will be given the opportunity to make your election as you enroll in your CU Health plan in your employee portal.
- Once you make this election, your enrollment will continue for the plan year. A new election can only be made during Open Enrollment.
- If you have dependents (Civil Union Spouse, Domestic Partners and/or their children) enrolled in university benefits who do not qualify as federal tax dependents for health coverage purpose, their premiums are not eligible for the POP, and you may incur [imputed income](#).

Employee Services does not provide tax advice to employees. Please contact your personal tax advisor, the IRS, SSA, State of Colorado or local government directly for professional tax advice.

Flexible Spending Accounts (FSA)



The Flexible Spending Account (FSA) allows you to set aside pretax money for certain qualifying expenses. These accounts are regulated by the IRS who determines contribution limits, qualifying expenses, and has designated them as **use it or lose it** accounts. The money you set aside in the account is meant to be spent and claimed by the established deadlines, or you will lose the money. If you want to participate in an FSA, you must make an election as a new hire, at each Open Enrollment, or if you experience certain [Qualifying Life Changes](#). There are two FSA accounts administered by [ASIFlex](#):

- The Health Care FSA (HCFSA) allows you to set aside funds to cover health care expenses that your medical, dental and vision insurance do not pay, such as deductibles, copays, co-insurance, prescriptions, dental and vision out-of-pocket expenses.
- The Dependent Care FSA (DCFSA) will cover daycare expenses for tax dependents under 13 and adult care.

Plan year: The Flexible Spending Accounts (FSA) benefit plan year runs from July 1 through June 30. Elections made during Open Enrollment will be effective July 1. As a new GME Medical Resident, your contributions will run from your effective date until June 30. Once you make your elections, they will remain effective for the plan year. You may not make any changes to your elections until next Open Enrollment, unless you experience a [Qualifying Life Change](#).

Deadline to enroll: You have 31 days from your official hire date or date of your Qualifying Life Change to enroll. If you fail to enroll within the deadline, you will not be able to enroll until the next Open Enrollment, which occurs every spring with an effective date of July 1.

Effective date: Your hire date determines when your FSA will begin. If your hire date is the first of the month, your coverage will begin immediately, otherwise it will be the first of the following month.

For example: *If your hire date is June 1, your benefits will be effective June 1.*
If your hire date is June 2 (or later), your benefits will be effective July 1.

Resources:

[Health Care FSA Fact Sheet \(HCFSA\) \(PDF\)](#)
[Dependent Care FSA Fact Sheet \(DCFSA\) \(PDF\)](#)
[Flexible Benefits Plan Document \(PDF\)](#)

ASIFlex
Flexible Spending Account Plan Number: 16
1-800-659-3035
www.asiflex.com

Voluntary Retirement Plans

If you would like to do more to prepare for retirement, CU offers GME Medical Residents [three voluntary saving plans](#) to contribute to:

Retirement Plans	Plan Administrator
University of Colorado 403(b) – Voluntary Plan Pretax and ROTH options	TIAA
PERA* 401(k) – Voluntary Plan Pretax Contributions	PERA/Empower
PERA* 457 – Voluntary Plan Pretax Contributions	PERA/Empower

*PERA is the Colorado Public Employees' Retirement Association. You do not need to be a PERA member to have a PERA 401(k) or 457 account, and likewise, PERA participants can have 403(b) account.

These voluntary retirement plans allow you to create an individual account to set aside money on a pretax basis and lower your taxable income. The University of Colorado 403(b) also has a ROTH, after-tax contribution option. Your benefits are based on the contributions credited to these accounts, plus or minus investment gains or losses. Investment risk and investment rewards are assumed by each individual, not by PERA or CU. These are 100% employee contributions, meaning there is no match from CU.

Contribution limits:

The 2022 IRS contribution limits for voluntary retirement plans are as follows:

- The CU 403(b) and the PERA 401(k) have a combined limit of \$20,500. If you are age 50+, the IRS allows you a catch-up contribution of \$6,500, for a total of \$27,000.
- The PERA 457 has a separate limit of \$20,500. If you are age 50+, the IRS allows you a catch-up contribution of \$6,500, for a total limit of \$27,000.
- By using the correct combination of voluntary plans, the 2022 IRS limits allow you to contribute a combined total of \$41,000, if you are under age 50, or \$54,000, if you are age 50 or older.

All three plans have no minimum contribution. You can decide how much of your pay to contribute.

How can you enroll?

[CU 403\(b\) How to Enroll](#)

[PERA 401\(k\) How to Enroll](#)

[PERA 457 How to Enroll](#)

[Voluntary Retirement Plans Full Guide \(PDF\)](#)

Leaving CU

When it comes time to leave the university, review the following to understand your final pay, termination of Flexible Spending Accounts and how to continue to manage your voluntary retirement plans.

