



University of Colorado Anschutz

Central Services Administration

EDUCATIONAL
TOOLBOX SERIES



CU Benefits



CU Benefits

Alex Molleck

Employee Outreach and Education



University of Colorado

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EMPLOYEE SERVICES



Open Enrollment 2026



- Open Enrollment 2026 begins 8:00 am Monday, April 20 MDT
- Open Enrollment 2026 ends 5:00 pm Friday, May 8 MDT
- Benefit changes made during Open Enrollment are effective July 1, 2026 – June 30, 2027



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Open Enrollment 2026



You must take action:

- **Take action** if you have a Flexible Spending Account (FSA) and want to re-enroll.
- **Take action** if you want to make a change to medical, dental, vision, FSAs, disability and AD&D.



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CU Health Plans

- 4 medical plans
- 2 dental plans
- 1 vision plan
- [wellness programs website](#)



Common Coverage

\$ no cost preventative care

🌐 statewide/international/
emergency/urgent care

📄 prescription drug coverage

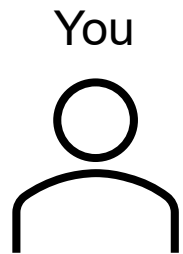
🧠 mental health screening



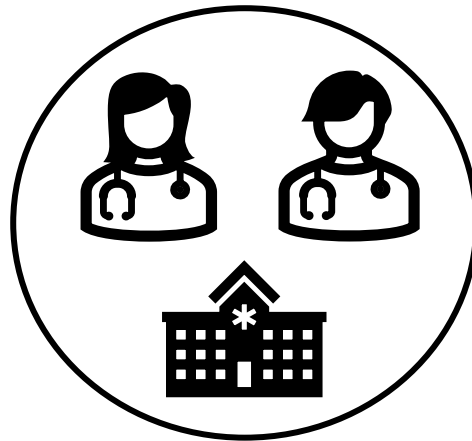
CU Health Plan - High Deductible Anthem - PPO - HSA Compatible



Broadest Network: Anthem's National Network



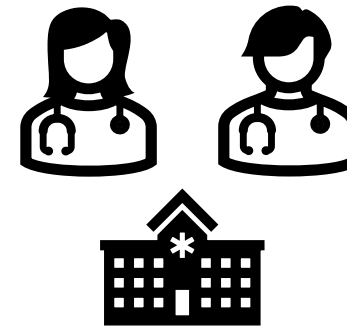
In-network



\$

or

Out-of-network



\$\$\$

CU Health Plan - High Deductible

Anthem - PPO - HSA Compatible

	<u>In-Network</u>	<u>Out-of-Network</u>
Deductibles:	\$1,650 single coverage \$1,700 \$3,300 family coverage \$3,400	\$3,300 single coverage \$3,400 \$6,600 family coverage \$6,800
All Services:	15% coinsurance after deductible is met (preventative care is covered at no cost)	35% coinsurance after deductible is met
Out-of-Pocket-Maximums:	\$3,300 single coverage \$3,400 \$6,600 family coverage \$6,800	\$6,600 single coverage \$6,800 \$13,200 family coverage \$13,600

CU Health Plan - High Deductible

Anthem - PPO - HSA Compatible

2025-26 Plan Year

CU Health Plan High Deductible	Total Rate	CU Contribution	Your Monthly Premium
Employee Only	\$766.00	\$766.00	\$0
Employee + Spouse	\$1,539.00	\$1,512.00	\$27.00
Employee + Child(ren)	\$1,488.50	\$1,464.50	\$24.00
Family	\$2,321.00	\$2,282.00	\$39.00

2026-27 Plan Year

CU Health Plan High Deductible	Total Rate	CU Contribution	Your Monthly Premium
Employee Only	\$865.50	\$865.50	\$0
Employee + Spouse	\$1,747.00	\$1,720.00	\$27.00
Employee + Child(ren)	\$1,689.50	\$1,665.50	\$24.00
Family	\$2,654.00	\$2,615.00	\$39.00

CU Health Plan – Pathway

Anthem – EPO/PPO

Colorado

Anthem's Pathway EPO Network



- Boulder Community Hospital
- HCA Hospitals
- Rocky Mountain Children's Hospital
- Children's Hospital Colorado
- UCHealth Hospitals

