



Comprehensive Benefit Package Guide

GME Medical Interns, Residents
and Subspecialty Fellows

2023-2024



University of Colorado

Boulder | Colorado Springs | Denver | Anschutz Medical Campus

EMPLOYEE SERVICES

Comprehensive Benefit Guide

GME Medical Residents

2023-2024

This guide is for Graduate Medical Education (GME) Medical Residents* for the plan year July 1, 2023, to June 30, 2024. 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 webpage](#) 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 Employees



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, as well as voluntary retirement plans, a Health Savings Account and Flexible Spending Accounts (FSA) for health and dependent care. 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 view the [CU GME Benefits webpage](#).

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 eligibility verification (DEV) documentation as part of the enrollment process. A dependent only needs to be verified once unless additional documentation is requested by Employee Services. For more information on DEV, visit the [CU DEV website](#).

Your DEV 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. Visit the [CU imputed income website](#) for more information.

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](https://my.cu.edu/) (<https://my.cu.edu/>). To learn how to enroll, visit the [CU How to Enroll website](#).

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 May 1, your benefits will be effective May 1.
If your hire date is May 2 (or later), your benefits will be effective June 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 plans:

- Medical default: CU Health Plan – High Deductible \$0/month
- Dental default: CU Health Plan – Essential Dental \$0/month

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. Review the details on the [Qualifying Life Change website](#).

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



CU is dedicated to providing quality, affordable healthcare to its employees and their dependents. GME contributes 80-100% to employee monthly premiums. As a GME Medical Resident, you have access to quality, personalized medical care with CU's four medical plans. This section provides an overview of the most common considerations for choosing a plan and highlights the medical plan options for you and your dependents.

Common plan features

All four CU medical plans have built in plan features. Regardless of your plan, you will enjoy these benefits:

- yearly, no-cost preventative care for each plan participant
- emergency / urgent care worldwide
- affordable prescription drug prices

CU Health Plans – Wellness Programs

If enrolled in a CU medical plan, you will have access to wellness programs. Please visit the [CU Wellness Programs website](#) to learn the details.

- gym discounts
- weight loss programs
- nutritional and meal planning apps
- Colorado Move
- Breathe with Quitline
- and more...

How to choose a medical plan – three common considerations

When choosing a medical plan, there are three common considerations:

- **Network:** The plan network determines where you will go to access care when you need it. You will want to understand the differences between the four plan networks before making your decision.
- **Cost of care:** When you need care, what will it cost? How much will it cost to use the plan?
- **Cost of plan:** How much does it cost to have the plan? GME covers a generous portion of your monthly premiums; however, you will also contribute to the plan's cost. Understanding plan premiums will help you determine the cost of having the plan. View the [current plan year premiums](#) for more information.

Option 1: CU Health Plan – Exclusive



Network

Under this plan, you are required to choose a PCP (primary care physician) within the HMO (Health Maintenance Organization) Network who will direct your health care. Exclusive has a limited network 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. Visit the [Anthem website](#) to learn more and to [find a doctor](#).

Savings advantage: This HMO utilizes the directed care of skilled PCPs in combination with comprehensive health care services which keeps costs lower through predictable copays, deductibles and monthly premiums.

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

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

Cost to Use the Plan

CU Health Plan Exclusive– Anthem Plan (HMO) Cost Summary:

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 limit (per plan year)	\$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.

Cost to Have the Plan: [Rate sheet webpage](#)

Option 2: CU Health Plan – High Deductible/HSA Compatible (default plan)



Network

This PPO (Preferred Provider Organization) plan offers you the widest access to care with Anthem's Nationwide Provider Network as well as out-of-network coverage for covered services. You will pay less if you use an in-network provider. A primary care physician is not required, and members can refer themselves to doctors of their choice including specialists.

With the High Deductible plan, your preventative care is at no cost to you. You will pay for additional care and prescriptions until you satisfy the deductible and then will 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%. This is an Anthem administered plan. Visit the [Anthem website](#) to learn more and to [find a doctor](#).