When will I receive my last paycheck?

After the effective date of your separation, you will lose access to your portal. If you wish to access a final pay stub or verification of employment or your W-2, contact Employee Services at HCM_Community@cu.edu. You must notify your supervisor and/or payroll liaison so they can complete information for your final pay.

Although most final paychecks are paid on the regular pay date, please check with your supervisor or department. If you are an international employee with direct deposit, it is recommended you keep your U.S. bank account open until all final pay has been issued and deposited.

How do I get my W-2 and 1095-C?

Ensure your address is up to date to receive your W-2 form to file for taxes. If you change your address after leaving, send in a completed [Address Change Form \(PDF\)](#).

What happens to my Health Care FSA (HCFSA)?

Administrator: [ASIFlex](#)

Coverage ending date: Your enrollment in your Health Care Flexible Spending Account will end on the last day of the month in which you terminate employment. However, benefits may continue to be available for reimbursement for qualified expenses **incurred prior to your benefits ending date*** and submission of claims to ASIFlex by Nov. 15 of the plan year. Please remember that if you do not incur eligible expenses and/or file a claim for reimbursement by the deadlines, these funds will be forfeited.

*Ending date: If your HCFSA benefit is active at the end of the plan year (06/30), you are eligible for the grace period, meaning Sept. 15 to incur expenses, and Nov. 15 to send claims.

Option to continue coverage:

- You may continue HCFSA coverage under the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA is a federal law that requires group health plans to offer temporary coverage to covered employees and dependents that would otherwise be lost due to certain events, such as termination of employment.
- You may continue your HCFSA under COBRA if you have a positive balance in your account, meaning your year-to-date contributions exceed your year-to-date reimbursements. If you elect COBRA, you will continue to make contributions to ASI COBRA on an after-tax basis through the end of the plan year, allowing you to request reimbursement of eligible expenses.
- A COBRA packet will be mailed to your home address by ASI COBRA within two weeks of your termination date. The packet will include an offer letter and a form with instructions on how to enroll, where to send payments and a deadline to enroll.

Contact: If you have questions regarding your COBRA packet, contact ASI COBRA at 877-388-8331. If you have questions regarding your account, balance or claims, contact ASI Flex at 800-659-3035.

What happens to my Dependent Care FSA (DCFSA)?

Administrator: [ASIFlex](#)

Coverage ending date: Your contributions and enrollment in your Dependent Care Flexible Spending Account will end on the last day of the month in which you terminate employment. However, funds in your account will continue to be available for reimbursement for qualifying expenses **incurred prior to your benefits ending date*** and submission of claims to ASIFlex by Nov. 15 of the plan year. Please remember that if you do not incur eligible expenses and/or file a claim for reimbursement by the deadlines, these funds will be forfeited.

*Ending date: If your DCFSA benefit is active at the end of the plan year (06/30), you are eligible for the grace period, meaning Sept. 15 to incur expenses, and Nov. 15 to send claims.

Option to continue coverage: Not applicable. A DCFSA does not qualify to be continued under COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985).

Contact: If you have questions regarding your account, balance or claim, contact ASI Flex at 800-659-3035.

What happens to my Voluntary Retirement Plan(s)?

Upon leaving CU, you may keep your funds in your retirement account, request a rollover to another eligible plan or request a distribution of your account.

TIAA: CU 403(b) Voluntary Plan

- Last contribution: Contributions will stop on the last day of the month in which you terminate employment.
- Options: The funds are yours, and they will remain in the account until you take action.

To request a rollover or cash withdrawal from the CU 403(b) Plan:

1. Contact TIAA by calling 1-800-842-2252 or visiting www.tiaa.org/cu regarding a cash withdrawal or rollover request. TIAA will provide you with information as to how to proceed.
2. Employee Services will review and provide necessary authorization to TIAA. Expected processing time is 7-10 business days.
3. TIAA will process the distributions within five (5) business days after receiving university authorization.

PERA: 401(k) and 457 Voluntary Plans

- Last contribution: Contributions will stop on the last day of the month in which you terminate employment.
- Options: The funds are yours, and they will remain in the account until you take action. You can request a rollover to another account or request to cash out (refund) your account by calling PERA at 1-800-759-7372. Please discuss with a PERA representative to learn about your options and any tax liability or penalties when requesting withdrawals.
- Notify Employee Services Retirement at benefits@cu.edu that you want to take a distribution of your PERA 401(k) and/or PERA 457 account at which time PERA will be provided with your date of termination of employment.

TIAA
403(b) Plan #406788 1-800-842-2252
www.tiaa.org/cu

Public Employee Retirement Association
PERA 401(k) and PERA 457
303-832-9550
1-800-759-7372
www.copera.org