Out of State

Anthem's Nationwide PPO Network



CU Health Plan – Pathway

cost to use the plan

Copays:	\$0 preventative care \$30 office visit \$40 specialists \$30 urgent care	\$250 emergency care – waived if admitted
Deductibles:	\$500 each individual 10% coinsurance after deductible	\$1,000 family 10% coinsurance after deductible
Out-of-Pocket Maximums:	\$9,200 individual \$10,600	\$18,400 family \$21,200
Vision:	\$20 eye exam	additional discounts on eyewear available <u>view the vision plan summary</u>

CU Health Plan – Pathway cost to have the plan

2025-26 Plan Year

CU Health Plan Pathway	Total Rate	CU Contribution	Your Monthly Premium
Employee Only	\$943.50	\$766.00	\$177.50
Employee + Spouse	\$1,979.00	\$1,512.00	\$467.00
Employee + Child(ren)	\$1,793.00	\$1,464.50	\$328.50
Family	\$2,880.00	\$2,282.00	\$598.00

2026-27 Plan Year

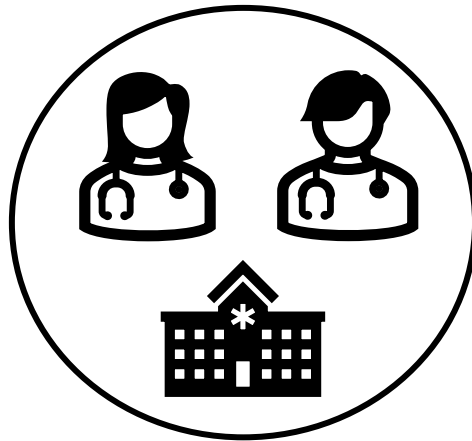
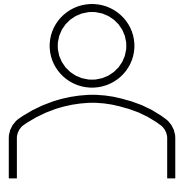
CU Health Plan Pathway	Total Rate	CU Contribution	Your Monthly Premium
Employee Only	\$949.50	\$865.50	\$84.00
Employee + Spouse	\$1,939.00	\$1,720.00	\$219.00
Employee + Child(ren)	\$1,882.50	\$1,665.50	\$217.00
Family	\$2,961.00	\$2,615.00	\$346.00

CU Health Plan - Exclusive Anthem - HMO



Exclusive Network

You



Network



Guest Membership for out-of-state dependent children

CU Health Plan - Exclusive

cost to use the plan

Copays:	\$0 preventative care \$30 office visit \$40 specialists \$30 urgent care	\$250 emergency care – waived if admitted
Deductibles:	\$350 each individual \$500	\$750 family \$1,000
Out-of-Pocket Maximums:	\$9,200 individual \$10,600	\$18,400 family \$21,200
Vision:	\$20 eye exam	additional discounts on eyewear available <u>view the vision plan summary</u>

CU Health Plan - Exclusive cost to have the plan

2025-26 Plan Year

CU Health Plan Exclusive	Total Rate	CU Contribution	Your Monthly Premium
Employee Only	\$846.50	\$766.00	\$80.50
Employee + Spouse	\$1,746.50	\$1,512.00	\$234.50
Employee + Child(ren)	\$1,613.00	\$1,464.50	\$148.50
Family	\$2,571.00	\$2,282.00	\$289.00

2026-27 Plan Year

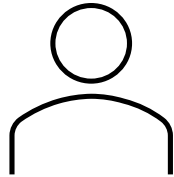
CU Health Plan Exclusive	Total Rate	CU Contribution	Your Monthly Premium
Employee Only	\$999.50	\$865.50	\$134.00
Employee + Spouse	\$2,031.00	\$1,720.00	\$311.00
Employee + Child(ren)	\$1,938.50	\$1,665.50	\$273.00
Family	\$3,053.50	\$2,615.00	\$438.50

CU Health Plan - Kaiser Kaiser - EPO



Kaiser Network

You



Primary Care
Physician (PCP)



Limited out-of-state dependent
coverage

CU Health Plan - Kaiser

Kaiser - EPO

Copays:	\$0 preventative care \$30 office visit \$40 specialists \$30 urgent care	\$250 emergency care – waived if admitted
Deductibles:	No deductible	
Out-of-Pocket Maximums:	\$9,200 individual \$10,600	\$18,400 family \$21,200
Vision:	\$30 eye exam	<u>view the vision plan summary</u>