Savings advantage: With low monthly premiums, the High Deductible plan gives you opportunity to put money aside each month in the tax advantaged Health Savings Account (HSA). You can use your HSA to pay your deductibles both now and in the future.

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

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

Cost to Use the Plan

CU Health Plan High Deductible – Anthem Plan (PPO) Cost Summary:

Plan Feature	In-Network	Out-Of-Network
Preventative care	no cost preventive 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.

Cost to Have the Plan: [Rate sheet webpage](#)

Option 3: CU Health Plan – Extended



Network

With this PPO (Preferred Provider Organization) plan you will have access to Anthem's Nationwide Network of physicians and facilities. A primary care physician is not required but recommended. Members can refer themselves to doctors of their choice within Anthem's network, including specialists. There is no out-of-network coverage except for urgent and/or all emergency care. This is an Anthem administered plan. Visit the [Anthem website](#) to learn more and to [find a doctor](#).

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

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

Cost to Use the Plan

CU Health Plan Extended – Anthem Plan (PPO) Cost Summary:

Plan Feature	What Participant Will Pay
Preventative care	no cost preventative care Preventative Care Guidelines
Deductible	\$750 per individual (each member must meet their \$750) \$1,500 family max (2+ members) 10% coinsurance after deductible is met
Out-of-pocket limit (per plan year)	\$9,100 individual; \$18,200 family
Office visit	primary care physician - \$40 per visit specialist - \$50 per visit urgent care - \$40 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 Extended 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.

Cost to Have the Plan: [Rate sheet webpage](#)

Option 4: CU Health Plan – Kaiser



Network

This plan is an EPO (Exclusive Provider Organization). With this plan, you can choose any PCP (primary care physician) within one statewide network. You will use a primary care physician to direct your care. In most cases, referrals are required. However, you may self-refer to certain medical visits, diagnostic testing, and hospital/facilities services. Out-of-network care is not covered except for emergency. Although this plan does not have a deductible, many services will have a copay. Copays are detailed in the plan summary. This is a Kaiser administered plan. Visit the [Kaiser website](#) to learn more and to [find a doctor](#).

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

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

Cost to Use the Plan

CU Health Plan Kaiser– Kaiser Plan (EPO) Cost Summary:

Plan Feature	What Participant Will Pay
Preventative care	no cost preventative care Preventative Care Guidelines
Deductible	no deductible (\$0)
Out-of-pocket limit (per plan year)	\$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.

Cost to Have the Plan: [Rate sheet webpage](#)

CU Health Plan – Dental



CU's two Delta Dental plans offer extensive coverage with no-cost preventative care, affordable deductibles and coinsurance payments to keep you and your family smiling bright.

Delta Dental
 1-800-610-0201
[Delta CU Microsite](#)

Common plan features

Regardless of which plan you choose; you will have the following no-cost preventative care:

- four yearly cleanings
- two yearly oral exams/x-rays
- two fluoride treatments (for all ages)
- Delta Dental's Right Start for Kids (children 0-12) covers children's basic services 100%. Not subject to deductible or coinsurance maximum and frequency limitations apply.

Option 1: CU Health Plan – Essential Dental



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 will 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 - Plan Summary](#)

[CU Health Plan Essential - Plan Booklet](#)

Cost to Use the Plan

CU Health Plan Essential – Delta Dental Cost Summary:

Plan Feature	What Participant Will Pay
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

Cost to Have the Plan

[Rate sheet webpage](#)

Option 2: CU Health Plan – Choice Dental



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 – Plan Summary](#)

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

Cost to Use the Plan

CU Health Plan Choice – Delta Dental Cost Summary:

Plan Feature	PPO Provider Network	Premier Provider Network	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 payment	40-50% coinsurance	40-50% coinsurance
Major services	25% coinsurance payment	60% coinsurance	60% coinsurance
Orthodontics	40% coinsurance payment after deductible	60% coinsurance after deductible	60% coinsurance after deductible

Cost to Have the Plan

[Rate sheet webpage](#)

CU Health Plan – Vision



The optional Anthem Blue View Vision Plan covers annual eye exams with a \$20 copay, as well as \$225 toward the yearly purchase of eyewear 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. View the [Anthem website to find a provider](#).