CU Health Plan - Kaiser Kaiser - EPO






2025-26 Plan Year

CU Health Plan Kaiser	Total Rate	CU Contribution	Your Monthly Premium
Employee Only	\$1,068.00	\$766.00	\$302.00
Employee + Spouse	\$2,214.00	\$1,512.00	\$702.00
Employee + Child(ren)	\$2,011.50	\$1,464.50	\$547.00
Family	\$3,208.50	\$2,282.00	\$926.50

2026-27 Plan Year

CU Health Plan Kaiser	Total Rate	CU Contribution	Your Monthly Premium
Employee Only	\$1,177.00	\$865.50	\$311.50
Employee + Spouse	\$2,439.00	\$1,720.00	\$719.00
Employee + Child(ren)	\$2,243.50	\$1,665.50	\$578.00
Family	\$3,589.50	\$2,615.00	\$974.50

Medical Plans 2026-27 Plan Year

	High Deductible Anthem	Pathway Anthem	Exclusive Anthem	Kaiser
Network	PPO in/out of network 	EPO/PPO  / 	HMO 	EPO 
Cost to Use Plan	no copay, deductible	low copay/ after deductible 10% coinsurance	low copay/low deductible	all copay, no deductible
Cost to Have Plan				
Employee	\$0	\$84.00	\$134.00	\$311.50
Empl + Spouse	\$27	\$219.00	\$311.00	\$719.00
Empl + Children	\$24	\$217.00	\$273.00	\$578.00
Family	\$39	\$346.00	\$438.50	\$974.50

Dental Plans

Choose from two dental plan options for you and your dependents.

- Essential
- Choice



2 Dental Plan Options

common coverage



- ① no cost preventative care
- ② four cleanings/year
two fluoride treatments/year
- ③ Right Start 4 Kids – under age 13

CU Health Plan - Essential Delta Dental



PPO provider nationwide network

- \$2,000 benefit per year/per member
- \$25 deductible per year/per member
- \$2,000 lifetime orthodontic benefit limit for children under the age of 19

CU Health Plan - Essential Delta Dental

Basic Services

30% coinsurance

fillings

endodontics (root canal)

periodontics (gum disease)

oral surgery (extractions)

Major Services

50% coinsurance

crowns

bridges

partials

dentures

Implants

Orthodontics

50% coinsurance

age 19 and under only (\$2,000

lifetime limit)

CU Health Plan - Essential Delta Dental

2025-26 Plan Year

CU Health Plan Essential Dental	Total Rate	CU Contribution	Your Monthly Premium
Employee Only	\$32.00	\$32.00	\$0
Employee + Spouse	\$64.00	\$45.50	\$18.50
Employee + Child(ren)	\$69.00	\$45.00	\$24.00
Family	\$100.50	\$46.50	\$54.00

2026-27 Plan Year

CU Health Plan Essential Dental	Total Rate	CU Contribution	Your Monthly Premium
Employee Only	\$33.00	\$33.00	\$0
Employee + Spouse	\$66.00	\$47.00	\$19.00
Employee + Child(ren)	\$71.00	\$46.50	\$24.50
Family	\$103.50	\$48.00	\$55.50

CU Health Plan - Choice

Delta Dental



PPO provider and out-of-network options

- \$2,500 benefit per year/per member
- \$4,000 lifetime orthodontic benefit limit

CU Health Plan - Choice

Delta Dental

	PPO	Premiere	Non-participating
Deductible	\$25/year	\$75/year	\$75/year
Basic Services	20-25% coinsurance	40-50% coinsurance	40-50% coinsurance
Major Services	25% coinsurance	60% coinsurance	60% coinsurance
Orthodontics	40% coinsurance	60% coinsurance	60% coinsurance

*Balance billing may apply

CU Health Plan - Choice Delta Dental

2025-26 Plan Year

CU Health Plan Choice Dental	Total Rate	CU Contribution	Your Monthly Premium
Employee Only	\$56.00	\$37.50	\$18.50
Employee + Spouse	\$112.00	\$56.50	\$55.50
Employee + Child(ren)	\$121.00	\$56.00	\$65.00
Family	\$176.50	\$62.50	\$114.00

2026-27 Plan Year

CU Health Plan Choice Dental	Total Rate	CU Contribution	Your Monthly Premium
Employee Only	\$58.00	\$39.00	\$19.00
Employee + Spouse	\$116.00	\$58.50	\$57.50
Employee + Child(ren)	\$125.50	\$58.00	\$67.50
Family	\$183.00	\$65.00	\$118.00