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

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

Anthem Blue View Vision

Plan Number: 0QCD-0716

Member Services: 1-866-723-0515

[Anthem CU Health Plan website](#)

Cost to Have the Plan

[Rate sheet webpage](#)

Pretax Savings

Flexible Spending Accounts



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.

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

CU's FSA accounts are administered by ASIFlex. 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. Review the details on the [Qualifying Life Change website](#).

[Health Care FSA Fact Sheet \(HCFSA\)](#)

[Dependent Care FSA Fact Sheet \(DCFSA\)](#)

[Flexible Benefits Plan Document](#)

ASIFlex

Flexible Spending Account Plan Number: 16

1-800-659-3035

www.asiflex.com

Health Savings Account (HSA)



The Health Savings Account (HSA) is an account that must be paired with the CU Health Plan – High Deductible and can be used for qualified health care expenses now or in the future. The HSA is a savings account that you own. You will keep and manage this account even if you leave the university, change health plans, or retire. CU's HSA is administered by Optum Bank. Visit the [Optum Bank website](#) for more details.

There is a triple tax benefit with the HSA. Contributions are pretax, any growth is tax-free, and when used on qualifying health care expenses, it is also tax free. As long as you are enrolled in the CU Health Plan – High Deductible, you can enroll in and increase or decrease your HSA contributions at any time.

The HSA Fact Sheet contains all the necessary information to enroll in and use your HSA.

[Health Savings Account Fact Sheet](#)

[Flexible Benefits Plan Document](#)

Optum Bank

Health Savings Account Plan Number: HB5195 1-844-326-7967

www.optumbank.com

Premium Only Plan (before or after tax elections)



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 Plans in your employee portal.
- Once you make this election, your enrollment will continue for the plan year. A new election can be made only during Open Enrollment.
- If you have dependents enrolled in university benefits who do not qualify as federal tax dependents for health coverage purposes, their premiums are not eligible for the POP, and you may incur imputed income. Visit the [website on imputed income](#) to learn more.

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.

Voluntary retirement plans



CU offers GME residents three voluntary savings plans.

[Voluntary Retirement Plans Full Guide](#)

Retirement plans	Eligibility job code	Plan	How to Enroll?
University of Colorado 403(b) – Voluntary Plan Pretax and ROTH options	all employees	TIAA	CU 403(b) How to Enroll
PERA 401(k) – Voluntary Plan	all employees	PERA/Empower	PERA 401(k) How to Enroll
PERA 457 – Voluntary Plan	all employees	PERA/Empower	PERA 457 How to Enroll

How the plans work

- The defined contribution plans allow you to create an individual account to set aside money on a pretax basis, and 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.

How much can you contribute?

All three plans have no minimum contribution. You can decide how much of your pay to contribute. Your contributions will be pretax and lower your taxable income. By using the correct combination of voluntary plans, the 2023 IRS limits allow you to contribute a combined total of \$45,000 if you are under age 50, or \$60,000, if you are age 50 or older.

The 2023 IRS contribution limits for voluntary retirement plans are as follows:

- The CU 403(b) and the PERA 401(k)* have a combined limit of \$22,500. If you are age 50+, the IRS allows you a catch-up contribution of \$7,500, for a total of \$30,000.
- The PERA 457 has a separate limit of \$22,500. If you are age 50+, the IRS allows you a catch-up contribution of \$7,500, for a total limit of \$30,000.

TIAA

University Retirement Plan CU 401(a) Plan #406787 CU
 403(b) Plan #406788
 1-800-842-2252
www.tiaa.org/cu

Public Employee Retirement Association

PERA Mandatory Plans PERA 401(k), 457
 303-832-9550 ~ 1-800-759-7372
www.copera.org

Personal Financial Consultations



As a GME Medical Resident, you can get personalized financial guidance without any additional cost to you. Through your CU employment, you are entitled to one-on-one sessions with financial professionals from TIAA, the university's retirement plan service provider. Call 1-800-732-8353 or [visit the TIAA website](#) to schedule your no-cost appointment.

Leaving CU

When it comes time to leave the university, review the following to understand your final pay, COBRA, 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, verification of employment or your W-2, email 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](#).

What happens to my CU Health Care Plan?

Vendor websites: [Anthem](#), [Kaiser Permanente](#), [Delta Dental of Colorado](#), [Blue View Vision](#)

Coverage ending date: Your medical, dental and vision coverage will end on the last day of the month in which you completed your last day of work.

Option to continue coverage:

- You may continue your current medical, dental or vision 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.
- A COBRA packet will be mailed to your home address by our third-party administrator, ASI COBRA, within two weeks of your insurance benefits termination date. Please make sure to update your address in the employee portal prior to leaving or use the [Address Change Form](#) if you no longer have portal access. 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.
- If you elect to continue coverage, there will be no gap in coverage. It will be effective from the date your coverage was terminated and will continue, typically for up to 18 months. Please refer to your COBRA packet for detailed information.
- While your health coverage will be the same, you will be paying the full cost of the premium (CU will no longer contribute towards your premiums), plus a two percent administrative charge. Please check the rates on the [CU COBRA rates webpage](#).

You may have more affordable alternatives for coverage through other group health plans (such as spouse/partner's plan) or by checking the [Health Insurance Marketplace webpage](#).

Contact: If you have questions regarding your COBRA packet, please contact ASI COBRA at 877-388-8331. For questions regarding health benefits coverage, please see our [Vendor Contact Information section in this document](#).

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 or visit the [ASIFlex website](#).

What happens to my Health Savings Account (HSA)?

Vendor: Optum Bank

Coverage ending date: The HSA account will remain yours. Although your pretax contributions will end on the last day of the month in which you completed your last day of work, you can continue to use your HSA funds for qualifying expenses now or in the future.

Option to continue your HSA: You can rollover the account into another HSA with Optum Bank or a different financial institution and continue to contribute on an after tax basis if you qualify under IRS rules. Service fees may apply, so please contact Optum Bank for more information.

Contact: If you have questions regarding your account, balance, claims or other options, please contact Optum Bank at 844-326-7967 or visit [Optum Bank's website](#).

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 or visit the [ASIFlex website](#).

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 the [TIAA website](#) 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

University Retirement Plan CU 401(a) Plan #406787
CU 403(b) Plan #406788
1-800-842-2252
www.tiaa.org/cu

Public Employee Retirement Association

PERA Mandatory Plans PERA 401(k), 457
303-832-9550 ~ 1-800-759-7372
www.copera.org

Contacts

Payroll or Benefits contacts

Email: benefits@cu.edu

Phone: 303-860-4200

Payroll: option 2

Benefits: option 3

Fax: 303-860-4299

GME Benefits Office (life and disability)

Phone: 303-724-6024

Website: [GME website](#)

Vendor and plan providers

	Plans	Phone Number	Web Address
Anthem	Medical Plans Exclusive High Deductible Extended	Member Services 1-800-735-6072 First Impressions 1-855-646-4752	https://www.anthem.com/cuhealthplan/
Kaiser	Medical Plan Kaiser	1-877-883-6698	https://my.kp.org/universityofcolorado/
Delta	Dental Plans Essential Choice	1-800-610-0201	https://www.deltadentalco.com/members/resources/CU-health.html
Anthem	Vision Plan Blue View Vision	1-866-723-0515	https://www.anthem.com/cuhealthplan/
ASI Flex	FSAs Health Care (HCFSA) Dependent Care (DCFSA)	1-800-659-3035	http://www.asiflex.com/
Optum Bank	HSA Health Savings Account	1-844-326-7967	https://www.optumbank.com/
TIAA	Retirement Plans 403(b)	1-800-842-2252	http://www.tiaa.org/cu
PERA	Retirement Plans 401(k) and 457	1-800-759-7372	https://www.copera.org/