Optional Vision Plan

Anthem Blue View Vision

- yearly eye exam - \$20 copay
- \$225 allowance towards eyewear
- low copay on lenses



CU Health Plan - Vision

optional vision plan

2025-26 Plan Year

CU Health Plan Vision	Total Rate	CU Contribution	Your Monthly Premium
Employee Only	\$7.20	\$0	\$7.20
Employee + Spouse	\$12.60	\$0	\$12.60
Employee + Child(ren)	\$13.60	\$0	\$13.60
Family	\$20.80	\$0	\$20.80

2026-27 Plan Year

CU Health Plan Vision	Total Rate	CU Contribution	Your Monthly Premium
Employee Only	\$7.30	\$0	\$7.30
Employee + Spouse	\$12.80	\$0	\$12.80
Employee + Child(ren)	\$13.80	\$0	\$13.80
Family	\$21.10	\$0	\$21.10

Pretax Savings



- 2 Flexible Spending Accounts (FSA)
- Health Savings Account (HSA)

Flexible Spending Account saving tax dollars

pretax paycheck deductions



FSA: ASIFlex



tax-free withdrawals on
qualifying expenses

Flexible Spending Account

saving tax dollars

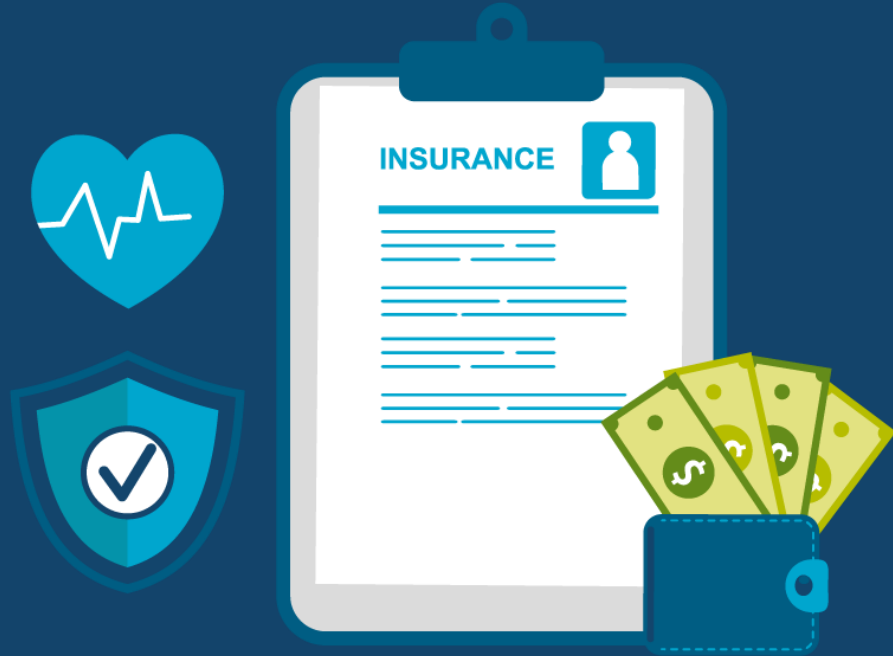


- Health Care FSA (HCFSA)
 - new annual limit of \$3,400
- Dependent Care FSA (DCFSA)
 - new annual limit of \$7,500 per household

Flexible Spending Account meet the deadlines

- **Incur expenses** by September 15th
- **File a claim** by November 15th
- **Forfeit** after November 15th of the next plan year.
- Requires reenrollment every year.

Health Savings Account



Must be paired with
CU Health Plan – High Deductible.

Health Savings Account (HSA) triple tax benefit

pretax paycheck deductions



Optum Bank: tax-free growth on investments



tax-free withdrawals on
qualifying expenses

Health Savings Account (HSA)

know the facts

- CU Health Plan – High Deductible participants
- cannot be claimed as a dependent on someone else's previous year tax return
- cannot be contributing to a HCFSA
- enroll, increase or decrease contributions anytime

Life Insurance Options



- Basic Term Life with AD&D
- Optional Life with AD&D
- Voluntary AD&D

Basic Life Insurance w/ AD&D



- automatic enrollment
- \$50,000 policy for Classified Staff
- \$57,000 policy for Faculty/University Staff
 - \$75,000 effective July 1, 2026
- CU pays the premiums
- select your beneficiaries

How it Works

Natural death: → benefit  beneficiary(ies)

Accidental death: → benefit  beneficiary(ies)

Loss other than death: → benefit  self

Optional Life Insurance w/ AD&D

Employee:	maximum \$1,000,000	named beneficiary(ies)
Spouse:	maximum \$500,000	employee is the beneficiary
Child:	flat amounts of \$5,000 or \$10,000	employee is the beneficiary

New Plan Year Changes 2026



Optional Term Life Insurance with AD&D

- Employees may enroll in or increase Optional Term Life up to \$350,000 without submitting a Medical History Statement.
- Employees can enroll or increase their spouse coverage up to \$50,000.
- For elections over these amounts, you must complete the Medical History Statement.



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Voluntary AD&D



- Accidental Death and Dismemberment only
- Employee and Spouse: \$10,000 - \$250,000
- Child: flat amount of \$5,000
- No Medical History Statement required



Disability Insurance

	Short Term Disability	Long Term Disability
Faculty and University Staff	Optional – paid by employee	Automatic enrollment after 1 year – paid by CU
Classified Staff	Automatic enrollment – paid by CU	Optional – paid by employee

New Plan Year Changes 2026



Short Term Disability

- The maximum weekly benefit will increase to \$2,500.
- The benefit waiting period for all employees will be 14 days.
- Faculty and University Staff will no longer be required to exhaust sick leave.



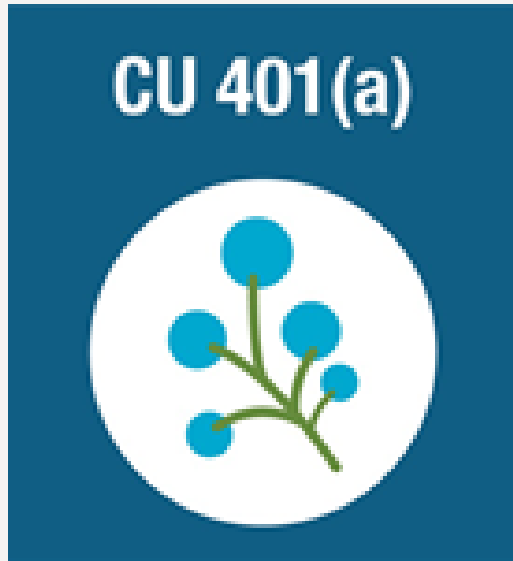
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Mandatory Retirement Plan

University of Colorado 401(a) Mandatory Retirement Plan



Contributions

- 5% employee contributions (pretax)
- 10% employer contributions
- Immediately vested

PERA Defined Benefit (DB) Mandatory Retirement Plan



Contributions

- 11% employee contributions vested immediately
- 11.63% CU contributions **vested at 5 years of service**

PERA Defined Benefit (DC) Mandatory Retirement Plan



Contributions

- 11% employee contributions vested immediately
- 11.63% CU contributions **5 year vesting schedule**

Financial Guidance at No Cost

PERA & TIAA

PERA

- 1-800-759-7372
- www.copera.org

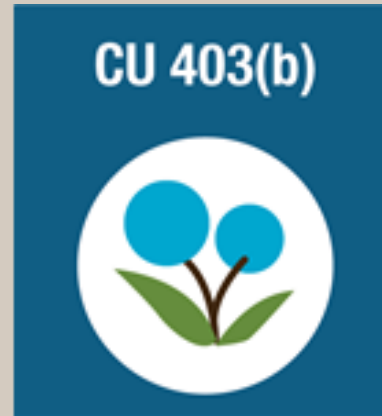
TIAA

- 1-800-732-8353
- www.tiaa.org/cu
- schedule an appointment

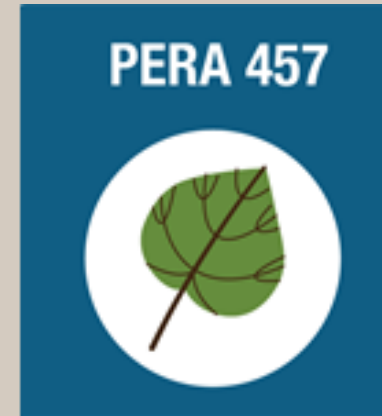
Voluntary Retirement



100% employee
contributions



Both pretax and
Roth options



Enroll at any time

Add / Update Beneficiaries



TIAA
401(a) & 403(b)



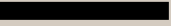
PERA
401(k) & 457



Life Insurance
Plans



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Tuition Assistance Benefit (TAB)



As a benefits eligible staff member, you may be eligible to use the Tuition Assistance Benefit for yourself or your dependents at any of our CU campuses.

No exceptions for deadlines.

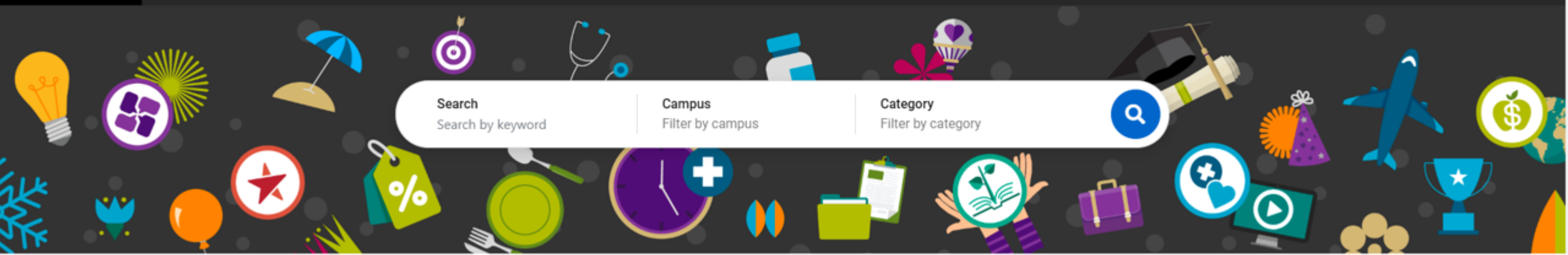
Public Service Loan Forgiveness (PSLF)



- People who work for nonprofit, government or public sector employers.
- May be eligible to have federal student loan debt forgiven tax-free.

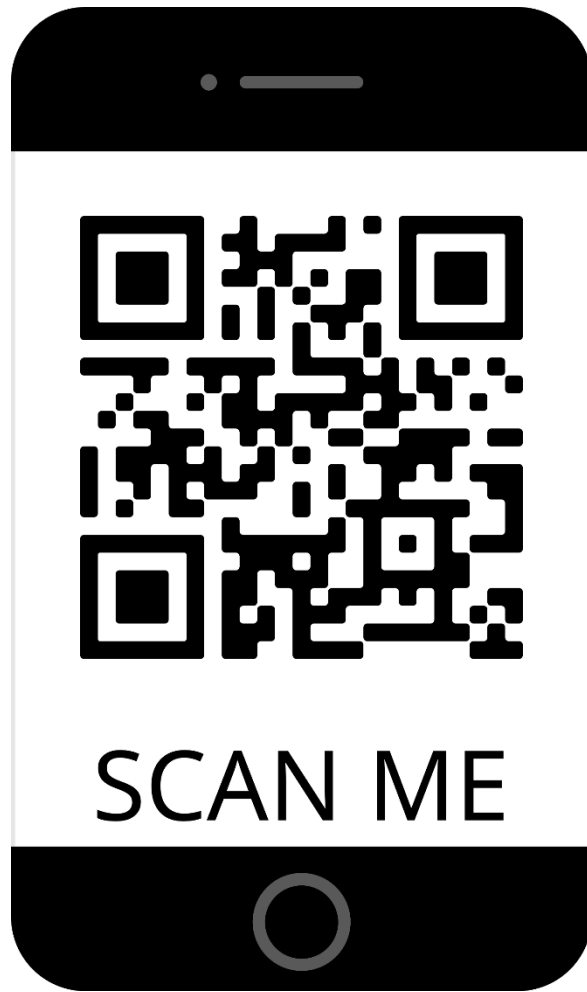
[Public Service Loan Forgiveness CU website](#)

Did You Know?



CU Advantage

- [CU Advantage website](#)



Benefit Resource Links



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Payroll and Benefits Administration

1800 Grant Street, Suite 400
Denver, CO 80203

- Website: www.cu.edu/benefits
- Email: benefits@cu.edu
- Phone: 303-860-4200
- Payroll: option 2
- Benefits: option 3



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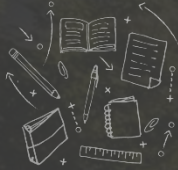




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THANK YOU